



ROLE OF PICCHA BASTI IN THE MANAGEMENT OF ULCERATIVE COLITIS: A CASE STUDY

Athira Balakrishnan¹ C. Raghunathan Nair MD(Ay), PhD²

¹Third Year MS (Ay) Scholar, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam-691507 athikrshn@gmail.com

²Principal and Professor, Department of Shalyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam-691507

Corresponding Author: athikrshn@gmail.com

<https://doi.org/10.46607/iamj4210102022>

(Published Online: October 2022)

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Article Received: 06/09/2022 - Peer Reviewed: 29/09/2022 - Accepted for Publication: 04/10/2022



ABSTRACT

Ulcerative colitis is an inflammatory bowel disease, manifesting as continuous areas of inflammation and ulceration, with no segments of normal tissue, typically involving the mucosa and submucosa. The exact cause of ulcerative colitis remains undetermined, the condition appears to be related to a combination of genetic and environmental factors. It is clinically characterized by abdominal pain, and persistent diarrhoea often with mucus and blood. Some patients may experience faecal incontinence and tenesmus. Medical therapies, as well as surgical intervention, are the current modalities of treatment adopted but have side effects and post-operative complications like infection, intestinal obstruction, etc. It can be correlated with *Pravahika* in Ayurveda. A 59-year-old male came to OPD with complaints of incontinence of foul-smelling flatus and faeces, tenesmus, loss of appetite, abdominal discomfort, fatigue, and burning sensation over the anal region for 6 months. He had a history of recurrent episodes of loose stool for the past 12 years with a period of remission of symptoms. This is a single case study on a chronic case of ulcerative colitis managed with *Piccha Basti* mentioned in *Atisara Chikitsa* along with internal medications. The patient showed marked improvement in signs and symptoms.

Keywords: Ulcerative colitis, *Piccha Basti*

INTRODUCTION

Ulcerative colitis is an idiopathic inflammatory bowel disease that affects the colonic mucosa and is clinically characterized by abdominal pain, and persistent diarrhoea often with mucus and blood. Some patients may experience faecal incontinence and tenesmus. The extent of the disease is variable and may involve only the rectum (ulcerative proctitis), the left side of the colon to the splenic flexure (distal colitis), or the entire colon (pancolitis). The severity of the disease may also be quite variable histologically, ranging from minimal to florid ulceration and dysplasia. The typical histological lesion of ulcerative colitis is the crypt abscess, in which the epithelium of the crypt breaks down and the lumen fills with polymorphonuclear cells. The lamina propria is infiltrated with leukocytes. As the crypts are destroyed, normal mucosal architecture is lost, and resultant scarring shortens and can narrow the colon. The disease may be acute and chronic with unpredictable relapses and remissions. Medical therapies, as well as surgical interventions, are the current modalities for the treatment of ulcerative colitis. Surgery is indicated for those patients who are unresponsive to medical therapy and have a severely compromised quality of life. Life-threatening complications such as severe bleeding, toxic megacolon, impending perforation, intolerance to immunosuppression, colonic strictures, and dysplasia or carcinoma are also indications for surgery.¹

Major advances have been made in many aspects of inflammatory bowel disease, including new information on the molecular basis of the disease, epidemiological considerations, immunology, and genetics. The clinical and scientific understanding of ulcerative colitis has been greatly expanded far beyond our earlier knowledge. No doubt that the conventional system of medicine has lots of remedial measures and surgery to treat ulcerative colitis. But unfortunately, due to side effects and postoperative complications like infection, and intestinal obstruction people seek other system of medicine. The primary goal of therapy in ulcerative colitis is to reduce acute and chronic inflammation ultimately resulting

in complete clinical and endoscopic remission. It can be compared to *Pravahika* in *Ayurveda*. According to *Ayurveda* excessive intake of *Katu*, *Amla*, *Lavana rasa*, *Guru* (not easily digested), *Snigdha* (fatty), *Ruksha* (very dry), *Ushna*, *Sheeta*, excessively liquid, *Teekshana* food stuffs may cause *Pravahika*. *Virudhashana*, *Adhyasana*, *Vishamashana*, *Alpashana*, and *Pramitashana* are *Hetus* of *Pravahika*. Fear, anger, and jealousy are *Manasika Hetu* of disease. *Arsha*, *Grahani*, *Krimi*, and *Atisara* make *Pakvashaya* a favourable ground for the development of *Samprapti* of *Pravahika*. *Avipaka* and abdominal bloating are *Poorvarupa* of *Pravahika* disease. *Pitta* and *Raktaprakopa Hetu* play a vital role in the formation of disease pathogenesis. *Kapha* adheres to the walls of *Pakvashaya* (Large intestine) internally. Because of that *Vata* (the biological air) requires more force to expel *Kapha*. The patient develops *Pravahana* i.e., forceful defecation or tenesmus. Thus, by more and more *Pravahana*, there is repeated defecation containing *Kapha*. This process is called *Pravahika*. *Picchabasti* can reduce the clinical manifestation of colitis such as inflammation, burning sensation, pain, and cramps.²

CASE REPORT

A 59-Year-old male came to OP with complaints of incontinence of foul-smelling flatus and faeces, reduced appetite, abdominal discomfort, fatigue, and burning sensation over the rectum for 6months.

H/O Presenting complaints

The patient was apparently normal, 12 years back complaint started as recurrent episodes of loose stool with a period of remission of symptoms. On a number of occasions, he had a sensation of rectal fullness but has been unable to pass any faecal matter. He took allopathic treatment but didn't get any satisfactory relief. They suggested surgery, so he consulted an ayurvedic physician, took medication, and got temporary relief. He had a history of chronic smoking for the last 40 years and usually takes spicy food items. 6 months back complaints got aggravated, so he came to OP, Department of Shalyatantra, Sree

Narayana Institute of Ayurvedic Studies and Research, Puthur for further management.

Local Examination:

On Examination

Per abdomen

- Inspection - Slight distension
Abdominal movements – normal
- Palpation - Superficial: No tenderness
Deep: Tenderness over the hypogastric region
- Auscultation - Normal bowel sounds

Per rectal examination

- Inspection: NAD
- DRE: Hypotonic
- Proctoscopy: Mild proctitis

INVESTIGATIONS

USG Abdomen (7/12/2020)

- Impression: Cholelithiasis (5.3×7mm) at the neck of the bladder

Tiny right renal calculus (3×4mm) in mid-pole

Borderline prostatomegaly

Colonoscopy report

- Small polyp in the rectum of 5×5mm
- Proctitis

Histopathology report

- Diagnosis: Consistent with non-specific colitis & Transitional polyp rectum

Table 01: Showing details of medicine and treatment given

SL NO	MEDICINES GIVEN	DOSE
1	<i>Kaitharyadi Kashayam</i>	60ml, bd, b/f
2	<i>Vilwadi Gulika</i>	2, bd, b/f
3	<i>Kalyana Ksharam</i>	¼ spoon+1 spoon ghee, bd, a/f
4	<i>Ashta Churnam</i>	10gm +1 spoon ghee+1bolus of rice, afternoon
5	<i>Mahavilwadi Lehyam</i>	2tspn, bd, a/f
6	<i>Kattapa Tailam</i>	L/A
7	<i>Dadimadi Ghritam</i>	100gm, as Matra Basti for 5 days
8	<i>Piccha Basti</i>	750ml, for 3 days

AIMS AND OBJECTIVES

1. To study the efficacy of *Piccha Basti* in the management of ulcerative colitis.
2. To find a non-invasive, simple, effective treatment measure in ulcerative colitis.

MATERIALS AND METHODS

Study setting

OP, Department of Shalyatantra, Sree Narayana Institute of Ayurvedic Studies & Research, Pangode, Puthur, Kollam-691507.

Materials required:

Table no 2: Ingredients of *Piccha Basti*

<i>Dravyam</i>	Quantity
<i>Saindavam</i>	15gm
<i>Makshikam</i>	200ml
<i>Nalpamaradi Keram</i>	100ml
<i>Carngeyadi Ghritam</i>	100ml
<i>Yashtimadhu Kalkam</i>	30gm
<i>Shalmali Mustadi Ksheera Kashayam</i>	350ml
Total quantity	750ml

Procedure:

The patient is explained the *Pathya- Apathya, Ahara- Vihara* (Do's & Don'ts) before the *Basti* treatment.

Poorva Karma

Snehana of the abdomen, back, thigh, and legs *Sveda*



Fig1: Flower buds of *Shalmali*

Pradhana Karma

- i. The patient is asked to lie down in the left lateral position.
- ii. *Sukhoshna Sneha* is applied on the *Basti Netra*.
- iii. *Basti Netra* is introduced gradually & patient is asked to breath in.
- iv. *Basti Dravya* is pushed into the rectum till a little quantity is remained in the *Putaka* (to prevent *Vayu* to enter the *Pakvashaya*)
- v. Withdraw the *Netra* gradually.

Paschat Karma

- i. The patient is asked to keep lying for 3-4 mins for better absorption of the drug from the anal region.

- ii. The patient is advised to take a light diet after the elimination of *Mala*.

- iii. After completion of the complete cycle, the patient is advised to follow the *Samsarjana Karma*.

RESULT

The patient got significant relief from the complaints. During the treatment, no minor or major complications were observed in the patient. 70% relief in symptoms was observed in this case study. There was no significant side effect after the treatment. So, it can be stated that *Piccha Basti* is an effective method for treating ulcerative colitis.

Table 03: Signs and symptoms before treatment and after treatment

Signs and symptoms	Before treatment	After treatment
Frequency of stool	2-3 times/day	1-2 times/day
Consistency of stool	Loose stool occasionally	Semi-solid
Incontinence of foul-smelling flatus and faeces	Moderate	Reduced
Tenesmus	Present	Reduced
Abdominal discomfort	Moderate	Absent
Burning sensation over anal region	Moderate	Absent
Appetite	Reduced	Improved

DISCUSSION

Acharya Charaka has described *Piccha Basti* for the treatment of *Pravahika, Gudabhrmsha, Raktasraava, Jwara, Pitta-Atisaara, Shotha, Gulma, Jirnatiasara, and Grahani Dosha*.³ Vitiating of *Agni*

(*Agnimandya*) is the main cause of *Pravahika*. The use of *Deepana, Pachana* drugs and *Piccha Basti* are quite effective in this condition. *Shalmali* due to its *Kashaya Rasa* and *Sheeta Virya* has *Vranropaka* (Ulcer-healing) property. *Acharya Charaka* included it under *Shonitsthapana Gana*,⁴ thus, it acts as a

haemostatic agent. The latest research has also proven its anti-diarrhoeal effect. The polyphenols and tannins present in *Salmalia Malabarica* provide strength to the intestinal mucosa and promote balance in water transport across the mucosal cells.⁵ It is *Picchila* (sticky or lubricant) in nature thus, forms a protective film over the Intestine and avoids friction over mucosa. *Ksheera* makes the *Basti Mridu* and alleviates *Pittadosha*. Honey and *Saindhava* colloidal solution along with *Sneha* forms a coating over the entire colon, preventing the attack of inflammatory mediators, and thus facilitating healing. Basti drugs reach upto the *Grahani* due to *Vyavayi* and *Vikasi* Guna of *Saindhav Lanana* and form a protective film over the intestine, avoid friction over mucosa, inflammation subsides, and mucosa becomes normal. *Agni Deepana* property of *Piccha Basti* helps in the ignition of the *Agni* so that absorption and digestion of *Basti* over the colon takes place effectively. Simultaneously *Sangrahi* property reduces the bowel frequency and there will also be no loss of electrolytes and enteropathy protein (prevent hypoalbuminaemia).

CONCLUSION

Based on the clinical signs and symptoms, ulcerative colitis can be correlated to *Pravahika*, for which *Agni* should be corrected formerly as it is the prime cause in the pathogenesis and manifestation of the disease. The ingredients of *Piccha Basti* are having properties like *Kashaya Rasa*, *Piccha Guna*, and *Sheeta*

Virya which act as *Pakwasayasodhaka*, *Vatanulomaka*, *Vatshamaka*, *Rakta Srava Avro-dhaka*, and *Vranropaka*. It also helps to check the bleeding by its *Skandana* property. This case report highlights the effectiveness of *Piccha Basti* in the anagement of ulcerative colitis and gives a new ray of hope for those facing similar challenges.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Athira Balakrishnan & C. Raghunathan Nair: Role of Piccha Basti in The Management of Ulcerativecolitis: A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited October 2022} Available from: http://www.iamj.in/posts/images/upload/2936_2940.pdf