Individualized Ayurvedic Management of Steroid-Dependent Chronic Ulcerative Proctosigmoiditis Correlated with Pittaja Grahani: A Case Report

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Abstract

Introduction: Ulcerative colitis is a chronic relapsing inflammatory bowel disease in which corticosteroids are useful for induction of remission but are not appropriate for long-term maintenance. This case is notable for the prolonged history of steroid-dependent ulcerative proctosigmoiditis, individualized Ayurvedic management integrated with conventional gastroenterology supervision, long-term follow-up, and serial colonoscopic assessment.

Case Presentation: A 31-year-old man with a 7–9-year history of steroid-dependent ulcerative proctosigmoiditis presented with 8–9 loose stools per day, recurrent rectal bleeding, mucus discharge, urgency, lower abdominal discomfort, poor appetite, impaired digestion, generalized weakness, and progressive weight loss. Baseline colonoscopy showed diffuse mucosal ulceration, severe friability, loss of vascular pattern, contact bleeding, and inflammatory pseudopolyps confined to the rectum and sigmoid colon. The presentation was clinically correlated with Pittaja Grahani with features overlapping Pravahika and Raktatisara. Individualized Ayurvedic treatment included Shamana Chikitsa, internal medicines, Piccha Basti, dietary regulation, and maintenance therapy. Corticosteroids were tapered under gastroenterology supervision and discontinued after approximately two months.

Outcome: During approximately 14 months of follow-up, stool frequency decreased from 8–9 to 2–3 episodes/day, rectal bleeding and mucus discharge were markedly reduced, appetite and digestion improved, and body weight increased from 63 to 67 kg. Follow-up colonoscopy showed reduced mucosal ulceration and inflammatory activity, partial restoration of the vascular pattern, mild residual friability, and persistent but localized rectosigmoid disease.

Conclusion: This case documents a favourable clinical course during individualized Ayurvedic management integrated with conventional specialist care. The findings are descriptive and cannot establish the efficacy of any individual Ayurvedic intervention or of Ayurvedic treatment as a whole. The case supports the need for prospective studies using standardized clinical, biochemical, endoscopic, and histopathological outcomes.

Keywords: Ulcerative colitis; Ulcerative proctosigmoiditis; Pittaja Grahani; Piccha Basti; Panchakarma; Integrative medicine; Steroid-free remission; Case report

Introduction

Ulcerative colitis is a chronic inflammatory bowel disease characterized by continuous mucosal inflammation beginning in the rectum and extending proximally. Patients may experience bloody diarrhoea, urgency, abdominal discomfort, mucus discharge, nutritional impairment, and recurrent disease activity. Long-term management aims to maintain steroid-free remission, control symptoms, achieve mucosal healing, prevent complications, and preserve quality of life[(1)].

Corticosteroids remain important for inducing remission during acute exacerbations but are unsuitable for long-term maintenance because prolonged exposure may cause substantial adverse effects. Objective assessment of disease activity, including endoscopic evaluation, is therefore important when documenting clinical response[(2)].

Classical Ayurvedic literature does not describe ulcerative colitis as a separate nosological entity. The clinical manifestations in this case were interpreted within the framework of Pittaja Grahani, with overlapping features of Pravahika and Raktatisara. This interpretation is based on symptomatology and Ayurvedic pathophysiological reasoning and does not imply that ulcerative colitis and Pittaja Grahani are identical disease entities.

The present case describes individualized Ayurvedic management of chronic steroid-dependent ulcerative proctosigmoiditis integrated with conventional gastroenterology care, with clinical and colonoscopic follow-up[(3)].

Patient Information

A 31-year-old man presented to an Ayurvedic outpatient clinic with a 7–9-year history of steroid-dependent ulcerative

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proctosigmoiditis. The diagnosis had previously been established by colonoscopy. He had received repeated courses of corticosteroids and experienced recurrent disease activity when corticosteroid doses were reduced.

At presentation, the principal concerns were frequent loose stools, fresh blood with stools, mucus discharge, urgency of defecation, lower abdominal discomfort, reduced appetite, impaired digestion, generalized weakness, and progressive weight loss.

There was no reported history of intestinal surgery, malignancy, or another inflammatory bowel disease. His diet was mixed, sleep was reported as normal, and no significant addictions were reported.

The patient sought an integrative approach for long-term disease control. Ayurvedic treatment was initiated while corticosteroid tapering was undertaken under the supervision of the treating gastroenterologist. Follow-up continued for approximately 14 months.

Clinical Findings

Parameter	Finding
General condition	Conscious and cooperative
Baseline weight	63 kg
Blood pressure	Within normal limits
Pulse	Within normal limits
Systemic examination	No significant abnormality detected
Appetite	Reduced
Bowel habit	Frequent loose stools with blood and mucus

Diagnostic Assessment

Previous and baseline diagnostic assessment

The previous diagnosis of ulcerative proctosigmoiditis had been established by colonoscopic examination. At baseline, colonoscopy demonstrated diffuse mucosal ulceration, severe mucosal friability, loss of vascular pattern, contact bleeding, and inflammatory pseudopolyps. Disease was confined to the rectum and sigmoid colon.

The supplied clinical record does not provide serial Mayo scores, inflammatory biomarkers such as C-reactive protein, erythrocyte sedimentation rate, or faecal calprotectin, or follow-up histopathological assessment.

Clinical diagnosis

Clinical diagnosis: steroid-dependent chronic ulcerative proctosigmoiditis.

Ayurvedic clinical diagnosis: Pittaja Grahani with clinical features overlapping Pravahika and Raktatisara.

Ayurvedic assessment

Component	Observation
Nidana	Irregular Ahara; Mandagni
Dosha	Pitta–Vata predominance
Dushya	Rasa, Rakta, Mamsa
Agni	Mandagni
Ama	Present
Srotas	Annavaha, Purishavaha, Rasavaha
Srotodushti	Atipravritti, Sanga
Adhisthana	Grahani and Pakvashaya
Roga Marga	Abhyantara

Pitta Prakopa → Rakta Dushti → Grahani Dushti → Purishavaha Srotodushti → Drava Mala, Rakta Yukta Mala and Picchila Mala → Pittaja Grahani.

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Therapeutic Intervention

Treatment objectives

The therapeutic objectives were to reduce stool frequency and rectal bleeding, reduce mucus discharge, restore Agni and Grahani function, promote mucosal healing, improve nutritional status, prevent recurrence, improve quality of life, and achieve steroid-free remission under specialist supervision.

Ayurvedic treatment principles

Treatment was planned according to the principles of Pittaja Grahani Chikitsa, emphasizing Deepana, Pachana, Grahi, Pitta Shamana, Rakta Prasadana, Vrana Ropana, Grahani Sthapana, and Rasayana. The protocol was individualized and modified according to clinical response.

Internal medicines

Phase	Medicine	Intended Ayurvedic therapeutic role
Months 0–2	Jatiphaladi Vati	Grahi, Deepana and Pachana; intended to reduce bowel frequency and improve digestion
Months 0–2	Bilwadi Vati	Grahani Balya and Ama Pachana; intended to improve bowel stability
Months 0–2	Mouktik Kamdudha	Pitta Shamana and Rakta Prasadana; intended to address bleeding and burning
Months 0–2	Cap. Mebarid	Individualized supportive medication for symptom management
Maintenance	Grahani Kapat Ras	Used for maintenance according to the treating physician's Ayurvedic assessment
Maintenance	Suvarna Sootshekhar Ras	Used for maintenance according to the treating physician's Ayurvedic assessment

Specific doses, frequency, and batch/formulation details were not provided in the supplied case record and therefore are not added here.

Piccha Basti

Because of persistent rectal bleeding, chronic diarrhoea, mucus discharge, and features interpreted as Pittaja Grahani, Piccha Basti was selected as the principal Panchakarma intervention.

Component	Materials described in the case
Sneha	Indukantham Ghrita; Madhuyashtyadi Taila
Kalka	Samanga; Shweta Chandana; Yashtimadhu; Nagakeshara; Shatavari; Nata
Drava	Ksheerapaka prepared using Shatavari, Manjishta, Plaksha, Ashwatha and Udumbara

The Basti was prepared using the reported sequence of Madhu, Saindhava, Indukantham Ghrita, Madhuyashtyadi Taila, fine Kalka, and fresh Ksheerapaka, followed by homogeneous mixing and lukewarm administration.

Administration was performed under aseptic precautions using a 100-mL syringe, No. 9 catheter, and sterile gloves. The patient remained supine for approximately five minutes after administration.

After the procedure, a light diet was advised; spicy, fermented, and processed foods were avoided, and Samsarjana Krama was advised according to digestive capacity.

Within the Ayurvedic framework used in this case, Piccha Basti was selected for Picchila, Snigdha, Stambhana, Pitta-Shamana, and Vrana-Ropana effects. These statements represent Ayurvedic therapeutic reasoning and are not presented as established modern biological mechanisms.

Dietary and lifestyle intervention

Dietary regulation formed an integral component of management. The patient was advised to follow a strict gluten-free diet, consume freshly prepared warm meals, take daily Takra, avoid bakery products and fermented foods, restrict spicy foods, and avoid processed foods. Dietary and lifestyle adherence was reinforced during follow-up.

Gluten restriction is not presented as a routine treatment for ulcerative colitis; in this case it formed part of the individualized treatment plan. Daily Takra was prescribed according to its classical Ayurvedic use in Grahani.

Corticosteroid tapering

At presentation, the patient was receiving corticosteroid therapy prescribed by his gastroenterologist. Corticosteroids were gradually tapered according to the treating gastroenterologist's clinical judgment and were completely

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discontinued after approximately two months. No further corticosteroid therapy was documented during the reported follow-up period.

Because corticosteroid withdrawal occurred within an integrative care model under conventional specialist supervision, the course cannot be attributed to Ayurvedic treatment alone.

Timeline

Time point	Clinical course and management
7–9 years before Ayurvedic consultation	Recurrent bloody diarrhoea and mucus discharge; diagnosis of ulcerative proctosigmoiditis established by colonoscopy; repeated corticosteroid treatment with relapse during dose reduction.
Baseline / Month 0	8–9 stools/day, frequent rectal bleeding, mucus, urgency, abdominal discomfort, poor appetite, impaired digestion, weakness and weight loss; weight 63 kg. Colonoscopy showed severe active proctosigmoiditis.
Months 0–2	Individualized Ayurvedic treatment initiated, including internal medicines, Piccha Basti and dietary regulation. Corticosteroids tapered under gastroenterology supervision.
Approximately Month 2	Corticosteroids discontinued under specialist supervision.
Maintenance phase	Grahani Kapat Ras and Suvarna Sootshekhar Ras; continued dietary regulation and daily Takra.
Approximately 14 months	Stool frequency 2–3/day, marked reduction in bleeding, minimal mucus, improved appetite and digestion, weight 67 kg; follow-up colonoscopy showed partial endoscopic healing with residual localized disease.

Follow-up and Outcomes

Outcome parameter	Baseline	Final follow-up
Stool frequency	8–9/day	2–3/day
Rectal bleeding	Frequent	Markedly reduced
Mucus	Present	Minimal
Appetite	Poor	Improved
Digestion	Poor	Improved
Weight	63 kg	67 kg
Corticosteroid therapy	Required	Discontinued after supervised taper

Endoscopic outcome

Follow-up colonoscopy demonstrated reduction in mucosal ulceration, decreased inflammatory activity, mild residual friability, partial restoration of the vascular pattern, and disease remaining localized to the rectosigmoid region. No proximal disease extension was documented. Complete mucosal healing was not reported.

Adherence, tolerability and adverse events

The supplied case record documents continued follow-up and reinforcement of dietary advice. No adverse or unanticipated events related to the reported Ayurvedic interventions were documented in the case record.

Discussion

This case illustrates the clinical course of a patient with long-standing steroid-dependent ulcerative proctosigmoiditis managed through an integrative model combining individualized Ayurvedic treatment with conventional gastroenterology supervision. The main clinical observations were reduction in stool frequency and rectal bleeding, improved appetite and digestion, weight gain, supervised corticosteroid discontinuation, and partial improvement on follow-up colonoscopy[4].

The Ayurvedic interpretation classified the presentation as Pittaja Grahani with overlapping features of Pravahika and Raktatisara. The treatment strategy was consequently directed toward Deepana, Pachana, Grahi, Pitta Shamana, Rakta Prasadana, Vrana Ropana, Grahani Sthapana, and Rasayana. Piccha Basti was selected as the principal Panchakarma intervention because of the prominent bleeding, mucus discharge, and diarrhoeal symptoms[5].

The improvement documented in this patient should not be interpreted as evidence of efficacy of Piccha Basti, any individual medicine, dietary restriction, or Ayurvedic

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Figure 1. Baseline Endoscopy report

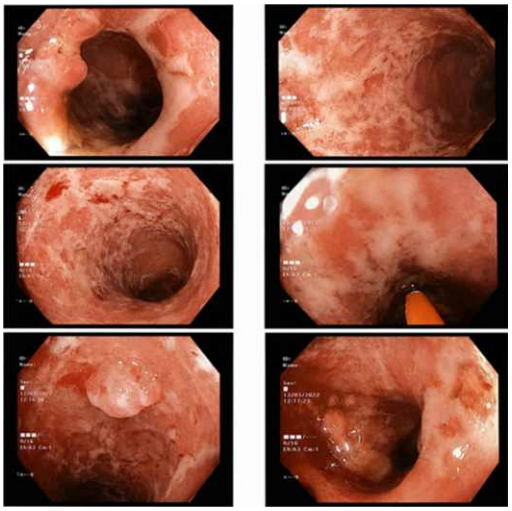
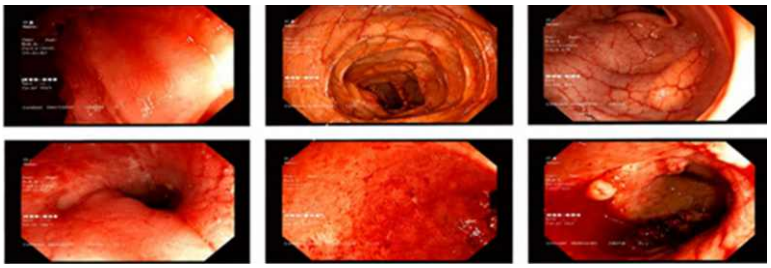


Figure 2. Follow up colonoscopy



treatment as a whole. The intervention was multimodal, and the relative contribution of its components cannot be determined. In addition, corticosteroid tapering occurred under gastroenterology supervision, and the natural variability of ulcerative colitis and concurrent conventional care may have contributed to the observed course.

An important strength is the combination of symptom-based follow-up with objective colonoscopic assessment. The case also includes a prolonged disease history and approximately 14 months of follow-up. However, prospective standardized disease activity scores, inflammatory biomarkers, and follow-up histopathology were not available. These limitations reduce the ability to quantify disease activity and determine the mechanism or causal contribution of the interventions.

The case therefore provides a clinically documented observation and a hypothesis for further study rather than proof of treatment effectiveness. Future prospective studies should use standardized clinical indices, laboratory inflammatory markers, validated quality-of-life measures, endoscopic scoring, histopathology, and clearly defined treatment protocols[6].

Strengths and Limitations

Strengths of the report include the long duration of disease, steroid dependence, individualized treatment, detailed description of the Piccha Basti procedure, approximately 14 months of follow-up, serial colonoscopic assessment, objective weight change, and multidisciplinary care involving gastroenterology supervision.

Limitations include the single-patient uncontrolled design; absence of prospectively recorded Mayo or other standardized disease activity scores; absence of serial CRP, ESR, or faecal calprotectin measurements; absence of follow-up histopathology; lack of prospectively collected health-related quality-of-life measures; incomplete reporting of medicine doses and frequencies; and inability to determine the independent contribution of individual treatment components.

Patient Perspective

A formal patient-perspective statement was not included in the supplied clinical record. No first-person statement has therefore been added to avoid attributing views or experiences to the patient that were not documented.

Conclusion

This case report describes sustained clinical improvement, supervised corticosteroid withdrawal, weight gain, and partial endoscopic healing in a patient with chronic steroid-dependent ulcerative proctosigmoiditis who received individualized Ayurvedic management integrated with

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conventional gastroenterology care. The treatment was guided by the Ayurvedic interpretation of Pittaja Grahani and included Shamana Chikitsa, Piccha Basti, dietary regulation, and maintenance therapy. The observed outcome is a descriptive finding from a single uncontrolled case and does not establish treatment efficacy. Carefully designed prospective studies are required to evaluate the effectiveness, safety, and reproducibility of such integrative approaches.

Declarations

Informed consent

The supplied manuscript states that written informed consent for publication of anonymized clinical information and endoscopic images should be obtained before submission. A completed consent statement documenting that consent was obtained was not present in the supplied record.

Ethics approval

The supplied manuscript states that institutional ethical approval was considered not required for this single anonymized case report. Requirements may vary by institution and target journal.

Source of Support: Nil

Conflict of Interest: Nil

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