

CASE STUDY ON AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS WSR AVASTHA ANUSARA CHIKITSA IN GRAHANI ROGA***¹Dr. Anju K. Bhardwaj and ²Dr. Vijay Dandavatimath**¹Ayurveda Physician ESIC Medical College & Hospital Faridabad.²HOD Panchakarma TMAE Society's Ayurveda Medical College Hosapete Karnataka.Article Received on
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ABSTRACT

Ulcerative colitis (UC) is a chronic disease that is characterized by diffuse inflammation of the rectal and colonic mucosa. UC involves the rectum in 95% of cases and may be extended continuously and circumferentially to more proximal parts of the large intestine.^[1]

Ayurvedic classics has explained disease entity called as *Grahani Roga* in detail with cardinal feature explained as frequent passage of undigested stool either loose or constipated.^[2] This is a case of female patient of Ulcerative colitis who was treated with principle of management of *Grahani Roga* in Ayurvedic texts. Oral administration of formulations like *Dadimashtak Choorna*, *Avipattikar Coorna*, etc as

per *Avastha* (according to stage of disease) of *Grahani* managed the condition very well. Frequency of stool, Bleeding and mucous discharge was reduced. Mayo Scoring system for Assessment of Ulcerative Colitis activity was used to compare efficacy of treatment. With the results of this study and further clinical research it will be evident that *Ayurvedic treatment* can effectively manage UC.

KEYWORDS: Ulcerative Colitis, *Grahani*, Mayo Scoring System.**INTRODUCTION**

Ulcerative colitis (UC) is a chronic disease that is characterized by diffuse inflammation of the rectal and colonic mucosa. UC involves the rectum in 95% of cases and may be extended continuously and circumferentially to more proximal parts of the large intestine. The classic clinical symptom of UC is the presence of bloody diarrhoea. The clinical course is characterized by periods of remission and exacerbation, which may occur either spontaneously or in response to treatment.^[1] In Asian populations, for example, the

prevalence ranges from 5.3 to 63.6 per 100000 people,^[3,4] whereas in North America, it ranges from 37.5 to 238 per 100000 people.^[5]

Ayurvedic classics has explained disease entity called as *Grahani Roga* in detail with cardinal feature explained as frequent passage of undigested stool either loose or constipated.^[1] Depression and loss of interest in daily activities is also mentioned clearly indicating Psychosomatic nature of this disease. Dietary irregularities, stress are main causes of this disease.

CASE REPORT

Female patient aged 40 years complaining of passing stools mixed with blood and mucous 5-6 or more times a day since 4 years. She has pain associated with frequent bowel and sometimes passed mucous and blood alone. Along with this she had *Alpakshudha* (reduced appetite), *Gatra gaurav* (Heaviness of body), *Daurbalya* (generalised weakness) & *Alpanidra*(disturbed sleep). Patient was thin, pale and undernourished . Frequency increased with intake of heavy, spicy food. Working as a labour in a company in faridabad.

PAST HISTORY

Had Typhoid fever 5 years back. For present complaints she took treatment from various hospitals, took steroids, antiinflammatory drugs and mesasalazine enemas but was not relieved completely. Finally she came to Ayurveda OPD of ESIC Medical College & Hospital in July 2018 and was treated.

Menstrual History.

Regular, scanty Flow.

Physical Examination

1. Pulse 80/min
2. BP- 110/70 mm Hg
3. Built- Thin
4. Wt- 42 Kg
5. Pallor-+
6. P/A- Mild tenderness over lower Abdomen

DASHAVIDHA PAREEKSHA (Ayurvedic Examination)**Table I: Showing Dashavidha Pareeksha.**

Parikshya Bhaava	
1. Prakruti	Vata-Kaphaja
2. Vikruti	Agni dushti Vata Vriddhi, Kapha Kshaya, Dhatu kshaya
3. Sara	Madhyama sara
4. Samhanana	Avara
5. Pramana	Rooksha, Krisha akriti
6. Satmya	Madhyama
7. Satva	Madhyama
8. Ahara Shakti	Avara
9. Vyayama shakti	Avara
10. Vaya	Madhayama

Ashta Sthaana Pareeksha

1. Nadi-Vata-kaphaja 2. Mala- 5-6 Loose stool with rakta, kapha 3. Mootra- prakrita 4. Jihva- Alpa lipta 5. Shabda-Prakrita 6. Sparsha- Naatiushna 7. Drika- Prakrita 8. Akriti- Krisha, Deergha

INVESTIGATIONS**1. Sigmoidoscopy (16.9.2016)**

Rectum-Diffuse ulceration and fraibility in the distal rectum, normal proximal rectum

Sigmoid colon -Normal

Descending colon -Normal

Impression- Distal Proctitis (Ulcerative colitis)

2. Rectal Biopsy (13/7/2015)- Lymphoid follicular Proctitis.**ASSESSMENT METHOD**

Mayo Scoring system^[6] for Assessment of Ulcerative Colitis activity was used to assess the symptoms of patient.

Table II: Showing, Mayo Scoring system for Assessment of Ulcerative Colitis activity.

SCORING CRITERIA	0	1	2	3
1. Stool Frequency	Normal To This Patient	1-2 Stool	3-4 Stool More Than Normal	5 Or More Stool More Than Normal
2. Rectal Bleeding	No Blood	Streak Of Blood With Stool Less Than Half The Time	Obvious Blood With Stool Most Of The Time	Blood Alone Passes
3. Findings On Endoscopy	Normal Or Inactive Disease	Mild Disease Erythema, Decreased Vascular Pattern, Mild Friability	Moderate Disease Marked Erythema, Lack Of Vascular Pattern, Mild Friability Erosions	Spontaneous Bleeding, Ulcerations
4. Physicians Global Assessment*	Normal	Mild	Moderate	Severe

*Physicians global assessment acknowledges the other three criteria, the patients daily recollection of abdominal discomfort and general sense of well being, and other observations such as physical findings and the patients performance status.

The mayo score ranges from 0-12, with higher score indicating more severe disease.

Table III: Showing Score and Disease Severity.

Mayo Score	Disease Severity
< 2 and no subscore >1	Clinical Remission
3-5	Mild Activity
6-10	Moderate Activity
11-12	Severe Activity

TREATMENT

Patient came for follow up every 15 days and at every follow up the *Avastha* was assessed & treatment was revised if needed as per the *Avastha* (Stage) of Disease.

A. Oral medicines

1. *Dadimashtak Churnam*^[7] 5g + *Shankha Bhasma* 250 mg^[8]+*Pravala Panchamrita Rasa* 250 mg bd with *Takra* or warm water before food
2. *Mustakarishtam*,^[9] 15 ml bd with warm water after food, Same prescription followed for 1st follow up i.e. for 15 more days.

B. Revised Oral Medicine for 2rd and 3rd follow-up

1. *Avipattikar Churnam* 5 gm+ *Pravala Panchamrita Rasa* 250 mg + *Shankha bhasma* 250 mg with *takra*/warm water before food.

2. *Mustakarishtam* 15 ml bd with equal warm water after food.
3. *Brahmi vati* 2 HS with honey.

C. Oral Medicine for 4th and 5th follow-up

1. *Avipattikar Churnam*, 5 gm+ *Pravala Panchamrita Rasa* 250 mg + *Shankha bhasma* 250 mg + *Panchamrita parpati*^[10] 250 mg bd with *takra*/warm water before food.
2. *Jeerakarishtam* 15 ml bd with equal warm water after food.
3. *Brahmi Vati* 2 HS with honey, *Pathya Kalpana Ashvagandha ksirapaaka* 50 ml OD.

RESULT

Result was assessed with the mayo score. Significant improvement was seen in patient after treatment.

Table IV: Patients disease severity score before & after Treatment.

Symptoms	BT	AT(After 5 th Follow up)
Stool Frequency	3	0
Rectal Bleeding	2	0
Findings on Endoscopy	3	Due
Physicians Global Asessement	3	0
Mucous Along With Stool	Present	Absent
Discomfort during stool passage	Present	Absent
Weight	42 Kg	44 Kg

DISCUSSION

Grahani Roga has cardinal symptom as frequent passage of either *Baddha* (constipated) or *Abaddha Mala* (loose stool). *Deepana* (increases digestive fire), *Pachana*, *Grahi guna* (digests the food and checks the frequency) drugs should be choice while treating *Grahani*. *Avastha Anusara Chikitsa* is Ayurvedic approach of treatment where *Aama*, *Niraama*, *Leena Avastha* of *Dosha* is asessed first and accordingly the treatment is changed at each stage. Formulation mentioned in treatment for first visit and first follow up contains mainly *Deepana* & *Pachana* drugs as patient was in *Aamavastha* (Stage of *Aama*).

With this combination patients taste perception was improved, frequency was unchanged, had better appetite but had burning sensation over umbilical region and loose stool so to relieve the *Koshthagata Pitta Laxanas* and to remove the *Aavarana* caused to *Pitta* by *Vata Dosha* combination with *Avipattikar Churnam* was prescribed. *Brahmi vati* was added as patient was stressed and sleep was disturbed. *Brahmi* (*Bacopa monirie*) main constituent in *Brahmi vati* reduces anxiety.^[11] With this revised combination patient responded very well, strain during

passing stool was decreased and frequency reduced to 3times a day and bleeding was less this time. In next follow up after 15 days, patient complained of *Adhmana* (Abdominal distension) so *Mustakararishtam* was replaced by *Jeerakarishtam*. *Panchamrita parpati* was advised as a *Rasayana*(Rejuvenative Action) in *Grahani*. Ulcerative colitis being a psychosomatic illness responds well with herbs acting on nervous system. *Ashvagandha ksirapaka* (Milk preparation of *Withania somnifera*) is *Balya* (promoting strength)as well as stress reducer.

After 5 th follow up patient was significantly improved in all her symptoms. Her sleep improved and overall activity in daily routine were better now. Total Mayo score was reduced from 11 to less than 2.

Along with medication patient was advised to Practice *Yoga* Poses like *Vajraasana*, *Pavanmuktasana*, *Jathar parivartanasana*, *shavasana* for 10-15 min daily. Light, warm diet such as Green gram soup, Buttermilk, Roasted cumin seeds was advised to the patient during treatment.

CONCLUSION

Grahani Roga i.e Ulcerative colitis is managed well with ayurvedic drugs. In this patient responded well with line of management focussing on psychological as well as somatic complaints. With *Ayurvedic* management complaints relieved and over all quality of life improved. Patient was much satisfied with the treatment. Further research on large sample size is needed to support the results.

Source of Support

NIL.

Conflict of Interest

NIL.

REFERENCES

1. Kornbluth A, Sachar DB. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. *Am J Gastroenterol*, 2010; 105: 501–523; quiz 524.[PubMed].
2. Kushvaha Siddhi nandan mishra Ayurveda Dipika Ayushi hindi commentary Charaka samhita Chikitsa sthaana Grahani chikitsa adhyaya15 /53, Chaukhambha Orientalia Varanasi; First edition, 2009; 733.
3. Niriella MA, De Silva AP, Dayaratne AH, Ariyasinghe MH, Navarathne MM, Peiris RS, Samarasekara DN, Satharasinghe RL, Rajindrajith S, Dassanayake AS, et al. Prevalence of inflammatory bowel disease in two districts of Sri Lanka: a hospital based survey. *BMC Gastroenterol*, 2010; 10: 32.
4. Asakura K, Nishiwaki Y, Inoue N, Hibi T, Watanabe M, Takebayashi T. Prevalence of ulcerative colitis and Crohn's disease in Japan. *J Gastroenterol*, 2009; 44: 659–665. [PubMed].
5. Cosnes J, Gower-Rousseau C, Seksik P, Cortot A. Epidemiology and natural history of inflammatory bowel diseases. *Gastroenterology*, 2011; 140: 1785–1794.
6. James D Lewis et all Use of the Non-invasive Components of the Mayo Score to Assess Clinical Response in Ulcerative Colitis, Published in final edited form as: *Inflamm Bowel Dis*, 2008 Dec; 14(12): 1660–1666.
7. Siddhi nandan mishra siddhi prada vyakhya of Bhaisjya ratnavali Grahani Rogaadhikara 8/38-39, Chaukhambha orientalia; Edition, 2013; 259.
8. Siddhi nandan mishra siddhi prada vyakhya of Bhaisjya ratnavali Shodhan maaran gunaadi prakaranam 3/275-276, Chaukhambha orientalia; Edition, 2013; 68.
9. Siddhi nandan mishra siddhi prada vyakhya of Bhaisjya ratnavali Shodhan maaran Agnimandyarogaadhikara 10/269-272, Chaukhambha orientalia; Edition, 2013; 361.
10. Siddhi nandan mishra siddhi prada vyakhya of Bhaisjya ratnavali Grahani Rogaadhikara 8/458-460, Chaukhambha orientalia; Edition, 2013; 292.
11. Bhattacharya SK. Ghosal S. Anxiolytic activity of a standardized extract of *Bacopa monniera*: An experimental study. *Phytomedicine*, 1998; 5: 77–82. [PubMed].