ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AYURVEDIC MANAGEMENT OF *PITTODARA* ASSOCIATED WITH *JIRNA ATISARA* (ULCERATIVE COLITIS)

Vaishali Lalwani[1], Shubham Tripathi[1]*, Soni Surendra[2], Soni Anamika[3]

*[1]MD Scholar, [2]Professor and Head, [3]Associate Professor, An Upgraded PG Department of Kayachikitsa, Govt. Akhandanand Ayurved College, Ahmedabad, Gujarat, India.

Article info

Article History:
Received: 22-08-2026
Accepted: 15-09-2026
Published: 04-10-2026

KEYWORDS:
Pittodara, Ulcerative Colitis, *Kshira Basti, Samprapti Vighatana,* Ayurveda.

ABSTRACT

Ulcerative Colitis (UC) is a chronic inflammatory bowel disease characterized by continuous mucosal inflammation, ulceration and rectal bleeding. From an Ayurvedic perspective, the present case was correlated with *Pittodara*, a form of *Udara Roga* associated with aggravated *Pitta, Agni Dushti, Ama* formation*, Srotodushti* and *Dhatu Kshaya*. A 42-year-old female presented with 20–25 episodes/day of mucoid watery stools with occasional bleeding, abdominal heaviness, distension, weakness and progressive weight loss. Colonoscopy showed ulcerative pancolitis with continuous inflammation throughout the colon, and biopsy confirmed chronic moderately active ulcerative colitis. The patient received *Shamana Chikitsa* with *Kutaj Ghanavati, Sanshamani Vati, Sudarshan Ghanavati* and *Dadimadi Ghrita*, along with *Tikta Skandha Kshira Basti* for 40 days. The treatment was planned on principles of *Deepana, Ama Pachana, Stambhana, Srotoshodhana, Vrana Ropana* and *Brimhana*. Bowel frequency decreased to 2–3 episodes/day, with complete resolution of mucous discharge and rectal bleeding, improvement in appetite and strength, and weight gain. Follow-up colonoscopy demonstrated marked mucosal healing and near-complete endoscopic remission, with Mayo score improving from 3 to 1 and UCEIS from 6–8 to 2. No treatment-related adverse events were reported. This single case suggests that *Samprapti Vighatana*-based Ayurvedic approach may have potential as a complementary management strategy in chronic active ulcerative pancolitis; however, larger controlled studies are required.

INTRODUCTION

Ulcerative Colitis (UC) is a chronic inflammatory bowel disease characterized by continuous mucosal inflammation that invariably begins in the rectum and extends proximally in a continuous pattern, potentially involving the entire colon (ulcerative pancolitis). Histopathologically, the inflammation is confined to the mucosa and lamina propria and is characterized by cryptitis, crypt abscess formation, goblet cell depletion, and superficial ulceration. Clinically, patients commonly present with recurrent episodes of bloody diarrhoea, rectal bleeding, mucopurulent stools, abdominal pain, and urgency, with disease severity varying according to the extent of colonic involvement. Chronic inflammation may subsequently result in pseudopolyps, colonic shortening, fibrosis, and dysplastic changes, emphasizing the importance of timely and effective therapeutic intervention. [1]

From an Ayurvedic perspective, chronic gastrointestinal disorders such as *Atisara*, *Pravahika*, *Grahani*, and *Arsha*, when neglected or inadequately managed, ultimately progress towards the spectrum of *Udara Roga*, particularly in the presence of *Dhatu Kshaya* and persistent *Agnimandya*. The present case demonstrates features consistent with *Pittodara*, a subtype of *Udara Roga*, in which aggravated *Pitta Dosha*, associated with *Vata* and *Kapha*, produces *Srotorodha* and significantly impairs *Jatharagni* at the level of the *Aamashaya* and *Mahasrotas*. [3]

The underlying pathology may be understood as a chronic persistence of *Amla Avastha Paka*, resulting in sustained derangement of digestive and

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v14i9.4410

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

metabolic processes. Progressive *Agnidushti* leads to *Ama* formation, *Pitta Prakopa*, *Rakta Dushti*, and mucosal injury, producing ulceration, bleeding, and inflammatory changes within the colon. With increasing chronicity, the disease extends beyond the *Koshtha* (gastrointestinal tract) to involve the *Shakha* (peripheral tissues), *Marma-Asthi-Sandhi* (vital organs and structural tissues), and *Satva* (mental well-being), transforming a localized gastrointestinal disorder into a systemic disease process. [3]

Considering these pathological principles, Ayurvedic management aims not only at symptomatic relief but also at restoring *Agni*, eliminating *Ama*, correcting *Dosha* imbalance, promoting *Srotoshodhana*, facilitating *Vrana Ropana* (mucosal healing), and replenishing depleted tissues (*Dhatu Poshana*), thereby addressing the disease at its root and reducing the likelihood of recurrence. [3]

The pathogenesis of *Pittodara*, correlated with ulcerative colitis, can be understood through the sequential progression of *Dosha*, *Agni*, and *Dhatu* derangement: [3]

- *Nidana Sevana* (etiological factors)
  Regular consumption of *Pitta*-aggravating (*Pittakara*), *Vidahi* (irritant), incompatible (*Viruddha*), and unwholesome dietary and lifestyle practices initiates the disease process by disturbing the physiological balance of the gastrointestinal tract. [3]
- *Dosha Prakopa* and *Agnimandya*
  Persistent exposure to these etiological factors leads to the aggravation of *Pitta Dosha*, which subsequently associates with *Vata* and *Kapha*. This *Tri-doshic* imbalance results in *Srotorodha* (obstruction of the microchannels), impaired gastrointestinal motility, and progressive diminution of *Jatharagni* at the level of the *Aamashaya*. [3]
- Chronic *Amla Avastha Paka* and *Ama* formation
  Derangement of *Agni* and *Vata* disrupts the normal stages of digestion, resulting in persistent *Amla Avastha Paka* and the generation of *Ama* due to indulgence of *Pittakara nidanas*. This chronic acidic and inflammatory milieu within the *Mahasrotas* perpetuates mucosal injury, inflammatory activity, and impaired tissue metabolism. [3]
- *Dhatu Dushti* and *Srotodushti*
  With chronicity, the pathological process extends beyond the *Koshtha* to involve the *Shakha*, *Marma*, and *Satva*. Progressive *Rasa*, *Rakta*, and *Mamsa Dhatu Dushti*, along with damage to the *Purishavaha Srotas*, results in vascular congestion, mucosal erosion, ulceration (*Vrana*), and recurrent bleeding. [3]
- *Vyadhi Abhivyakti (Pittodara/* ulcerative pancolitis)
  The culmination of these pathological events manifests clinically as *Pittodara*, characterized by rectal bleeding (*Raktatisara*), frequent mucoid diarrhea, abdominal pain, tissue depletion (*Dhatu Kshaya*), and progressive systemic debility, closely resembling the clinical presentation of ulcerative pancolitis. [3]

Therapeutic Rationale

Ayurveda advocates a *Samprapti Vighatana* (pathogenesis-oriented) approach, aiming to interrupt the disease process at multiple levels rather than merely suppressing symptoms. Accordingly, the treatment strategy was directed towards: [3]

- *Ama Pachana* – Autophagy by metabolic enhancers to burn out metabolic wastes and certain toxins.
- *Agni Deepana*– Rekindling *Jatharagni* and correcting impaired gastrointestinal metabolism.
- *Pitta–Rakta Shamana*– Controlling inflammation, bleeding, and mucosal injury.
- *Stambhana* and *Srotoshodhana*– Reducing excessive bowel frequency and bleeding while restoring normal channel function.
- *Vrana Shodhana* and *Vrana Ropana*– Promoting cleansing and healing of ulcerated colonic mucosa with concept of *"Raso-nipatate dravyanam".* [4]
- *Brimhana* and *Dhatu Poshana*– Replenishing depleted tissues and improving generalized nutritional status. [3]
- Enhancement of *Ojas* and *Vyadhikshamatva*– Strengthening systemic immunity and improving resistance against disease recurrence. [3]

To facilitate healing of deep mucosal ulcerations corresponding to cryptitis and crypt abscesses, *Dadimadi Ghrita* was administered orally as *Ghritapana*, while *Tikta Skandha Dravya Siddha Kshira Basti* was employed as the principal *Panchakarma* intervention. The lipophilic properties of *Ghrita* enhance drug penetration, transportation and sustained local action, whereas *Kshira* provides *Brimhana*, *Pitta Shamana*, and *Rasayana* effects. Together, these therapies nourish the damaged colonic mucosa (*Dhatu Poshana*), accelerate *Vrana Ropana* (mucosal healing), restore the integrity of the *Purishavaha Srotas*, and help stabilize the gut–brain axis *(Satva),* thereby reducing stress-induced exacerbations and promoting long-term clinical remission. [1,2]

Case Presentation

A 42-year-old female presented with a history of chronic gastrointestinal complaints with progressive worsening of symptoms. The chief complaints included:

- *Picchila Drava Mala Pravritti* (frequent passage of mucoid watery loose stools; 20–25 episodes/day) since 10-15 years.
- *Udara Gauravata* and *Adhman* (persistent abdominal heaviness) since 4-5 years.
- *Daurbalyata* (generalized weakness and easy fatigability) since 4-5 years.
- *Sharira Bhara Hani* (progressive weight loss) since 4-5 years.
- *Jaliya Nasa Srava* (watery nasal discharge) since 1 month.

The patient had significant impairment in daily activities due to increased bowel frequency and associated constitutional symptoms.

Investigations

Colonoscopy -29/08/25

Diffuse ulcerative pancolitis with continuous mucosal inflammation involving the entire colon, extending from the rectum to the proximal colon.

Histopathological Examination

Colonic biopsy revealed features consistent with chronic moderately active ulcerative colitis, confirming the diagnosis.

Personal History

- *Ahara Shakti* (appetite): Reduced
- *Mala Pravritti* (bowel habits): Frequent mucoid watery loose stools (20–25 episodes/day)
- *Mutra Pravritti* (micturition): Normal
- *Nidra* (sleep): Disturbed
- *Vyasana* (addiction): None
- *Ahara Vihara*: Irregular dietary habits with poor nutritional intake secondary to chronic illness.

***Samprapti* (Pathogenesis)**

Nidana Sevana (*Pitta*-provoking diet*, Vidahi Ahara,* incompatible food*,* and faulty lifestyle)

⬇

Pitta Prakopa with *Vata–Kapha Anubandha* (aggravation of *Pitta* associated with *Vata* and *Kapha*)

⬇

Srotorodha & Unmarga Gamana (obstruction of microchannels and derangement of the normal physiological pathways)

⬇

Jatharagni Dushti in *Aamashaya* (impairment of digestive fire leading to *Agnimandya*)

⬇

Disturbance of *Mahasrotas Avastha Paka* (persistent derangement of digestion with chronic *Amla Avastha Paka* and *Ama* formation)

⬇

Formation of *Sama Pitta* and *Sama Rasa* and *Rakta Dhatu* (generation of inflammatory toxic metabolites with vitiation of *Rasa* and *Rakta Dhatu*)

⬇

Vyapti to *Shakha, Marma, Asthi-Sandhi* and *Satva* (systemic dissemination of pathology beyond the gastrointestinal tract)

⬇

Dhatu Poshana Avarodha and Progressive *Dhatu Kshaya* (impaired tissue nourishment resulting in progressive tissue depletion)

⬇

Karshya, Daurbalya and *Ojakshaya* (weight loss, generalized weakness, and reduced vitality)

⬇

Sthanika Dushya-Dushti in *Purishavaha Srotas* (localization of pathology in the colonic mucosa)

⬇

Shotha • *Daha* • *Rakta Srava* • *Picchila Mala Pravritti* • *Adhmana* (mucosal inflammation, burning sensation, rectal bleeding, mucoid diarrhea, and abdominal distension)

⬇

Pittodara

According to Ayurveda, the pathogenesis of *Pittodara* is a dynamic and progressive process that originates from the persistent indulgence in *Pitta*-provoking *Nidanas*. Excessive consumption of *Katu* (pungent), *Amla* (sour), *Lavana* (salty), *Ushna* (hot), *Tikshna* (penetrating), and *Vidahi* (irritant) food substances, along with incompatible dietary practices (*Viruddha Ahara*), *Adhyashana* (consuming food before the previous meal is digested), irregular eating habits, prolonged exposure to heat or sunlight, psychological stress, and pre-existing gastrointestinal disorders collectively initiate the pathological process. Individuals possessing *Pitta Prakriti*, *Rakta Sara*, younger age, or a predisposition to gastrointestinal disorders are particularly susceptible to the development of this condition. [3]

Acharya Charaka has explained the initial stage of this pathological cascade through the fundamental

principle of *"Raso Nipate Dravyanam,"* wherein ingested substances exert their direct influence upon the gastrointestinal mucosa immediately after contact. Under physiological conditions, the protective action of *Kledaka Kapha* and the mucosal barrier safeguards the gastrointestinal lining from chemical injury. However, persistent exposure to *Pitta*-provoking substances overwhelms these protective mechanisms, resulting in progressive mucosal irritation, congestion, inflammation, epithelial injury, and ulceration. This stage bears a remarkable resemblance to the early pathological events of ulcerative colitis, where disruption of the epithelial barrier initiates continuous mucosal inflammation. [4]

As the disease progresses, aggravated *Pitta Dosha* associates with *Vata* (*Anila*) and *Kapha*, resulting in a complex *Tridoshaja* pathological state with predominant *Pitta*. The synergistic vitiation of these *Doshas* leads to *Srotorodha* (obstruction of physiological channels) and *Unmarga Gamana* (deviation from normal physiological pathways). Consequently, the vitiated *Doshas* localize in the *Aamashaya*, where they impair *Jatharagni*, that may manifest as *Tikshnagni*, *Vishamagni*, and eventually *Mandagni*. Failure of *Agni* disrupts the normal sequential process of *Avastha Paka*, causing persistent retention and predominance of *Amla Avastha Paka* within the *Mahasrotas*. [3]

The chronic derangement of *Avastha Paka* initiates the formation of *Ama*, *Sama Pitta*, and *Sama Rasa* and *Rakta Dhatu*. This toxic metabolic complex establishes a sustained inflammatory milieu within the gastrointestinal tract. From a contemporary perspective, this stage may be correlated with persistent oxidative stress, intestinal dysbiosis, disruption of epithelial tight junctions, activation of inflammatory cytokines, excessive immune responses, and continuous mucosal injury. Thus, the pathological process gradually transforms from a functional disturbance of digestion into an established chronic inflammatory disease. [3]

Persistent *Agnimandya* together with repeated episodes of diarrhea severely compromises *Dhatu Poshana*. The continuous loss of nutrients, impaired digestion, and defective tissue metabolism progressively arrest the normal sequence of nourishment from *Rasa* to subsequent *Dhatus*. Consequently, *Rasa*, *Rakta*, *Mamsa*, and *Meda Dhatus* undergo progressive *Kshaya*, producing clinical manifestations such as *Karshya* (weight loss), *Daurbalya* (generalized weakness), anorexia, fatigue, and reduced vitality. Simultaneously, depletion of *Kapha* weakens the protective integrity of the intestinal mucosa, whereas accumulated *Vata* further aggravates intestinal motility and structural instability, perpetuating the disease process. [3]

Because of the chronicity of the disease, the pathological process is no longer confined to the *Koshtha*. The circulating *Sama Pitta* and *Sama Rasa Dhatu* disseminate through the *Mahasrotas* into the *Shakha*, *Marma*, *Asthi-Sandhi*, and *Satva*. This transition represents the evolution of a localized gastrointestinal disorder into a systemic pathological process involving peripheral tissues, vital structures, and the psychoneuro-immunological axis. The involvement of *Satva* explains the close relationship between emotional stress and disease exacerbation, which is well recognized in patients with ulcerative colitis. [3]

Ultimately, the pathological process undergoes *Sthana Samshraya* within the *Purishavaha Srotas*, where severe *Sthanika Dhatu Dushti* develops. The vitiated *Pitta* predominantly affects *Rakta Dhatu*, producing vascular congestion, increased capillary fragility, and recurrent rectal bleeding (*Rakta Srava*). Simultaneously, *Mamsa Dhatu* involvement results in mucosal erosion and ulcer formation (*Vrana*), while *Kapha Dushti* contributes to excessive mucous secretion (*Picchila Srava*). *Vata* aggravation further manifests as abdominal pain, urgency, tenesmus, and altered bowel motility. The combined effects of *Shotha* (mucosal inflammation), *Daha* (burning sensation), *Rakta Srava*, *Picchila Drava Mala Pravritti*, and *Adhmana* closely resemble the pathological and clinical features of chronic active ulcerative pancolitis, including diffuse mucosal inflammation, cryptitis, crypt abscess formation, goblet cell depletion, and continuous ulceration of the colonic mucosa. [3]

From an Ayurvedic standpoint, frequent diarrhoeal episodes observed in *Pittodara* may be interpreted as the body's intrinsic attempt to eliminate accumulated *Ama* and aggravated *Pitta Dosha* from the *Mahasrotas*.[3]

Pittodara Symptom-

तस्य रूपाणि- दाहज्वरतृष्णामूर्च्छातीसारभ्रमाः Cha.Chi.13/22] [3]

This *Slok* represents a chronological pathological cascade, tracking the disease from localized gut inflammation to systemic neurological collapse. [3]

Table 1: Classical Features of *Pittodara* and their Clinical correlation

Daha	Burning sensation	Severe inflammation, mucosal hyper-thermia, and tissue damage in the colon. Localized tissue breakdown generates continuous inflammatory distress.
Atisara	Diarrhea	Frequent, bloody diarrhea caused by acute ulceration of the colonic lining. Massive fluid, electrolyte, and nutrient loss destabilizes bodily balance.
Jwara	Fever	Systemic immune response; massive release of inflammatory cytokines (TNF-\ alpha, IL-6). Systemic fever accelerates metabolic stress and destabilizes the blood-brain barrier.
Trishna	Excessive thirst	Hypovolemia and hyperosmolality caused by rapid fluid loss and dehydration. Severe fluid depletion drops blood volume and causes profound electrolyte imbalance.
Murchha	Fainting/ syncope	Acute drop in blood pressure (hypotension) reducing blood supply to the brain. Sudden cerebral hypoperfusion causes transient loss of consciousness.
Bhrama	Vertigo / encephalopathy	Gut-derived toxins (ammonia/endotoxins) cross the blood-brain barrier during severe colitis or sepsis. Toxic Metabolic Encephalopathy: Neurotoxins + low blood flow directly impair brain function.

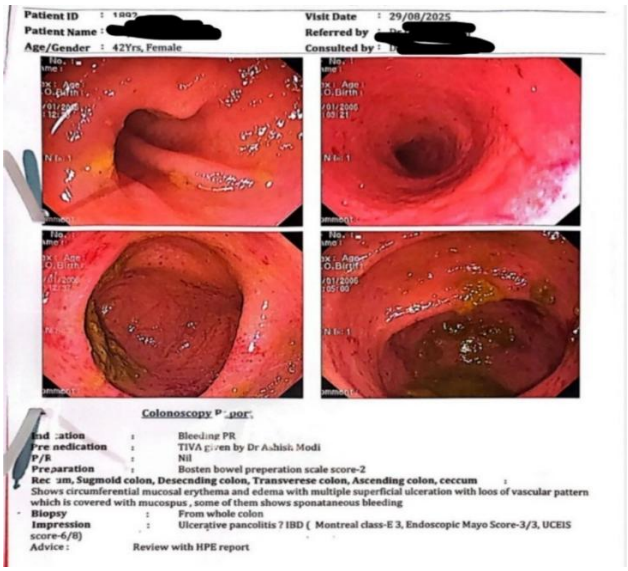
Thus, *Pittodara* should not be regarded merely as a localized colonic disorder but rather as a chronic systemic disease arising from persistent *Agnimandya*, *Ama* formation, *Pitta Prakopa*, *Srotodushti*, impaired *Dhatu Poshana*, and eventual localization of pathology within the *Purishavaha Srotas*. This comprehensive understanding forms the basis for a *Samprapti Vighatana*-oriented therapeutic approach, emphasizing *Ama Pachana*, *Agni Deepana*, *Pitta-Rakta Shamana*, *Srotoshodhana*, *Vrana Ropana*, *Brimhana*, and restoration of *Ojas* and *Vyadhikshamatva* to achieve sustained mucosal healing and long-term remission. [3]

The *Samprapti* of *Pittodara* can be summarized as:

Pitta Prakopaka Nidana Sevana → *Pitta Prakopa* with *Agni Dushti* → Chronic dominant *Amla Avastha Paka* → Formation of *Sama Pitta* and *Sama Rasa Dhatu* → *Srotodushti* and impaired *Dhatu Poshana* → Progressive *Dhatu Kshaya* → *Picchila Drava Mala Pravritti*, *Udara Gauravata*, *Daurbalya*, *Karshya* → *Pittodara* (ulcerative pancolitis). [3]

This *Samprapti* demonstrates that chronic aggravation of *Pitta* and persistent *Amla Avastha Paka* initiate a cascade of *Agni Dushti*, *Ama* formation, *Srotodushti*, and progressive *Dhatu Kshaya*, ultimately resulting in severe mucosal injury of the *Purishavaha Srotas*. Therefore, successful management depends on *Samprapti Vighatana* through *Deepana*, *Ama Pachana*, *Pitta Shamana*, *Stambhana*, *Vrana Ropana*, and *Brimhana*, thereby restoring *Agni*, promoting mucosal healing, and achieving sustained clinical remission. [3]

Before: 29/08/25



Diagnosis

Based on:

- Clinical presentation
- Colonoscopy findings

- Ayurvedic *Lakshanas*

Diagnosed as *Pittodara* (correlated with ulcerative colitis).

Therapeutic Intervention

Shamana Chikitsa

- *Kutaj Ghanvati Dose* 2/2/2/2
- *Sansamani Vati* 4/4/4/4
- *Sudarshan Ghanavati* 2/2/2/2
- *Dadimadi Ghrita* 20ml empty stomach early morning.

Panchakarma

Kshira Basti was selected as the principal *Panchakarma* intervention owing to its ability to interrupt the *Samprapti* of *Pittodara* at multiple levels. Since *Vata Dosha*, particularly *Apana Vayu*, plays a pivotal role in the progression and chronicity of *Udara Roga*, *Basti* is regarded as the most effective therapeutic modality for restoring its physiological function. [7]

Composition of *Kshira Basti*

- *Tikta Skandha Kwatha* – 100gm
- *Kshira*– 200ml
- *Jala*– 800ml (reduced to 200ml during preparation) method: *Ksheerpak*
- *Madhu*– 20ml
- *Ghrita*– 20ml
- Temperature– Room temperature

Total volume: 240ml

The treatment protocol was structured with targeted *Shaman Chikitsa* administered continuously for 2 months, supplemented by *Tikta skandha kshir basti* for 40 days. [7]

Mechanism of Action

- Regulation of *Apana Vayu*: As the foremost therapy for *Vata*, *Tikta Skandha Kshira Basti* restores the normal function of *Apana Vayu*, thereby reducing bowel frequency, urgency, and abnormal intestinal motility.[6,7]
- Direct Action on the *Pakvashaya*: Administered through the rectal route, *Basti* prepared with *Pittashamak* drugs directly reaches the *Pakvashaya*-the principal seat of *Vata* and the site of pathology in *Pittodara*. This enables targeted *Samprapti Vighatana* at the disease site with '*Raso-nipate dravyanam'* principle. [5,6]
- Removal of *Srotorodha*: The *Tikta Skandha* drugs possess *Pitta-Shamaka*, *Rakta Prasadana*, *Shothahara*, and *Vrana Ropana* properties, facilitating *Srotoshodhana*, reducing inflammation, and promoting healing of the ulcerated colonic mucosa.[3,7]
- Pacification of *Pitta* and *Vata*: The combination of *Tikta Dravyas* with *Kshira* and *Ghrita* provides a balanced therapeutic effect. While *Tikta* drugs alleviate *Pitta* and inflammatory pathology, *Kshira* and *Ghrita* nourish tissues, pacify *Vata*, and prevent excessive dryness.[3,7]
- Promotion of *Vrana Ropana* and *Dhatu Poshana*: *Kshira* and *Ghrita* exert mucoprotective (*Brimhana*, *Jeevaniya*, and *Rasayana*) effects, supporting regeneration of the damaged intestinal mucosa, improving tissue nutrition, and correcting *Dhatu Kshaya*.[3]
- Restoration of Gastrointestinal Homeostasis: By simultaneously correcting *Agni*, reducing *Ama*, pacifying *Doshas*, and restoring *Purishavaha Srotas* integrity, *Kshira Basti* promotes sustained mucosal healing and minimizes disease recurrence.[3,5,6]

Thus, *Kshira Basti* acts not merely as a symptomatic therapy but as a comprehensive *Samprapti Vighataka* intervention, addressing the fundamental pathological mechanisms of *Pittodara* and facilitating long-term clinical remission. [5,6,7]

Assessment of Disease Improvement:

Table 2: Subjective Parameters Before Treatment

Symptoms	Before treatment
Picchila Drava Mala Pravritti	++++
Udara Gauravata and *Adhman*	++++
Daurbalyata	+++
Sharira Bhara Hani	+++
Jaliya Nasa Srava	++

Table 3: Week-Wise Improvement in Subjective Parameters

Symptoms	After treatment			
	1st week	2nd week	3rd week	4th week
Picchila Drava Mala Pravritti	+++	++	+	-
Udara Gauravata and *Adhman*	+++	+	+	-
Daurbalyata	+++	++	+	-
Sharira Bhara Hani	+++	++	+	-
Jaliya Nasa Srava	++	+	-	-

RESULTS

Following the completion of the Ayurvedic treatment protocol for 40 days, patient demonstrated marked clinical, nutritional, and endoscopic improvement, indicating successful *Samprapti Vighatana* and sustained disease remission.

Clinical Outcomes

- Significant reduction in bowel frequency: The frequency of bowel movements decreased from 20–25 episodes/day to 2–3 times/day, well-controlled bowel movements/day, with complete resolution of urgency and improved bowel control.
- Restoration of normal stool characteristics: Stool consistency improved from frequent mucoid watery diarrhea to well-formed stools. Both rectal bleeding (*Rakta Srava*) and mucous discharge (*Picchila Mala*) resolved completely, indicating effective mucosal healing.
- Improvement in *Agni* and appetite: Restoration of *Jatharagni* was reflected by a marked improvement in appetite and digestion, with complete relief from anorexia and improved tolerance to a normal diet.
- Reversal of *Dhatu Kshaya*: Progressive weight gain and improvement in physical strength were observed, indicating restoration of *Dhatu Poshana* and correction of chronic tissue depletion.
- Resolution of associated symptoms: Systemic manifestations, including generalized weakness (*Daurbalya*), abdominal heaviness (*Udara Gauravata*), and recurrent watery nasal discharge (*Jaliya Nasa Srava*), resolved completely, resulting in a substantial improvement in the patient's overall quality of life.

Endoscopic Outcomes

Follow-up colonoscopic evaluation demonstrated remarkable mucosal healing and near-complete endoscopic remission. The extensive inflammatory changes involving the entire colon observed before treatment showed significant regression. The disease improved from severe ulcerative pancolitis (Montreal Classification E3; Endoscopic Mayo Score 3; UCEIS 6–8) with diffuse ulceration, spontaneous bleeding, and extensive mucosal friability to mild residual disease (Endoscopic Mayo Score 1; UCEIS 2). The sigmoid, descending, and transverse colon appeared completely normal, while only minimal superficial, non-friable erosions persisted in the rectum and ascending colon, without evidence of active bleeding or significant inflammatory activity.[1,2]

Overall, the patient achieved clinical remission, nutritional recovery, and substantial endoscopic remission without any treatment-related adverse events or complications, highlighting the effectiveness of the *Samprapti*-based Ayurvedic management approach in chronic active ulcerative pancolitis.

Objective Criteria

Colonoscopy (After treatment)





DISCUSSION

The favorable clinical and endoscopic outcomes observed in this case demonstrate the effectiveness of a *Samprapti Vighatana*-based Ayurvedic approach in the management of *Pittodara* correlated with chronic active ulcerative pancolitis. Rather than providing symptomatic relief alone, the treatment addressed the fundamental pathological events, including *Agni Dushti*, *Ama* formation, *Pitta Prakopa*, *Srotorodha*, and progressive *Dhatu Kshaya*. Restoration of *Jatharagni*, elimination of *Ama*, regulation of *Apana Vayu*, and healing of the ulcerated colonic mucosa collectively resulted in sustained clinical remission and marked endoscopic improvement. [1,2,3]

The therapeutic strategy was designed to achieve multiple objectives simultaneously. It pacified aggravated *Pitta* and *Rakta*, thereby reducing mucosal inflammation, burning sensation (*Daha*), and rectal bleeding (*Rakta Srava*). Correction of *Apana Vayu* through *Kshira Basti* normalized bowel motility, significantly reducing bowel frequency and urgency. Simultaneously, restoration of the protective *Shleshma* layer preserved the integrity of the colonic mucosal barrier, preventing further ulceration and facilitating tissue regeneration. Correction of *Agni* through *Deepana* and *Ama Pachana* arrested the continuous formation of *Amla Avastha Paka*, while *Brimhana* therapy restored *Dhatu Poshana*, leading to reversal of *Mamsa-Meda Dhatu Kshaya*, progressive weight gain, and improved physical strength. [3,7]

Each therapeutic intervention contributed uniquely to the overall clinical outcome. *Kutajghan Vati* provided potent *Grahi*, *Deepana*, *Pachana*, and *Pitta-Vata Shamana* actions, effectively controlling chronic diarrhea, mucous discharge, and rectal bleeding. *Sudarshan Ghanavati*, owing to its *Tikta Rasa* and *Pachana* properties, pacified aggravated *Pitta*, improved *Jatharagni*, facilitated *Ama Pachana*, and relieved *Srotorodha*, thereby reducing abdominal heaviness and distension. *Sanshamani Vati* acted as an effective *Pitta-Rakta Shamaka* and *Rasayana*, helping to regulate systemic inflammatory activity, reduce *Daha*, and improve associated constitutional symptoms. [3]

Oral administration of *Dadimadi Ghrita* played a crucial role in *Vrana Ropana* by promoting healing of the ulcerated colonic mucosa. Its *Snigdha*, *Grahi*, and *Brimhana* properties protected the intestinal mucosal barrier, reduced bowel hypermotility, and supported restoration of normal gastrointestinal function. The principal *Panchakarma* intervention, *Tikta Skandha Kshira Basti*, directly targeted the *Pakvashaya*- the principal seat of *Vata* and the primary site of pathology. The combined action of *Tikta Dravyas*, *Kshira*, and *Ghrita* facilitated *Srotoshodhana*, pacified both *Pitta* and *Vata*, nourished depleted tissues, accelerated *Vrana Ropana*, and interrupted the pathological cascade at its site of origin. [3]

The remarkable improvement in bowel frequency, complete cessation of rectal bleeding and mucous discharge, restoration of appetite, weight gain, and near-complete endoscopic mucosal healing collectively indicate successful reversal of the underlying *Samprapti*. These findings suggest that a comprehensive Ayurvedic treatment protocol integrating *Deepana, Ama Pachana, Pitta-Rakta Shamana, Stambhana, Vrana Ropana, Brimhana,* and *Kshira Basti* can effectively restore gastrointestinal homeostasis and induce sustained clinical as well as endoscopic remission in chronic active ulcerative pancolitis. [1,2]

Overall, this case reinforces the principle that management directed toward correcting the underlying *Samprapti*, rather than suppressing isolated symptoms, has the potential to achieve durable mucosal healing and systemic recovery in *Pittodara* correlated with ulcerative colitis. [3]

This case demonstrates the successful management of chronic active ulcerative pancolitis through a *Samprapti Vighatana*-based Ayurvedic approach by correlating the disease with the classical concept of *Pittodara*. The pathological process was understood as a consequence of persistent *Pitta Prakopa*, *Agni Dushti*, chronic *Amla Avastha Paka*, formation of *Sama Pitta* and *Sama Rasa Dhatu*, ultimately leading to *Srotodushti*, *Dhatu Kshaya*, and localized injury of the *Purishavaha Srotas*. This comprehensive understanding formed the basis of the therapeutic strategy rather than merely addressing symptomatic manifestations. [1,2,3]

The integrated treatment protocol, comprising *Deepana*, *Ama Pachana*, *Pitta-Rakta Shamana*, *Stambhana*, *Vrana Ropana*, *Brimhana*, and *Tikta Skandha Kshira Basti*, effectively restored *Jatharagni*, corrected *Apana Vayu*, promoted mucosal healing, and re-established normal *Dhatu Poshana*. Clinically, this was reflected by normalization of bowel frequency, complete cessation of rectal bleeding and mucous discharge, restoration of appetite, progressive weight gain, and resolution of associated systemic symptoms. Furthermore, follow-up colonoscopy demonstrated marked mucosal healing with near-complete endoscopic remission, indicating that the therapeutic response extended beyond symptomatic relief to objective tissue recovery. [3,7]

CONCLUSION

The present case highlights the potential of classical Ayurvedic principles to address both the local inflammatory pathology and the underlying systemic metabolic derangements involved in ulcerative colitis. By targeting the root *Samprapti*, Ayurveda may provide a rational, safe, and holistic therapeutic approach capable of achieving sustained clinical and endoscopic remission. [1,2,3]

However, as these observations are based on a single case, larger prospective clinical studies with standardized treatment protocols, objective biomarkers, endoscopic assessment, and long-term follow-up are warranted to further validate the efficacy and reproducibility of this Ayurvedic management strategy in patients with ulcerative colitis.

REFERENCES

1. Rubin DT, Ananthakrishnan AN, Siegel CA, Barnes EL, Long MD. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. American Journal of Gastroenterology. 2025; 120(6): 1187–1224. doi:10.14309/ajg.0000000000003463.
2. Moran GW, Gordon M, Sinopolou V, et al.; IBD Guideline Development Group. British Society of Gastroenterology guidelines on inflammatory bowel disease in adults: 2025. Gut. 2025; 74(Suppl 2): s1–s101. doi:10.1136/gutjnl-2024-334395.
3. Agnivesha, Charaka Samhita revised by Charaka and Dridabala, with Ayurveda Dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya. Chikitsa Sthana 13 (Udara Chikitsa). Varanasi: Chaukhambha Orientalia; 2007.
4. Agnivesha, Charaka Samhita revised by Charaka and Dridabala, with Ayurveda Dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya. Sutra Sthana 26/66, Atreya bhadrakapyiya Adhyaya. Varanasi: Chaukhambha Surbharati Prakashana; 2008, p. 148.
5. Agnivesha, Charaka Samhita revised by Charaka and Dridabala, with Ayurveda Dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya. Siddhi Sthana 7/64–65. Varanasi: Chaukhambha Sanskrit Sansthan; 2007.
6. Agnivesha, Charaka Samhita revised by Charaka and Dridabala, with Ayurveda Dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya. Siddhi Sthana 1/38–39. Varanasi: Chaukhambha Sanskrit Sansthan; 2007.
7. Agnivesha, Charaka Samhita revised by Charaka and Dridabala, with Ayurveda Dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya. Chikitsa Sthana 13/71. Varanasi: Chaukhambha Orientalia; 2007.

Cite this article as:
Vaishali Lalwani, Shubham Tripathi, Soni Surendra, Soni Anamika. Ayurvedic Management of Pittodara Associated with Jirna Atisara (Ulcerative Colitis). International Journal of Ayurveda and Pharma Research. 2026;14(9):232-240.
https://doi.org/10.47070/ijapr.v14i9.4410

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

***Address for correspondence**
Dr. Shubham Tripathi
MD Scholar,
An Upgraded PG Department of Kayachikitsa,
Govt. Akhandanand Ayurved College, Ahmedabad, Gujarat
Email:
tripathishubham978@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.