Understanding of various Colitis in terms of Ayurveda

Pandya D H1, Baghel M S2

1 Assistant Professor, Departemnt of Roga Nidana & Vikruti Vijnana, I.P.G.T. & R.A., G.A.U., Jamnagar, Gujarat-361008, India

ABSTRACT

With gradual progress of medical science and its implementation, many infectious diseases are controlled, but at the same time with gradual switch over to modern life style and diet pattern human being is gifted with so many life style oriented and psycho somatic disorders. Ulcerative Colitis is one among those diseases, here no specific etiological factor and the whole pathological factors of the disease has been established still the role of psyche is accepted for manifestation or aggravation of the disease. On the basis of the presentation and pathogenesis; the disease can be correlated with disease Atisara/Pravaahika narrated in Ayurveda. Gastro intestinal tract involvement is always there, in IBS, but role of psychological factor is also considered equally since ever. In Ayurveda for the disease Atisara/Pravaahika equal importance of Agni and Mana is elaborated. In this paper detail Classical concept of Pravaahika, role of Mana as etiological factor and the whole Samprapti formation is elaborated.

Keywords: Pravahika, Colitis, Agni, Mana.

INTRODUCTION

In one hand, with the gradual progress of medical science, so many infectious diseases are become possible to control; while in other hand with modernization of life style and diet pattern, fast and competitive life & No Time Syndrome are inevitable gifts of the era, which cause stress to every one, and this situation has become red carpet for many life style and psychosomatic diseases.

Stress generated due to tough competition, perfection and over ambitions develop some unwanted emotions like Krodha, Udvega, Irshya, Moha, Shoka, Lobha etc. to the person, and this lead to some alteration at psycho-neurological or hormonal level in the body which make a sort of physiological changes and finally leads to develop one or another life style or psycho somatic disorders like, Diabetes, HT, Heart disease, acid-peptic disorders, Gut related disease like IBS, various type of colitis especially inflammatory Bowel Diseases (IBD) etc. Incidence of IBD is increasing day by day especially in higher socioeconomic groups.

In regions with a high prevalence of IBD, it is estimated that developed countries like America about 1 million individuals have IBD1 with about 30,000 new cases reported each year. The disease tends to occur in higher socioeconomic groups and in white-collar compared with blue-collar occupations [1].

It is known that the disease is considered among psychosomatic diseases. Basically, it deals with inflammation of large intestine. Passage of stool frequently with mucus, having strain and abdominal discomfort are the chief symptoms. There are various types of colitis but among those only Auto immune types of colitis especially Ulcerative colitis comes under actual inflammatory bowel diseases, which is distinguished from IBD of established origin such as viral, bacterial and parasitic infections, diverticulitis, radiation colitis, drug or toxin induced enterocolitis and vasculitis of intestinal tract. These all mimic clinical presentation like colitis.

Colitis: Basically, the term refers to inflammation of colon commonly known as muco-colitis or colon spasm. Persistent abdominal pain, nagging or burning character and may be most marked after a bowel evacuation. There are attack of obstinate constipation during which the stools may be hard, scybalous and ribbon like, alternating with attack of diarrhea, bought on by nervous causes (Resembles to symptoms of Bhayaj Atisara) or by slight dietetic errors. During the attack of diarrhea mucus may be passed in masses but not blood. This is primary a nervous disorder and attacks are caused by over work and worry [2].

Ulcerative colitis: It is an inflammatory disease limited to the colon and affecting only mucosa and sub mucosa which begins within the rectum and extends to a variable proximal level [3]. It has been described as a clinical entity for over 100 years. Prevalence of the disease is global in distribution. The incidence is...
about 4 to 12 per 100000 populations and the incidence of the condition had risen in recent decades. ( Might be due to increased stressful life) 

**Etiology of the disease is yet to clear.** As such IBD is currently considered as an inappropriate response to either the endogenous microbial flora within the intestine with or without some component of auto immunity. However, no immunologic alterations specific for IBD have yet been found. [4]

**Psychological factors** can contribute to worsen the symptoms. Major life illnesses such as death in the family, divorce, interpersonal conflict or other major loss are associated with an increase in IBD symptoms. The same kind of factors Maharshi Sushruta has narrated as causative factor for Shokaj Atisaara (diarrhea develops due to psychological trauma). [11] Acute daily stress can worsen bowel symptoms even after controlling for major life events. IBD patients have been hypothesized to have a characteristic personality that renders them susceptible to emotional stress.

**Common features:**

The symptoms of Ulcerative colitis depend upon the extent and severity of inflammation. Patient with proctitis have rectal bleeding (as mentioned by Shushrutha)[6], tenesmus (resembles to symptom of Pravahaika) [7] and the passage of mucus-pus (resembles to one of symptom of Pravahaika). Consistency of stool is variable, many patients with proctitis are constipated, the greater the extent of colon involved the more likely the patient is to suffer from diarrhea. Abdominal cramping is common. As the severity of inflammation increase, the patient is more likely to suffer from systemic symptoms like low grade fever, malaise, sign of dehydration, tachycardia, etc. [8] (similar to symptoms of Pittaj Atisara).

These above mentioned symptoms of IBD are very much similar with saprapvahana, sashlesha- saraka malapraavriti, udara shula, aadhmaana, along with systemic symptoms like daurbalya, sushka mukha, pain in various joints etc. symptoms of Atisara / Pravahaika, narrated in Ayurvedic classics. So etiology and pathogenesis of IBD and allied diseases can be understood on the basis of Sampmpatri of Atisara and Pravahaika. Inflammation of colon and development of ulcer is always there in pathogenesis of IBD.

On the basis of organ involvement, disease presentation, causative factors and disease pattern the disease colitis and especially ulcerative colitis can be correlated with Bayaj and/or Sokaj Atisara, Raktaj Atisara, Raktaj Pravahaika etc. narrated in Ayurveda. So if the disease is to be interpreted in Ayurvedic parlance; its pathogenesis may be understood on the basis of pathogenesis of Atisara and pravahaika. With this consideration author has tried to explain pathogenesis (samprapti) of Atisara & Pravahaika.

There is no separate chapter given for disease Pravahaika in any of three prime texts of Ayurveda. Symptoms of Atisaara cause by Vayu / Kapha pre dominance are more resembles with the symptoms of Pravahaika. As well as line of treatment of both the condition is also same. [9]

If one go through some what detail regarding this description, it seems clear that in Ayurvedic classics there are only two separate chapters described regarding increased frequency of defecation, (i) Grahan and (ii) Atisaara. On the basis of those it can be understood that the conditions related to small intestine abnormality and leads to increased frequency of defecation are described under the pathogenesis of Grahan, while the conditions related to large intestine pathogenesis and leads to increased frequency of defecation are considered under the title of Atisaara. Here in Atisaara and Pravahaika the organ involvement is of large intestine only, and this may be the probable reason that why in Bihattray disease Pravahaika is integrated under the chapter of Atisaara and not given separately.

Due to having similarity in majority symptoms and treatment, pathogenesis of Atisaara can also be adopted for Pravahaika with little changes.

For all the disease of Gastro intestinal tract vitiation of Prana – Samana – Apana Voayu, Pachaka Pitta and / or Kledaka Kapha will be there, and those play major role to hanmer the function of Agni. While narrating basic pathogenesis of Atisaara, main two things has been pointed out, i.e. impairment of Agni and disturbed status of Psyche. [10] Means role of psyche is given due importance in the disease pathogenesis of digestive system. Same way involvement of psyche in Gut related disease; especially IBD & IBS has been accepted. As per nature the disease Atisara is narrated as acute disease, [11] and so it should be treated carefully. Again being as psychosomatic in origin Shokatisara is difficult to treat [12] same way disease ulcerative colitis also runs in long course, frequent remission and relapse occurs and leads to develop critical condition for the patient. If it develops in acute condition can be fatal for the patient.

**Role of Agni in the disease development:**

It is known that in initial stage all diseases are in Saama stage. Impaired Agni and disturbed psyche both leads to production of Ama. [13] Production of Ama is of two type;

1] Acute
2] Chronic.

In acute condition where Nidana Sevana are very strong, (may be somatic, may be psychic) directly lead to provocation of Agni, which is potential enough to provoke all three Doshas and / or disturbed psyche both leads to production of Ama. In this kind of pathogenesis the role of Agni come later than Ama. The matter can be understood clearly by given flow chart.

**Pathogenesis:**

For the manifestation of disease Atisara and Pravahaika; the role of impaired Agni and impaired Mana has been clearly accepted in Ayurvedic classics. Detail pathogenesis of disease Pravahaika can be understood as mentioned below. (Figure 1).

**Dosha:**

- The seat of Samana Voayu is near to Agni and its place of movement is Ama-Pakwoshaya, as well as it provokes, is able to produces Atisaara. [15] Along with Praana and Aapaana Voayu; Samaana Voayu maintains Agni status. [16] So taking in to consideration this statement vitiation of Prana Voayu should also be considered with Aapaana and Samaana Voayu. Here Voayu provokes by its Rukska and Chala property.

- Kledaka Kapha provocation and its accumulation in large intestine should also be considered Here keeping in view the function, mucosal layer of large intestine may be considered as Kledaka Kapha. If excessive Guru and Pichchhila property food is taken then it will impair Agni and increase Kleda in large intestine. Again commentator Vijaya Rakshita has clarified it further that, here accumulation of Kapha is just symbolic, Pitta or Rkta can also be accumulated in place of Kapha and it can directly leads to vitiation of Pitta and Rkta too. [17]
**Dushya involvement**: vitiation of *Apa Dhaatu* (watery substance) is accepted, further more in acute condition of the disease, symptoms of *Rasa Kshaya* are also found; so *Jala* and *Rasa* should be considered as *Dushya*. Furthermore, as a part of progress of the disease when excessive mucus loss happens and chief Dosha of the disease *Vaayu* takes place in *Rakta Dhatu* of large intestine and creates ulcers, there, then symptoms like blood with stool, severe pain etc. found in the patients. So in this condition involvement of *Rakta* should be considered.

**Involvement of Srotas:**
- Taking in to consideration symptoms of the disease like defecation with strain, mucus passage along with feces etc. involvement of *Purishavaha Srotas* must be considered.
- Same way involvement of *Annavaha Srotas* is obvious. Further, vitiation of Watery contents, *Rasa* and *Rakta Dhatu* is considered, concerned *Srotas* must be included.

**Involvement of Agni:**
Due to indulgence of *Dosha* specific *Nidana*, impairment of *Agni* occurs and it leads to expulsion of watery stool. While in other condition, without indulgence of specific *Dosha* etiological factors; direct *Ama* production and symptoms manifestation happens and acute conditions are developed, in both the condition *Agni* involvements is there.

**Factors those influence Agni status:**
There are many factors those influence status of *Agni* in the body, but in nut shell it can be summaries as below:

1. Improper quality, quantity or time for taking food.
2. Suppression of natural urges.

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**AMA formation**

- **Indulgence in causative factors** (Ca. Ci. 15/42-45)
  - Agni vitiation
  - Cannot digest even little amount of food

- **Excessive indulgence of food Irrespective of any Dosha predominance** (Ca.Vi.2/7)
  - Acute/rapid production of *Ama*
  - *Ama* vitiate all three *Dosha* together irrespective to ingested material

- **As per causative factor indulgence Do**
  - Virgin manifestation of disease like *Atisaara*, *Visuchika*, *Alasaka* etc. (Ca. Vi. 2/7)

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**Role of psyche to disturb status of Agni**
- In spite of following rest of all customs for taking food, if person's mind is affected with any of unwanted/ negative emotions like tension, anger, fear, grief etc., in this situation even quality food or proper amount food will not be digested and *Ama* formation will take place at the level of *Jatharagni* or *Dhaatvagni*, is said as root cause of all most all kind of endogenous diseases.

- In Ayurvedic classics psychological factors are mentioned as etiological factors in almost all the diseases including *Atisara* and *Grahani*. More over further specification is, over indulgence in sex, grief and fear provoke *Vaayu* while anger provokes *Pitta*. This *Dosha* annoyance may disparate *Agni* directly or indirectly.

Keeping in view present era life style it is obvious that no one can prevent himself completely from above mentioned factors and so *Agni* vitiation is also obvious.

**Role of psyche to increase defecation:**
Every Acharya have directly or indirectly accepted role of psychological factors to increase defecation. Acharya Charak has paid equal weightage to *Psyche* in the development of *Atisaara* pathogenesis as much he paid to *Agni* and *Grahan*. More over further specification is, over indulgence in sex, grief and fear provoke *Vaayu* while anger provokes *Pitta*. This *Dosha* annoyance may disparate *Agni* directly or indirectly.

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Figure 1: Schematic presentation of Samprapti formation
very clearly that due to excessive impulsion of negative emotions like fear or stress direct annoyance takes place in person’s mind, it increases Vayu get mixed with Pitta, dilutes the feces, and makes excessive and watery expulsion of feces repeatedly. [27] The same pathogenesis takes place in diarrhea occurs due to stress or grief. This immediate reaction occurs due to acuteness of Vayu. [28] Above both the conditions indicate direct involvement of Autonomic Nervous System in this pathogenesis.

If one goes through Vagus N. distribution to GIT, it is very clear that cranial parasympathetic is transmitted almost entirely through vagus nerve. Sigmoid, rectum and anal region of the large intestine are better supplied with parasympathetic fibers. This fiber function especially to execute the defecation reflexes. Increased unwanted emotions especially grief, shock etc. causes excessive stimulation of parasympathetic Nerve, lead to greatly excites motility and secretion of water in large quantity along with electrolytes in addition to normal viscid solution of alkaline mucus. This acts to cause rapid movement of the feces toward the anus and result in Diarrhoea. [29] Stress increases colon permeability; susceptibility to reactivation by stress required CD4+ lymphocytes, in that way stress reactivated experimental colitis by facilitating entry of luminal contents that activate previously sensitized CD4 cells in the colon. [30] Short term moderate stress can enhance the response of the colon to chemically induced inflammation. In this way chronic stress can fundamentally change the responsiveness and output to the periphery of the central stress circuits. [31]

CONCLUSION

Inflammatory Bowel disease can be correlated with the disease Atisara and /Pravaha-pika so causative factors as well as the line of treatment can also be planned accordingly. The disease manifestation occurs in two different manner i.e. acute and chronicas well as on the Dosa pre-dominance i.e. Vayu dominant (more tenesmus & less mucus) and Kapha dominant (more mucus with mild tenesmus). If Pitta involvement is in initial stage than blood with defecation will be there from very beginning; other wise when Vayu enters in Rakta dhaatu and creates wound locally then bloody diarrhea will be there. Altered status of psyche plays an important role in development and in aggravation of the disease.

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