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Ayurvedic Management of Ulcerative Colitis with High Fecal Calprotectin Level: A Single Case Report

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ABSTRACT:

Ulcerative colitis (UC) is a chronic inflammatory bowel disease affecting the mucosal inflammation of the colon and rectum. The major symptom of UC is blood and mucus in stools. In Ayurveda, it can be compared with a *Raktatisara*. In this case report, 29-year-old male patient, non-smoker, businessmen by profession with UC for the past two years, with complaints of colicky type of abdominal pain, stool with blood and mucus and frequent belching and unsatisfactory bowel habit with increased frequency of stool. He was treated with ayurvedic medications i.e. Combination of 2 gm of *Hingwashtaka Churna,* 500 mg of *Shankha Bhasma,* 250 mg of *Panchamruta Parpati and udum* syrup. along with *Pathyapathya*. Treatment aimed at restoring normal bowel functions and treating high fecal calprotectin level. After the one month of treatment, improvement was found in various symptoms as well as in Fecal calprotectin level. No any recurrence was observed on 20 days follow up. This reveals that Ayurveda treatment modalities can play a significant role in such conditions where successful treatment facilities are minimal in other medical systems.

KEYWORDS: Ayurveda, Fecal calprotectin, *Raktaatisara*, Ulcerative colitis.

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INTRODUCTION:

Ulcerative colitis is uniquely characterized by its continuous, superficial inflammation that starts in the rectum and can spread upwards through the large intestine. Unlike Crohn's disease, it never affects the small intestine and is strictly confined to the colon's mucosal lining. Ulcerative colitis (UC) is a chronic autoimmune inflammatory disease predominantly affecting the distal gastrointestinal tract. Recent estimates from 2023 indicate a global prevalence of nearly 5 million cases, with an ongoing rise in incidence.[1] The diagnosis of UC is based upon clinical and endoscopic findings.[2] *Pittatisara (*~Pitta dominant diarrhoea) and *Raktatisara* (~*Atisara* due to vitiated *Rakta*) are characterized by the presence of blood in the stool and can be correlated with a key symptom of ulcerative colitis, which arises due to ulceration of the colonic and rectal mucosa. According to Charaka, *Raktatisara* develops when a patient suffering from *Pittatisara* consumes *Pitta*-aggravating foods. Therefore, individuals with *Pittatisara* have a tendency to progress to *Raktatisara,* which represents the chronic stage of *Pittatisara.* Owing to the increased amount of blood in the stool, *Raktatisara* may be considered analogous to the active stage of ulcerative colitis. Ulcerative colitis is uniquely characterized by its continuous, superficial inflammation that starts in the rectum and can spread upwards through the large intestine. Unlike Crohn's disease, it never affects the small intestine and is strictly confined to the colon's mucosal lining.

CASE REPORT:

A 29-year-old male patient, non-smoker, businessmen by profession visited as outdoor patient in hospital in march 2025 with the complaints of colicky type of abdominal pain, stool with blood and mucus and frequent belching and unsatisfactory bowel habit with increased frequency of stool for last two years. He consulted allopathic doctor and diagnosed with UC on the basis of previous colonoscopy report. He was prescribed a capsule econorm and tablet rifagut twice a day. After two years of treatment there was a lack of noticeable improvement and symptoms get worsen. So the patient visited OPD of Panchakarma department of ITRA hospital, Jamnagar, Gujarat for Ayurveda treatment.

Family history of patient was not significant. On taking history frequent consumption of fermented food like idli dhokla etc and junk food like manchurian, vadapav etc 3-4 times a day, stressful profession, irregular diet and sleeping pattern was noticed.

Clinical findings:

On general examination, pallor, icterus, oedema, and clubbing were absent. No lymph nodes were palpable. Blood pressure was 110/80 mmHg, pulse rate was 68/min, respiratory rate was 20/min, and weight was 54 kg. On abdominal examination, mild pain and tenderness were felt in the lower abdomen. Cardiovascular, respiratory, and central nervous system functioning were normal.

Timeline: The timeline of the treatment in this case is as mentioned in table 1.

Diagnostic Assessment:

A combination of laboratory investigations and clinical findings confirms the diagnosis as an Ulcerative colitis. As per ayurveda this case was diagnosed as a *Raktatisara*.

THERAPEUTIC INTERVENTIONS:

Treatment protocol is as mentioned in table 2. The dose of capsule econorm and tablet rifagut was gradually decreased as tapering dose and then discontinued after 1 week.

Apart from therapeutic intervention the changes of diet and lifestyle as well as mental calmness is important in cases of ulcerative colitis.

Follow up and Outcome:

The patient's symptoms considerably improved with the treatment. In addition to the elimination of pain in the abdomen, the frequency of bowel movements decreased from 7 to 8 times per day to 1–2 times per day, change in stool consistency from liquid to well-formed solid. Fecal calprotectin reduced from 254.00 µg/gm to 9.29 µg/gm (Image 1 and 2). These results are shown in table 3 which suggest a successful therapeutic outcome with notable reduction in symptoms and restoration of normal bowel function.

Table 1: Time line of the case

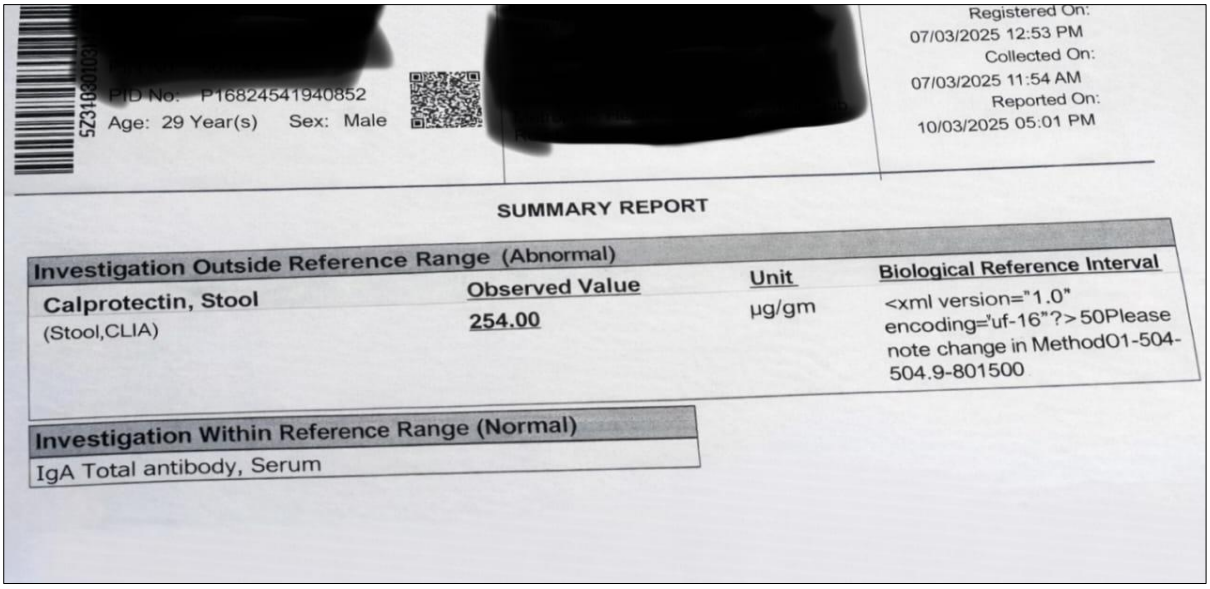
Period	Clinical events and intervention
February 2023	Appearance of symptoms
March 2023	Consulted to allopathy doctor Diagnosed as ulcerative colitis
March 2023-March 2025	Allopathic medication taken
March 07,2025	Calprotectin stool assessment
March 17,2025	Consulted at ayurveda OPD Examination and planning of treatment
March 17,2025-April 17,2025	Ayurveda treatment
April 18,2025	Symptomatic relief and assessment of Calprotectin stool
April 2025	Drugs withdrawn, diet and life style were advised.

Table 2: Therapeutic intervention

Date	Treatment	Dose	Time
March 17,2025-April 17,2025	Combination of 2 gm of *Hingwashtaka Churna,* 500 mg of *Shankha Bhasma,* 250 mg of *Panchamruta Parpati*	-	Thrice a day before food with warm water
March 26,2025-April 17,2025	Udum Syrup (Ingredients: *Udumbara, Shatavari, Yashtimadhu, Guduchi*)	10 ml	Thrice a day after food with warm water

Table 3: Follow-up and outcome

Investigation	Before intervention	After intervention
Abdominal pain	VAS- 5	VAS- 0
Blood and mucus in Stool	Profuse mixed with stool	Absent
Frequent belching	Moderate	Absent
frequency of stool	7-8 times/day	1-2 times/day
Unsatisfactory bowel habit	Moderate	Normal
Fecal calprotectin	254.00 µg/gm	9.29 µg/gm

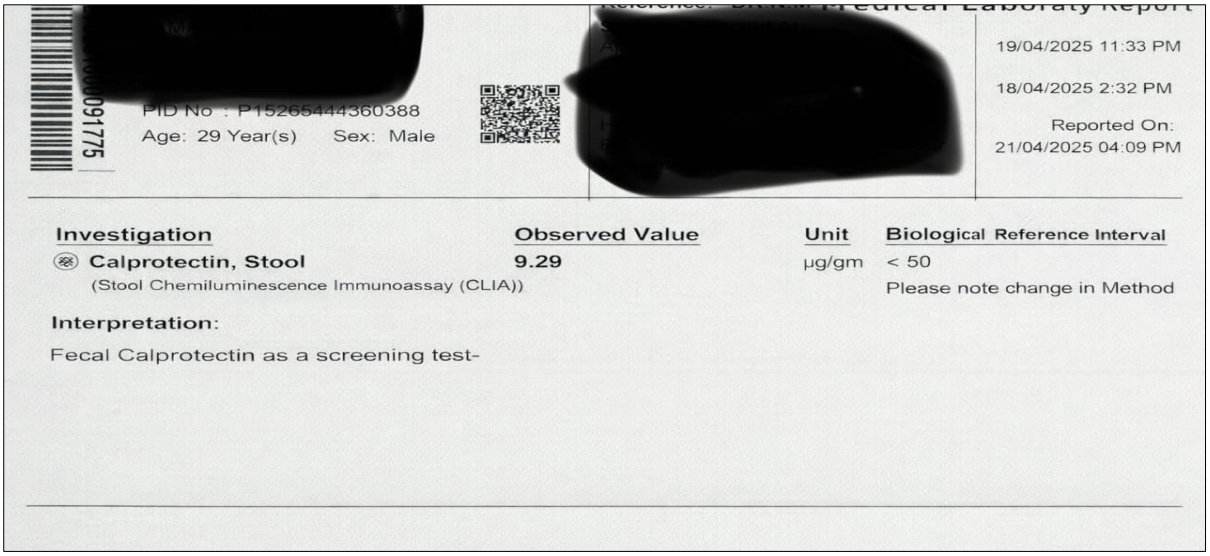

PID No: P16824541940852
Age: 29 Year(s) Sex: Male
Registered On: 07/03/2025 12:53 PM
Collected On: 07/03/2025 11:54 AM
Reported On: 10/03/2025 05:01 PM

SUMMARY REPORT

Investigation Outside Reference Range (Abnormal)			
Calprotectin, Stool (Stool,CLIA)	Observed Value: 254.00	Unit: µg/gm	Biological Reference Interval: <xml version="1.0" encoding="uf-16"?>50Please note change in Method01-504-504.9-801500

Investigation Within Reference Range (Normal)
IgA Total antibody, Serum

Figure 1: Before treatment Calprotectin –stool report


PID No : P15265444360388
Age: 29 Year(s) Sex: Male
19/04/2025 11:33 PM
18/04/2025 2:32 PM
Reported On: 21/04/2025 04:09 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Calprotectin, Stool (Stool Chemiluminescence Immunoassay (CLIA))	9.29	µg/gm	< 50 Please note change in Method

Interpretation:
Fecal Calprotectin as a screening test-

Figure 2: After treatment Calprotectin –stool report

DISCUSSION:

In present scenario, contemporary lifestyle changes have been implicated in the rising risk of ulcerative colitis. The conventional therapeutic approach relies on immunosuppressive medications and corticosteroids. Owing to the chronic relapsing course of the condition, extended treatment is required, often leading to adverse outcomes including hypertension, steroid-induced diabetes mellitus, infections, osteonecrosis, moon facies, and acne.[3]

Ulceratice colitis can be consider as a *Purishvaha Srotas Roga*. *Hingwashtak churna* acts as an anti-inflammatory and antiulcer agent, relieving GI pain, promoting mucin secretion, and reducing stomach mucosa cell shedding. It also helpful in indigestion, flatulence and abdominal pain.[4] *Shankha Bhasma* has properties like *Pachaka* (~improved digestion), *Shoolahara* (~Pain reliever), and *Vatanulomana* (~downward flow of *Vata*) it relives *Udara Shoola* (~colicky pain) and *Pravahana* (~straining for defecation).[5] *Parada* (Mercury), *Gandhaka* (Sulphur), *Abhraka* (Mica), *Loha* (Iron), *Tamra* (Copper) are the five constituents of *Panchamrit Parpati* acts on digestive system. *Panchamrit Parpati* helps to manage the condition of *Antra Shotha* (~ internal inflammation), *Antra Vrana* (~ internal wound) and for *Pachana* of *Dhatugata Leena Dosha* (~*Doshas* merged with *Dhatus*). It is beneficial in improving the strength of intestines and regulates better movement of the intestines.[6]

Udum Syrup contains *Udumbara* (*Ficus racemosa* L.), *Yashtimadhu (Glycyrrhiza glabra L.), Shatavari (Asparagus racemosus L.), Guduchi* (*Tinospora cordifolia* L.).a*Udumbara* (*Ficus racemosa* L.), when administered internally, possesses *Pitta–Vata Shamana* (~pacify aggravated *Pitta* and *Vata* doshas) properties. It is also known for its *Vrana Shodhana* (~wound cleansing) and *Vrana Ropana* (~wound healing) actions. Additionally, its *Stambhana* (~astringent) property aids in controlling excessive bodily discharges, thereby reducing bowel frequency and arresting bleeding.[7] *Yashtimadhu (Glycyrrhiza glabra L.)* having has *Madhura Rasa* (~sweet), and *Snigdha* (~ununctous) *Gunas*, *Madhur Vipaka* (~sweet at end of digestion) and *Sheeta Veerya* (~cold potency). Because of *Madhura Rasa* and *Sheeta Veerya,* it pacifies *Pitta*. It is best *Vrana Shotha Hara* (~wound/ulcer healer). Hence its *Pitta-Shamana* and *Vrana- Shothahara* actions helped achieve reduction in the blood-stained stools.[8] *Guduchi* (*Tinospora cordifolia* L.) is a well-known herb in Ayurveda that is often attributed with *Sandhaniya Karma* due to its rejuvenate and tissue-healing properties. The herb has potent anti-inflammatory actions that reduce inflammation and swelling, promoting faster healing of tissues.[9] *Guduchi* is also known for its wound healing properties.

In this case diagnosis made as *Raktatisara*. Dietary and lifestyle modifications are foundational to managing it. They focus on pacifying the aggravated reducing intestinal inflammation, restoring *Agni* (digestive fire), and eliminating *Ama* (toxins) from the gut.

Spicy food is irritant to mucosa hence it is advised to avoid. Junk food and fermented food case decrease the digestive fire and aggravate symptoms so, it is also advise to avoid. Light and easily digestible food is advised to take. In this case sleep pattern was disturbed to proper sleep is advised and to avoid the stress factor meditation was advised.

CONCLUSION:

This case study demonstrates marked improvement in the patient's signs and symptoms, as well as in Fecal calprotectin with no complications observed to date. Also highlights the potential role of Ayurvedic medicines in the management of ulcerative colitis. Ayurvedic interventions have shown promising results in effectively managing ulcerative colitis. Treatment comprising oral medications along with appropriate dietary modifications proves to be highly beneficial. Moreover, this approach is safe, cost-effective, and free from adverse effects. After assessment of calprotectin level no medication was advised only pathyapathya was advised to follow.

Declaration of patient consent:

Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

Limitation of study:

This is just a single case study, but probable guidelines for future use can be attempted

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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