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Research Article

EFFICACY OF PICHHA BASTI IN ULCERATIVE COLITIS: AN OBSERVATIONAL STUDY

Chiterlekha^{1*}, Swati S. Deshpande², Baidyanath Mishra³

*1PG Scholar, ²Guide and Professor and Head, Dept. of PG Studies in Panchakarma, SKAMCH & RC, Bangalore, Karnataka, India.

³Professor and Head, Department of Rachana Sharira, Dy. Dean-PG Studies, Shri Kalabyraveshwaraswamy Ayurvedic Medical College Hospital & Research Centre Vijayanagar, Bangalore, India.

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ABSTRACT

Ulcerative colitis is a chronic idiopathic inflammatory bowel disease with a relapsing nature. It is a very challenging disease affecting a patient during the most active period of his life i.e. 20 to 40 years of age. The main features are anorectal bleeding with increased frequency of bowel evacuation, general debility and abnormal structural pathology in the descending colon, particularly sigmoid colon. In modern medical science, there is no permanent curative treatment for this disease. This study can be helpful for reducing the need of steroids and surgical processes in the patients of ulcerative colitis. A clinical study of 5 patients of ulcerative colitis has been conducted at the O.P.D. and I.P.D. SKAMC & RH, Bangalore. They were treated with *Pichha basti* for 8 days in *Yoga basti* schedule. Results were analyzed statistically by using the 't' test. In this study, it was observed that the symptoms and signs were reduced by more than 73% with a highly significant result.

KEYWORDS: Ulcerative colitis, Pichha basti.

INTRODUCTION

Ulcerative colitis (UC) and Crohn's disease (CD) are chronic inflammatory bowel diseases which pursue a protracted relapsing and remitting course, usually extending over vears.¹ Ulcerative colitis, a disorder in which inflammation affects the mucosa and submucosa of the colon.

The rapid changes in incidence and prevalence in Asia may point to environmental changes associated with the 'Westernisation' of lifestyle (e.g. dietary changes, smoking, etc.) as potential risk factors². Its incidence is more during 20 to 40 years of age and men are slightly more likely to be affected with UC.

The major symptoms of UC are diarrhoea, rectal bleeding, tenesmus, passage of mucus, and crampy abdominal pain³. The severity of symptoms correlates with the extent of disease. Although UC can present acutely, symptoms usually have been present for weeks to months. Occasionally, diarrhoea and bleeding are so intermittent and mild that the patient

does not seek medical attention. The first attack is usually the most severe and thereafter the disease is followed by relapses and remissions. Ulcerative colitis can be associated with complications like massive haemorrhage, toxic mega colon, perforation, stricture and colo-rectal carcinoma.

Ulcerative colitis only involves the colon, particularly the sigmoid colon. According to Ayurveda, Pakvashya and Sthula guda are the *mulasthana* for *Purishavaha srotas*⁴. So this disease can be considered under Purishavaha srotas and can be correlated with Raktatisra. Pichha basti is mentioned as a management of Raktatisara in Charaka Samhita⁵.

AIMS AND OBJECTIVES

To evaluate the efficacy of Pichha basti in the management of ulcerative colitis.

MATERIALS & METHODS

The present study is an observational study with open label study design. All subjects were administered *Pichha basti* for a period of 8 days. *Pichha basti* is prepared as per the description in *Charaka samhita chikitsa sthana*. Formulated products purchased from the approved pharmacy stores manufactured by approved pharmaceutical manufacturers.

Selection of patient: An open, randomized, clinical study was conducted on 5 patients diagnosed as Ulcerative colitis and selected from OPD & IPD of SKAMC & RH, Bangalore.

Subjective Parameter

- Bowel frequency
- Blood in stool
- Abdominal pain
- Weakness

Objective Parameter

- Red blood cells in stool
- Pus cells in stool

Assessment criteria

Improvements in the patients were assessed on the basis of relief in the subjective and objective parameters. All the subjective and objective parameters were scored and assessed before as well as after the treatment.

Gradation of subjective & objective parameters

1. Bowel frequency

- 0 = 1 or 2 times in a day
- 1 = 3 or 4 times in a day
- 2 =5 or 7 times in a day
- 3 =8 or 12 times in a day
- 4 = More than 12 times in a day

2. Blood in stool

- 0 =No bleeding
- 1 =Occasional bleeding in stool (not daily)
- 2 =Bleeding daily but less than 4times per day
- 3 = Bleeding daily but less than 8times per day
- 4 =Bleeding daily more than 8times per day

3. Abdominal pain

- 0 = No pain
- 1 = Tolerable pain
- 2 = Mild pain
- 3 = Moderate pain
- 4= Severe pain

4. Weakness

- 0 = No weakness
- 1 = Tolerable weakness
- 2 = Mild weakness
- 3 = Moderate weakness
- 4 = Severe weakness

5. Red blood cells in stool

- 0 = No RBC in stool
- 1 = Less than 15/hpf
- 2 = 16-30/hpf
- 3 = 31-50/hpf
- 4 = Plenty or more than 50/hpf

6. Pus cells in stool

- 0 = No pus cells in stool
- 1 = Pus cell Less than 15/hpf
- 2 = Pus cell 16-30/hpf
- 3 = Pus cell 31-50/hpf
- 4 = Plenty or more than 50/hpf Pus cell

Sample Size and Method

Sample size: 5 without any drop outs.

Study design: Open level clinical trial

Number of groups: Single arm

Drug schedule and Dosage

Niruha basti	Anuvasna basti			
Madhu =100ml	Jatayadi taila			
Saindhava =6gms	60ml with a			
Sneha = Jatayadi	pinch of			
taila=60ml+Changeari	Saindhava			
<i>gritha</i> = 60ml				
Kal <mark>ka</mark> = Yastimadhu				
cho <mark>orna</mark> (20gm) +				
Pushyanuga choorna				
(20gm)				
Kwatha = Shalmalii twak +				
Yastimadhu sidhha ksheera				
<i>paka</i> = 240ml				

Procedure

Poorva karma - Sthanika abhayanga with Moorchita tila taila and Nadi sweda.

Pradhana karma - Patient was made to lie in left lateral position for administration of *Basti*. *Niruha basti* was given with empty stomach and *Anuvasana basti* after the food.

Paschata karma - lift the legs, patting to the buttocks, and anti-clockwise massage to abdomen.

Duration of Treatment: = 8 days in *Yoga basti* schedule.

Inclusion criteria

- Diagnosed cases of ulcerative colitis
- Patient who are fit for Basti karma

Exclusion criteria

• Patients who had undergone surgeries

• Patients who had complications like anal fistula etc.

Investigations: Stool examination

OBSERVATIONS & RESULT

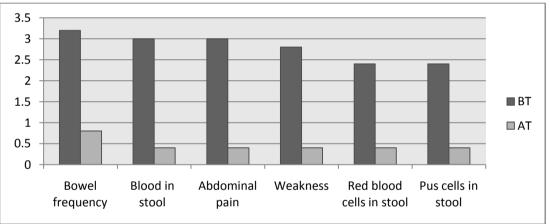
Out of 5 patients, 1 (20%) patient was female and 4 (80%) patients were male; all the patient (100%) were between the age group of 25-30, with regards to addictions, 3 (60%) patients were non smoker, 2 (40%) patients were ex-smoker and all the 5 (100%) patients

were used to take spicy food. 3 (60%) patients belonged to the 1to 2years of chronicity, 2 (40%) patients were found in 3 to 5 years of chronicity group.

Bowel frequency was reduced by 81%, Bleeding in stool was reduced by 80%, Abdominal pain was reduced by 87%, Weakness was reduced by 73%, RBC in stool was decreased by 85%, Pus cells in stool were decreased by 83%. These all parameters showed statistically highly significant result.

Parameter	Mean		Improvement (0/)	CD	SE	t-	Р-
	BT	AT	Improvement (%)	SD	3E	value	value
Bowel frequency	3.2	0.8	81`%	0.5477	0.2739	10.61	< 0.001
Blood in stool	3	0.4	80%	0.5477	0.2739	9.798	< 0.001
Abdominal pain	3	0.4	87%	0.5477	0.2739	9.494	< 0.001
Weakness	2.8	0.4	73%	0.4472	0.2	9	< 0.001
Red blood cells in stool	2.4	0.4	85%	0.4472	0.2	11	< 0.001
Pus cells in stool	2.4	0.4	83%	0.7071	0.3162	6.325	< 0.001

Table 2: Changes in before treatment & after treatment (n=5)



Graph: Shows improvement in the treatment in before treatment and after treatment DISCUSSION According to Sushruta samhita. Taila avcharana

Ulcerative colitis is a mucosal disease that usually involves the rectum and extends proximally to involve all part of colon. The cause is unknown, but several theories have been put forward of which the main ones are infective, nutritional, psychosomatic & immunological. According to *Ayurveda*, we can consider this disease under *Purisha vaha srotas* due to involvement of mainly *Sthula guda* and its treatment was explained as *Atisara chikitsa*.

Basti is the best mode of administration of the drug as *Acharya Charaka* has quoted 'the medicine administered through anus is more effective in the disorder of *Pakvashya*. In *Vata* or *Vatapitta pradhana atisara*, *Basti* is indicated to overcome the disease and at the same time it gives *Bala* to *Kati*, *Pakvashaya sthana*⁶. According to Sushruta samhita, Taila avcharana in the form of Pichu, Seka & Anuvasana basti is indicated in Guda dourbalaya. Pichha basti is indicated in Alpa-alpa, or Bahu raktapravruti, Sashoola, Vayu vibdhata like conditions⁷. Especially when Ruja lakshana is dominant then mainly Pichha basti is indicated⁸.

In this present study, the drugs used for Pichha basti are Madhu, Saindhava, Jatayadi Taila, Changeri Ghrita, Yashtimadhu Choorna, Pushyanuga Choorna for Kalka and Shalmali twak with Yashtimadhu siddha ksheera paka for Kwatha and Jatyadi taila for Anuvasana basti.

Madhu is Sheeta veerya and Madhura rasa, Kashaya anurasa with Shodhana, Ropana properties. So its Ropana property helps to heal the ulcer. Jatyadi taila (JT), by its best Vranaropaka property heals the ulceration and its Raktastambhana property provides haemostasis. The phytochemical evaluation of *latvadi taila* has revealed presence of flavonoids, essential oils, tannins, glycosides, steroids and alkaloids. Tannins & phytosterols promote the wound healing process with increased capillary formation & fibroblast proliferation enhancing the rate of epithelisation.

The drugs in *Changeri ghrita* are having Shothahara, Vranaropaka and Raktasthabhaka properties which are helpful in this disease. Yastimadhu is having properties like Vatapittajit, Raktaprasadana, Balva, Varnva and Madhura rasa, Madhura vipaka with Sheeta veerya. Due to presence of Glycyrrhizin, this is a gastroprotective and increases the rate of mucus secretion by the gastric mucosa. The anti-allergic properties of *Yashtimadhu* have been attributed to the corticosteroid-like activity of glycyrrhizin and glycyrrhetic acid, also known as enoxolone. Pushvanug Churna is potent as antibacterial and is mainly indicated in Rakta atisara and Rakta arshas.

For Kwatha purpose, Shalmali is used which is having Madhura rasa, Madhura vipaka, Sheeta veerya, Snigdha, Pichhala guna. Yashtimadhu siddha ksheera paka in that Ksheera which contains Madhura rasa, Sheeta veerya, Pichchil guna and indicated in Vata, Pitta, Rakta atisara. So using Ksheera paka with Yashtimadhu is more effective.

So the drugs used in *Basti Karma* are having combined effect like *Vata pitta shamana*, *Rakta sthambhana*, *Vrana shodhana* and *Vrana ropana*.

CONCLUSION

Basti karma has shown improvement or cure of the ulcerations of the bowel by enhanced subsiding inflammation healing and & irritability of the colon. It also improves situated functions of Avana Vayu, in Pakwashava and results into improvement of ulcerations and regulation of evacuation of the

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colon. In the present study the mean scores of frequency of diarrhoea, blood and mucous in stool, pain abdomen, weakness, pus cell in stool are compared to before and after treatment is highly significant. Keeping in mind the complications of surgical management, this *Pichha basti* is definitely a better option. Although the number of patients included in this study was small, but this study provides a basis for further evaluation by a large longitudinal study to substantiate its findings.

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REFERENC ES

- Sir Stanley Davidson, Davidson's Principal and practice of medicine, edited by Nicholas A.Boon, 20th edition, reprint 2008, pp - 1381, pg - 910.
- 2. API text book of medicine, edited by YP Munjal, 9th edition, pp- 2165, pg-829.
- Fauci, Braunwald, Kasper, Hauser, Longo, Jameson - Harrison's Principles of Internal medicine, New York, McGraw-Hill Medical Publishing Division, 18th Edition – 2008, Volume -II, pp - 2754, pg - 2481.
- 4. Agnivesha, Charaka Samhita, Ayurveda Deepika Commentary of Chakrapani, edited by; Vaidya Yadavji Trikramji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2011, pp - 738, pg - 251.
- 5. Ibid, pp 738, pg 552.
- 6. Ibid, pp 738, pg 553.
- 7. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikramji Acharya, Choukambha Surabharati Prakashan, Varanasi, reprint-2008, pp - 824, pg - 704.
- 8. Ibid, pp 824, pg 705.

*Address for correspondence Dr. Chiterlekha 3rd year PG Scholar Dept, of Panchakarma, SKAMCH & RC Vijayanagar Bengalore Karnataka, India. Email: <u>dr.chiterlekha@gmail.com</u>