



CASE REPORT

Ulcerative Colitis Managed By Per-Rectal Administration of *DURVĀDĪ GHRĪTA*: A Case Report

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ARTICLE HISTORY

Received: 22 October 2025

Accepted: 27 December 2025

Available online

Version 1.0 : 31 December 2025

Keywords

Ulcerative colitis, *Durvadi ghrīta*, *raktatisara*,
Per-rectal administration

Additional information

Peer review: Publisher thanks Sectional Editor and the other anonymous reviewers for their contribution to the peer review of this work.

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CITE THIS ARTICLE

Aswathy KP, Deepa J, Rajasree G. Ulcerative Colitis Managed By Per-Rectal Administration of *DURVĀDĪ GHRĪTA*: A Case Report. Kerala Journal of Ayurveda. 2025;4(4):74-78. <https://doi.org/10.55718/kja.507>



Abstract

Ulcerative colitis (UC) is a long-standing inflammatory disorder of the colon with remitting-relapsing course, presenting with bloody diarrhoea, urgency and incontinence. Conventional therapies (aminosalicylates, immunomodulators and biologics) often have limited efficacy and significant adverse effects. In Ayurveda, UC can be correlated with *raktātisāra*, *adhoga rakta-pitta* and *grahaṇi* involving *purīṣhāvaha srotas*. *Durvādī ghrīta* described in *Bhaiṣajya Ratnāvali* is indicated in bleeding disorders and may promote mucosal healing when administered per rectum.

A 56-year-old male with 8-year history of ulcerative pancolitis presented with blood-mixed stools >10 times/day. Baseline Simple Clinical Colitis Activity Index (SCCAI) was 9. Colonoscopy showed severe pancolitis with deep ulcerations and complete vascular pattern loss. The patient received per-rectal administration of 30 ml *Durvādī ghrīta* daily for 30 days following standard *pūrvakarma*, *pradhāna karma* and *paścāt karma* procedures.

After 30 days, bowel frequency reduced from 7 to 3 times/day with no nocturnal stools. Bleeding was arrested and stool occult blood turned negative. SCCAI decreased from 9 to 4. Follow-up colonoscopy revealed marked mucosal healing: disease limited to left colon with superficial ulcers, normal appearance of right colon and partial restoration of vascularity.

Introduction

Ulcerative colitis is a persistent idiopathic inflammatory disorder confined to the colon. The disease follows a remitting and relapsing pattern which may progress from mild asymptomatic mucosal inflammation to extensive colonic involvement. This progression can lead to frequent bloody stools, altered colonic motility, irreversible fibrosis, tissue damage, systemic manifestations often necessitating surgical intervention. Ulcerative colitis markedly impairs the patient's quality of life due to symptoms such as bowel urgency, incontinence and rectal bleeding and it also possess considerable economic burden.

The incidence of ulcerative colitis is increasing worldwide. In India the incidence is about 6.02 per 100,000 person per year. Approximately in 10-15% of patients, ulcerative colitis eventually require colectomy. Achieving mucosal healing through appropriate therapy reduces this risk as colectomy offers symptomatic relief, but not a definitive cure, and carries postoperative complications in up to one- third of cases^[1].

Conventional therapies for Ulcerative colitis include aminosalicylates, anti-tumour necrosing factor, thiopurines and methotrexate. These will not subside the active phase, may give mild relief, but drug resistance, drug dependency and side effects are high^[2]. Simple Clinical Activity Index is used to assess the severity of the symptoms in this study. The index determines the efficacy of different treatments aimed at reducing symptoms. The score ranges from 0 to 19, where active disease is of 5 or more^[3]

The disease can be correlated to *rakthathisara*, *adhoga rakthapitha* and *grahani* due to vitiation of *purishavaha srotas* considering its symptoms and *sthana samsraya* i.e *Pakwasaya*. So administration of medicine through anal route in the form of *vasthi* can arrest bleeding by promoting healing of ulcers and due to *rakthasthambana* property of medicine. *Durvadi ghr̥ita* is a polyherbal formulation described in ayurvedic text Bhaishajya Ratnavali- *rakthapitha prakarana*, indicated in bleeding disorders. It is specially indicated in *medrapayugata raktha pravrit̥hi* in the form of *vasthi*^[4]

In this case study patient diagnosed with Ulcerative colitis is treated with per-rectal administration of *Durvadi ghr̥ita* 30 ml, for 30 days and before and after treatment the patient is clinically assessed with Simple clinical colitis activity index and colonoscopy was done before and after treatment.

Case Report

A 56 year old male patient came to the Out Patient Department , Government Ayurveda College, Tripunithura on 04/04/2025 with the complaints of blood mixed stools more than 10 times per day (Day-7 times and Night- more than 3 times) for 8 years.

Present illness history revealed that the patient was apparently normal 8 years back. He gradually developed tendency to defecate soon after meals. The stools were often mixed with blood. There was no positive family history. The patient was a hotel supplier for 29 years and had frequent habit of eating spicy, oily, non veg food. He has done colonoscopy on 18/04/2024 and diagnosed as Ulcerative Pancolitis and was being managed with Tablet Mesacol 1200mg twice daily after food and Tablet Pantocid 40 mg once daily before food.

Physical examination on 04/04/2025

There was no pallor, icterus, oedema, no palpable lymph node enlargement. Weight of the patient was 66 kg with BMI 24.4 Kg/M². Blood pressure 120/80 mmHg, Pulse rate 72/min, and Respiratory rate was 20/min. Abdomen soft, non-tender, without muscle guarding, no organomegaly. Healed scar of Fistula-in-ano present in the peri anal skin with no signs of inflammation in any joints.

Simple Clinical Colitis Activity Index assessed on 06/04/2025:

Bowel frequency (Day)	Score	Patient's score	After treatment
1-3	0	2	0
4-6	1		
7-9	2		
More than 9	3		

Bowel frequency (Night)	Score	Patient's score	After treatment
1-3	0	0	0
4-6	1		

Urgency for defecation	Score	Patient's score	After treatment
Hurry	1	2	1
Immediately	2		
Incontinence	3		

Blood in stool	Score	Patient's score	After treatment
Trace	1	2	1
Occasionally frank	2		
Usually frank	3		

General well being	Score	Patient's score	After treatment
Very well	0	3	2
Slightly below par	1		
Poor	2		
Very poor	3		
Terrible	4		

Total Simple Clinical Colitis Activity Index Score before treatment -9, after treatment-4.

Blood investigations on 04/04/2025

ESR was 13 mm/hr. CRP was 5.5 mg/L and Hb% 13.3 g/dl.

Stool occult blood test on 04/04/2025: Positive

Colonoscopy Report on 18/04/2024: Ulcerative Pancolitis- UCEIS 6/8.External Hemorrhoids

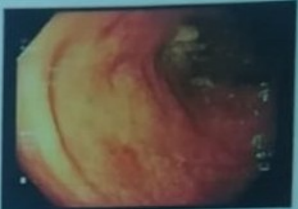
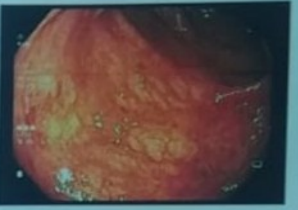
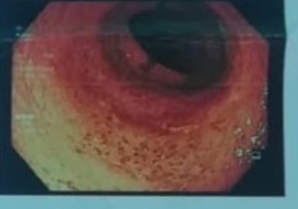
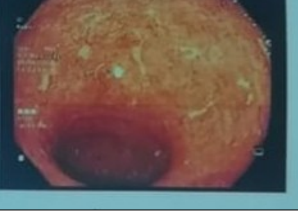
COLONOSCOPY		
Premedication	: 75 mcg fentanyl and 2 mg midazolam	
Indication	: K/C/O Ulcerative Colitis - C/o pain abdomen	
P/R	: External Hemorrhoids	
Preparation	: BBPS - &/9. Scope passed upto Cecum	
Anal Canal	: Normal	
Rectum	: Erythematous mucosa with Granularity, Complete loss of vascularity. Multiple deep ulcerations noted	
Sigmoid Colon	: Erythematous mucosa with Granularity, Patchy loss of vascularity. Multiple deep ulcerations noted	
Descending Colon	: Erythematous mucosa with Granularity, and Superficial Erosions noted. Complete loss of vascularity.	
Transverse Colon	: Erythematous mucosa with Granularity, and Superficial Erosions noted. Complete loss of vascularity.	
Hepatic Flexure	: Erythematous mucosa with Granularity, and Superficial Erosions noted. Complete loss of vascularity.	
Ascending Colon	: Erythematous mucosa with Granularity, and Superficial Erosions noted. Complete loss of vascularity.	
IC Valve/T.Ileum	: Normal	
Cecum	: Erythematous mucosa with Granularity, and Superficial Erosions noted. Patchy loss of vascularity.	
Biopsy	: taken 1. Right Colon 2. Transverse Colon 3. Left Colon 4. Rectum	
Impression	: Ulcerative Pancolitis -UCEIS 6/8. External Hemorrhoids	

Figure 1

Treatment

Per rectal administration of 30 ml *Durvadi ghritha* for 30 days from 06/04/2025 to 04/05/2025.

No oral medications were prescribed.

Poorvakarma

- Written Informed consent taken from the participant.
- Whole procedure explained to the participant.
- Perianal part was cleaned.

Pradhana karma

- 30 ml *Durvadi ghritha* melted and cooled to room temperature was taken in 50 ml syringe attached with a rubber tube.
- The end of the tube was lubricated with *Durvadi ghritha* and tube was inserted into the anal canal.
- Then medicine was administered slowly.

Paschat karma

- Then the participant was instructed to lie down comfortably in supine position for 45 minutes after the procedure.

Pathya-apathya

Patient was advised to take low fibre diet.

Result

The patient had good adherence to the treatment and tolerated it well. Bowel frequency was 7 times at day time and 3 times at night before treatment. After per-rectal administration of *Durvadi ghritha* bowel frequency has reduced to 3 times during day time and no bowel movement during night time. Before treatment patient had occasional frank bleeding which became arrested after treatment. Simple clinical colitis activity index was 9 before treatment which became 4 after treatment. Stool occult blood test was positive before treatment which became negative after treatment. ESR reduced from 13mm/hr to 10mm/hr after treatment. CRP reduced from 5.5mg/L to 5mg/L after treatment. Haemoglobin level increased from 13.3 g/dl to 13.5 mg/dl after treatment. There was no considerable difference in BMI before and after treatment.

On colonoscopy before treatment the findings showed that disease involved entire colon that is rectum to caecum. There was extensive severe colitis with deep ulcerations and complete vascular pattern loss. After treatment it became predominant left sided colitis including only the rectum, sigmoid, descending colon, and splenic flexure; ascending colon, hepatic flexure, cecum appeared normal. The ulcers have become superficial rather than deep. Right colon healed to normal appearance, mild bleeding instead of severe; vascularity partly restored in proximal colon. These are all signs

of mucosal healing in the proximal colon and a reduction in severity in the left colon.

On monthly follow up the patient reported reduced bowel frequency, absence of blood in stools, improved general well being and better quality of life.

Colonoscopy on 17/07/2025: Ulcerative colitis- predominant left sided colitis UCEIS 6/8, Sigmoid polyps

Discussion

UC is a disease of unknown cause marked by inflammation of the colonic and rectal mucosa, leading to ulcer formation. A distinct boundary is typically observed between healthy and affected intestinal tissue^[5]. It presents with a combined symptomatology of *raktatisara*, *adhoga raktapitha* and *grahani*. *Srotas* involved here is *purishavaha srotas*. Per-rectal administration/ *vasthi* has much more effect in *purishavaha srotodusti* than oral administration of medicine. *Durvadi ghrita*

has *pithasamana*, *rakthasthambana*, *rakthaprasadana*, *vranaropana* properties. The major ingredients include *ajapaya*, *tandulambu* and *aja ghrita* which are *rakthapithaprasamana*. *Aja paya* is specially *sosha jwara rakthapitha atisarajith*^[6]. The pathological process involved is the inflammatory process leading to the superficial erosion of the colonic mucosa affecting the mucosal barrier mechanism and its structural integrity^[7]. Also the disease shows *Pitha raktatika tridosa dusti*. So *pitharaktha samana* and *Vranaropana* should be the principle management and *Durvadi ghrita* fulfills the criteria. *Ghrita* is a natural source of short chain fatty acids and Butyric acid. Short chain fatty acids mainly Butyric acid is the most important energy substrate for colonocytes which aids in damaged mucosal regeneration^[8]

In this case, per-rectal administration of *Durvadi ghrita* reduced bowel frequency and arrested bleeding resulting in negative stool occult blood test and improved haemoglobin. Colonoscopy showed mucosal healing and decreased disease extent, correlating with improved SCCAI.

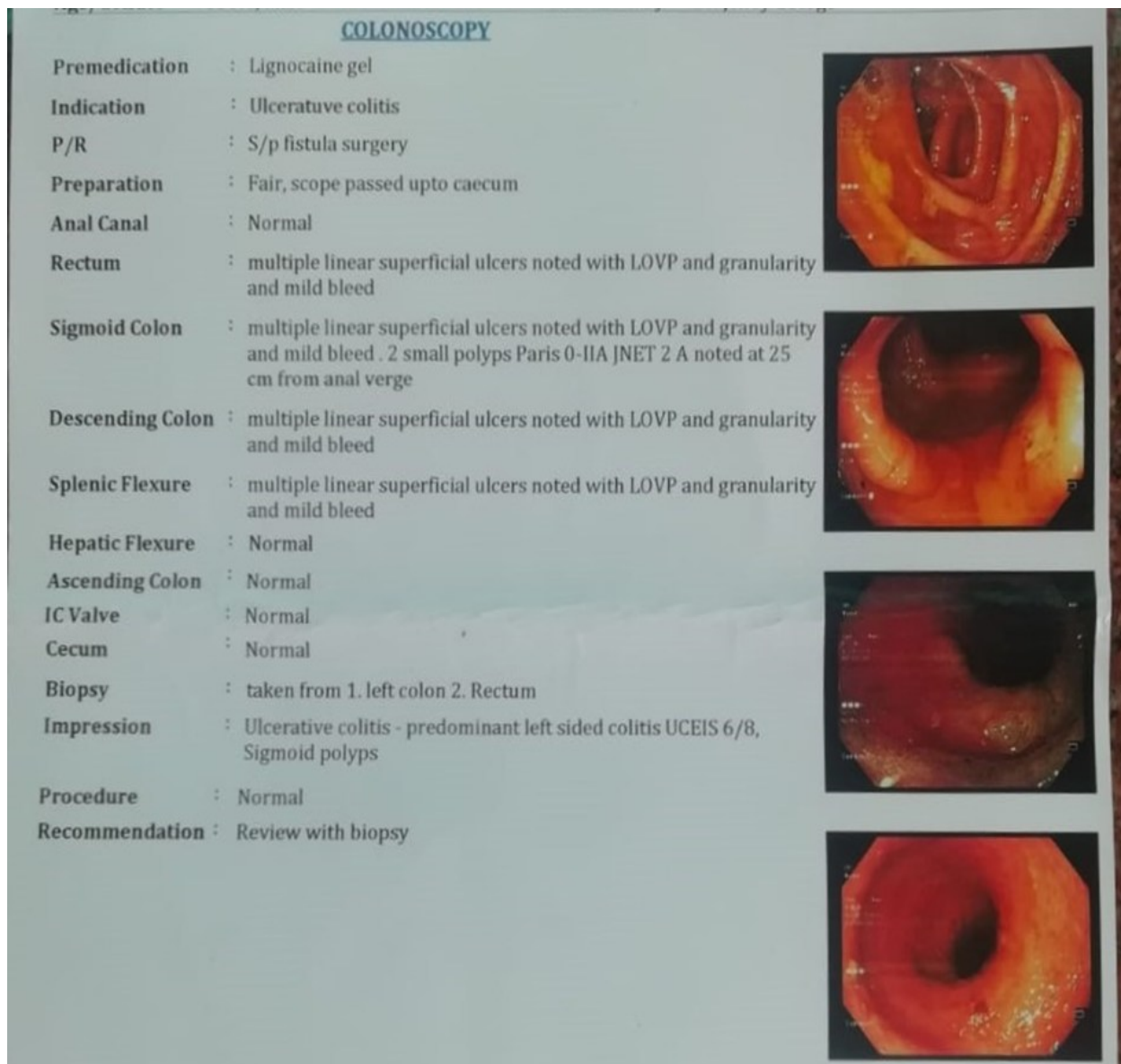


Figure 2

Conclusion

Ulcerative colitis is a systemic disorder with no known genetic cause, often affecting organs beyond the colon. Extraintestinal manifestations may include erythema nodosum, uveitis and primary sclerosing cholangitis^[9]. Surgical interventions possess both short and long-term risks such as anastomotic leak, major haemorrhage, wound infections, pouchitis, sepsis, toxic megacolon. Additionally these patients have an elevated risk of colorectal cancer which is influenced by the disease duration and extent.^[10]

Per-rectal administration of *Durvadi ghr̥ita* has both *Raktasthamabana* and *Vranaropana* properties which enable healing of the ulcerative lesions of Ulcerative colitis^[11]. Also per rectal route proves to be a better route of administration by arresting the disease progression and promoting ulcer healing and reducing the bowel frequency. Thus *vasthi cikitsa* can be considered a treatment of choice for Ulcerative colitis. In this case study the Ulcerative colitis patient is treated with per rectal administration of *Durvadi ghr̥ita* and has shown clinical, haematological and colonoscopic improvement in healing of ulcers of colonic mucosa. So we can conclude that use of *ghrita* and *taila* with *pithasamana* and *vranaropana* property mentioned in our classical text, in the form of *vasthi* in Ulcerative colitis can be beneficial.

Suggestions for future research:

Larger Clinical Trials: Conduct randomized controlled trials comparing per-rectal *Durvādī ghr̥ita* with standard therapy (e.g., mesalamine or SCFA enemas) to assess efficacy, safety and remission rates in ulcerative colitis.

Response & Duration Studies: Explore optimal dose, frequency and duration of per-rectal administration for different disease severities and stages (mild, moderate, severe UC).

Mechanistic Studies: Investigate mucosal healing pathways, anti-inflammatory and microbiota-modulating effects of *Durvādī ghr̥ita* using colonoscopic biopsies, cytokine profiling and microbiome analysis.

Comparative Route of Administration: Compare per-rectal administration versus oral administration of *Durvādī ghr̥ita* or other *ghrita*-based formulations to evaluate differential absorption and local versus systemic effects.

Combination Therapy: Evaluate whether adding *Durvādī ghr̥ita* as an adjunct to conventional medications reduces relapse rates or steroid dependence.

Long-Term Follow-Up: Assess sustained clinical remission, mucosal healing and relapse rates after discontinuation of therapy over 1-2 years.

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