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Original Research Paper

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AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS WITH UDUMBARA - BASED THEORY: CASE REPORT

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ABSTRACT An idiopathic, chronic inflammatory disease of the colonic mucosa, ulcerative colitis (UC) typically affects the rectum and spreads proximally to affect the sigmoid portion of the colon or the entire colon. It has a remitting and relapsing pattern. Rectal bleeding with mucous passing and bloody diarrhoea are the cardinal signs. There is currently no safe, long-term cure for this illness. A 36-year-old man who works as a farmer and has had ulcerative colitis for the last six years arrived at the hospital complaining of regular, bloody, mucus-filled feces as well as abdominal pain. Udumbara Kvatha Basti and other Shamana Aushadha helped manage the condition. Stool frequency decreased after a month of treatment, and normal stool consistency was achieved following a follow-up.

KEYWORDS : Raktaatisara, Udumbara, Basti, Ulcerative Colitis

INTRODUCTION

A chronic idiopathic inflammatory bowel disease (IBD) with a relapsing and remitting course, ulcerative colitis (UC) is characterized by superficial mucosal inflammation of the colon. [1] Peak incidence of Ulcerative colitis is in the second to fourth decades. A second modest rise in incidence occurs between the seventh and ninth decades of life. The female-to-male ratio ranges from 0.51 to 1.58 for Ulcerative colitis. Studies, suggesting that the diagnosis is not gender-specific. [2] Diarrhoea, rectal bleeding, tenesmus, mucus passage, and cramping stomach pain are the main signs of ulcerative colitis. The degree of illness is correlated with the intensity of symptoms. The symptoms of ulcerative colitis typically have been present for weeks to months, though they can occasionally appear suddenly. [3] The goals of treatment in ulcerative colitis focus on improving quality of life, achieving steroid-free remission and minimizing the risk of cancer. [4]Ulcerative colitis is a disease of Purishavaha Srotas. In Ayurveda, Raktatisara is mentioned as an advanced stage of Pittatisara, symptoms including Shula, Gudapaaka , and Trushna. [5]

Patients' Information

In May 2024, a 36-year-old Muslim man who works as a farmer came to the hospital complaining of six years of Sarakta Malapravritti (blood-mixed stools), Udara Shoola (colicky abdominal pain), and Gudadaha (burning sensation in the anus). Stool was produced ten to twelve times a day. He saw an allopathic physician, and the diagnosis of ulcerative colitis was verified by a colonic sample. For the past six years, he has been taking Tab. Mesalamine (1.2 g) twice a day. The patient's quality of life in both their personal and professional lives was greatly impacted by the symptoms, which continued to worsen despite the medicine. Given this context, the patient arrived at the hospital exhibiting the aforementioned symptoms. After evaluation, he was admitted, for further Ayurvedic management. There was no positive family history. The stressful profession, diet patterns in irregular timings, frequent consumption of spicy, oily and fast foods like spicy wafer, masala sev, vadapav were Noticed during the examination.

Clinical Findings

Upon examination, there was no clubbing, icterus, pallor, or oedema. There were no palpable lymph nodes. The patient's weight was 62.7 kg, their blood pressure was 120/70 mmHg, their pulse rate was 78/min, and their respiration rate was 20/min. An examination of the abdomen revealed mild lower abdominal pain and tenderness. The central nervous system, cardiovascular system, and respiratory system were all operating normally. The hemoglobin level was 13.7% and the erythrocyte sedimentation rate was 22 mm/hr, according to the lab tests conducted at admission. In reports,06–08 pus cells and 15–20 red blood cells per high power field (hpf) were seen in the stool investigation.

Timelines

In June 2018, the patient began experiencing bleeding and 10–12 episodes of stool per day. Allopathic treatment was started after a colonic biopsy revealed ulcerative colitis with significant activity. Stool frequency decreased to 7-8 bouts per day by August 2021. In May 2024, the patient visited an Ayurvedic hospital and underwent inpatient treatment before continuing oral Ayurvedic therapy. The patient experienced full clinical remission and normal stool frequency by July 2025.

Diagnostic Assessment

In 2018, a colonic histopathology biopsy verified the diagnosis of extreme active ulcerative colitis.The main conclusions were severe infiltrates affecting surface epithelium, including cryptitis and crypt abscesses, diffuse significant transmucosal inflammation, and moderate crypt loss and branching.Several polypes were observed. There were no dysplasia or granulomas. The diagnosis made by Ayurvedic diagnostics was Raktatisara.

Therapeutic Intervention

The patient was admitted to the IPD and given Udumbara Kvatha Basti for four weeks after being informed about the upcoming operations and receiving consent. Customized oral medicines were also administered during this time [Table 1].

Table 1: Treatment Schedule – Oral Medication and Panchkarma Procedure.

Date	Treatment	Dose	Time
21/5/24 to 18/6/24	Udumbara Kvatha	40 ml	2 time a day -empty stomach
21/5/24 to 18/6/24	Fine powder of Lodhra Tvak (2 gms), Musta Moola (2 gms) and Nagakesara (3 gms)	-	3 times a day after food with luke warm water
21/5/24 to 18/6/24	Kutaja Ghanavati	2 tab of 500 mg each	3 times a day after food with luke warm water
21/5/24 to 18/6/24	Udumbara Kvatha Basti (25 gms of Udumbara Tvak was boiled with 400 ml of potable water until it reduced to 100 ml)	100 ml	Once a day after lunch

Follow-up and Outcome

The patient was instructed to continue taking oral meds as an outpatient with monthly follow-ups after being discharged. Evaluations were carried out at baseline before to the start of

Ayurvedic treatment (21/5/2024), following four weeks of inpatient therapy (19/6/2024), six months later (7/1/2025), and one year later (15/7/2025). Rectal haemorrhage, stomach pain, and bowel frequency all significantly decreased (Table 2).

Table 2: Follow up and Improvement in Sign and Symptoms.

symptoms	Before Treatment (21/5/2024)	After Treatment (18/6/2024)	After 6 months (7/1/2025)	After 1 year (15/7/25)
Bowel frequency	8-10 times/day	2 -4time/ day	2 time/ day	1-2 times/ day
Blood in stool	Profuse mix with stool	absent	absent	absent
Abdominal pain	Moderate	absent	absent	absent
Burning in anal region	mild	mild	absent	absent
Weakness	Moderate	absent	absent	absent

DISCUSSION

These days, altering one's lifestyle raises the risk of ulcerative colitis. Immunosuppressive medications and corticosteroids are used in the conventional therapy of ulcerative colitis; due to the disease's recurrent nature, long-term care is necessary, which has a number of adverse consequences, including hypertension and the establishment of diabetes mellitus [6] Therefore, in such circumstances, efficient management is required. One of Purishavaha Srotas' diseases is ulcerative colitis. When administered internally, Udumbara possesses Pitta-Vata Shamana, Vrana Shodhana, and Ropana qualities. Additionally, it has Stambhana properties that help halt bleeding and lessen the frequency of bowel movements. [7]

Basti, also known as Vata Pitta Pradhana Atisara, is recognized as the optimum administration method. It cures the illness and delivers Katipakwashaya Sthana Bala. [8] Udumbara Kvatha's administration Because Basti is produced solely of Udumbara Kvatha and water, it can come into direct contact with the mucosa of the colon, treating colonic ulcers locally.

Kutaja Ghanavati has Stambhana Guna, which also aids in lowering bowel frequency, and contains Ghanasatva of Kutaja bark.. [9] Musta with its Grahi action relieves the Ama in the body and also reduces the bowel frequency. [10] Nagakesara [11] has Raktatisaranashaka and Lodhra [12] have Rakta Stambhana action that helps in stopping the bleeding.

In addition to having qualities like Balya and Vrana Ropana, ghrita promotes Agni. Additionally, the patient has routinely attended hospital yoga and dhyana sessions. He was able to reduce his anxiety thanks to Dhyana.

The recurrent nature of ulcerative colitis is greatly influenced by dietary practices. The patient was fed Pittashamaka, Laghu, Grahi, and Pathya meals while he was in the hospital. During his hospital stays, he was given foods like boiling rice with dal, boiled mung, and mung bean soup, and he was told to stick to the same diet at home.

At the time of hospital admission, the patient was taking Tab. Mesalamine, a standard medication. After a week, the Tab Mesalamine dosage was gradually reduced and then stopped.

CONCLUSION

Because of changes in lifestyle, digestive problems like ulcerative colitis are becoming more common. Clinical symptoms significantly improved in this case study, and no problems were noted. According to the results, ulcerative colitis may be effectively treated with Udumbara Kvatha and Udumbara Kvatha Basti in addition to customized medication, dietary changes, and yoga.

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