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Case Report

Remission in ulcerative colitis with standalone Ayurveda intervention: A Case Report

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ABSTRACT

Ulcerative Colitis (UC) is an autoimmune disorder presents with bloody diarrhea. This responds well to conventional medicine including steroids but recurrences are frequent once the treatment is stopped. Present report is about a case of UC having frequent recurrence of symptoms with ongoing conventional medicine, having treated with Ayurveda interventions to the extent of remission like state followed up for over 1 year. The case proposes that Ayurveda interventions in refractory cases of UC can be of value to provide long term remission and sustained clinical relief.

The patient treated here was a young girl having blood mixed loose stools 10–15 times a day and ongoing weight loss. With conventional treatment, there were partial responses followed by the recurrences once the treatment stopped. Endoscopic finding were suggestive of multiple ulcers in the colon and rectum. On the basis of clinical and endoscopic findings, the patient was diagnosed for UC. Considering it as aam-raktaj pravahika, Ayurveda interventions were individualized for the patient. Following the Ayurveda treatment for about 1 year, patient reported reduced frequency of stool with blood along with weight gain. Endoscopic observation after one year reveled no ulcers in the colon and rectum.

This report suggests that in cases of refractory UC, it is worth trying other therapeutic options like Ayurveda as these may provide additional relief and reduced frequency of relapses. Based upon such observations, more systematic clinical trials are required to be planned to evaluate these therapeutic options in cases of UC.

1. Introduction

Ulcerative colitis (UC) is an inflammatory disease of auto immune origin predominantly affecting the lower GI. The global prevalence of ulcerative colitis in 2023 was reported to be 5 million cases, and its incidence is increasing [1]. A genetic predisposition manifesting through environmental exposures; epithelial barrier defects in gut, the microbiota, and erratic immune responses are supposed be the factors implicating to UC. Common clinical presentation is diarrhea with blood. The diagnosis of UC is based upon clinical and endoscopic findings [2]. Medical management of UC aims at inducing a rapid clinical response by stopping the blood loss and maintaining the clinical remission validated through endoscopic normalization. Conventional treatments opted for inducing remission includes 5-aminosalicylic acid drugs and corticosteroids. Treatments for sustained remission include 5-aminosalicylic acid drugs, thiopurines, biologics (eg, anti-cytokines and anti-integrins), and small molecules (Janus kinase inhibitors and sphingosine-1-phosphate receptor modulators). Usually UC responds well to these treatment options but recurrences are frequently common after stopping the treatment. 10–20 % of all patients remains refractory to the medical management and may require proctocolectomy [3]. This has recently been perceived that in order to break through this therapeutic limitation, a combination of therapeutics with precision and personalized medicine might be required.

We present here a case of UC refractory to the medical management and marked with frequent recurrences. This case was subsequently treated with Ayurveda (Indian system of medicine) to the extent of remission like state validated through clinical and endoscopic findings, and changed Mayo Score from 12 to 1. The improvement was also reflected through weight gain and increased hemoglobin of the patient during one year course of Ayurveda therapy.

This case endorses the idea of adding precision and personalized medicine in the medical practice and argues to opens up the possibilities of exploring therapeutic options other than conventional medicine in

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cases which are refractory to the conventional medical management.

2. Case description

2.1. Patient information

A young Hindu unmarried girl of about 25 years age native of suburbs of Lucknow, Uttar Pradesh, India presented with frequent stools with blood, loss of appetite, weight loss and abdominal cramps for over 5 years. Video-colonoscopy examination revealed diffuse loss of vascular pattern erythema and ulcerations up to 50 cm of colon (till where the endoscope was passed). There had not been any relevant medical, family, and psychosocial history found in the case. Any relevant genetic information was unavailable. She had been treated with conventional medical treatment at a tertiary medical center in Lucknow but responded poorly to the treatment. Finding her refractory state to the medical management, she had been advised for proctocolectomy which she refused to go for. In search of relief for her problems she arrived at Kaya Chikitsa OPD, State Ayurveda College and Hospital, Lucknow in 2023. On her arrival her Mayo Score signifying the disease activity was 12 (representing severe disease activity). Following the Ayurveda intervention for around 1 year, this reduced to 1 showing substantial remission of the disease. Time line of the case is presented in Table 1.

2.2. Clinical findings

The physical examination findings of the patient were unremarkable except that she had mild tenderness at lower abdomen, had pallor and thin stature due to ongoing weight loss. Weight was reported to be 42 kg. Pulse was 104/minut and BP was 96/52 mm of Hg. Important clinical findings revealed through history included frequent diarrhea (10–12 times/day) with blood, loss of appetite and weight loss since past 5 years.

Table 1
Timeline.

Date	Event	Remarks
22. 12.2021	Consultation at a superspeciality (DM) gastro clinic	Recommended colonoscopy
December 23, 2021	Video colonoscopy done (by the treating gastroenterologist)	Diffuse loss of vascular pattern, erythema and ulceration upto 50 cm. Ulcerative colitis with a Mayo score 3 diagnosed through colonoscopy
January 1, 2022	Follow up at gastro clinic	Steroids and disease modifying agents started (included oral prednisolone, Mesalamine, Azathioprine and Sulphasalazine)
January 17, 2022	Follow up at gastro clinic	Steroids and disease modifying agents continued for one year
13.1.23	Started ayurvedic treatment at a private clinic with a diagnosis of raktaj pravahika	Continued till May 25, 2023, No substantial clinical response, lost another kg of weight
June 19, 2023	Started ayurvedic treatment at Dept of Kaya Chikitsa, state ayurvedic College, Lucknow	42 Kg weight
March 20, 2024	Ayurveda treatment continued	49 Kg weight
May 21, 2024	Flexible Full length colonoscopy done (at another center by a radiologist having superspecialisation in endoscopy)	Congested mucosa with reduced vascularity at Left side of colon with erosions –suggestive of IBD (ulcerative colitis). No active ulcer or friability detected

2.3. 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 12 at the time of start of Ayurveda intervention at SAC, Lucknow. Previous treatment and their responses added with frequent recurrence have been suggestive of refractory nature of disease and therefore she was suggested for proctocolectomy at a tertiary care center in Lucknow. From Ayurvedic perspective, on the basis of clinical symptoms and history the case was diagnosed as Aam- Raktaj Pravahika, presuming a role of aam in the whole pathogenesis. In Aam Rakataj Pravahika the episodic nature of disease is presumed to be related to ama accumulation in the lower GI. Bleeding is because of srotavarodh induced ulcers which is eventually caused by aam. So the treatment was aimed to stop the bleeding initially by providing ulcer healing and subsequently by reducing ama in order to keep srotasa intact and patent.

2.4. Therapeutic intervention

After having conventional treatment for her problems which included standard conventional therapy for UC, she took a respite to Ayurveda through a private practitioner however it did not work. Finally she took the consultation at Kaya Chikitsa Department, State Ayurvedic College and Hospital, Lucknow. The treatment started on June 19, 2023 and continued till 20 0.03. 2024. Following was the intervention recommended to her (Table 2). Initial treatment focused upon symptomatic improvements through pitta shaman and subsequently if focused upon prevention of relapses through correction of ama.

Table 2
Ayurvedic therapeutic intervention.

Date	Type of Therapeutic Intervention	Administration	Duration	Remarks
June 19, 2023	Tab.*Chandra Kala Rasa*	125 mg twice a day	4 month	
	Sphatika Churna	250 mg twice a day	4 month	
	Bol Parpati	500 mg twice a day	4 month	
	Giloy Ghana Bati	500 mg twice a day	10 months	
	Kamdudha Rasa	250 mg twice a day	12 months	
	Praval Pishti	500 mg twice a day	12 months	
July 19, 2023	*Agni Tundi Bati*	125 mg twice a day	10 months	
	Aam Vatari Rasa	125 mg twice a day	10 months	
August 5, 2023	*Hingwashtak Churna*	5 gm twice a day	6 month	
August 19, 2023				25 % improved
September 13, 2023	*Syp Amlicure DS*	10 ml twice a day	6 month	50 % improved
September 27, 2023	*Haridra Khand*	5 gm twice a day	3 months	
December 18, 2023	*Saptamrit Lauha*	250 mg twice a day	3 month	70 % improved
January 20, 2024	*Avipattikar Churna*	5 gm twice a day	3 months	
March 20, 2024	*Punarnava Mandur*	250 mg twice a day	1 month	100 % improved
	Lohasava	10 ml twice a day	1 month	

2.5. Follow-up and outcomes

On every follow-up patient was assessed for her clinical symptoms and was enquired for her own assessment of improvement. A continuous self-reported improvement was observed from 25 % to 100 % till the treatment was continued. Initially Mayo score was found to be 12 which reduced to 1 following the ayurvedic therapy for about 1 year (Table 3). Interventions were well tolerated and its impact was visible in the form of reduced frequency of stool, stoppage of blood in stool, absent pain in abdomen and improved appetite. Her weight increased substantially from 42 kg to 49 kg following the treatment. The treatment however did not worked well for hemoglobin and only a partial improvement in hemoglobin level was observed. There were no adversity or unanticipated events observed. The safety of drugs however was not evaluated through biochemical parameters. Following the observance of remission like state, the patient however became reluctant in taking the treatment. She also went through some stressful events in the family and subsequently had the recurrence of the symptoms.

3. Discussion

Ulcerative colitis is an autoimmune disorder and is treated conventionally with immunosuppressive therapies including steroids. Conventional therapy provides good symptomatic relief although associated with relapses once the therapy is stopped. A small proportion of UC cases are found refractory to the conventional treatment protocol. Continuous blood loss through stool leads to development of anemia and affects the quality of life substantially. In India where multiple system of health care are available, in case of failure of conventional medicine in providing optimal relief, patients often take a respite in alternative medicine of which Ayurveda holds a prominent place. This case, following its colonoscopy diagnosis of UC, had been treated at a super specialty gastro intestinal tertiary health care center for initial 2 years. The treatment gave responses intermittently broken with relapses following the reduction of steroid doses. After trying this intervention, the patient went for Ayurveda intervention through a private practitioners and had ayurvedic therapy for about 6 months. This treatment did not give much relief. This was the time when she arrived at State Ayurveda College and Hospital, Lucknow in search of Ayurveda interventions for her problems.

The biggest strength of this case is that it was treated through Ayurveda interventions without any concomitant use of steroids. The drugs were safe and devoid of any adversity so could have been used for long term. The benefits of the interventions were apparent in the form of improved clinical out come and colonoscopic recovery. Her improved weight from 42 kg to 49 kg was a significant milestone reflecting the stoppage of dhatu kshaya and improved absorptive and metabolic status at GIT. This case is also significant from the perspective that it was previously treated with the conventional medicine but did not respond well. Eventually she was advised for procto–colectomy which she did not opt. The only limitation in the case was slow improvement in the hemoglobin level. Despite of remarkable clinical improvements hemoglobin did not rise to the expected extent. This proposes that there might be some other pathology related to anemia besides ongoing blood loss due to UC. The other limitation is about safety of the interventions in their long term use. Although there had not been any adversity reported from patient's side, this was imperative to get the safety checked through biochemical parameters. Ayurvedic treatment has earlier also been tried upon UC cases with good responses. A single group study on 43 UC cases given Ayurveda intervention was reported to have significant clinical improvement and a reduction in steroid doses [4]. A case report has shown significant clinical improvement in a case of UC upon Ayurveda intervention for 2 months [5]. None of these publications however have reported a colonoscopic improvement which is there in the case presented here. Another case report where treatment was given for 15 months reported clinical and colonoscopic improvements [6]. Another study done upon 50 UC patients on four-week Ayurvedic treatment has shown significant clinical improvement along with the reduction in the requirement of conventional standard drugs [7]. So the literature search suggests that ayurvedic intervention had been of help in cases of UC however serious researches in the form of controlled clinical trials have not yet been conducted.

Mayo Score/Disease Activity Index (DAI) for Ulcerative Colitis Scores is a dependable scale on which clinical improvements in a case of UC may be judged. Higher score (maximum 12 points) in this scale indicates more severe ulcerative colitis. For making a clinical evaluation, the scores following a treatment should be compared with previous scores taken for a patient [8]. This was done in this case which was not done by other cases presented earlier.

The limitations associated with this case are about the safety of the Ayurveda interventions used in this case. Although the formulations used in this case have a long history of their use in clinical practice of Ayurveda without any noticeable adversity, a liver function test and renal function test post intervention had been imperative.

Table 3
Pre and post treatment Mayo Score/Disease Activity Index (DAI) for Ulcerative Colitis.

Symptoms	Pre Treatment	Score	Post Treatment	Score
Stool frequency	More than 4 stools/ day more than normal	3	Stool frequency 1-2 stools/day normal	0
Rectal bleeding	Passing blood alone	3	None	0
Mucosal appearance at endoscopy	Severe disease (spontaneous bleeding, ulceration)	3	Mild disease (erythema, decreased vascular pattern, mild friability)	1
Physician rating of disease activity	Severe	3	Normal	0
Total score		12		1

4. Conclusion

UC is an autoimmune disorder leading to significant disability due to substantial blood loss through stool and weight loss. Conventional treatment comprising of steroids offers relief but recurrences are common upon stopping of the therapy. A fraction of patients are also refractory to conventional therapy and do not respond well to standard therapy. These cases are prime for proctocolectomy. The case presented here is a refractory case of UC where due to poor response from standard therapy, surgical intervention was recommended. Ayurvedic intervention given in the case for about a year has not only resulted in substantial clinical improvements and weight gain but also improvement through colonoscopy. A reduction of disease activity from Mayo Score 12 to 1 reflected a clear pre and post treatment difference in the case. Since this case was not simultaneously taking conventional therapy, the responses obtained can solely be assigned to Ayurveda intervention. This case report suggests that more serious researches should be done in this area to bring Ayurveda interventions in mainstream for optimizing the management of UC.

5. Patient perspective (dated 01 June 2024)

"I had been suffering with blood in stool and loose motion since long time. This has made me very week and I lost much of my weight. My endoscopy has revealed that I have Ulcerative colitis which is a difficult to treat condition. I took the advice from a senior gastroenterologist and taken the treatment for recommended time period. This gave me some relief but the symptoms recurred the moment I stopped the treatment. I have been suggested to go for surgery in view of little response and frequent recurrences. I then tried Ayurveda treatment at a private clinic. I took this treatment for around 5 months but it did not respond. Finally I

took treatment at State Ayurvedic College Hospital, Lucknow where after having the treatment for about a year I am almost cured. My endoscopy report also came better and I gained weight also. Ayurvedic treatment has helped me a lot to regain my confidence and to improve the quality of my life."

Informed consent

Informed consent from the patient has been obtained.

Data statement

Data related to the case is available with corresponding author.

Author contributions

SR: Conceptualization, Methodology, Original draft preparation, Supervision, Reviewing and Editing

KGS: Visualization, Investigation, Reviewing and Editing.

Declaration of generative AI in scientific writing

During the preparation of this work the author(s) did not use AI tool/ service.

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Conflicts of interest

None.

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