

**IMPROVEMENT IN QUALITY OF LIFE IN ULCERATIVE COLITIS FOLLOWING
AYURVEDIC ADD-ON THERAPY: A CASE REPORT****Dr. Limsha M.^{1*}, Dr. Bindu PR²**¹PG Scholar, Department of Kayachikitsa, Govt. Ayurveda Medical College, Tripunithura, India.²Associate Professor, Kayachikitsa Department, Government Ayurveda College Kannur.***Corresponding Author: Dr. Limsha M.**

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ABSTRACT

Ulcerative colitis is a chronic inflammatory disease of the colon characterized by a relapsing and remitting course, significantly affecting patients' quality of life. Common clinical features include increased frequency of loose stools, rectal bleeding, mucus discharge, abdominal pain, and tenesmus. In Ayurveda, ulcerative colitis does not correspond to a single disease entity; it may be interpreted as a *Rakta-pradhāna Tridoṣaja vyādhi*, sharing clinical resemblance with conditions such as *Rakta Pittātīsāra*, *Rakta Pravāhikā*, *Abhyantara Visarpa*, *Guda Pāka*, and *Duṣṭa Vraṇa*. Conventional management with aminosalicylates, corticosteroids, immunomodulators, and surgical interventions is effective in many cases; however, long-term therapy is often associated with incomplete response, relapse, or adverse effects, necessitating supportive and integrative treatment approaches. Ayurvedic formulations such as *Śuṇḍisamāṅgadi Kaṣāya*, *Gopīcandānādi Guḷikā*, and *Picchā Vasti* possess *Dīpana*, *Pācana*, *Grahi*, anti-inflammatory, antidiarrheal, and immunomodulatory properties, which may contribute to symptom control and mucosal protection. This case report describes a 59-year-old male patient with a confirmed diagnosis of ulcerative colitis, presenting with increased bowel frequency, passage of blood and mucus mixed stools, and abdominal pain. The patient was administered *Śuṇḍisamāṅgadi Kaṣāya* along with *Gopīcandānādi Guḷikā* for 14 days, and *Picchā Vasti* for 7 days as an add-on therapy. Quality of life was assessed using the Inflammatory Bowel Disease Questionnaire (IBDQ-32). A significant improvement in clinical symptoms and overall quality of life was observed following the intervention, without any reported adverse effects.

KEYWORD: Ulcerative colitis, ayurveda, IBDQ- 32, Quality of life, case report.**INTRODUCTION**

Ulcerative colitis is a chronic, relapsing inflammatory disorder of the colon characterized by recurrent episodes of mucosal inflammation, leading to significant gastrointestinal and systemic morbidity. Clinically, it presents with increased frequency of bowel movements, passage of loose stools mixed with blood and mucus, abdominal pain, urgency, and tenesmus, resulting in considerable impairment of daily functioning and quality of life. Although the precise etiology of ulcerative colitis remains unclear, its pathogenesis is understood to be multifactorial, involving genetic predisposition, immune dysregulation, environmental influences, dietary habits, lifestyle factors, and alterations in the intestinal microbiota.

From a pathophysiological standpoint, ulcerative colitis arises due to disruption of intestinal immune homeostasis, wherein an exaggerated immune response directed against colonic mucosa leads to persistent inflammation. Imbalance among various immune cell subsets, including T-helper cells and regulatory T cells, contributes to sustained mucosal injury and impaired epithelial barrier function. Unlike Crohn's disease, ulcerative colitis is confined to the colon and rectum and characterized by continuous, superficial inflammation limited primarily to the mucosal and submucosal layers, with a predilection for rectal involvement and proximal extension in severe cases.

The incidence of ulcerative colitis has shown a rising trend globally, including in developing countries such as

India. The disease commonly affects young adults but may also present later in life, imposing long-term physical, psychological, and social burdens. Conventional management primarily includes aminosalicylates, corticosteroids, immunomodulators, and biologic agents. While these therapies are effective in inducing and maintaining remission in many patients, long-term use is often associated with adverse effects, loss of response, and disease relapse, underscoring the need for complementary and holistic approaches to management.

In Ayurveda, ulcerative colitis does not correspond to a single classical disease entity; however, its symptomatology and disease progression closely resemble conditions such as *Rakta Pittātīsāra*, *Rakta Pravāhikā*, *Abhyantara Visarpa*, *Guda Pāka*, and *Duṣṭa Vraṇa*. The condition may be conceptualized as a *Rakta-pradhāna Tridoṣaja Vyādhi*, originating from *Agni Māndya* (impaired digestive and metabolic function), leading to *Āma Sanchaya* (toxic accumulation) and *Srotorodha* (obstruction of bodily channels). The interaction of vitiated Doṣas with Rakta at the level of the gastrointestinal tract results in inflammation, ulceration, and altered bowel function.

Ayurveda also emphasizes the role of *Mānasika Nidānas* such as stress, anxiety, and emotional disturbances in the initiation and exacerbation of disease, highlighting the psychosomatic dimension of ulcerative colitis. Accordingly, Ayurvedic management focuses on restoring *Agni*, eliminating *Āma*, pacifying vitiated Doṣas, purifying Rakta, normalizing Srotas, and stabilizing mental health. Therapeutic principles such as *Dīpana-Pācana*, *Raktaprasādana*, *Grahi* measures, *Srotoshodhana*, and *Manonigraha* aim to address both the root cause and clinical manifestations of the disease. Thus, viewing ulcerative colitis through an Ayurvedic framework provides a comprehensive understanding of its pathogenesis and supports individualized, integrative strategies for sustainable disease management and improved quality of life.

CASE REPORT

Chief complaints

complaints of loose stools, occasional bleeding per rectum, mucus mixed with stool, intermittent abdominal pain, tenesmus, and fatigue for the past 12 years. Aggravated since 2 months.

History of present illness

A 59-year-old male, a known case of diabetes mellitus for the past 3 months, presented with a 12-year history of recurrent bowel complaints. The symptoms began after his occupational transfer to Wayanad, during which he developed irregular food habits and frequent intake of spicy food, following which he noticed stools mixed with blood and mucus. He received treatment from nearby hospital with temporary relief, but symptoms recurred after six months with increased severity, including heavy

bleeding per rectum. He was subsequently treated at a Medical College Hospital with symptomatic improvement, though the symptoms gradually worsened after discontinuation of medications.

Over the years, he experienced intermittent abdominal pain, tenesmus, increased bowel frequency, and fatigue, with multiple relapses despite indigenous, homeopathic, and allopathic treatments, each providing only partial or temporary relief. Habitual alcohol consumption and smoking further aggravated his condition. In 2018, colonoscopy confirmed the diagnosis of ulcerative colitis. Over the past two months, he developed significant worsening of symptoms, including increased bowel frequency, bleeding per rectum, mucus discharge, tenesmus, and fatigue, prompting him to present to our OPD, where he was admitted for further management.

General examination

BP-120/80 mmHg, PR- 10/mi, RR- 16/ min,
Pallor, icterus, clubbing, cyanosis – absent,
Bowel habit- loose bowel, 7-9 times/ day, blood and mucus are present
Micturition- 4 times/ day, 1 times/ night,
Sleep- sound

Systemic examination

GASTROINTESTINAL TRACT

Inspection- abdomen is distended, umbilicus inverted
Auscultation- bowel sounds are present and normal in all four quadrants
Palpation- soft, non- tenderness
Percussion- tympany

INVESTIGATIONS

In haematological investigation ESR found to be 45mmhr, no other variation found
Urine routine examination was found to be normal
Sigmoidoscopy on 28/6/14 shows 1st degree internal haemorrhoids, proctitis
Colonoscopy on 31/5/2018 showed grade 4 left sided colitis – ulcerative colitis

TIMELINE

Time period	Clinical events and interventions
12 years ago	Patient transferred to Wayanad due to occupational reasons. Developed irregular dietary habits, improper meal timings, and frequent intake of spicy food with excessive small green chillies.
Few months later	Onset of loose stools with blood and mucus.
12 years ago	Consulted at nearby hospital, Sulthan Bathery. Received treatment for 2 weeks, resulting in temporary symptomatic relief.
6 months later	Recurrence of symptoms with increased severity, including heavy bleeding per rectum.
Following exacerbation	Treated from Hospital at Kolenchery. Received medical management with symptomatic improvement.
Next 2-3 months	Continued prescribed medication; however, symptoms gradually worsened. Developed intermittent abdominal pain and tenesmus.
Subsequent period	Opted for indigenous treatment (Ottamuli) in Wayanad. Experienced partial relief and continued employment.
Few months later	Symptoms aggravated again, prompting return from Wayanad.
Thereafter	Underwent treatment at an Ayurveda Hospital; no significant improvement observed.
Following period (~1.5 years)	Pursued homeopathic treatment; symptoms persisted without substantial relief.
Later period	Consulted an allopathic physician at Koothattukulam. Received treatment with considerable symptomatic relief.
Subsequently	Developed habits of continuous alcohol consumption and smoking, leading to gradual worsening of symptoms.
2018	Due to persistent symptoms, underwent colonoscopy, which confirmed the diagnosis of Ulcerative Colitis.
Past 3 months	Diagnosed with diabetes mellitus and on treatment.
Past 2 months	Marked aggravation of symptoms: increased bowel frequency, bleeding per rectum, mucus discharge, tenesmus, and fatigue.
Present illness	Patient presented to our OPD for further evaluation and management and was admitted to our hospital.

**DIAGNOSTIC ASSESSMENT
IBDQ -32 QUESTIONNAIRE**

IBDQ-32 (Inflammatory Bowel Disease Questionnaire – 32 items) is a disease-specific quality-of-life (QoL) assessment tool used in patients with ulcerative colitis

and Crohn’s disease. The IBDQ, includes 32 questions. The questions are grouped into four categories: bowel symptoms(B), systemic symptoms(S), emotional function(E), and social function (SF). Response options are consistently presented as seven-point scales.

Domain	No. of items	Scoring range
Bowel symptoms	10	0-70
Systemic symptoms	5	0-35
Emotional function	12	0-84
Social function	5	1-35

Each item scored from 1 to 7, 1 = severe impairment, 7 = no impairment
Total score range: 32 – 224, Higher score → better quality of life

Diagnosis
Ulcerative colitis/ Rakthathisara

Therapeutic intervention

Procedure/ drug	Dose	Duration	Route
Sundi samangadi kashaya	48 ml of lukewarm Kwatha	Twice daily, before meals 14 days	Oral
Gopichandanadi gulika	and 2 tablet each with Kashaya	Twice daily, before meals 14 days	Oral
Pichavasthi	<ul style="list-style-type: none"> ● Ksheera Kashaya -240ml ● Honey-120ml ● Yashtinada Kalka-30gm ● Yashti Taila -120ml 	7 days	Rectal

- | | | |
|--|--------------------------------|--|
| | ● Mahathikthaka Ghrita – 120ml | |
|--|--------------------------------|--|

Sundisamangadi Kashaya

The formulation used in this study, *Sundi Samangadi Kashayam*, is referenced in the text *Chikitsamanjari* under the chapter on *Atisara Chikitsa*. This polyherbal decoction consists of nine ingredients. Authenticated samples of the required raw drugs will be obtained from a certified source and identified from dravyaguna department. Ativisha is purified. All the ingredients will be taken in equal proportions. Each herb will be individually cleaned, shade-dried, and finely powdered. The powders will then be blended uniformly and packed in airtight sachets, with each packet containing 48 grams of the formulation for patient use.

Gopichandanadi gulika

Gopichandanadi Gulika is a classical Ayurvedic formulation referenced in the *balagrahadhikara* of

Vaidyatharakam. It is a complex compound medicine composed of 55 individual ingredients. Obtained from a pharmacy certified under GMP standards (kottakkal).

Pichavasthi

This formulation is described by Vagbhata and Charaka under the treatment of *Atisara Chikitsa* (diarrheal disorders).

Ingredients

- Ksheera Kashaya -240ml
- Honey-120ml
- Yashtinada Kalka-30gm
- Yashti Taila -120ml
- Mahathikthaka Ghrita – 120ml

FOLLOW UP AND OUTCOME

DOMAIN	BEFORE TREATMENT	AFTER 14 DAYS OF TREATMENT	AFTER 21 DAYS OF TREATMENT
BOWEL SYMPTOMS	23	32	38
SYSTEMIC SYMPTOMS	25	26	28
EMOTIONAL SYMPTOMS	49	54	59
SOCIAL SYMPTOMS	12	16	19
TOTAL SCORE	109	128	144

The IBDQ-32 scores showed a progressive improvement in quality of life over the treatment period. The total score increased from 109 at baseline to 128 at day 14 and 144 at day 21, indicating a clinically meaningful improvement exceeding the minimal clinically important difference. The most significant early improvement was observed in bowel symptoms, followed by gradual improvement in systemic, emotional, and social domains. Overall, the findings reflect holistic improvement in disease-related quality of life with continued treatment.

DISCUSSION

Continuous exposure to *Nidānas* results in *Agnimāndya* and subsequent formation of *Āma* at both *Koṣṭha* and *Dhātu* levels. This leads to *Doṣa–Duṣya Saṃmūrchana* predominantly within the *Koṣṭha*, causing vitiation of *Rasa*, *Rakta*, *Māmsa*, and *Lasikā*. In the *Vyakti Avasthā* of ulcerative colitis, the disease manifests with *Vāta–Pitta* predominance along with *Tridoṣa* involvement. Clinically, this stage is characterized by continuous mucosal ulceration of the colon, presenting as *Rakta Atisāra* (bloody diarrhea), *Pravāhikā* (tenesmus), passage of mucus-mixed stools, and abdominal cramps. From an Ayurvedic perspective, ulcerative colitis can be understood as *Rakta Duṣṭi* localized in the *Pakvāśaya* and *Guda*, affecting the *Puriṣavaha Srotas*. The ulcerative lesions observed in the colonic mucosa correlate with *Duṣṭa Vraṇa* described in classical texts. Thus, the primary pathology revolves around *Agni Duṣṭi*, *Āma* formation, and *Rakta–Pitta* vitiation with *Kapha Anubandha*, leading to chronic inflammation and ulceration. Accordingly, the therapeutic approach should

focus on correction of *Agni*, elimination of *Āma*, and regulation of *Doṣas*. Treatment principles described under *Atisāra* and *Grahani* are relevant in this context. Drugs possessing *Dīpana*, *Pācana*, *Grāhī*, and *Sthambana* properties help restore digestive fire, reduce inflammation, promote mucosal healing, and control excessive bowel movements. Therefore, such an Ayurvedic line of management is appropriate and effective in the treatment of chronic ulcerative colitis involving *Rakta–Pitta Pradhāna Tridoṣa Duṣṭi* in the *Pakvāśaya* and *Guda*.

Mode of Action of Internal Medication

Suṇḍisamaṅgadi Kaṣāya and *Goṣīcandānādi Gulika* were administered for 14 days as add-on therapy and evaluated using the four domains of the IBDQ-32.

Action on bowel pathology

The formulations primarily correct *Agniduṣṭi* and *Āma* through *Dīpana* and *Pācana* actions, thereby reducing abnormal fermentation, gas formation, and intestinal irritation. The predominance of *Kaṭu*, *Tikta*, and *Kaṣāya rasa*, along with *Laghu–Rūkṣa guṇa* and *Uṣṇa vīrya*, enables regulation of *Apāna Vāta* and stabilization of bowel motility. The *Grāhī* and *Saṅgrahī* actions reduce *Drava Mala Pravṛtti*, resulting in decreased stool frequency, improved consistency, and relief from cramps and abdominal pain.

Rectal bleeding and mucosal inflammation are addressed through *Tikta–Kaṣāya rasa*, *Rakta-stambhana*, *Ropaṇa*, and *Sothahara* properties, which promote ulcer healing

and reduce inflammatory exudation. Kapha-associated features such as tenesmus, excessive mucus discharge, and soiling are controlled by *Kapha-śāmaka* and *Sthambhana* actions, improving sphincter control and bowel discipline.

Action on systemic symptoms

By restoring *Jatharagni* and improving *Dhātu poṣaṇa*, the drugs reduce fatigue, weight loss, and a sense of unwellness. *Vāta-śamana* effects help normalize sleep and reduce restlessness, while clearance of *Kapha sanchaya* and *Srotorodha* enhances metabolic efficiency and energy levels.

Action on emotional and psychosocial symptoms

Chronic IBD involves *Tridoṣa* disturbance at the level of *Manas*, leading to anxiety, irritability, fear, and low emotional well-being. *Suṇḍisamaṅgadi Kaṣāya*, through *Vātānulomana* and *Agni dīpana*, reduces mental restlessness and improves cognitive steadiness. *Gopīcandānādi Gulika*, with its *Vāta-Kapha-hara*, *Pittahara*, and *Āma-nāśaka* properties, stabilizes mood, reduces anger and fear, and alleviates mental heaviness. Improvement in bowel control and reduction of urgency and bleeding further translate into better social confidence and functional capacity.

Overall, the internal medications act holistically by correcting *Agni*, pacifying *Tridoṣa*, healing mucosal *Duṣṭa Vraṇa*, and stabilizing both somatic and psychological components of UC, leading to significant improvement in quality of life.

Mode of Action of Pichha Vasti

Pichha Vasti was administered for 7 days following internal medication. Its *Pichhila* property enables formation of a protective coating over the intestinal mucosa, thereby reducing friction, irritation, and ongoing ulcer trauma.

The formulation—*Śālmali kṣīra kaṣāya*, *Mahā Tikthaka Ghrta*, *Yaṣṭi taila*, *Madhu*, and *Yaṣṭi kalka*—acts synergistically. *Śālmali* provides *Kaṣāya rasa*, *Śīta vīrya*, and *Rakta-pitta-śāmaka* effects, contributing to *Stambhana* and *Vraṇa-ropaṇa*. *Mahā Tikthaka Ghrta*, being *Tikta pradhāna* and *Pitta-śāmaka*, supports ulcer healing and modulates inflammation, while *Āmalakī* contributes immunomodulatory and antioxidant effects. *Madhu* facilitates *Vraṇa-śodhana*, *Sandhāna*, and *Ropaṇa*.

Collectively, Pichha Vasti exhibits *Śothahara*, *Rakta-stambhaka*, *Vraṇa-ropaṇa*, and *Saṅgrahī* actions, leading to reduced bleeding, enhanced mucosal healing, and control of diarrhea. After pichha vasthi, the patient shows sustained improvement in bowel frequency and reduction of blood and mucus in stools.

CONCLUSION

In Ayurveda, ulcerative colitis can be correlated with *Raktha Pitta Atisara*, *Raktaprahavika*, *Guda Paka*, *Duṣṭa Vraṇa*, and *Abyantara Visarpa*. Factors such as *Ahara* (diet), *Vihara* (lifestyle), *Manasika* (mental factors), chronic nature of the disease, and other coexisting conditions contribute to the *nidana* (etiology) of ulcerative colitis. In the *samprapti* (pathogenesis), there is involvement of the *Tridoṣa*: mainly *Samana Vata*, *Apana Vata*, *Prana Vata*, *Pachaka Pitta*, *Kledaka Kapha*, along with *Raktadushti*, *Ama*, *Pittadhara*, *Raktadhara*, *Purishadhara*, and *Sleshmadhara Kala*. In UC, the predominant *doshas* are *Vata* and *Pitta*. Chronicity of UC leads to complications, which in Ayurveda can be correlated with *Sosha*, *Bagandara*, and *Pandu*. Treatment of UC is challenging, and no complete cure is currently available. The given medication, including *Gopichandanadi Gulika*, *Sundi Samangadi*, along with the procedure of *Pichhavasthi*, is effective in improving the quality of life of this patient.

PATIENT PERSPECTIVE

The patient shared his perspective in her local language (Malayalam). Since the patient did not get the desired result from allopathic treatment alone, he visited our hospital for ayurvedic management along with it, he was happy and grateful as his quality of life improved.

INFORMED CONSENT

Informed consent was taken from patient for the management and for reporting the case.

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