

THERAPEUTIC EFFICACY OF AYURVEDIC PROTOCOLS IN RAKTATISARA (ULCERATIVE COLITIS): A SINGLE CASE STUDY

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Abstract

Introduction: Ulcerative colitis (UC) is a chronic inflammatory bowel disease characterized by a relapsing and remitting course. Conventional treatment primarily relies on long-term or repeated use of corticosteroids and biologics, which offer limited efficacy and carry significant risks of adverse effects. Patients often experience anxiety about potential complications, including cancer, surgery, or the need for an ileostomy, as well as uncertainty regarding medication side effects. No standard medical therapy provides complete relief, and surgical intervention remains the only definitive option. In this case study, Ayurvedic treatment was administered, resulting in highly significant clinical improvement. **Case history:** A 19-year-old male patient (student) from Ballari (Karnataka), came to our Ayurveda Hospital, with confirm diagnosis of pancolitis with backwash ileitis for 4 months. He has more than 9 times stool frequencies containing

blood and mucus. Before he came to us, he took conventional medicine for the same complaints but didn't get any satisfactory result. He was hospitalized and treated with Basti and Ayurvedic medicines for one-month period. His stool frequency reduced significantly in a day without bleeding and mucus. After treatment of 42 days, he is continuing oral medicine at OPD. Now he has one or two frequencies with normal consistency of stool without blood or mucus. **Outcome:** The patient achieved complete resolution of symptoms along with significant improvement in laboratory parameters within 42 days.

Keywords: Ulcerative colitis, Pancolitis, Raktatisara, Ayurveda

INTRODUCTION

Ulcerative colitis (UC) represents one of the two primary types of Inflammatory Bowel Disease (IBD). Ulcerative colitis involves uninterrupted mucosal inflammation that originates in the rectum

and extends upward through the colon. The clinical features of ulcerative colitis vary with disease severity and extent. Common symptoms include diarrhea, rectal bleeding, tenesmus, mucus discharge, and crampy abdominal pain, often temporarily relieved by defecation. Bloody diarrhea and urgency are characteristic, with symptom intensity generally reflecting disease extent. While UC can present acutely, symptoms typically persist for several weeks to months before diagnosis. Ulcerative colitis is primarily characterized by frequent bowel movements and the presence of blood in the stool. The ongoing loss of fluid and blood often results in fatigue and weakness. The disease affects 9 to 20 individuals per 100,000 each year, most commonly striking young adults between 15 and 35 years, while it is comparatively rare in those aged 52–75 years.

Standard therapy for ulcerative colitis comprises amino salicylates, corticosteroids, immunomodulators, and cyclosporine. Extended use of these drugs may cause significant side effects, prompting concern among patients about long-term complications such as cancer and the possibility of requiring surgery. The increased risk of colon cancer contributes significantly to mortality, both in the early stages and over the long term. Consequently, patients often seek alternative therapies that offer safer and more effective outcomes. Strategies aimed at achieving sustained long-term remission are therefore recommended.

In Ayurveda, Raktatisara is described as a disorder sharing several features with ulcerative colitis, including abdominal pain (Shula), rectal burning (Gudapaka), and excessive thirst (Trishna). Ulcerative colitis involves the Purishvaha srotas, and Raktatisara is regarded as a progressive stage of Pittatisara. In the Charaka Samhita, Basti Chikitsa is listed as a method of managing Raktatisara. Ulcerative colitis and this condition may be connected.

CASE REPORT

Patient information: A 19-year-old Hindu male, unmarried and non-smoker, presented to our Ayurveda Hospital on 27th November 2023 with mild abdominal pain, blood in stool, and increased bowel frequency (9–10 times/day) since 2022. There was no significant family history. Colonoscopy confirmed pancolitis with backwash ileitis. Despite four months of conventional therapy, including oral Budesonide, Mesacol, Shelcal, Rifagut, and one month of Mesalo foam enemas, he reported minimal relief. His diet was habitually high in spicy and processed foods, especially during brunch and lunch.

According to Ayurveda Ratrijagaran (late night work) and spicy food (Amla, Lavana, Katu, Vidahi Aahara) are the cause for outbreak of vata and pitta which cause pittaj Atisar as he continued the same life style so it finally causes the Raktaj Atisar.

On general examination; mild paleness found, no icterus, no oedema, no lymph nodes were palpable.

Blood pressure was 100/70 mm of Hg, pulse rate was 72/min and respiratory rate was 20/min, temperature was 98.6 F.

Past history of patient

The patient had no history of autoimmune disorders, diabetes mellitus, hypertension, jaundice, pulmonary tuberculosis, or prior surgical interventions. Based on the True Love and Witts classification for ulcerative colitis, the patient's symptoms were consistent with moderate disease severity.

Ashtavidha Pariksha

Shown in Table:1

CLINICAL FINDINGS

Systemic Examination

- Gastrointestinal system: Mild pain and tenderness was noted in the lower abdomen upon examination.
- Cardiovascular system: Heart sounds S1 and S2 were normal, with no murmurs detected.
- Respiratory system: Air entry was equal bilaterally, and no abnormal breath sounds were auscultated.
- Central nervous system: No neurological deficits were observed.

Laboratory Investigations

Relevant laboratory findings are summarized in Table. These investigations were performed to

assess inflammation, hematological status, and other relevant biochemical parameters.

TABLE 2: Stool Examination

TABLE 3: Blood Examination

Before starting the treatment; routine hematological tests were done (as mentioned in Table 3). On visit, the patient had histopathology report with him. Stool examination for occult blood and mucus was done (as mentioned in Table 2) before starting the treatment.

DIAGNOSTIC ASSESMENT

COLONOSCOPY: (4/8/23)

- Rectum: Loss of normal vascular pattern with superficial ulcers.
- Sigmoid loss of normal vascular pattern with superficial ulcers.
- Descending, Ascending and Transverse colon: loss of normal vascular pattern with superficial ulcers.
- Ileum: Few erosions in terminal ileum.
- Pan colitis with backwash ileitis.

USG ABDOMEN: (4/8/23)

- Borderline splenomegaly.
- Thickening of walls of terminal ileum, IC junction, caecum and entire colon with peri ileum and peri caecal oedema and peri caecal nodes.

METHODOLOGY:

The patient was treated with Udumbarakwatha Basti to promote mucosal healing and control bleeding, Matra Basti to balance Vata and enhance overall strength, and Pichccha Basti to address persistent urge and abdominal bloating. Oral Ayurvedic formulations included Nagakesara, Lodhra, Musta, Kutaja Ghanavati, Shatavari and Karpura Rasa, aimed at regulating bowel frequency, pacifying Pitta, and alleviating stress. The therapeutic regimen was administered over 42 days, with clinical outcomes and laboratory parameters monitored to assess efficacy.

TREATMENT SCHEDULE

Shown in Table:4

TREATMENT TIMELINE

Shown in Table:5

OUTCOME and FOLLOW UP

The patient was administered a tailored Ayurvedic regimen aimed at addressing both symptomatic relief and long-term remission. This included internal herbal formulations and local therapies designed to balance the doshas, particularly targeting Pitta and Raktatisara, in line with classical Ayurvedic principles. Dietary and lifestyle modifications were also advised, focusing on easily digestible, non-spicy, and wholesome foods.

Within 42 days of initiating the treatment, the patient reported complete resolution of abdominal pain, cessation of rectal bleeding, and normalization of bowel frequency. Laboratory investigations corroborated the clinical improvement, showing marked reduction in inflammatory markers. No adverse effects were observed during the treatment period.

There was much improvement in signs and symptoms of patient as shown in Table no 6.

DISCUSSION

In Ayurveda, Raktatisara is considered a progressive condition arising when a patient with Pittatisara continues to follow Pitta-aggravating dietary and lifestyle habits, leading to Rakta (blood) vitiation. Raktatisara exhibits clinical features that overlap with those of ulcerative colitis (UC). UC primarily involves the Purishvaha Srotas, corresponding to the gastrointestinal channels responsible for faecal passage.

Udumbara (*Ficus racemosa*) stembark possesses ropana (healing) properties, which aid in the repair of ulcers in the intestinal mucosa. It also demonstrates stambhaka (astringent) action, helping to reduce stool frequency and control bleeding. Its śītaguṇa (cooling quality) pacifies aggravated Pitta, thereby alleviating inflammation. Since ulcers and inflammation of the colonic mucosa constitute the primary pathology of Raktatisara (ulcerative colitis), therapeutic intervention with

Udumbarakwatha basti can effectively address these abnormalities. Clinically, the hallmark features of Raktatisara, namely increased stool frequency and rectal bleeding which can be significantly mitigated through this treatment. Therefore, administration of udumbarakwatha basti is helpful in the treatment of ulcerative colitis (raktātisāra). Udumbarakwatha has properties of pitta-vātaśaman and also vranaropaṇa these properties help to heal ulcers in colon by basti karma.

Mātrābasti, a form of Snehabasti (oil-based enema), exerts therapeutic effects by counteracting the roughness (kharata), lightness (laghuta), and coldness (śaitya) of Vāta through its snigdha (unctuous), guru (heavy), and ushna (hot) properties, respectively. This treatment not only helps in restoring Vāta balance but also promotes enhanced mental clarity, physical strength, energy, improved complexion, and overall nourishment.

Further mentioned that if it is given properly, the oil comes back adhered along with fecal and it helps to heal the local ulceration too, lightness, strength and elimination of urges. Basti therapy using oil aids in saṃprāpti-vighaṭana (disruption of disease pathogenesis). One of the major advantages of this route is that Vāta-pacifying (vātaghna) medications are delivered directly to the site of Vāta vitiation, bypassing the systemic distribution that occurs with oral administration and avoiding interference from Kapha and Pitta. This approach provides a targeted and efficient mode of drug delivery, ensuring maximum therapeutic effect at the disease site.

jātyāditaila will be helpful in the healing of those ulcers in the colon with the benefit of mātrābasti.

Pichchha Basti is specifically recommended in the Atiāsracikitsā chapter for the management of Pitta and Raktatisara. In this condition, the aggravated Vāta intensifies at its site of manifestation (i.e., the colon affected by diarrhoea), displacing Pitta and resulting in bloody diarrhoea. Basti therapy is considered the most effective treatment in such cases, as it directly pacifies the vitiated Vāta and addresses the underlying pathophysiology of Raktatisara.

In cases of Pittaatisara, where the patient experiences frequent but incomplete urges to defecate, accompanied by abdominal pain, passage of small amounts of stool mixed with blood, inability to pass flatus, and a persistent feeling of bloating, Pichchha Basti is indicated. This therapy effectively alleviates the aggravated Vāta at its site, provides relief from pain and bloating, and helps restore normal bowel function.

Nagakesara exhibits Raktatisara-nashaka properties, while Lodhra possesses Rakta-stambhaka action, helping to control bleeding. Musta acts as Amapachaka, Agnideepaka and Grahi, reducing bowel frequency and alleviating the accumulation of Ama in the body. Kutaja Ghanavati, with its Atisara-nashaka (Stambhana) property, contains the concentrated essence of Kutaja bark (Ghana Satva) and aids in normalizing bowel movements. Shatavari, as described in Charaka Samhita,

Chikitsa Sthana, exhibits śītaguṇa, Pitta-shamak, and Balya properties, which also help in relieving mental stress which contributing factor in the disease. Karpura rasa primarily acts on Udakavaha and Purishavaha Srotas, making this formulation effective in managing Atisara. Mukta panchamrut rasa is a classical compound Ayurveda drug that relieves excessive Pitta dosha and ushna guna in body.

SCHOLAR'S INSITE:

In some cases, sleep disturbance also observed and also subconsciously stress and stress is one of the

precipitating factors for the pathology, for that we can give nasya of brahmi ghrita for better sleep and also for stress relieving symptoms, because Nasya is a therapeutic procedure in which drug is administrated through the nasal route and reaches in the acts on the limbic system and relieves stress and indulges proper sleep. The drug administrated through nostrils, reaches śringataka (A śīramarma) and spread into murdha, nētra, śrota, kaṇṭha, śīrāmukhas and snatches the dosha causative factor of diseases.

TABLE 1: Ashtavidha Pariksha

<i>Nadi</i>	72/min
<i>Mutra</i>	6-7 time/day
<i>Mala</i>	With blood (less stool no blood) and mucus 4-5 times/day
<i>Jihva</i>	<i>Sama</i>
<i>Sabdha</i>	<i>Prakrut</i>
<i>Sparsha</i>	<i>Prakrut</i>
<i>Druk</i>	<i>Snigdha</i>
<i>Akruti</i>	<i>Madhyam</i>

TABLE 2: Stool Examination

Stool examination	Result
Occult blood	Negative
Pus cell	6-8
RBC	2-4
Mucus	Absent
Consistency	Semi solid

TABLE 3: Blood Examination

Blood Examination	Result
Hb (gm/dl)	11.6 gm%
ESR	09 mm/hr
Neutrophils (%)	59%
Lymphocytes (%)	30%
Monocytes (%)	07
Leucocytes mm3	8,230mm3
Platelet count/cumm	3,90,000/cumm
HBsAg	Non-reactive
Hepatitis C Virus	Negative
HIV	Negative

TABLE 4: TREATMENT SCHEDULE

Name of drug /Therapy	Dosage	Anupana	kala	Route of administration
1. Mixture of <i>churna</i>		Water	3 times/day after meal	Oral
<i>Lodhra</i> ¹	1gm			
<i>Musta</i> ¹	2gm			
<i>Nagakesara</i> ¹	3gm			
2. <i>Udumbaratvakkvatha</i> ¹	40ml (10 gm coarse powder)	-	2times/day empty stomach	Oral
3. <i>Kutaja ghana vati</i> ^{1,1}	3tablets (500mg each)	Water	3 times/day After meal	Oral
4. <i>Udumbaratvakkvatha basti</i> ¹	100 ml	-	At afternoon after lunch	Ano rectal
5. <i>Matra basti with Jatyadi taila</i> ¹	40 ml	-	At evening after dinner	Ano rectal
6. <i>Pichchha basti</i> ¹ (<i>udumbar twak kwatha basti</i> stopped)	100 ml	-	At afternoon after lunch	Ano rectal

7. <i>Gangadhar churna</i> ¹	3 gm	Water	2 times/ day	Oral
8. <i>Shatavari ghrta</i> ¹	20 ml	Decoction	2 times/ day	Oral
9. <i>Muktapanchamrita rasa</i> ¹	Tab of 250 mg		2 times /day	Oral
10. <i>Karpura rasa</i> ¹	Tab of 125 mg	Water	2 times/ day	Oral
11. <i>Vatsakadi vati</i> ¹	Tab of 500 mg (2 tab)	Water	2 times / day	Oral

TABLE:5 TIMELINE

S.N.	Duration	Symptoms	Interventions
1	September 2021- October 2021	Started having complain of abdominal pain, diarrhoea and weakness	No any specific treatment taken
2	30/10/2021	Watery diarrhoea with blood and mucus 9-10 times/day, generalised weakness	Diagnosed with Ulcerative colitis [Baron Grade 3]
3	14/1/22- 19/6/23	Watery diarrhoea with blood and mucus 9-10 times/day, generalised weakness, mild fever, nausea	He consulted Gastroenterologist, Tab Budesonide – 3 mg (1-0-0), Tab. Mesacol – 1.2 gm (1-0-2), Tab. Shelcal (0-1-0), Tab. Rifagut 400mg (1-0-1) and Mesalo foam enema PR After that patient having complain of watery diarrhoea upto 8-9 times/day, nausea also.
4	27/11/23	Watery diarrhoea with blood and mucus 9-10 times/day,	Patient admitted to P.D. Patel Ayurveda hospital, Nadiad

		generalised weakness, mild fever, nausea, sometimes vomiting, headache	
5	27/11/23-1/12/24	Watery diarrhoea with blood and mucus 9-10 times/day, generalised weakness, mild fever, nausea, sometimes headache	1. <i>musta churna + lodhra churna + nagkesar churna</i> 2. <i>Udumbartwak kwath</i> 3. <i>Kutaj ghanvati</i> 4. <i>Udumbartwak kwatha basti</i>
6	2/12/24-5/12/24	Watery diarrhoea with blood and mucus 4-5 times/day, generalised weakness, nausea, sometimes headache, dizziness	2, 6 – Nagkesar churna 3gm/3 times, 5 – Matra basti with Jatyadi taila 8- Muktapanchamrut vati
7	6/12/24-8/12/24	Watery diarrhoea with blood and mucus 6-7 times/day, generalised weakness, nausea, sometimes headache, dizziness	2,6,4,8
8	9/12/24-22/12/24	Watery diarrhoea with blood and mucus 3-4 times/day, generalised weakness, sometimes nausea, abdominal pain	2,5,6,8 9- Gangadhar churna 10- Shatavari ghrut 11- Pichchha basti
9	End of December	Watery diarrhoea with blood and mucus 3-4 times/day, generalised weakness, sometimes nausea, abdominal	2,5,6,8,9,10,11 12- Vatsakadi vati 13- Karpura rasa

		pain	
10	7/1/24	Watery diarrhoea with mucus 2- 3 times/day,	Patient is discharged
11	Follow up after one month	Sometimes watery diarrhoea mixed with blood 1-2 times/day	1- Udumbatwak kwatha 2- Kutaj ghanvati 3- Nagkesar churna 4- Gangadhar churna 5- Muktapanchamrut vati 6 – Shatavari ghrita
12	Follow up after 2 months	Semi solid consistency stool passing 1-2 times / day Occasionally liquid stool passing with blood	Same as above

TABLE 6:

S.N.	Striking features	Before Treatment	After Treatment	After 2 month of follow up
1.	Bowel frequency	(More than 10 times in a day)	(1or 2 times in a day)	(1or 2 times in a day)
2.	Blood in stool	(Bleeding daily and more than 5 times)	(No bleeding)	(No Bleeding)
3.	Mouth ulcers	++	No mouth ulcers	No mouth ulcers
4.	weakness	4(severe weakness)	1(Mild weakness)	No weakness
5.	Vomiting	1 time/2-3 days	No vomiting	No vomiting
6.	Weight loss	More than 5 % of body weight	No further weight loss	No further weight loss

7.	Abdominal pain	Moderate pain	Sometimes mild pain	No pain
8.	Haemoglobin	11.6 gm/dl	13.6 gm/dl	14 gm/dl
9.	Appetite	Reduced	Improved	Good
10.	Occult blood in stool	Present	Absent	Absent
11.	Mucus in stool	Present	Absent	Absent
12.	Consistency of stool	Liquid	Semi solid	Semi solid

Reference:

1. Wilks, S. Morbid appearances in the intestine of Miss Banks. Med. Gaz. 2, 264–265 (1859). This paper is the first historical report of UC.
2. Journal of Crohn's and Colitis, Volume 11, Issue 6, June 2017, Pages 649–670, <https://doi.org/10.1093/ecco-jcc/jjx008>
3. Taku Kobayashi, Article in Nature Reviews Disease Primers · September 2020;DOI: 10.1038/s41572-020-0205-x <https://www.researchgate.net/publication/344230559>
4. Harrison's principle of medicine volume-2, 20th edition, chapter 319, page no. 2263
5. Papa A, Mocci G, Scaldaferri F, Bonizzi M, Felice C, Andrisani G, Gasbarrini A: New therapeutic approach in inflammatory bowel disease. Eur Rev Med Pharmacol Sci 2009; 13 (suppl 1):33-35.
6. Mantzaris GJ, Sfakianakis M, Archavlis E, Petraki K, Christidou A, Karagiannidis A, Triadaphyllou G: A prospective randomized observer-blind 2-year trial of azathioprine monotherapy versus azathioprine and olsalazine for the maintenance of remission of steroid dependent ulcerative colitis. Am J Gastroenterol 2004;99: 1122-1128.
7. Lopez-Sanroman A, Bermejo F, Carrera E, Garcia-Plaza A: Efficacy and safety of thiopurinic immunomodulators (azathioprine and mercaptopurine) in steroid-dependent ulcerative colitis. Aliment Pharmacol Ther 2004;20:161-166
8. Ayurvedic management of ulcerative colitis- A non randomized observational clinical

- study published in journal of complementary medicine, Freiburg, Germany, BMC Complement Altern Med. 2012; 12(Suppl 1): P143.
9. Acharya YT, editor. Charaka samhita of Agnivesha, Chikitsa sthana, Atisara chikitsitam, chapter 19, verse 70, Chaukhambha Sanskrit Sansthan; Varanasi: reprint 2002; 510. 7.
 10. Acharya YT, editor. Charaka samhita of Agnivesha, Chikitsa sthana, Atisara chikitsitam, chapter 19, verse 71, Chaukhambha Sanskrit Sansthan; Varanasi: reprint 2002; 510
 11. Vishal Mori, Manish Patel, SN Gupta, Kalapi Patel. Ayurvedic management of Ulcerative Colitis: A Case Study. J Ayurveda Integr Med Sci 2023;03:154-160. <http://dx.doi.org/10.21760/jaims.8.3.29>.
 12. Srikantha Murthy K.śārangdhar-saṁhitā: A treatise on Ayurveda, madhyamkaṇḍ, chapter 2, verse 1. Varanasi: Chaukhambha Orientalia. 2012.
 13. Bhāvamiśrā, bhāvaprakāśanighaṇṭu, vātadivar ga/8-9, edited by vishwanath dwivedi, 9th ed. Varanasi: Motilalbanarasidas prakashan; 1998. p. 339.
 14. Caraka saṁhitā, siddhisthāna, Kalpanāsiddhim 1/44, cakrapāṇi commentary, chaukhambha surabharati prakashana, printing-2015, p- 684.
 15. Caraka saṁhitā, cikitsāsthāna, 30/294-295 cakrapāṇi commentary, chaukhambha sura bharati prakashana, printing-2015, pg-646.
 16. Carakasamhitā, cikitsāsthāna, 19/93-94. cakrapāṇi commentary, chaukham bhasura bharati prakashana, printing-2015, pg-553.
 17. Kaviraj Ambikaduttasartī, ayurvedatattvasandipika, suśrutasamhitā Cikitsāsthāna 40/111 reprint 2007, Vārānasi, Caukhambāsurbārti Prakāśan.
 18. Aṣṭāṅgahr̥daya of Śrīmad Vāgbhaṭa by Dr. Brahmanand tripathi, cikitsā sthāna 9/85-96, Caukhambā surbārti prakāśan, printed in 2013, pg. 689.
 19. Nanditha Kamath & Ravi R. Chavan Karpura Rasa – A Herbo-Mineral Formulation Review. International Ayurvedic Medical Journal {online} 2020 {cited June, 2020} Available from: http://www.iamj.in/posts/images/upload/3726_3729.pdf
 20. The Ayurvedic pharmacopeia of India— part – A, Rasayoga Vibhaga-20/29. 2nd ed. Department of health and family welfare. Government of India. The controller of publication, civil line Delhi: 2003. p. 699.
 21. Śrīmad vṛaddh Vāgbhaṭa, Aṣṭāṅgasamgraha, sutrasthāna, 29/03, by prof. ravidattatripathi, Caukhambā surbārti Prakāśan, print-2011 Pg-.528.