



Review Article

INFLAMMATORY BOWEL DISEASE - AN AYURVEDIC VIEW

Limsha M^{1*}, Bindu P R², Sivaprasadan V¹

¹PG Scholar, Department of Kayachikitsa, Govt. Ayurveda College, Tripunithura.

²Associate Professor, Department of Kayachikitsa, Govt. Ayurveda College, Kannur, Kerala, India.

Article info

Article History:

Received: 03-02-2026

Accepted: 10-03-2026

Published: 10-04-2026

KEYWORDS:

Inflammatory Bowel Disease, Ulcerative Colitis, Crohn's Disease, Agni Mandya, Ama, Rakta Dushti, Ayurveda.

ABSTRACT

Inflammatory Bowel Disease (IBD) is a chronic, relapsing inflammatory disorder of the gastrointestinal tract of uncertain etiology, mainly encompassing ulcerative colitis and Crohn's Disease. It commonly presents with abdominal pain, frequent loose stools, bleeding or mucus discharge with stool, and tenesmus. The incidence of IBD is increasing globally and is considered a major cause of morbidity affecting quality of life. In Ayurvedic literature, IBD is not described as a single disease entity but its symptomatology closely resembles conditions such as *Rakta Pittatisara*, *Rakta Pravahika*, *Abhyantara Visarpa*, *Guda Paka*, and *Dushta Vrana*. From an Ayurvedic perspective, it can be interpreted as a *Tridoshaja Vyadhi* with predominant *Rakta* involvement, arising from *Agni Mandya* (impaired digestion), *Ama Sanchaya* (toxin accumulation), and *Srotorodha* (obstruction of channels). Deranged *Agni* leads to the production of *Ama*, which along with vitiated *Doshas*, localizes in the *Kostha* and *Dhatu* level, resulting in inflammatory and ulcerative lesions in the intestinal walls. The Ayurvedic management of IBD focuses on correcting *Agni Dushti*, eliminating *Ama*, pacifying vitiated *Doshas*, purifying *Rakta*, through *Ahara*, *Vihara*, and *Aushadha Chikitsa*. Therapeutic interventions such as *Deepana-Pachana*, *Srotoshodhana*, *Raktaprasadana*, and play crucial roles in restoring gut health and systemic harmony. The present article aims to explore the *Nidana*, *Lakshana*, *Samprapti*, and management principles of IBD through an Ayurvedic lens.

INTRODUCTION

Inflammatory Bowel Disease (IBD) is a chronic, relapsing inflammatory condition of the gastrointestinal tract that primarily includes Ulcerative Colitis (UC) and Crohn's Disease (CD). It represents one of the most challenging disorders of the digestive system, characterized by abdominal pain, frequent loose stools, mucus or blood discharge, and tenesmus^[1,2]. Although the exact etiology remains uncertain, the pathogenesis of IBD is considered multifactorial, involving genetic susceptibility, immune dysregulation, environmental triggers, dietary factors, lifestyle, and alterations in gut microbiota^[3].

From a pathophysiological perspective, IBD results from disruption of intestinal immune homeostasis, where an abnormal immune response

against intestinal flora and self-antigens lead to chronic mucosal inflammation. The intestinal environment, governed by a delicate balance among Th1, Th2, Th3, Th9, Th17, and regulatory T cells, loses equilibrium, resulting in uncontrolled inflammation and tissue injury. Ulcerative Colitis typically presents as a continuous superficial inflammation limited to the colonic mucosa, whereas Crohn's Disease exhibits transmural, discontinuous inflammation that may affect any part of the gastrointestinal tract, most commonly the terminal ileum and colon^[4].

The global incidence of IBD is rising, particularly in developing countries such as India. It demonstrates a bimodal age distribution, affecting individuals between 15–30 years and again between 60–80 years, with varying sex ratios depending on the subtype. Despite significant advances in contemporary medicine, treatment remains largely symptomatic, relying on anti-inflammatory drugs, corticosteroids, immunosuppressants, and biologics, which may cause considerable side effects and fail to provide a permanent cure. This limitation highlights the need for

Access this article online	
Quick Response Code	https://doi.org/10.47070/ijapr.v14i4.4090
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

safe, holistic, and sustainable approaches to disease management.

In Ayurveda, IBD does not correspond to a single disease entity but its clinical features and pathological processes closely resemble conditions such as *Rakta Pittatisara*, *Rakta Pravahika*, *Abhyantara Visarpa*, *Guda Paka*, and *Dushta Vrana*. The disease can be interpreted as a *Tridoshaja Vyadhi* with predominant *Rakta* involvement, arising from *Agni Mandya* (impaired digestion), *Ama Sanchaya* (accumulation of toxins), and *Srotorodha* (obstruction of bodily channels). Deranged *Agni* leads to the formation of *Ama*, which, together with vitiated *Doshas*, localizes in the *Kostha* and *Dhatu* level, initiating inflammation and damage of intestinal walls.

Moreover, *Manasika Nidanas* such as emotional stress, anxiety, and grief are recognized to aggravate disease manifestation, reflecting the psychosomatic dimension emphasized in Ayurvedic philosophy. Hence, IBD can be viewed as a *Tridoshaja Vyadhi* intricately linked to *Agni Dushti*, *Ama* formation, and *Srotorodha*, with both physical and mental factors contributing to its pathogenesis.

Ayurvedic management, therefore, aims not merely at symptom control but at restoring the balance of *Agni*, eliminating *Ama*, pacifying vitiated *Doshas*, purifying *Rakta*, clearing *Srotas*, and stabilizing *Manas*

(mind). Therapeutic approaches such as *Deepana-Pachana* (digestive and metabolic correction), *Srotoshodhana* (channel cleansing), *Raktaprasadana* (blood purification), and *Manonigraha* (mental stabilization) form the core of holistic management. Thus, understanding IBD through the lens of Ayurveda provides deeper insight into its pathogenesis and opens pathways for individualized, comprehensive, and sustainable therapeutic strategies.

Review of Literature

IBD represents a chronic inflammatory condition of the gastrointestinal tract. Their symptomatology and pathogenesis cannot be directly correlated to any one disease described in Ayurvedic classics. The symptoms and etiopathogenesis of IBD correspond to multiple disease entities in Ayurveda.

Nidana

Inflammatory Bowel Disease (IBD) can be understood as an *Abhyantara Marga Srita Vyadhi*, in which *Ahara* plays a key etiological role. *Charaka Samhita* highlights that *Ahara* is both the foundation of health and a major cause of disease when misused^[5]. Various forms of *Aharaja* and *Viharaja Nidanas* disturb *Agni* and *Dosha* balance, initiating pathogenesis that mirrors the chronic intestinal inflammation seen in IBD.

Nidana	Ayurvedic Correlation with IBD
<i>Aharaja Nidana</i> (dietary factors)	Irregular eating habits (<i>Abhojana</i> , <i>Ajeerna Bhojana</i> , <i>Atibhojana</i> , <i>Vishama Bhojana</i>) ^[6,7] cause <i>Agni Dushti</i> and <i>Ama Sanchaya</i> , leading to mucosal inflammation and <i>Vata-Pitta</i> vitiation akin to IBD. Excess <i>Ruksha</i> , <i>Shita</i> , and <i>Madhya</i> foods aggravate <i>Vata-Pitta</i> , causing ulceration and altered gut motility. <i>Ashuchi</i> or <i>Dushta Bhojana</i> and <i>Athyambu Pana</i> weaken <i>Agni</i> , predisposing to <i>Atisara</i> and IBD-like pathology.
<i>Viharaja Nidana</i> (lifestyle factors)	Practices such as <i>Vega Dharana</i> , <i>Yana Samkshobha</i> , and faulty <i>Shodhana</i> disturb <i>Apana Vayu</i> and <i>Jatharagni</i> , causing <i>Ama</i> formation and <i>Srotorodha</i> , leading to chronic inflammation. Sleep disturbance and overexertion aggravate <i>Pakvashayagata Vata</i> , worsening gut dysfunction similar to IBD.
<i>Manasika Nidana</i> (psychological factors)	<i>Shoka</i> , <i>Bhaya</i> , and <i>Krodha</i> provoke <i>Vata-Pitta</i> and disturb <i>Manovaha Srotas</i> , impairing <i>Agni</i> and promoting altered gut motility. Stress and low <i>Satwabala</i> increase susceptibility to psychosomatic gut inflammation, paralleling modern stress-related IBD mechanisms.
<i>Desha-Kala-Rtu Vaishamy</i> (environmental & temporal factors)	Variations in <i>Desha</i> (habitat), <i>Kala</i> (time), and <i>Rtu</i> (season) influence <i>Agni Bala</i> and <i>Sharira Bala</i> . Their imbalance weakens digestion and immunity, increasing vulnerability to chronic intestinal inflammation resembling IBD.
<i>Nidanarthakara Roga</i> (secondary pathogenesis)	Improperly managed <i>Atisara</i> may progress to <i>Grahani Roga</i> ^[8] , a condition parallel to IBD, due to persistent <i>Agnimandya</i> and <i>Dhatu Kshaya</i> . Secondary disorders (<i>Paratantra Vyadhi</i>) arise from mismanaged primary diseases, suppressed immunity, or continued exposure to causative factors. Related <i>Abhyantara Marga-srita Vyadhis</i> like <i>Amla Pitta</i> , <i>Parinama Shula</i> , <i>Gulma</i> , and <i>Arsha</i> also share etiopathogenic features with IBD.
<i>Chirakari Vyadhi</i> (chronic nature)	IBD exemplifies <i>Chirakari Vyadhi</i> - slow in onset and resistant to cure due to deep <i>Dosha-Dushya Sammurchana</i> and chronic <i>Agnimandya</i> . <i>Lina Dosha</i> (latent pathology) may remain dormant at <i>Dhatu</i> level and reactivate with <i>Viruddha Ahara</i> , stress, or seasonal change, explaining disease relapses.

Samprapthi**Ayurvedic Understanding of Different Stages of IBD**

Stage	Ayurvedic Description & Correlation with IBD
<i>Chaya Avastha</i> (accumulation stage)	Continuous influence of <i>Nidanans</i> leads to <i>Agnimandya</i> and <i>Ama</i> at <i>Koshtha</i> and <i>Dhatu</i> levels. <i>Koshtha</i> becomes rigid (<i>Sthabdha</i>) and distended (<i>Purna</i>), with lethargy (<i>Alasya</i>) ^[9] . Early, subclinical inflammation begins.
<i>Prakopa & Prasara</i> (aggravation & spread stage)	Inappropriate diet/lifestyle aggravates <i>Doshas</i> , causing <i>Prakopa</i> and <i>Prasara</i> . Symptoms: <i>Amlika</i> , <i>Paridaha</i> , <i>Koshtha Toda</i> , <i>Gulma</i> , <i>Atopa</i> , <i>Arochaka</i> , <i>Avipaka</i> ^[9] . <i>Dosha-Dushya</i> imbalance spreads along GI tract.
<i>Sthanasamsraya</i> (localization stage)	Early signs (<i>Poorvarupa</i>) of <i>Vata-Pitta</i> predominance with <i>Ama</i> accumulation. <i>Dosha-Dushya sammurchana</i> in <i>Koshtha</i> leads to vitiation of <i>Rasa</i> , <i>Rakta</i> , <i>Mamsa</i> , <i>Lasika</i> . Clinical features resemble <i>Grahani</i> : altered bowel movement, mucus, <i>Pakwa/Apakwa mala</i> . Low-grade inflammation correlates with <i>Pitta</i> and <i>Rakta</i> increase.
<i>Vyaktiavastha</i> (manifest stage)	Ulcerative Colitis (UC): <i>Vata-Pitta</i> , continuous mucosal ulceration, bloody stools (<i>Rakta Atisara</i>), mucus, abdominal cramps. Crohn's Disease (CD): <i>Vata-Kapha</i> , patchy transmural ulcers, diarrhea, fever, malabsorption. Multiple <i>Dhatu</i> s involved (<i>Pithadhara</i> , <i>Sleshma Dhara</i> , <i>Raktadhara</i> , <i>Mamsadhara</i> , <i>Pureeshadhara</i>) ^[10] .
<i>Lakshanas/Symptoms</i>	Increased stool frequency: <i>Punah Punah Varcha</i> - Loose stool: <i>Drava/Sithila Varchas</i> - Blood: <i>Sarakta Mala</i> , <i>Raktatisara</i> - Mucus: <i>Sleshmasamsrishta Pureesham</i> - Ulceration: <i>Guda Paka</i> , <i>Dushta Vrana</i> - Abdominal cramps/distension: <i>Udara Soola</i> , <i>Admanam</i> - Fever, hyperacidity: <i>Jwara</i> , <i>Daha</i> , <i>Trishna</i> - Weakness, weight loss: <i>Dourbalyam</i> , <i>Karsyam</i> - Chronicity: <i>Chirakalanubandhini</i>
Diagnostic considerations	<i>Raktapitha Atisara</i> : Bloody diarrhea, burning (<i>Daha</i>), rectal inflammation (<i>Guda Paka</i>). <i>Rakta Pravahika</i> : stool mixed with blood/mucus, reflecting vitiated <i>Kapha</i> & <i>Vata</i> . <i>Abhyantara Visarpa</i> : spreading internal ulcers, <i>Marmopaghata</i> . <i>Dushta Vrana</i> : chronic, slow-healing ulcers, correlating with aphthous/serpiginous Crohn's ulcers.
<i>Bheda Avastha</i> (advanced stage)	Deeper <i>Dhatu</i> involvement, depletion of all <i>Dhatu</i> s, <i>Ojas-kshaya</i> , weakened immunity. UC complications: strictures, toxic megacolon, colorectal cancer. CD complications: fistulae (<i>Bhagandhara</i>), abscesses (<i>Nadivrana</i>), obstruction, malabsorption.
<i>Upadrava/complications</i>	<i>Pandu</i> : Anemia, fatigue, weakness from chronic blood loss. <i>Sosha</i> : systemic depletion due to malabsorption. <i>Nadivrana/Bhagandhara</i> : suppurative perianal and intestinal tracts, fistula formation, reflecting chronic inflammation and vitiated <i>Vata</i> .

Lakshana

Signs and Symptoms	Ayurvedic Terms	Reference
Increased frequency of stool	<i>Punah punah varcha</i>	<i>Vatika Grahani</i> , <i>Paithika Grahani</i>
Loose stool	<i>Drava/Sithila Varchas</i>	<i>Vatika Grahani</i> , <i>Paithika Grahani</i>
Blood with stool	<i>Sarakta mala</i>	<i>Paithika Atisara</i> (Su. Utt. 40) <i>Raktatisara</i> (Ch. Chi 19) <i>Raktaja Pravahika</i> (Ma. Ni 3/22) <i>Raktarsas</i> (Ma. Ni 14/16) <i>Pittarsas</i> (Ma. Ni 14/16) <i>Adhoga Raktapitta</i> (AH. Chi 2/8)
Mucus with stool	<i>Sleshmasamsrishta</i> <i>Pureesham</i> <i>Pichilasra rathri sruthi</i>	<i>Kaphaja Atisara</i> (Ca. Chi 19/7) <i>Kaphaja Grahani</i> <i>Kaphaja nadivrana</i>
Ulceration of the colon	<i>Guda paka</i> <i>Vrana</i> <i>Agnidagdha iva sphota</i>	<i>Paithika Grahani</i> (AH) <i>Raktavaha Sroto Dusti</i> (Ca. Su) <i>Paithika gulma</i> <i>Vata pitta visarpa</i>
Abdominal cramps	<i>Udara Soola</i>	<i>Vatika Grahani</i> (Su)
Abdominal distension	<i>Admanam</i>	<i>Vatika Grahani</i>

Gurgling sound in abdomen	<i>Vayu ca antah kosthe, Antrakoojanam</i>	<i>Vatika Grahani, Vatika Atisara, Pakwasayagata Vata (Ca. Chi 19/5)</i>
Urgency of defecation	<i>Kshipravarcha Pravartana</i>	<i>Bhaya, Soka Atisara</i>
Heart burn	<i>Hrt Daha</i>	<i>Pittaja Grahani</i>
Fever, hyperacidity, and upper GI symptoms	<i>Jwaram, Daha, Trshna, Sweda, Soola</i>	<i>Pittaja Atisara, Rakta Atisara, Pitta Grahani (Ca. Chi 19/5)</i>
Anorexia	<i>Annadweshya</i>	<i>Kaphaja Atisara (Ca. Chi)</i>
Weight loss	<i>Karsyam</i>	<i>Vatika Grahani</i>
Depression	<i>Dourbalyam / Sadam</i>	<i>Vatika Grahani</i>
Low back ache	<i>Parvaruk, Adhakaya Rogas</i>	<i>Pakwasaya Gata Vata (Ca. Chi 28/28-29)</i>
Chronicity	<i>Chirakalanubandhini</i>	<i>Sangraha Grahani (Ma. Ni 4/13)</i>

Ayurvedic Diagnostic Considerations

Raktapitha Atisara

Atisara means *Atisarana*, which means excessive elimination of *Mala* through the *Guda marga*. In *Pittatisara*, the stools are foul-smelling (*Durgandha*), resembling *Mamsa-toya* (meat wash water), which signifies their altered consistency^[11]. It is also associated with *Daha* (burning sensation) and *Paka* (inflammation/ulceration).

When a person suffering from *Pittatisara* indulges in *Pitta-varadhaka ahara* and *Vihara*, it leads to *Rakta dushti*, which further progresses into *Raktatisara*. This condition is characterized by *Shula* (abdominal pain), *Vidaha* (burning), *Guda-paka* (rectal inflammation/ulceration), *Saraktatisara* (bloody diarrhea), *Payu-samtapa* (burning sensation in the anal region), and *Paka* (ulceration)^[11].

Thus, the symptom complex of *Pitta-Rakta Atisara*- frequent bloody diarrhea, abdominal pain, rectal ulceration, and burning- is closely related to the clinical picture of Inflammatory Bowel Disease (IBD).

Rakta pravahika

"*Pravahamanasya pravahika*". Due to *Ahita-ashana* (improper diet), *Kapha* accumulates in the *Koshtha*. Further, *Apana vaigunya* results in the expulsion of stool mixed with *Kapha* in a small or large quantity^[12].

In *Raktaja Pravahika*, there is a passage of stool mixed with *Rakta*. Similarly, in Inflammatory Bowel Disease (IBD), stool mixed with blood and mucus is considered one of the important clinical features.

Abhyantara Visarpa

The term *Visarpa* denotes the spreading nature of the disease. The *Adhishthana* (site of manifestation) of *Visarpa* can be either *Abhyantara* (internal) or *Bahya* (external). In *Abhyantara Visarpa*, features such as *Marmopaghata* (affliction of vital regions, e.g., *Guda marma*) and *Ayananam vighattanam* (disruption of channels) are described^[13]. A similar pathology can be observed in Inflammatory Bowel Disease (IBD), where ulcerations develop over the layers of the gastrointestinal tract, leading to progressive tissue damage and spread of disease.

Guda paka

Guda-paka is described as one among the *Raktapradoshaja Vyadhis* and is also included under *Pittaja Nanatmaja Vyadhi*. Additionally, it is mentioned as a symptom of *Rakta atisara*^[14]. These references indicate the involvement of *Pitta* and *Rakta dosha dushti*, leading to ulcerative and inflammatory changes in the *Guda* (anal and rectal region). A comparable pathogenesis is observed in Inflammatory Bowel Disease (IBD), where chronic inflammation and ulceration of the rectal mucosa result in clinical features such as pain, burning sensation, and tenesmus.

Dushta vrana

Dushta Vrana refers to a chronic ulcer characterized by delayed or difficult healing. It involves *Tridosha* and is characterized by discharge with foul smell, abnormal coloration and intense pain^[15]. Such *Vrana* can be correlated with the aphthous ulcers seen in the gastrointestinal tract, which may later deepen, become transmural, and form serpiginous patterns occurring anywhere in the gut in a discontinuous manner (a typical feature of Crohn's disease).

In Ulcerative Colitis (UC), the mucosa appears granular, hyperaemic, and edematous. With increasing severity, the mucosa undergoes ulceration, which may extend to the lamina propria. These ulcerative changes in both UC and Crohn's disease can be conceptually related to *Dushta Vrana*, as they share features of chronicity, difficult healing, foul discharge (pus/mucus), and progressive tissue damage.

Sadyaasadyathatha

IBD is a chronic gastrointestinal disorder with recurrent inflammation. Though incurable by modern medicine or Ayurveda, it can be effectively managed. In Ayurveda, it is classified as *Yapya Vyadhi* due to *Tridosha* and *Rakta* vitiation, *Agnidushti*, *Dhatu-kshaya*, and *Ojas-kshaya*. Appropriate Ayurvedic treatment can control the disease, relieve symptoms, improve quality of life, and prevent progression.

Chikitsa

Therapeutic Aspect	Ayurvedic Principle & IBD Correlation
Role of <i>Agni</i>	<i>Mandagni</i> is the root cause of most diseases (<i>Roga sarve api manda agnou</i>) ^[16] . <i>Agni dushti</i> impairs <i>Grahani</i> function, causing <i>Ama</i> accumulation, impaired digestion, and chronic disease. Management focuses on restoring <i>Agni</i> via <i>Ahara</i> , <i>Aushadha</i> , and <i>Vihara</i> .
<i>Agni Deepana</i> & <i>Ama Pachana</i>	<i>Dipana</i> and <i>Pacana</i> are applied according to <i>Dosha</i> predominance: <i>Kapha</i> : <i>Ruksha-Tikta oshadha</i> - <i>Pitta</i> : <i>Tikta-Madhura</i> drugs- <i>Vata</i> : <i>Sneha</i> with <i>Amla/Lavana Upavasa</i> indicated for <i>Alpa Dosha</i> ; <i>Laghana</i> + <i>Pacana</i> for <i>Madhyama</i> ; <i>Shodhana</i> for <i>Prabhuta Dosha</i> . ^[17]
<i>Dosha</i> -Based <i>Atisara</i> Management	<i>Kapha</i> addressed first (root cause: <i>Ama</i> -induced <i>Agnimandhya</i>), followed by <i>Pitta</i> , then <i>Vata</i> . <i>Sama Nirama Atisara</i> : Elimination of vitiated <i>Dosha</i> , <i>Pakwa Atisara</i> : <i>Sthambhana Chikitsa</i> to arrest excessive purging. Classical preparations: <i>Takra-Yavagu</i> , <i>Aparajita Khaḷa</i> , <i>Musthadi Kshira-Kashaya</i> ^[17] .
<i>Shodhana</i> & <i>Shamana</i> Therapies	<i>Mrdu shodhana</i> can be advocated based on the <i>Dosha</i> which should be followed by <i>Peyadi karma</i> . If <i>Rogibala</i> is <i>Avara samana aushadha</i> is a better modality of treatment.
<i>Pichha Basti</i>	Forms a protective coating over the intestinal mucosa, reduces friction, and minimizes irritation. Ingredients: <i>Salmali</i> , <i>Ghrita</i> , <i>Taila</i> , <i>Madhu</i> , <i>Dugdha</i> , <i>Yashtimadhu</i> . Effects: anti-inflammatory, ulcer-healing, hemostatic, anti-diarrheal, and rejuvenating.
<i>Vrana Ropana</i> (mucosal healing)	<i>Tikta Rasa</i> drugs promote <i>Agni Deepana</i> , <i>Kleda</i> absorption, <i>Rakta prasadana</i> , and <i>Srotovishodhana</i> ^[18] . Classical preparations: <i>Mahathikthaka Gritha</i> , <i>Tikthaka Gritha</i> , <i>Gauryadi Gritha</i> , <i>Nyagrodhadi Kashaya</i> , <i>Chandanadi Kashaya</i> .
<i>Dhatu Pushtikara</i> (tissue nourishment)	Chronicity leads to <i>Dhatu</i> and <i>Oja</i> depletion. <i>Mamsa Rasa</i> , <i>Prasaha Mamsa Rasa</i> , and <i>Amla Rasa</i> restore tissue strength, <i>Agni</i> , and vitality. Supports nourishment of GI tissues, reduces <i>Rakta-Piccha Shruti</i> , and alleviates pain via external <i>Taila</i> applications.
<i>Dosha</i> -Specific <i>Pacana</i>	Condition → Recommended Approach - <i>Agnimandya</i> with <i>Shleshmika</i> : <i>Ruksha-Tikta oshhadha</i> - <i>Kapha</i> predominant, <i>Krsha</i> : <i>Snigdha-Ruksha</i> alternation - <i>Kshina Sharira</i> : <i>Dipana</i> + <i>Sneha</i> - <i>Bahu Pitta</i> : <i>Tikta-Madhura</i> drugs - <i>Bahu Vata</i> : <i>Sneha</i> + <i>Amla/Lavana</i> . ^[19]
Management goal	Break the disease cycle, restore digestive/metabolic balance, prevent relapses, maintain remission, reduce complications. Integrates <i>Chikitsa</i> principles from <i>Arsa</i> , <i>Atisara</i> , <i>Grahani</i> , and <i>Vrana Hara</i> therapies.

DISCUSSION

Inflammatory Bowel Disease (IBD), encompassing ulcerative colitis and Crohn's Disease, is a chronic inflammatory condition of the gastrointestinal tract that can be interpreted within the Ayurvedic framework through the principles of *Agni*, *Ama*, *Dosha*, *Dushya*, and *Srotas*. Although not described verbatim in classical Ayurvedic texts, its symptomatology and pathogenesis closely align with disorders such as *Pittarakta Atisara*, *Rakta Pravahika*, *Abhyantara Visarpa*, *Guda paka* and *Dushta vrana*.

The fundamental pathology of IBD in Ayurveda begins with *Agnimandya* (impairment of digestive fire), which leads to the formation and accumulation of *Ama* (undigested toxic metabolites). The interaction of *Ama* with vitiated *Doshas*- primarily *Vata* and *Pitta*, secondarily *Kapha*- results in *Dosha-Dushya Sammurcchana* within the *Koshtha*, affecting *Rasa*, *Rakta*, *Mamsa Dhatu*s. This process manifests as chronic inflammation, ulceration, and mucosal damage within the intestinal wall.

Psychological factors such as *Shoka*, *Bhaya*, and *Krodha* further aggravate *Vata* and *Pitta Doshas*,

intensifying the disease process. This psychosomatic interaction demonstrates the Ayurvedic concept of *Manasika Nidana* influencing *Sharirika Vyadhi*, consistent with modern observations that stress and emotional disturbances exacerbate IBD symptoms.

Clinically, features such as *Atisara* with *Rakta-Shleshma Yukta Mala* (bloody and mucous stools), abdominal pain, *Udarashula*, and *Daurbalya* (weakness) reflect the ongoing *Tridoshaja* imbalance and *Srotorodha* (obstruction of microchannels). Over time, *Dosha* vitiation and *Dhatu Kshaya* lead to complications analogous to *Bhagandara*, *Nadi Vrana*, *Pandu*, and *Shosha*.

Therapeutically, the management of IBD in Ayurveda is directed toward restoring *Agni*, digesting and eliminating *Ama*, pacifying vitiated *Doshas*, and promoting tissue regeneration. The principles of *Ama Nirama Atisara Chikitsa*, *Dipana-Pacana*, *Rakta Sthambhana*, *Vrana Ropana*, and *Dhatu Pushtikara Chikitsa* form the foundation of treatment. Preservation of *Ojas* using *Mamsa rasa* and *Ghrita* is of significant importance in the management of IBD. This holistic

approach- encompassing *Ahara* (diet), *Vihara* (lifestyle), and *Manasika* (psychological) regulation- aims not only to relieve symptoms but also to prevent relapse and strengthen the gut-mind axis, thereby addressing the disease at its root.

CONCLUSION

Inflammatory Bowel Disease (IBD) can be understood in Ayurveda as a *Tridoshaja* disorder primarily rooted in *Agnimandya* and *Ama* formation, leading to *Dosha-Dushya Sammurchana* within the *Koshtha* and progressive *Rakta Dushti*. The interplay of *Aharaja*, *Viharaja*, and *Manasika Nidanas* contributes significantly to its onset, chronicity, and relapse. IBD's clinical features and complications closely resemble conditions such as *Pittarakta Atisara*, *Rakta Pravahika*, and *Grahani Roga*.

IBD is a *Yapya roga* which has to be managed with the help of *Aushadha*, *Pathya Ahara* and *Pathya vihara*. Special emphasis has to be given to *Raktapitha prasadana Ahara* and *Vihara*. Ayurvedic management has significant role in improving the quality of Life of IBD subjects

REFERENCES

1. Baumgart DC, Sandborn WJ. Inflammatory bowel disease: clinical aspects and established and evolving therapies. *Lancet*. 2007; 369(9573): 1641–57.
2. Abraham C, Cho JH. Inflammatory bowel disease. *N Engl J Med*. 2009; 361(21): 2066–78.
3. Ng SC, Shi HY, Hamidi N, Underwood FE, Tang W, Benchimol EI, et al. Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies. *Lancet*. 2017; 390(10114): 2769–78.
4. Loftus EV Jr. Clinical epidemiology of inflammatory bowel disease: Incidence, prevalence, and environmental influences. *Gastroenterology*. 2004; 126(6): 1504–17.
5. Tripathi B. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala, with the Ayurveda dipika commentary of Chakrapanidatta. Varanasi: Chaukhamba Surbharati Prakashan; 2018.
6. Ashtanga Hridaya of Vagbhata with English Translation. Vol. II, Chikitsasthana. Varanasi: Chaukhamba Krishnadas Academy; 2014. p. [insert page number of Grahani Chikitsa].
7. Agnivesha, Charaka. Charaka Samhita, Chikitsa Sthana, Grahani Chikitsa Adhyaya. Revised by Charaka and Dridhabala, edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 514–520.
8. Vagbhata. Ashtanga Hridaya, Nidana Sthana, Atisara-Grahani Nidana Adhyaya. Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 511–515.
9. Sushruta. Sushruta Samhita, Sutra Sthana, Vranaprasna Adhyaya (Chapter 21). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 90–95.
10. Sushruta. Sushruta Samhita, Sharira Sthana, Garbha Vyakarana Adhyaya (Chapter 3). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 347–353.
11. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana, Atisara Chikitsa Adhyaya (Chapter 8). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 527–531.
12. Sushruta. Sushruta Samhita, Uttara Tantra, Atisara Pratishedha Adhyaya (Chapter 40). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 678–682.
13. Agnivesha, Charaka. Charaka Samhita, Chikitsa Sthana, Visarpa Chikitsa Adhyaya (Chapter 21). Revised by Dridhabala, edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 527–533.
14. Agnivesha, Charaka. Charaka Samhita, Sutra Sthana, Vividhashitapitiya Adhyaya (Chapter 20). Revised by Dridhabala, edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 112–119.
15. Sushruta. Sushruta Samhita, Sutra Sthana, Vrana Srava Vijnaniya Adhyaya (Chapter 22). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 116–120.
16. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana, Udara Roga Chikitsa Adhyaya (Chapter 12). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 553–559.
17. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana, Atisara Chikitsa Adhyaya (Chapter 8). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 527–531.
18. Agnivesha, Charaka. Charaka Samhita, Sutra Sthana, Atreya Bhadrakapyadi Adhyaya (Chapter 26). Revised by Dridhabala, edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 145–152.
19. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana, Arsasa Chikitsa Adhyaya (Chapter 8). Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 520–526.

Cite this article as:

Limsha M, Bindu P R, Sivaprasadan V. Inflammatory Bowel Disease - An Ayurvedic View. *International Journal of Ayurveda and Pharma Research*. 2026;14(4):48-53.

<https://doi.org/10.47070/ijapr.v14i4.4090>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Limsha M

PG Scholar,

Department of Kayachikitsa,

Govt. Ayurveda College, Tripunithura.

Email: Limsham97@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.