

A Comprehensive Ayurvedic Appraisalment of Ulcerative Colitis: Pathophysiological Correlations and Management Strategies Via *Purishavaha Sroto Dushti* and *Grahani Roga*

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Abstract: Ulcerative Colitis (UC) is an idiopathic, chronic inflammatory bowel disease primarily affecting the colonic mucosa. Despite advancements in modern gastroenterology, long-term therapeutic management remains challenging due to adverse effects and high recurrence rates. In Ayurveda, the clinical features of UC characterized by bloody diarrhea, mucopurulent stools, and abdominal cramping closely align with the manifestations of *Grahani Roga*, *Rakthasisara*, and *Purishavaha Sroto Dushti*. This study aims to establish a holistic Ayurvedic conceptual framework (*Samprapthi*) for Ulcerative Colitis and outline a rationalized therapeutic protocol based on classical textual evidence. A comprehensive literary review was conducted utilizing classical Ayurvedic treatises (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*) alongside contemporary clinical literature regarding the etiology, diagnosis, and pathology of Ulcerative Colitis. The analysis reveals that Ulcerative Colitis cannot be encapsulated by a single disease entity. Rather, it represents a complex *Pitta-Raktadhika Sannipatha Roga* occurring within a *Vata Sthana* (the colon). The foundational pathology originates from chronic *Agni Mandhya* (impaired metabolic fire) leading to *Ama* production, subsequent tissue damage (*Rakta-Mamsa Dushti*), and the formation of chronic ulcerations (*Vrana*) at the *Moolasthana* (roots) of the *Purishavaha Srotas* specifically the *Pakwashaya* (large intestine) and *Sthula Guda* (rectum). Effective management of Ulcerative Colitis necessitates a strict threefold approach: complete avoidance of causative factors (*Nidana Parivarjana*), deep metabolic correction combined with wound healing (*Deepana-Pachana* and *Vrana Ropana*), and adherence to a tailored, low-residue *Pathya* diet to arrest mucosal damage and promote systemic recovery.

Keywords: *Grahani Roga*, *Purishavaha Srotas*, *Ulcerative Colitis*, *Rakthasisara*.

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I. INTRODUCTION

Ulcerative Colitis (UC) is an ongoing global health challenge characterized by diffuse, continuous inflammation of the large intestine, extending proximally from the rectum. Clinically, it manifests as bloody diarrhea, continuous rectal urgency, tenesmus, and variable degrees of abdominal pain. While modern therapies primarily rely on anti-inflammatory agents, immunosuppressants, or surgical interventions, safe long-term management remains elusive due to toxicities and systemic relapse. These limitations necessitate a deeper exploration into traditional medical systems like Ayurveda to decipher the underlying systemic pathology and implement holistic, tissue-restorative management protocols.[10]

In Ayurvedic literature, the functional and structural framework of the gastrointestinal tract is deeply explored

through the concepts of *Agni* (digestive fire), *Grahani*, and the *Purishavaha Srotas* (excretory channels). The term *Grahani* is etymologically derived from the root *Dhatu* "*Graha*", denoting 'to catch', 'to hold', or 'to retain'. Acharya Charaka establishes that *Grahani Roga* represents a functional disorder where the organ itself becomes vitiated secondary to a compromised state of *Agni*. Anatomically, *Grahani* is localized superior to the *Nabhi* (umbilicus), structurally positioned between the *Amashaya* (stomach) and the *Pakwashaya* (large intestine), serving as the physiological seat of *Jatharagni*.^[1]

Physiologically, its core functions revolve around holding the ingested food, permitting its enzymatic breakdown (*Pachana*), facilitating optimal nutrient absorption (*Soshana*), and regulating the timed propulsion of the remaining waste residue (*Kitta*) into the lower bowel

under the strict governance of *Apana Vayu*.^[4] Acharya Sushruta complements this definition by linking the structure to a specialized membrane, identifying it as the sixth *Pittadhara Kala* situated precisely between the stomach and the large bowel.^[2] From a contemporary anatomical perspective, this operational spectrum spans from the gastric pyloric sphincter through the small intestines down to the colorectal tract.

When evaluating the specific presentation of chronic bleeding, mucosal ulceration, and altered bowel motility characteristic of Ulcerative Colitis, the pathology crosses multiple classical descriptions. It heavily overlaps with *Purishavaha Sroto Dushti* (vitiation of the waste-carrying channels), whose *Moolasthanas* (controlling centers) are defined by Acharya Sushruta as the *Pakwashaya* and *Guda* (rectum), and further specified by Acharya Charaka as the *Sthula Guda* (large intestine). Chronic exposure to triggers like unwholesome diets (*Aharaja Nidana*), stress, and the suppression of natural bodily urges (*Vega Nigraha*) shifts the *Grahani* from a state of functional impairment into deep mucosal structural damage. The resultant state closely mimics *Rakthasisara*—a condition driven by severely aggravated *Pitta* and *Rakta* that culminates in *Gudapaka* (rectal ulceration and inflammation).

Consequently, Ulcerative Colitis cannot be restricted to a single, isolated Ayurvedic disease label. It is most accurately classified as a chronic, systemic *Pitta-Raktadhika Sannipatha Roga* localized within the *Moolasthanas* of the *Purishavaha Srotas*. This study provides a comprehensive analytical breakdown of this conceptual integration, offering a structured framework for clinicians to deploy targeted tissue-healing (*Vrana Ropana*), blood-stanching (*Rakthasthambhana*), and metabolic balancing (*Deepana-Pachana*) protocols.

II. MATERIALS AND METHODS

This study is a conceptual, literary review focusing on the pathophysiological overlap between contemporary gastroenterological data on Ulcerative Colitis and classical Ayurvedic medicine. Data regarding the etiology, presentation, and management of *Grahani*, *Atisara*, and *Sroto Dushti* were compiled and filtered from primary classical Ayurvedic treatises (*Brihatrayi* and *Laghutrayi*), specifically the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*.^[1-4]

The textual data was cross-referenced with modern medical literature, diagnostic guidelines, and clinical profiles of Ulcerative Colitis. A comparative mapping was performed to correlate clinical signs like mucosal ulceration, hematochezia, tenesmus, and extraintestinal manifestations with concepts like *Gudapaka*, *Saraktha Malam*, *Purishavaha Sroto Dushti*, and *Samprapthi Ghatakas*.

III. RESULTS AND DISCUSSION

➤ The Interplay of Agni, Grahani, and Purishavaha Srotas

The baseline pathology of Ulcerative Colitis lies in a cyclic, mutually destructive relationship between the metabolic fire (*Agni*) and its physical site, the *Grahani*. Under normal physiological conditions, *Jatharagni* and *Grahani* maintain an *Ashraya-Ashrayi* (resident-residence) relationship. The physical organ acts as the *Ashraya* (support system), while the functional *Agni* acts as the *Ashrayi* (the entity supported). Vitiation of one automatically impairs the other.^[1] When unwholesome dietary or behavioral habits trigger *Agni Dushti*, *Mandagni* (diminished metabolic capacity) occurs, which serves as the root driver of this disease.

Because *Grahani* is functionally responsible for *Grahana* (retaining), *Pachana* (digestion), *Soshana* (absorption), and *Munchana* (propulsion), a drop in *Agni* halts this process. This failure leads to the generation of *Ama* (undigested, toxic metabolic by-products). As these un-metabolized elements flow downward, they pool in the *Pakwashaya* (colon) and irritate the *Purishavaha Srotas* (the channels regulating waste excretion).

According to Acharya Sushruta, the *Moolasthanas* (controlling roots) of the *Purishavaha Srotas* consists of the *Pakwashaya* and *Guda* (rectum), which Acharya Charaka further clarifies as the *Sthula Guda* (large intestine).^[2] When *Purishavaha Sroto Dushti* occurs due to factors like overeating, eating before previous food is digested, or suppressing natural urges (*Vega Nigraha*), the tissue integrity of the *Pakwashaya* breaks down.

The resulting clinical picture shares profound similarities with Ulcerative Colitis. While classical *Atisara* (acute diarrhea) is characterized by a rapid, self-limiting loss of fluids, Ulcerative Colitis is a long-standing, recurring ailment. This chronicity (*Chirakaalanubandhitwa*) is a core trait of *Sangraha Grahani*. This long-term inflammation causes structural ulcers (*Vrana* or *Gudapaka*) within the colonic walls.^[3]

➤ Comparative Symptomatology

To understand Ulcerative Colitis through an Ayurvedic lens, its primary clinical features can be mapped directly to classical terms across different disease profiles:

Table 1 Comparative Symptamatology

Signs and Symptoms	Ayurvedic Terms	Reference
Blood with stool	Saraktha malam	Paithika atisaram (Su.Utt 40) Rakthathisara (Ch.Chi 19) Rakthaja Pravahika (M.Ni 3/22) Raktharsas (M.Ni 14/16) ^[4] Adhogata Rakthapitta (A.H. Chi 2)
Ulceration of the colon	Guda Paka	Rakthathisara (A.h) Raktha vaha sroto dushti (Ch.Su)
Passage of mucus with stool	Sleshmasamsrishta malam	Kaphaja atisara (Ch.Ch19/7) Kaphaja grahani (A.h)
Increased frequency of stool	punah varchoppravarthana Punah	Vatika grahani Purisha vaha sroto dushti (ch.V. 3)
Loose stools	Drava/Sithila varcha	Paithika grahani
Abdominal cramps	Udarasoola	Vathika grahani
Anorexia	Annadwesha	Kaphaja atisara
Abdominal distension	Admanam	Vathika grahani
Urgency of defecation	Kshipra varcha pravarthana	Bhaya, Soka atisara

➤ Pathogenesis (Samprapthi)

The development of Ulcerative Colitis begins with a combination of *Aharaja* (unwholesome food like spicy, sour, and heavy items), *Viharaja* (irregular physical habits), and *Manasika* (mental stressors like anxiety or grief) *Nidanans*. These triggers simultaneously disrupt the balance of the three core sub-doshas controlling the digestive tract: *Samana Vayu* (motility and assimilation), *Pachaka Pitta* (enzymatic breakdown), and *Kledaka Kapha* (mucosal protection).

As *Pitta* becomes aggravated, its *Drava* (liquid) and *Sara* (flowing) qualities increase significantly, which weakens the metabolic fire, leading to severe *Agni Dushti*. Consequently, regular *Ahara Pachana* (food digestion) is interrupted. This produces a combination of fully digested and undigested elements known as *Amayuktha Pakwa-Apakwa Misritha Anna*. This toxic material moves down into the lower bowel, creating a buildup of morbid wastes (*Malasanchaya*) within the *Pakwashaya*.

At this stage, the disease develops along two paths:

- The extreme hot and sharp qualities (*Ushna* and *Teekshna Guna*) of *Pitta* mix with a malfunctioning *Apana Vayu*. This damages the local tissues, leading to blood vitiation (*Rakthadushti*) and structural tissue breakdown.
- This toxic inflammation forms internal wounds or ulcers (*Vrana*) along the mucosal lining of the colon and rectum (*Gudapaka*).

The combined result of this tissue damage is the classic presentation of Ulcerative Colitis: the frequent, painful elimination of loose, mucus-heavy, and blood-stained stools (*Punah Punah Atidrava Sleshma Samsritha Rakthayuktha Malapravrthi*).

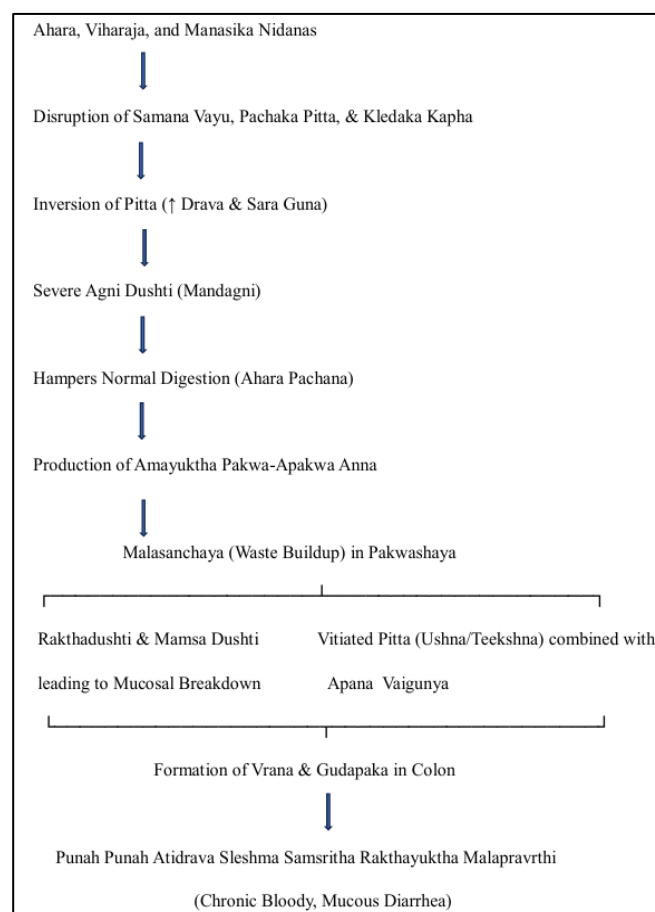


Fig 1 Pathogenesis (Samprapthi)

➤ Pathogenesis Components (Samprapthi Ghatakas)

To summarize the specific systemic components involved in this disease process:

- Dosh: *Tridosha* with a strong dominance of *Pitta* and *Rakta*.
- Functions:
 - ✓ *Prana Vayu*: Disrupted, impacting nervous signaling and secretions.

- ✓ *Samana Vayu*: Disturbed, causing altered colonic motility and cramping.
- ✓ *Apana Vayu*: Vitiated, leading to incomplete evacuation and rectal urgency.
- ✓ *Pachaka Pitta & Rakta*: Severely aggravated, causing mucosal inflammation and active bleeding.
- ✓ *Kledaka Kapha*: Destabilized, presenting as excessive mucus discharge in stools.

- Doosya (Affected Tissues): *Rakta* (blood), *Mamsa* (muscle tissue/mucosa), and *Majja* (nervous tissue).
- Srotas (Channels): *Purishavaha Srotas*.
- Sroto Dushti Type: Initially characterized by *Sanga* (stagnation/waste pooling), transitioning into *Atipravrti* (excessive downward flow/diarrhea).
- Agni Status: *Mandagni* (chronic low digestive capacity).
- Adhishtana (Primary Site): *Mahasrotas* (the gastrointestinal tract).
- Udbhavasthana (Origin): *Amashaya* (stomach) and *Grahani* (upper small intestine).
- Rogamarga (Disease Pathway): *Abhyantara* (internal pathway).
- Vyakthasthana (Manifestation Site): *Pakwashaya* (large intestine) and *Guda* (rectum).
- Swabhava (Nature): *Chirakari* (chronic and progressive).^[8]

➤ *Prognosis (Sadhyasadyatha)*

Because this condition involves all three *Doshas*, damages deeper tissues like *Rakta* and *Mamsa*, and stems from systemic metabolic failures, it is inherently difficult to treat. The baseline pathology relies on long-standing *Agni Dushti* and structural ulceration (*Vrana Swabhava*), which require delicate management. Furthermore, the disease naturally features periods of remission and flare-ups. If diagnosed early, it is considered *Krichrasadhy* (difficult but manageable); however, as it becomes chronic, it shifts into a *Yapya Vyadhi*—a long-term condition that cannot be completely cured but can be managed successfully with life-long therapeutic and dietary adjustments.

IV. CLINICAL MANAGEMENT PROTOCOL

The complex, multi-systemic nature of Ulcerative Colitis requires a structured, comprehensive management strategy. Systemic treatment is divided into three therapeutic pillars: *Nidana Parivarjana* (avoidance of causative triggers), *Oushada Chikitsa* (targeted pharmacotherapy), and *Pathyahara Seva* (strict dietary regulation).

➤ *Nidana Parivarjana (Elimination of Etiological Factors)*

The primary step in stopping the progression of the disease is the complete elimination of factors that aggravate *Tridosha*, *Rakta*, and *Agni*. Patients must strictly avoid spicy (*Katu*), sour (*Amla*), salty (*Lavana*), and alkaline (*Kshara*) foods, as well as behaviors like suppressing natural urges (*Vega Nigraha*) and irregular eating patterns (*Pramithasana*). Removing these triggers breaks the initial stage of pathogenesis, helping prevent the acute flare-ups and relapses that characterize Ulcerative Colitis.

➤ *Oushada Chikitsa (Targeted Pharmacotherapy)*

Because Ulcerative Colitis is identified as a *Pitta-Raktadhika Vyadhi* (a disease dominated by *Pitta* and *Rakta*) located within a *Vata Sthana* (the large intestine), the selection of medicines must balance all three elements. The pharmacological approach is built upon four therapeutic pillars:

- *Pitta-Rakta-Vata Shamana*: Interventions focus on calming the aggravated *Pitta* and *Rakta* within the lower bowel. This reduces local mucosal inflammation, decreases structural hypermotility, and relieves abdominal cramping (*Udarasoola*).
- *Vrana Ropana* (Wound Healing): The defining pathology of Ulcerative Colitis is the formation of widespread ulcerations (*Vrana*) in the *Pakwashaya* and *Sthula Guda*. The primary line of clinical management must prioritize tissue-healing and tissue-restoring agents. These herbs repair the mucosal barrier, resolve localized *Gudapaka* (rectal inflammation), and reduce the long-term severity of the disease.
- *Rakthasthambhana* (Hemostasis): Severe bloody diarrhea (*Saraktha Malam*) is a major clinical feature of this condition, often leading to secondary debility and a lower quality of life. Using *Sheeta-virya* (cold-potency) formulations and astringent agents stops active bleeding, controls exudative loss, and provides quick symptomatic relief.
- *Deepana-Pachana* (Metabolic Correction): To treat the root cause of the condition (*Mandagni*), therapies must incorporate *Deepana* (metabolic stimulants) and *Pachana* (digestive carminatives). *Pachana* agents break down and eliminate the circulating *Ama* (toxic metabolic by-products) that accumulated during initial digestion, while *Deepana* compounds restore long-term *Jatharagni* efficiency without causing excess heat. ^[6,7]

For localized complications like advanced *Gudapaka*, targeted topical therapies are essential. These include cooling washes (*Seka*) and therapeutic pastes (*Lepa*) made with *Pittahara* and *Rakta-sthambhana* decoctions (such as *Chaga Paya*, *Satavari*, and *Vata Sunga*). These applications protect the rectal mucosa and accelerate tissue repair. ^[3]

➤ *Pathyahara Seva (Dietary and Behavioral Regulation)*

Dietary management is critical in managing Ulcerative Colitis, as improper eating habits can directly irritate the gut mucosa and trigger flare-ups. A nutritious, easily digestible, *Sattvika* (wholesome) diet is highly recommended, while heavy, complex, or processed foods (*Rajasika-Tamasika*) must be avoided. Because high-fiber foods expand stool volume and increase colonic peristalsis, raw fruits and vegetables should be restricted during active flare-ups.

Dietary Choices (*Ahara*):

- *Pathya* (Wholesome): Astringent-dominant foods (*Kashayarasa pradhana*), light gruels (*Vilepi*, *Lajamanda*), pomegranate (*Jambu phala*), wood apple

(*Bilva*), clear mung bean broth (*Mudga yusha*), wood sorrel (*Changeri*), and organic honey (*Madhu*).

- Apathya (Unwholesome): Dry or heavy foods (*Rooksha, Guru ahara*), incompatible combinations (*Viruddha bhojana*), whole wheat (*Godhuma*), black gram (*Masha*), fibrous leafy greens (*Saka varga*), refined sugars, and highly pungent, sour, or alkaline items.^[5]

V. CONCLUSION

This study demonstrates that the clinical and structural presentation of Ulcerative Colitis cannot be restricted to a single Ayurvedic disease label. Instead, it represents a complex, long-standing *Pitta-Raktadhika Sannipatha Roga* that manifests at the *Moolasthan* of the *Purishavaha Srotas* (the *Pakwashaya* and *Sthula Guda*). The chronic nature of the condition stems from an underlying cycle of *Agni Mandhya* and mucosal ulceration (*Vrana*).

If diagnosed early, the condition is *Krichrasadhya* (difficult to treat). However, long-standing cases transition into a *Yapya Vyadhi*, requiring ongoing maintenance to prevent relapse. Combining *Nidana Parivarjana*, metabolic correction via *Deepana-Pachana*, targeted tissue-healing (*Vrana Ropana*), and a low-residue *Pathya* diet provides a safe and effective long-term management framework for Ulcerative Colitis.^[6,9]

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