VOLUME - 15, ISSUE - 04, APRIL - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Ayurveda

AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS (RAKTAATISARA): A CASE REPORT

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ABSTRACT

Background: Ulcerative colitis (UC) is a chronic inflammatory bowel disease characterized by inflammation of the mucosa of the colon and rectum. It commonly presents with symptoms such as bloody diarrhoea, abdominal pain, mucus discharge, tenesmus, and fatigue. In Ayurveda, the clinical presentation of ulcerative colitis can be correlated with Raktaatisara, a subtype of Atisara predominantly caused by the vitiation of Pitta Dosha, leading to frequent defecation associated with bleeding. **Case Presentation:** A 23-year-old unmarried male from Somnath, Gujarat, presented to the OPD of P.D. Patel Ayurveda Hospital with complaints of frequent stools (12–14 times per day) associated with blood and mucus, severe abdominal pain with cramps and heaviness, abdominal bloating, and tenesmus. The symptoms had progressively worsened over the previous 1.5 years despite continuous allopathic treatment. The patient had been previously diagnosed with ulcerative colitis based on colonoscopy and biopsy findings and had been treated with mesalamine, corticosteroids, suppositories, and laxatives. **Intervention:** The patient was managed with Ayurvedic treatment consisting of internal medications including Udumbar Kvatha, Bol Vati, Kutaj Ghanvati, Gangadhar Churna, Vatsakadi Vati, Mishreya Arka and a combination of Lodhra, Musta and Nagkesar Churna. In addition, Pichha Basti and Matra Basti were administered along with appropriate Pathya Ahara and Vihara. **Outcome:** After completion of the treatment, the stool frequency reduced to 2–3 times per day with complete absence of blood and mucus in the stool. The patient also experienced significant relief from abdominal pain, cramps, abdominal heaviness, and bloating. **Conclusion:** The present case demonstrates that Ayurvedic management, including internal medications and Basti therapy, can provide significant clinical improvement in patients with ulcerative colitis correlated with Raktaatisara. The treatment resulted in reduced stool frequency, cessation of rectal bleeding and mucus discharge, and marked relief from associated gastrointestinal symptoms.

KEYWORDS : Raktaatisara, Ulcerative Colitis, Pichha Basti, Udumbar Kvatha

1. INTRODUCTION

Ulcerative colitis is a chronic inflammatory disorder of the bowel characterized by recurrent episodes of remission and relapse, involving continuous mucosal inflammation that begins in the rectum and may extend proximally along the colon. Along with Crohn's disease, it constitutes one of the two major forms of inflammatory bowel disease (IBD). Clinically, it commonly presents with increased bowel frequency and passage of blood in stools, often leading to weakness due to fluid and blood loss.[1]

The reported incidence ranges from 9 to 20 cases per 100,000 individuals per year, with no clear gender predominance.[2] It most commonly affects individuals between 15 and 35 years of age, which represents a crucial period of life, while occurrence is comparatively less frequent in the 50–75-year age group.[3]

The primary aim of treatment is to induce and sustain both clinical and endoscopic remission. Aminosalicylates are considered first-line therapy in mild to moderate cases, whereas corticosteroids are used during acute exacerbations. In moderate to severe disease, immunosuppressive agents and biologics are often required.[4] Despite these therapeutic options, the disease is associated with considerable morbidity and mortality, particularly due to complications such as an increased risk of colorectal cancer over time. This has led to growing interest in alternative and complementary treatment approaches that may offer safer and more sustainable outcomes.[5]

In Ayurveda, a comparable clinical condition can be understood as Raktatisara, a form of hemorrhagic diarrhoea presenting with features such as Shula (abdominal pain), Gudapaaka (burning sensation in the rectum), and Trishna (excessive thirst). Ulcerative colitis can be correlated with a disorder of the Purishavaha Srotas, where Raktatisara represents an advanced stage of Pittatisara.[6] Classical texts, including the Charaka Samhita, recommend Basti Chikitsa as an important therapeutic modality in the management of Raktatisara, suggesting a possible correlation with the management of ulcerative colitis.[7]

2. Patient Information: A 23-year-old Hindu, unmarried male student from Somanath, Gujarat, visited an Ayurvedic Hospital in June 2025 with complaints of frequent passage of stools (10-12 times per day) associated with blood and mucus, severe abdominal cramping, bloating, and a sense of incomplete evacuation since the past one and a half years. There was no significant family history of gastrointestinal or autoimmune disorders.

The patient had irregular dietary habits and frequently consumed outside and incompatible food. He also suffered from disturbed sleep due to nocturnal urgency of defecation, along with emotional stress due to chronic illness and poor quality of life. Colonoscopy and biopsy reports confirmed the diagnosis of Ulcerative Colitis. He had been previously managed with oral Tab. mesalamine (Mesacol), Tab. Omnacortil (corticosteroid), suppositories, and laxatives. Despite prolonged treatment, he experienced multiple relapses and even required blood transfusion due to severe anemia during one episode. As the treatment did not provide satisfactory long-term relief, he voluntarily discontinued all allopathic medications by February 2025.

According to Ayurveda, irregular dietary habits (Viruddha Ahara), intake of incompatible and unhealthy food, along with disturbed sleep (Nidra Vaigunya) and psychological stress, lead to vitiation of Vata and Pitta Dosha. This initially manifests as Pittaj Atisara, which, upon chronicity and continued etiological factors, progresses to Raktaj Atisara.

On general examination, no pallor, icterus, or oedema was observed, and no lymph nodes were palpable. His appetite was reduced. Bowel frequency was 10–12 times per day with blood and mucus. Micturition was 6–7 times per day. Sleep was reported as Samyak. Blood pressure, pulse rate, and respiratory rate were within normal limits.

3. Clinical Findings

Systemic Examination: On gastrointestinal examination, pain and tenderness were observed in the lower abdomen. No abnormalities were detected in the respiratory, cardiovascular, or nervous systems. On Ashtavidha Pariksha, the patient's Nadi was recorded as 70/min, indicating Pittadhik Vata predominance. Mutra was found to be Samyak, with a frequency of 6-7 times per day. Mala was characterized by the presence of mucus and occasional blood, with bowel movements occurring 4-5 times daily. Jihva was observed as Sama, while Shabda and Sparsha were Prakrut. Drik appeared Snigdha, and the overall Akruti of the patient was Madhyam.

Personal History

- Diet: Mixed (vegetarian predominant)
- Addictions: None reported
- Occupation: Pharmaceutical manager
- Past History: No significant illness
- Family History: Non-contributory
- Surgical History: No history of any surgical intervention

4. Diagnostic Assessment

Before starting the treatment; routine hematological tests were done. On visit, the patients had histopathology reports with him. Stool for occult blood was done before starting the treatment. (Figure-1). Colonoscopy and biopsy reports were with the patient. A brief of the hematological observations is placed at (Figure-2)

5. Timeline of the Case: Table 1: represents the timeline of the occurrence of events in the past. It represents all the symptoms along with the treatment taken by the patient before taking Ayurvedic treatment.

6. Therapeutic Intervention: Table 2. Represents the treatment given to the patient along with the dose, route of administration and duration.

Diet:

Pathya: He was given a renal-supportive hospital diet, which was wheat-free, rice-based, and excluded sugar, jaggery, and sour items. Saindhava Lavana was used in minimal quantity. Legumes were restricted, except for Mung dal. There was no undue restriction on fluid intake.

Apathya: Salt, wheat, pulse other than mung, fermented food, spicy deeply fried food, chilled/ refrigerated food, sleep during daytime, awake at late night.

7. Observation and Outcome: After 35 days of treatment, including Matra Basti with Jatyadi Taila and Pichha Basti, the patient showed significant clinical improvement. Abdominal pain during meals subsided, and the patient was able to tolerate solid food such as chapatis. There was a notable weight gain from 45 kg to 48 kg by the 40th day of treatment.

Sigmoidoscopic evaluation prior to Basti therapy had revealed reduced vascularity, increased friability, rectal erosions, mucosal erythema, and oedema in the sigmoid colon, indicative of proctocolitis. However, after completion of therapy, repeat assessment showed restoration of healthy mucosa and vascularity. Based on these findings and marked clinical improvement, Basti therapy was discontinued. The quality of life of the patient was improved.

8. DISCUSSION: In Ayurveda, Raktatisara is described as a form of hemorrhagic diarrhoea that exhibits clinical features comparable to ulcerative colitis, such as Shula (abdominal pain), Gudapaaka (burning sensation in the rectum), and Trishna (excessive thirst). Ulcerative colitis can be understood as a disorder of the Purishavaha Srotas, primarily involving vitiation of Pitta-dominant Vata Dosha.

The therapeutic regimen was selected based on these principles. Udumbara Kvatha possesses Pitta–Vata Shamana, Vrana Shodana, and Ropana properties, making it beneficial in healing colonic ulcers when administered through Basti Karma. Its Stambhana effect also helps in reducing bowel frequency and controlling bleeding. Nagakeshara acts as Raktatisara Nashaka, while Lodhra exhibits Rakta Stambhaka action, thereby effectively managing rectal bleeding. Musta contributes through its Amapachana, Agnideepana, and Grahi properties, aiding digestion, reducing Aama, and decreasing stool frequency.

Kutaja Ghan Vati, containing Ghana Satva of Kutaja Tvak, possesses Atisara Nashaka and Stambhaka, which further help in controlling diarrhoea. Yashtimadhu (Glycyrrhiza glabra Linn.) acts as Vata-Pitta Shamaka and Shothahara, providing significant anti-inflammatory effects.[8] Ghrita, described in classical texts as an best Vata–Pitta Shamaka Dravya, enhances Agni and promotes tissue healing due to its Balya and Vrana Ropana properties.[8]

The use of Jatyadi Taila in Matra Basti plays a crucial role in cleansing and healing deep-seated ulcers, especially those associated with discharge, pain, and sinus formation.[9] Brahmi Ghrita contributes through its Medhya (nootropic) and stress-relieving effects,[10] while Shatavari Ghrita, described in Charaka Samhita Chikitsa Sthana, provides Sheeta, Pitta Shamana, and Balya actions, helping alleviate stress, an important contributing factor in the disease.[11]

Piccha Basti is one kind of Niruha Basti which has got its nomenclature on the basis of its texture.[12] Piccha Basti have been indicated for various pathologies related to the GI tract such as Pittatisara (Pittaja variant of diarrhea), Raktatisara (diarrhea due to vitiated blood), etc. [13] Shalmali (Bombax ceiba) is the most common herb used in different Piccha Basti combinations. Different parts of this plant such as fresh leaves, flowers, pedicle of flower, and extract (Mocharasa) have been used either in Kvatha or Kalka for preparing Piccha Basti. The integration of Basti therapy and targeted Aushadha Chikitsa not only controlled active symptoms but also promoted mucosal healing and improved overall strength.

9. CONCLUSION: The present case highlights the effectiveness of an Ayurvedic, Dosha-based approach in achieving sustained remission in ulcerative colitis. The combination of Basti therapy and Aushadha Chikitsa controlled active symptoms and also promoted mucosal healing and improved overall strength. The patient remained relapse-free without reliance on long-term steroids, indicating a stable and holistic recovery. This suggests that Ayurveda offers a promising, safe, and root-cause–oriented strategy in the management of chronic inflammatory bowel diseases.

10. Declaration of Patient Consent:

The authors certify that informed consent was obtained from the patient for publication of this case report, including clinical details and images, with due efforts made to maintain anonymity and confidentiality.

Table-1: Represents the Timeline of the Occurrence of Events Before Coming to Ayurvedic Hospital.

Date / Time Point	Clinical Events / Findings	Intervention Given	Outcome / Observations
05/11/2022	Onset of initial symptoms (frequent stools, blood & mucus)	Allopathic medications initiated	Temporary symptomatic relief
19/12/2022	Persistent symptoms	Tab. Mesacol + Syrup Lactulose started	Mild improvement, no sustained relief
04/01/2023	Diagnostic evaluation	Colonoscopy + Biopsy	Ulcerative Colitis confirmed
15/03/2023	Disease exacerbation	Tab. Omnacortil (40–5 mg, tapering dose)	Partial control; relapse on tapering
21–22/11/2024	Severe flare with anemia (Hb: 6 g/dL)	Blood transfusion	Temporary stabilization
30/02/2025	Patient discontinued all allopathic medications	-	No long-term relief; symptoms persisted
20/06/2025	First visit to Ayurvedic hospital	Ayurvedic assessment & treatment planned	Holistic management initiated
27/06/2025	Admission for IPD care	Panchakarma + Shamana therapy started	Gradual symptomatic improvement
31/07/2025	At discharge	Continued internal medicines + Basti advised	Marked clinical improvement
01/09/2025	After one month	Continued internal medicines	Moderate clinical improvement

Table-2: Represents the Treatment Given to the Patient During IPD Period and Follow-up Period.

Date		Given Treatment
27/06/2025	1st day	1. Kutaja Ghanvati - (3tab/3time) 2. Musta Churna + Nagkesar Churna + Lodhra Churna = 3gm /3time 3. Udumbar Kwatha - 40ml - 2 time 4. Chhardiripu - 2gm + Shankh Bhasma - 250mg - 2 time / day (before food)
28/06/2025 To 31/07/2025	2nd day to 35th day	1,2,3,4 treatment continued with 5. Gangadhar Churna- 3gms - 2 time/day 6. Pichha Basti 100ml (after lunch) 7. Jatyadi Taila Matra Basti- 40ml (after dinner)
01/09/2025 To 01/10/2025	65th day to 95th day	1,2,3,4 treatment continued with Jatyadi Taila Matra Basti- 40ml (after dinner) at home.

Table-3: Represents Before Treatment, During Treatment and After Treatment Symptomatic Relief.

Parameter	Before Treatment (27/06/2025)	After 35 days of Treatment (31/07/2025)	1st Follow-up (01/09/2025)	2nd Follow-up 01/10/2025)
Stool Frequency	10–12 times/day	Gradual reduction observed	Reduced up to (3-4 times)	Reduced to near normal frequency (1-2 times)
Blood in Stool	Present (frequent)	Decreased progressively	Sometimes in a week	Completely absent
Mucus in Stool	Present	Reduced	Sometimes in a week	Absent
Abdominal Pain	Severe cramping	Moderately reduced	Minimal to absent	Absent
Bloating	Present	Improved	Improved	Absent
General Weakness	Marked weakness	Improved gradually	Mild weakness	Significant improvement
Appetite	Reduced	Improved	Improved	Normalized
Hemoglobin Status	Severely reduced previously (Hb- 6.0 g/dL episode)	Hb- 7.4 g/dl	Hb- 10.4 g/dl	Maintained within normal limits (12.3 g/dL)
Relapse Episodes	Frequent relapses on allopathic therapy	No relapse during IPD	No relapse during follow-up	No relapse during follow-up
Overall Condition	Poor quality of life	Progressive improvement	Progressive improvement	Sustained remission and improved quality of life

Figure 1- Showing Colonoscopy Report and Biopsy Findings

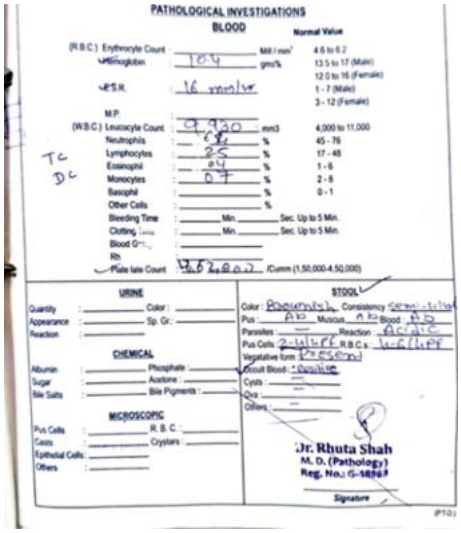

Figure 2- Showing Routine Hematological Tests and Occult Blood in Stool.

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