

CASE REPORT

From Inflammation to Remission: An Ayurvedic Approach to Ulcerative Colitis (*Raktatisara*) – A Case Report

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ABSTRACT

Ulcerative colitis is a chronic inflammatory bowel disease characterized by continuous colonic mucosal inflammation and commonly presents with rectal bleeding, increased stool frequency, urgency and abdominal discomfort. Long term cortico-steroidal management and biological medicines are the only available treatments, which have a relapsing effect on withdrawal and various adverse effects. The present case describes individualized Ayurvedic assessment and management of a patient with objectively confirmed ulcerative colitis. A 48-year-old female presented with increased stool frequency associated with blood/mucus, urgency, tenesmus, abdominal pain, altered appetite and fatigue. Colonoscopy findings were suggestive of multiple ulcers in the colon and rectum. On the basis of colonoscopic and clinical findings, the case was diagnosed as ulcerative colitis. The case was interpreted as *Raktatisara* after thorough Ayurvedic clinical assessment and similarities in the symptoms. The individualized treatment for the patient continued for 3 years with interventions including *Kutaja Ghana Vati*, *Maha Shankha Vati*, *Lavana Bhaskar Churna*, *Praval Panchamrita Ras* and *Bol Baddha Rasa*. On follow-up, there was complete remission in the abdominal complaints, and colonoscopy study revealed no ulcers in the colon and rectum. Mayo score changed from 10 to 1. The case illustrated the potential of Ayurveda care in relief and relapses of symptoms.

1. INTRODUCTION

Ulcerative colitis is characterized as a chronic relapsing inflammatory bowel disease predominantly due to inflammation in the colonic mucosa, commonly beginning in the rectum and extending proximally to a variable extent. The disease usually presents with bloody diarrhea, increased stool frequency with urgency, tenesmus, abdominal pain and systemic manifestations according to the severity of disease. The pathogenesis is multifactorial and involves dysregulated intestinal immune response.^[1] Diagnosis can be established by clinical assessment, laboratory investigations, endoscopy and histopathology.

The concept of *Raktatisara* is particularly relevant when interpreting the bloody-diarrhea phenotype of ulcerative colitis. In *Charaka Samhita*, progression of *Pittaja Atisara* with involvement of *Rakta* is described in association with blood-containing stools and gastrointestinal manifestations. Classical descriptions also emphasize associated features such as *Shula* (abdominal pain), *Trishna* (thirst), *Daha/Vidaha* (burning sensation) and *Guda Paka* (anal burning).^[2] Impairment of

Agni resulting in improper digestion and irregular stool characteristics may also indicate *Grahani roga*. Classical texts have also described a close relationship between *Atisara* and *Grahani*.^[3] The relationship between *Grahani* and *Raktatisara* may be clinically relevant in patients presenting with chronic gastrointestinal dysfunction accompanied by loose or frequent stools and rectal bleeding.

Ayurvedic management is individualized according to the predominant *Dosha*, strength of *Agni*, stage of disease and associated clinical manifestations. Classical therapeutic principles described for *Atisara* and *Grahani* include *Nidana Parivarjana*, dietary regulation, *Deepana*, *Pachana*, *Grahi* and, when appropriately indicated, other systemic or procedural interventions.^[4]

The present case is reported with emphasis on assessment of *Dosha*, *Agni* and *Srotas* and to document the therapeutic response of ayurveda interventions in ulcerative colitis.

2. PATIENT INFORMATION

A 48-year-old female presented with increased stool frequency involving blood and mucus, urgency, tenesmus, abdominal pain,

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altered appetite and fatigue for over 2 years. Colonoscopy examination revealed multiple aphthous ulcers in the entire colon (colonoscope passed till rectum). There had not been any relevant medical, family, or psychosocial history was found in the case. Any relevant genetic information was unavailable. The patient had a frequent habit of eating spicy and oily food. She sought various conventional medical treatments but did not get much relief. She visited the outpatient department at Ch. Brahm Prakash Ayurveda Charak Sansthan for further management. On her arrival, the Mayo Score signifying the disease activity was 10.

3. CLINICAL FINDINGS

On general examination; no pallor, icterus, edema, and no lymph nodes were palpable. Blood pressure was 110/70 mmHg, pulse rate was 68/min, and respiratory rate was 20/min. Main clinical findings through history included frequent diarrhea (10–12 times/day) with blood, loss of appetite, and 3kg weight loss since past 2 years.

Ashtavidha Pariksha revealed a regular pulse of approximately 78/min with features suggestive of *Vata-Pitta* predominance. *Mutra* was normal in frequency and quantity, with pale-yellow coloration and no evidence of burning micturition. *Mala* was characterized by increased frequency and loose consistency, with occasional mucus and blood, supporting the clinical assessment of *Atisara* with *Rakta* involvement. The tongue was mildly coated and moist, suggesting a possible *Ama* component. *Shabda* was clear and coherent. On *Sparsha*, the skin was mildly warm without excessive sweating. *Drik* examination revealed mild conjunctival pallor. The patient was moderately built and nourished but appeared mildly fatigued.

3.1. Timeline

Timeline of the present case study is given in table 1.

3.2. Diagnostic Assessment

Diagnostic assessment was done on the basis of clinical findings and colonoscopy, which was strongly suggestive of ulcerative colitis with a Mayo Score 10.

On the basis of clinical symptoms and history, the case was diagnosed as *Raktatisara*.

3.3. Therapeutic Interventions

The treatment started on May 19, 2023, and continued till June 05, 2026. The following intervention was recommended to her [Table 2]. The initial treatment focused on symptomatic improvement and later focused on prevention of relapses.

3.4. Follow-up and Outcomes

A continuous improvement was observed during the course of treatment in the clinical symptoms. Stool frequency reduced to more than 4 times a day to 1 time a day. There was no rectal bleeding after the treatment. The abdominal pain significantly reduced during the first 2 months of treatment. Mayo score was reduced from 10 to 1 following the ayurvedic treatment for about 3 years [Table 3]. No adverse event was reported. Follow-up after 15 days revealed no recurrence of symptoms. Figures 1 and 2 reveal colonoscopy report before and after treatment respectively.

4. DISCUSSION

Ulcerative colitis, an autoimmune disorder, is conventionally treated with immunosuppressive therapies. The conventional therapy may

provide good symptomatic relief; however, it is associated with relapses on withdrawal from the treatment. In *Ayurveda*, this bloody diarrhea is considered as *Raktatisara*, that share similarities in symptoms. The disease is classified under *Purishvaha Srotas Dushti Vikara*. The emphasis is made on assessment of *Dosha*, *Dushya*, and *Agni*, and treatment is planned according to the *Bala* of the patient.

Classical therapeutic principles described for *Atisara* and *Grahani* include *Nidana Parivarjana*, dietary regulation, *Deepana*, *Pachana*, *Grahi*, *Rakta-stambhana*, and appropriately selected *Basti* therapies.

The therapeutic plan consisted of *Kutaja Ghana Vati*, *Maha Shankha Vati*, *Lavana Bhaskar Churna*, *Praval Panchamrita Ras*, and *Bol Baddha Rasa*. From an Ayurvedic perspective, the combination can be interpreted as a multi-component strategy directed at different components of the patient's clinical phenotype rather than as four independently established ulcerative colitis therapies. *Kutaja Ghana Vati* was the principal intervention directed toward the *Atisara*-like component, while *Maha Shankha Vati* and *Lavana Bhaskar Churna* were used as digestive/gastrointestinal supportive preparations. *Bol Baddha Rasa* was selected due to hemostatic component. Because all four preparations were administered together, the response cannot be attributed to any single formulation.

Kutaj (*Holarrhena antidysenterica*), as mentioned in classical texts, has a potential therapeutic use in *Atisara* and dysenteric disorders. Gilani et al. demonstrated the influence of hydro-ethanolic extract of *Holarrhena antidysenterica* on gastrointestinal smooth-muscle activity and produced effects compatible with modulation of gut motility.^[5] Recent studies also reported antibacterial, anti-diarrheal, antioxidant, and anti-inflammatory activities of *Kutaj*. The Ayurvedic rationale for *Kutaja Ghana Vati* is attributed to its properties in reducing excessive stool frequency and improving stool consistency.

Maha Shankh Vati was included due to its therapeutic effect on impaired digestion and abdominal symptoms. It supports *Agni* and promotes improvement in symptoms like indigestion, bloating, and abdominal discomfort.

Lavan Bhaskar churna is associated with *Deepana-Pachana* and improvement of digestive and abdominal symptoms. Although its direct role in reducing colonic inflammation is not mentioned, it helps in improving appetite, abdominal bloating, and bowel regularity.

Bol Badha Ras, a herbo-mineral formulation, was incorporated in the Ayurvedic treatment protocol considering the *Grahi*, *Stambhana*, and *Atisarahara* properties. The reduction in stool frequency, improvement in stool consistency, and reduction in rectal bleeding observed during treatment provide support for the clinical rationale. However, because *Bol Baddha Rasa* was administered as part of a broader Ayurvedic treatment protocol, its individual contribution to the observed improvement cannot be established.

The present case has several strengths: objective confirmation of ulcerative colitis; detailed Ayurvedic assessment; a clearly documented therapeutic rationale and safety monitoring. From a translational perspective, the case generates several hypotheses for future investigation. *Kutaja* is the most biologically plausible candidate for targeted evaluation because experimental literature provides evidence for effects on gastrointestinal motility and other pharmacological activities.^[6]

The observed temporal relationship between Ayurvedic treatment and improvement should nevertheless be interpreted cautiously. Ulcerative

colitis has a relapsing-remitting natural history, and outcomes may be influenced by dietary modification and other factors.

The major limitation is the single-patient, uncontrolled design. The use of Ayurvedic preparations simultaneously prevents identification of the active component, and lack of blinding or a comparator introduces substantial potential for expectation and contextual effects.

5. CONCLUSION

The present case reports potential effect of ayurveda interventions in the management of ulcerative colitis. It is safe, cost-effective, with no adverse effects. However, an important component in treatment, *Basti*, can also be added in future studies. The disease is challenging due to its recurrences upon stopping the therapy. Furthermore, it can lead to significant disability with blood loss in stools and weight loss. Continuous degradation of health severely effects quality of life and mental well-being of the patient. Such cases may then require surgical intervention.

Since the patient was not simultaneously taking any conventional therapy, the responses obtained can solely be assigned to *Ayurveda* intervention. The emphasis on more researches should be done in this area to validate these findings and to bring *Ayurveda* in the mainstream management of ulcerative colitis.

6. PATIENT PERSPECTIVE

The patient was satisfied to get remission from the complaint.

7. INFORMED CONSENT

Written informed consent was obtained from the patient for publication of this case report and accompanying images/investigation results, with identifying information removed.

8. ACKNOWLEDGMENT

Nil.

9. AUTHORS' CONTRIBUTIONS

All authors gave equal contribution to the preparation of this manuscript.

10. FUNDING

Nil.

11. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

12. CONFLICTS OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

13. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

14. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

15. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

16. PUBLISHERS NOTE

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Table 1: Timeline of the present case study

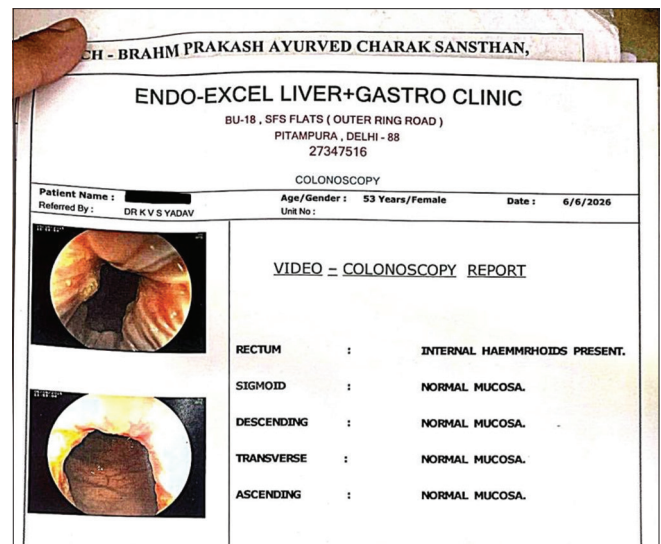
Date	Event	Findings
February 2021	Consultation at a hospital from department of gastroenterology	Recommended colonoscopy
March 03, 2021	Colonoscopy done (by the treating gastroenterologist)	Multiple aphthous ulcers in the entire colon.
April 01, 2022	Follow-up at hospital	Steroids and disease modifying agents continued for 1 year
May 19, 2023	Started ayurvedic treatment Ch. Brahm Prakash Ayurved Charak Sansthan	Increased stool frequency involving blood and mucus, urgency, tenesmus, abdominal pain
June 15, 2026	Ayurveda treatment continued.	Symptomatic improvement present
June 06, 2026	Video colonoscopy	Normal sigmoid, descending, transverse and ascending colon.

Table 2: Therapeutic intervention

Therapeutic intervention	Dosage	Duration
1) Mahashankh Vati	250 mg twice a day	6 months
2) Sanjeevani Vati	125 mg twice a day	
3) Chitrakadi Vati	125 mg thrice a day	
4) Kutajarishtha	15 mL twice a day with equal water	
Therapeutic intervention	Dosage	
1) Kutaj ghan Vati	250 mg twice a day	12 months
2) Praval panchamrita ras	125 mg twice a day	
3) Lavan Bhaskar churna	3 g twice a day	
4) Sanjeevani Vati	125 mg twice a day	
Therapeutic intervention	Dosage	
1) Dadimashtaka churna	3 g twice a day	12 months
2) Bol badha ras	125 mg twice a day	
3) Kutaj ghan vati	250 mg twice a day	
4) Panchamrita parpati	125 mg twice a day	
5) Mahashankh vati	250 mg twice a day	
Therapeutic intervention	Dosage	
1) Kutaj ghan vati	250 mg twice a day	7 months
2) Arogyavardhini Vati	250 mg twice a day	
3) Mahashankh vati	250 mg twice a day	
4) Panchamrit Parpati	125 mg twice a day	
5) Lodhrasava	15 mL twice a day with equal water	

Table 3: Follow-up

Outcome	Baseline	Follow-up
Stool frequency	+++	+
Rectal bleeding	+++	-
Abdominal pain	++	-
Mayo score	10	1
Colonoscopy	Multiple aphthous ulcers in the entire colon.	Normal study

**Figure 1:** Colonoscopy before treatment**Figure 2:** Colonoscopy after treatment