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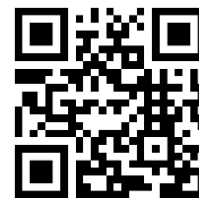


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## Ayurvedic management of Ulcerative Colitis: A Case Study

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### ABSTRACT:

Ulcerative colitis is a chronic inflammatory disorder of the large intestine characterized by recurrent episodes of mucosal inflammation, presenting clinically with altered bowel habits such as diarrhoea, rectal bleeding, tenesmus, passage of mucus, and cramp-like abdominal pain. The disease typically follows a relapsing and remitting course, often beginning in the rectum (proctitis) and potentially extending proximally to involve the sigmoid colon (proctosigmoiditis) or the entire colon (pancolitis). Despite advances in modern medicine, management primarily relies on corticosteroids and biological agents, which often provide only symptomatic relief and are associated with significant adverse effects during long-term use. In Ayurveda, conditions such as Raktaja Arsha, Raktatisara, Raktaja Pravahika, and Grahani exhibit clinical similarities to ulcerative colitis. Ayurvedic management focuses on restoring digestive balance and reducing intestinal inflammation through therapeutic interventions such as Anuvasana Basti, Piccha Basti, Shamana Chikitsa, dietary regulation, and supportive practices including yoga and meditation. This case study presents a 32-year-old male diagnosed with ulcerative colitis for four years, who reported more than eight bowel movements daily, with frequent episodes of blood and mucus in stool. The patient had previously undergone conventional treatment without satisfactory improvement. He was admitted and treated with Basti therapy along with oral Ayurvedic medications for one month. Significant clinical improvement was observed within a few days, including reduction in stool frequency and cessation of rectal bleeding and mucus discharge. After one month, the patient reported one to two bowel movements per day with normal consistency and no associated symptoms. Additionally, haemoglobin levels improved markedly.

**KEYWORDS:** Ulcerative colitis, Raktatisara.

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**INTRODUCTION:**

Ulcerative Colitis is an important cause of morbidity across the world, and its incidence as well as prevalence are gradually increasing. The number of reported cases in India, particularly in the northern region, has been rising in recent years, which may be associated with unhealthy dietary practices and a sedentary lifestyle. Studies indicate that the disease occurs more commonly in urban populations compared to rural areas and is frequently seen among individuals belonging to higher socioeconomic groups. Although the exact cause of ulcerative colitis remains unknown, factors such as diet, medications, and psychological stress are believed to contribute to its development. The disease is considered to result from an abnormal immune response of the body.<sup>[3]</sup>

Ulcerative colitis is classified as a chronic inflammatory bowel disease characterized by recurrent inflammation of the intestinal mucosa. The inflammatory process generally begins in the rectum and may extend proximally to involve other segments of the colon. Along with Crohn's Disease, ulcerative colitis forms the two principal conditions collectively referred to as inflammatory bowel diseases (IBD). The most common clinical manifestations include increased bowel frequency and the passage of blood in the stool. Continuous loss of water and blood through stools often results in fatigue and generalized weakness.<sup>[4]</sup>

The incidence rate of ulcerative colitis is estimated to be 9–20 cases per 100,000 individuals per year, and the disease shows no significant gender predominance. It commonly affects individuals between 15 and 35 years of age, which represents an important and productive period of life, whereas it is relatively less common in the age group of 50–75 years. The chronic nature of the disease contributes to considerable morbidity and mortality. One of the major

long-term complications is the increased risk of colon cancer, particularly during the early years and prolonged duration of the illness. The clinical presentation of ulcerative colitis can be correlated with *Raktatisara*<sup>[5]</sup> and *Raktaja Pravahika*,<sup>[6]</sup> as frequent bowel movements and the presence of blood in stool significantly affect the patient's overall health. According to the principles of Ayurveda, individuals suffering from *Pitta Atisara*<sup>[7]</sup> may develop *Raktatisara*, a form of haemorrhagic diarrhoea presenting with symptoms similar to ulcerative colitis, such as *Shoola* (abdominal pain), *Gudapaka* (burning sensation in the anal region), and *Trishna* (excessive thirst), particularly when appropriate dietary and lifestyle guidelines (Pathya Ahara and Vihara) are not followed. Excessive consumption of hot, spicy, and fried foods, along with stress and anxiety, can aggravate this condition. Therefore, the primary therapeutic approach involves *Nidana Parivarjana* (avoidance of causative factors), followed by *Shamana Chikitsa*, including the use of *Rakta Stambhaka* (haemostatic agents) and *Purisha Sangrahi* (anti-diarrheal medicines). Classical Ayurvedic texts such as the Charaka Samhita also recommend *Basti Chikitsa* as an important treatment modality in the management of *Raktatisara*. Hence, the symptomatology and treatment principles suggest a close correlation between ulcerative colitis and these Ayurvedic conditions.

According to Ayurvedic classics, people with *Pitta Atisara*<sup>[7]</sup> have tendency to develop *Raktatisara*, a type of hemorrhagic diarrhoea that shares certain symptoms with ulcerative colitis, including *Shula* (abdominal pain), *Gudapaaka* (rectal burning), and *Trishna* (excessive thirst) when they do not follow *Pathyaahara* and *Vihara*. Again, consumption of hot, spicy and fried food along with stress, anxiety etc leads to *Raktatisara*. Therefore,

the first line of treatment is *Nidana parivarjana* followed by use of *Sansamana Chikitsa* like *Rakta stambhaka* (blood coagulatory) and *Purisha sanghrahi* i.e., anti-diarrheal medicines. As in *samhita purisha sangraha* is not indicated in *atisar* patient but only in earlier stages but this is a chronic case where more than the disease built of the patient is important. In the Charaka Samhita, Basti Chikitsa is listed as a method of managing *Raktatisara*. Ulcerative colitis and this condition may be connected.<sup>[8]</sup>

### Case Study

#### Patient Information

A 32-year-old Hindu male, married, non-smoker, working as a temple priest in Parali, Beed district, Maharashtra, visited the Out-Patient Department (OPD) of the Government Ayurveda Hospital on 27 May 2025 with complaints of bleeding per rectum accompanied by mucus, abdominal pain particularly during meals, and generalized weakness, which had been persisting since 2020. There was no significant family history related to the disease.

The patient reported frequent consumption of spicy, oily, and packaged junk food obtained from outside, which may have contributed to his condition. Diagnostic evaluation through colonoscopy confirmed the presence of severe diffuse gastritis along with Ulcerative Colitis, specifically the type known as proctosigmoiditis.

Prior to visiting the Ayurvedic hospital, the patient had been receiving conventional medical treatment for approximately six months. The prescribed medications included Mesalamine tablets (1.2 mg, three tablets taken in the morning), Prednisone tablets (5 mg), and suppositories administered one to two times daily in initial days but after that he continued by his own for tds or qid. Despite regular use of these medications, the patient experienced minimal improvement in his symptoms, and

the complaints of rectal bleeding, abdominal discomfort, and weakness persisted. This treatment didn't provide much relief in his signs and symptoms also after taking steroids he initially also started complaining of rashes over body, anorexia and joint pain

According to the patient, his occupation as a temple priest required him to follow a very demanding schedule. Due to daily rituals such as *pooja* and *abhishek*, he usually started his work early in the morning around 5:00 a.m. and continued until late night (around 11:00–12:00 p.m.), particularly during religious festivals and special occasions. Because of this busy routine, he frequently consumed ready-to-eat packaged foods, which were often spicy, dry, and prepared using low-quality oil.

From the perspective of Ayurveda, such lifestyle practices can significantly disturb the normal balance of *Dosha*. Irregular routines like *Ratrijagarana* (night-wakefulness) along with the frequent intake of *Amla* (sour), *Lavana* (salty), *Katu* (pungent), and *Vidahi* (irritating or spicy) foods are considered important etiological factors that aggravate *Vata* and *Pitta* *Dosha*. This imbalance may initially result in *Pittaja Atisara*, and when the same dietary and lifestyle habits continue for a prolonged period, it can eventually progress into *Raktaja Atisara*, which resembles conditions like Ulcerative Colitis.

In Ayurvedic theory, the pathogenesis of disease is primarily explained through the interaction of *Dosha* and *Dushya*. A sedentary lifestyle, improper dietary habits, and stress related to occupational responsibilities may aggravate *Pitta* *Dosha* and weaken *Agni* (digestive fire). The impairment of digestive power leads to disturbances in gastrointestinal functioning. Classical texts describe this condition as *Pittaja Grahani*, which, if it persists for a long duration, may develop into *Raktatisara*, characterized by

frequent bowel movements and the presence of blood in stool.

According to patient he was working in a temple, due to high busy schedule-rituals (pooja -abhishek) he was working from five in the morning to late night either 11 or 12 p.m.(according season and festival) And during this duration he was eating food from packaged food, which used to be spicy ,dry and fried in low quality oil . According to Ayurveda, Ratrijagaran (late night pooja) and spicy-dry food (Amla, Lavana, Katu, Vidahi Aahara) are the cause for outbreak of Vata and Pitta which caused Pittaj Atisar as he continued the same life style so it finally caused the Raktaj Atisar. In Ayurveda, it is mainly based on the concept of Dosha and Dushya. Due to sedentary life style, faulty food habit, stressful working nature, Pitta dosha aggravated diet intake finally led to suppression of Agni (Digestive fire) which are mentioned as root cause of Pittja Grahani which in chronic stage manifest as Raktatisara

#### General Examination

- No pallor, clubbing cyanosis found
- Weight-51 kg
- BP-110/80 mmhg
- Pulse-80 Beat per min.
- Resp-20/M
- Spo2-98@RA.
- Lymph nodes are not palpable.

#### Systemic Examination

- CVS- S1 & S2 Heard, no abnormality detected in cardiovascular system
- RS - B/L air entry normal
- CNS- conscious and oriented with date, time & place
- P/A-Mild abdominal tenderness @ umbilical region, no organomegaly
- P/R- no piles mass present
- Auscultation- 8 bowel sounds/minute.

#### Ashtavidha Pariksha

1. Nadi : 72/min

2. Mala : with blood (less stool ) and Mucus 7-8 times/day
3. Mutra : 4-5times/day
4. Jivha : Saam
5. Shabda: Prakruta
6. Sparsha: Prakruta
7. Drik : Prakruta
8. Akrti : Madhyama

#### Samprapti Ghataka

- Dosa : Pitta pradhana tridoshaja (Vata-samana vata,pitta- Pachaka,Kapha-Kledaka)
- Dusya : Rasa ,Rakta
- Agni :Jatharagni
- Agni dusti : Mandagni
- Ama : Agnijanya
- Srotas : Anna vaha, purish vaha
- Srotodusti: Sang, Vimarg gamana, ati pravrutti
- Adhistana :Grahani
- Udbhavasthana :aamashay
- Vyaktastha :pakvashay
- Sancharasthan :Maha srotas,Annava srotas
- Sadhya-Asadhyata :Krachasadhya

**Investigations** colonoscopy rectum (jan2025)

Ulcerations, loss of normal vasculature & friability Sigmoid colon-Ulcerations, loss of normal vasculature & friability. Descending colon-Ulcerations, loss of normal vasculature & friability Transverse colon-Normal Ascending colon -Normal Caecum & IC Valve - Normal Ileum-Normal Impression - Ulcerative Colitis Mayo Grade 3 in view of Acute Inflammation & Friability. EXTENT 2

#### Treatment -

Considering the chronic course of the disease and the involvement of Vata and Pitta Dosha in Prakopa Avastha, along with the vitiation of Rasa and Rakta Dhatu, and Dushti of Annava and Purishavaha Srotas, the treatment plan was formulated after assessing the Sharirika and Manasika Bala (physical and mental strength) of the patient. Based on these factors, deepan with grahi

chikitsa Basti Karma was selected as the primary therapeutic approach according to the principles of Ayurveda.

Initially, Deepana–Pachana and Grahi therapies were administered for the first three-four days to improve digestive strength and regulate bowel movements. After this preparatory phase, Piccha Basti was administered to the patient. Piccha Basti is known for its Grahi (absorbent), Deepana (digestive stimulating), and Picchila (mucilaginous) properties, which help in reducing intestinal inflammation and controlling excessive bowel movements.[9] Along with Basti therapy, the patient was prescribed the following oral Ayurvedic medications:

1. Kutaja Ghanvati – 2 tablets, three times daily.
2. Nagkesar Churna + Lodhra Churna+yashtimadhu – 3 g, three times daily with honey (Madhu).
3. Musta – Shunthi Siddha Jala for drinking purpose.
4. Sanjeevani Vati – 1 tablet twice daily.

This treatment regimen was continued for four- five days, after which the patient was advised to return for follow-up evaluation

During the second follow-up visit, which occurred week after the initial treatment, the patient showed significant clinical improvement. The frequency of bowel movements was reduced, and the stool consistency became Pichhila (semi-formed and less watery). The patient also reported a marked reduction in abdominal pain along with improvement in Kshudha (appetite) and general well-being. These findings indicated a positive response to the Ayurvedic treatment protocol for Ulcerative Colitis.

Considering the improvement in symptoms, the patient was advised to continue the following oral medications for further management:

1. Musta – Shunthi Churna – 500 mg twice daily (BD).
2. Sanjeevani Vati – 250 mg (2-0-2).
3. Bilvavaleha – 5 ml twice daily (5 ml-0-5 ml).

These medications were prescribed to maintain digestive balance, improve Agni (digestive power), and prevent recurrence of symptoms.

#### **Follow-Up After 30 Days**

During the follow-up visit 30 days after the initial treatment, the patient reported recurrence of certain symptoms such as mild abdominal pain, sticky stool (Pichhila Malapravrutti), and increased stool frequency. Considering these complaints and the chronic nature of Ulcerative Colitis, further therapeutic intervention was planned.

The patient was advised hospital admission for the administration of Piccha Basti as a part of Basti Karma, according to the treatment principles described in Ayurveda.

**Method of preparation of Piccha basti** – As per Charaka samhita chikitsa sthana adhyaya 19 Atisara Chikitsa[10] Piccha basti mainly indicated in Raktatisara. Ingredients of Modified Piccha Basti

The modified Piccha Basti formulation used in this case consisted of the following components prepared according to Ayurvedic therapeutic principles:

1. Kwatha (Decoction):
  - mochrasa Kwatha – 100–150 ml
2. Kalka (Herbal Paste):
  - Yashtimadhu powder – 3 g
  - Shatapushpa powder – 3 g

These powders were mixed with one glass of water to prepare a smooth paste.

3. Sneha (Medicated Ghee):
  - yasthimadhu Ghrita – 20 ml
4. Additional Components:
  - Cow milk – 100–150 ml
  - Honey (Madhu) – 1–2 teaspoons

This combination of ingredients provides Picchila (mucilaginous), Grahi (absorbent), and anti-inflammatory properties, which help in reducing intestinal irritation and controlling excessive bowel movements in conditions like Ulcerative Colitis.

#### Followup and outcome

During the subsequent follow-up visit, the patient was advised to continue supportive Ayurvedic medication to improve digestive strength (Agni), control bowel irregularity,

#### Result and Interpretation

Sr.no.	Striking Features	Before Treatment	After Treatment	After 2 month of follow up
1	Bowel Frequency	(More than 8 times in a day)	0 (1 or 2 times in a day)	0 (1 or 2 times in a day)
2	Blood in stool	(Bleeding daily and more than 6 times in a day)	0 (No bleeding)	0 (No bleeding)
3	Mouth ulcers	+++	-	-
4	Weakness	3 (Moderate weakness)	1 (Tolerable weakness)	-
5	Vomiting	1 times occ	No vomiting	No vomiting

The patient continued the prescribed Ayurvedic treatment for one month. After completion of the treatment period, there was complete relief from the major symptoms of Ulcerative Colitis. The patient reported significant improvement in bowel habits, and bleeding during as well as after defecation was completely stopped.

#### Symptoms Before and After Treatment

##### Ayurvedic Perspective

According to Acharya Vagbhata, the term Mandagni refers to the reduced functional capacity of digestive fire, which may be correlated with decreased digestive and metabolic activity in the body. Acharya Charaka described the digestive system as Mahasrotas, emphasizing its central role in maintaining health. Similarly, Acharya Sushruta explained the gastrointestinal

and enhance overall health in the management of Ulcerative Colitis.

1. Laghumalini Vasant – 125 mg (1-0-1)
2. Tapyadi Loha – 125 mg (1-0-1)
3. Dadimavaleha – 5 ml twice daily (5 ml-0-5 ml)

These medicines were prescribed to improve haemoglobin levels, strengthen digestion, and support intestinal healing, thereby helping in preventing recurrence of symptoms.

system through the concepts of Annavaaha Srotas and Purishavaha Srotas.

Disturbances in these srotas may lead to disorders such as Pittaja Grahani, Raktatisara, Raktaja Arsha, and Raktaja Pravahika, which either independently or as complications can present symptoms similar to ulcerative colitis.

In this treatment protocol, Yashtimadhu played an important therapeutic role. It possesses properties such as Raktapittashamaka (pacifying bleeding disorders), Vranaropaka (ulcer healing), and Stambhaka (hemostatic action). Due to its Madhura Rasa, Guru and Snigdha Guna, and its Vata-Pitta Shamana effect, Yashtimadhu helps in reducing inflammation, promoting mucosal healing, and supporting ulcer repair in the intestinal tract.

**Observation**

The progress of the treatment was mainly assessed based on the amount of bleeding per rectum. During the first consultation, the patient reported approximately 9–10 ml of bleeding during and after defecation. With the continuation of Ayurvedic therapy, the bleeding gradually decreased and finally stopped completely.

**Colonoscopy Findings (Before Treatment)**

The initial colonoscopy examination revealed severe mucosal inflammation with diffuse erythema, edema, and ulceration, corresponding to Mayo Endoscopic Score 3, which indicates severe disease activity. In addition, inflammatory polyps were observed in the affected colonic mucosa.

**Colonoscopy Findings (After Treatment)**

After completion of the Ayurvedic treatment protocol and follow-up management, repeat colonoscopy showed significant improvement in mucosal condition. The severity of inflammation was reduced to Mayo Endoscopic Score 2, indicating moderate disease activity. Furthermore, the previously noted inflammatory polyps had reduced to pseudo polyps, suggesting healing of the intestinal mucosa and reduction in active inflammation.

**Other Investigations**

Routine haematological parameters, including haemoglobin and complete blood count, were monitored during the treatment period. Other systemic investigations such as renal function tests and blood glucose levels were found to be within normal limits, indicating stable systemic health during therapy.

**DISCUSSION:**

Based on the clinical presentation and progressive nature of the condition, the disease was diagnosed as Ulcerative Colitis, which can be correlated with rakta atisar according to the principles of Ayurveda. Ulcerative colitis is considered a chronic

disorder with an uncertain aetiology and recurrent course. Although complete cure is often difficult to achieve, appropriate management can significantly improve the patient's quality of life and disease prognosis. In the present case, the treatment protocol was planned by considering the involvement of Dosha and Dushya in the pathogenesis of the disease. The clinical manifestations indicated predominant Pitta and Vata aggravation along with the involvement of Rakta and Rasa Dhatu and dysfunction of Annavaha and Purishavaha Srotas.

The selected Ayurvedic formulations and therapeutic procedures were chosen according to these pathological factors. Most of the medicines used in the treatment possess Rakta-Pitta Shamana (pacifying bleeding and Pitta disorders), Deepana (enhancing digestive fire), and Grahi (absorbing and stabilizing intestinal function) properties. These actions help in reducing intestinal inflammation, controlling bleeding, improving digestive strength (Agni), and regulating bowel movements, which collectively contribute to the clinical improvement observed in the patient.

**Kutaja Ghan Vati (11):**

Kutaja Ghan Vati is widely used in the management of gastrointestinal disorders. It helps in pacifying aggravated Vata and Pitta Dosha and is particularly effective in conditions such as diarrhea, dysentery, malabsorption syndrome, and Ulcerative Colitis. Due to its Grahi (absorbent) and anti-diarrheal properties, it assists in regulating bowel movements and improving intestinal function.

**Sanjeevani Vati<sup>[12]</sup>**

Sanjeevani Vati is known for its Rakta-stambhaka (haemostatic) and Vata-Pitta balancing properties. It supports healing of mucosal injury, reduces bleeding per rectum, and helps restore normal bowel consistency. It is particularly beneficial in Raktaja Atisara

and Pittaja Grahani, correlating with ulcerative colitis symptoms.

#### **Nagkesar + Lodhra Churna + yashtimadhu**<sup>[13]</sup>

Nagkesar (*Mesua ferrea*) and Lodhra (*Symplocos racemosa*) powders are prescribed in combination for their Rakta-Pitta Shamaka, Grahi, and anti-inflammatory effects. This combination reduces intestinal inflammation, controls haemorrhagic stools, and strengthens the mucosal lining of the gut, providing relief in chronic diarrheal disorders and ulcerative colitis-like conditions.

#### **Bilvavaleha**<sup>[14]</sup>

Bilvavaleha is indicated in Vata-Kapha disorders of the gastrointestinal tract. Its Grahi and digestive properties improve stool consistency, reduce abdominal cramping, and help normalize bowel movements. It is particularly useful in Pittaja Grahani and Raktatisara-like presentations.

#### **Laghumalini Vasant**<sup>[15]</sup>

Laghumalini Vasant is a classical Ayurvedic preparation that balances Vata and Pitta Dosha, supports digestive function, and promotes systemic detoxification. It is used in chronic gastrointestinal disorders where frequent loose stools, mild bleeding, and abdominal discomfort are present

#### **Tapyadi Loha**<sup>[16]</sup>

Tapyadi Loha is a herbo-mineral Ayurvedic medicine that helps in correcting Anaemia, (charak samhita pandu chikitsa) improving Agni (digestive fire), and restoring intestinal mucosal health. It also possesses Rakta-stambhaka properties, which contribute to controlling bleeding per rectum.

- **Mustha:** Pharmacological, antioxidant, and genotoxic modulation of rat splenocyte functions by *C. rotundus* showed potent components such as flavonoids that may potentially be useful for modulating the immune cell functions,

provoking analgesic, anti-inflammatory, and antioxidant effects.

- **Nagakeshar:** An experimental study conducted on UC-associated local and systemic damage in mice using *M. ferrea* showed a significant result on colon mucosa.
- **Yashtimadhu:** An experimental study showed that licorice protected the stomach tissue of rats from aspirin-induced damage, and it is surmised that its activity on the prostaglandin-regulating enzymes must be the reason. A semisynthetic compound called carbenoxolone derived from licorice acts to protect the colon.

**Piccha Basti** - plays a significant role in the management of Raktatisara, which can be correlated with Ulcerative Colitis. The Picchal Yukt Dravya (styptic and mucilaginous substances) used in its preparation confer ulcer-healing properties.

The therapeutic actions of Piccha Basti [17] include:

- **Shothahara and Vrana-Ropaka** - reduces inflammation and promotes healing of intestinal ulcers.
- **Rakta-Stambhaka** - acts as a hemostatic agent to control bleeding per rectum.
- **Sangrahi** - has anti-diarrheal and stool-binding effects.
- **Pitta Shamaka** - pacifies aggravated Pitta, reducing mucosal irritation and inflammation.

#### **CONCLUSION:**

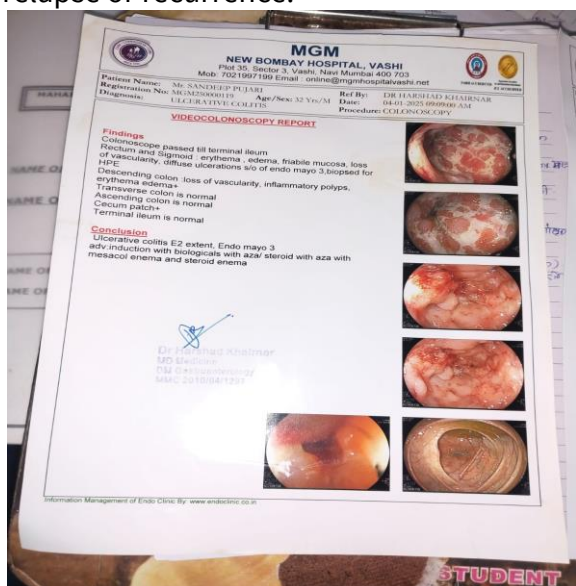
This case report demonstrates the potential role of Ayurvedic therapy in the management of ulcerative colitis. The findings suggest that a combination of oral herbal formulations, Basti therapy, and dietary adjustments may provide effective, safe, and cost-efficient outcomes without notable side effects. Ulcerative colitis is a chronic condition that can severely impact daily life and mental

wellbeing, as observed in this patient who has been affected for the past 4 years. While larger studies and long-term follow-up are needed to confirm these results, this case indicates that Ayurvedic treatment may offer a valuable option for patients who do not respond adequately to conventional therapies. Medicated piccha basti not only alleviate disease symptoms and prevent complications but also completely stop per rectal bleeding and help reduce the risk of relapse or recurrence.

**Patients Perspective**

“When I first came to this hospital, I was experiencing watery stools mixed with blood and mucus, vomiting, mouth ulcers, disturbed sleep, and general weakness. I felt frustrated with multiple treatment protocols and the financial burden, yet I saw little improvement.

After undergoing treatment here, I have experienced significant relief from my symptoms. My stool frequency has normalized to 1–2 times per day. Previously, allopathic doctors had advised surgery and lifelong medication. However, since admission, I have discontinued all allopathic medicines. Following Basti Karma, Nasya, and other Ayurvedic therapies, I have noticed remarkable improvement and relief from my symptoms.”



**Figure 1 Colonoscopy Biopsy reports before(above) and after (below)treatment**

Parameter	Before (Jan 2025)	After (July 2025)
Mayo score	3 (severe)	2 (moderate)
Ulcers	Diffuse, deep Patchy	superficial
Friability	Present	Reduced
Vascular pattern	Lost	Still reduced
Disease extent	E2	E2

**Informed Consent**

Written permission for publication of this case study has been obtained from the patient

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