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# Ayurvedic management of Ulcerative Colitis: A Case Study

Vishal Mori<sup>1</sup>, Manish Patel<sup>2</sup>, SN Gupta<sup>3</sup>, Kalapi Patel<sup>4</sup>

<sup>1</sup>Post Graduate Scholar, Department of Kayachikitsa, J. S. Ayurved Mahavidhyalaya, Nadiad, Gujarat, India.

<sup>2</sup>HOD and Professor, Department of Kayachikitsa, J.S. Ayurveda Mahavidhyalaya, Nadiad, Gujarat, India.

<sup>3</sup>Vice Chancellor, Maganbhai Adenwala Mahagujarat University, J. S. Ayurved Mahavidhyalaya, Nadiad, Gujarat, India.

<sup>4</sup>Dean & Hospital Superintendent, J S Ayurveda College & P.D. Patel Ayurveda Hospital, Nadiad, Gujarat, India.

## ABSTRACT

**Introduction:** Ulcerative colitis (UC) is an inflammatory bowel disease with remitting and relapsing pattern in which long term or repeated cortico-steroid and biological medicines are only available treatment which have limited effect and carrying many serious adverse effects.<sup>[1]</sup> **Purpose:** Inflammation invariably involves the rectum (proctitis) and may spread proximally to involve sigmoid colon (procto-sigmoiditis) and in some cases, it involves whole colon (pancolitis). The major symptom of ulcerative colitis is blood in stools.<sup>[2]</sup> In conventional medicine there is no any treatment which give completely relief or surgical treatment. But in *Ayurveda* treatment approaches are helpful in such diseases. With the changing demand and awareness among these days, the role of *Ayurveda* is an emerging reality. **Brief case history:** A 36-year-old male pharmaceutical manager by occupation at Canada, patient came to the P D Patel Ayurveda Hospital, Nadiad with confirmed diagnosis of ulcerative colitis since 10 years. He has more than 10 times stool frequency in which average 5 frequencies contain blood and mucus. Before he came to us, he took conventional medicine for the same complaints but didn't get any satisfactory result. He was hospitalized and treated with *Basti* and oral *Ayurvedic* medicines for one month period. His stool frequency reduced significantly in a day without bleeding and mucus. After one month of treatment, he is continuing oral medicine at OPD. Now he has one or two frequencies with normal consistency of stool without blood or slime. His haemoglobin level was also increased significantly. **Result:** He got an excellent result with complete relief from all symptoms as well as marked reduction in objective criteria (lab investigation) within 1 month.

**Key words:** *Ulcerative colitis, Raktatisara, Ayurveda*

## INTRODUCTION

Ulcerative-colitis is a chronic inflammatory bowel disease. It is characterized by relapsing and remitting mucosal inflammation, starting in the rectum and extending to proximal segments of the colon. In Crohn's disease and ulcerative colitis are two distinct but connected disorders that are referred to as

inflammatory bowel diseases (IBD). The hallmark symptoms of this condition include increased bowel frequency and bleeding in the stool. Due to the loss of water and blood in the stool, weakness is more frequent.<sup>[3]</sup>

The incidence rate is 9 to 20 cases per 100,000 persons per year. No sex predominance exists in ulcerative colitis. It affects the age group of 15-35 years which is most important decades of life and less common in 50-75 years.

The goal of treatment is inducing and maintaining clinical and endoscopic remission. While topical and systemic steroids can be used to treat ulcerative colitis flares, amino salicylates are the primary therapeutic option for mild to moderate ulcerative colitis. Immunosuppressants and biological medications are used to treat moderate to severe illness.<sup>[5]</sup> The high morbidity and mortality present a significant issue for

### Address for correspondence:

Dr. Vishal Mori

Post Graduate Scholar, Department of Kayachikitsa, J. S. Ayurved Mahavidhyalaya, Nadiad, Gujarat, India.

E-mail: vishalmori392@gmail.com

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medical practitioners. The risk of colon cancer causes the largest mortality to occur in the early years of the illness and over an extended period. Therefore, people are constantly looking for alternative therapies that promise better, safer results.

*Ayurveda* described *Raktatisara*, a type of hemorrhagic diarrhoea that shares certain symptoms with ulcerative colitis, including *Shula* (abdominal pain), *Gudapaaka* (rectal burning), and *Trishna* (excessive thirst). Treatments additionally helped the patient's overall health. Ulcerative colitis is a disease of *Purishavahasrotas*. *Raktatisara* is described as a more advanced stage of *Pittatisara* in *Ayurveda*.<sup>[6]</sup> In the *Charaka Samhita*, *Basti Chikitsa* is listed as a method of managing *Raktatisara*. Ulcerative colitis and this condition may be connected.<sup>[7]</sup>

## CASE REPORT

**Patient information:** A 36-year-old hindu, male, married, non-smoker, pharmaceutical manager by occupation at Canada visited P. D. Patel Ayurveda Hospital on 08th Nov, 2021 complaining of bleeding per rectum associated with mucus, abdominal pain while taking meal and generalized weakness since 2020. There was no positive family history. Patient had frequent habit of eating spicy, oily and outside junk food. Colonoscopy reports confirmed that the patient is suffering from severe diffuse gastritis and ulcerative colitis (Proctosigmoiditis). He was being managed with daily oral Tab. mesalamine- 1.2 mg (4 tab at morning), Tab. prednisone 5 mg (40 mg per day), Salofalk suppository (2 time per day). For last three month. This treatment didn't provide much relief in his signs and symptoms.

According to patient he was working in an pharmaceutical manager, due to high workload he was working from seven in the morning to late night either 12 or 1 p.m. And during this duration he was eating food from his office canteen, which used to be spicy. According to *Ayurveda*, *Ratrijagaran* (late night work) and spicy food (*Amla, Lavana, Katu, Vidahi Aahara*) are the cause for outbreak of *Vata* and *Pitta* which caused *Pittaj Atisar* as he continued the same life style so it finally caused the *Raktaj Atisar*. On general

examination; no pallor, icterus, oedema, no lymph nodes were palpable. Blood pressure was 110/70 mmHg, pulse rate was 68/min and Respiratory rate was 20/min.

**Table 1: Stool Examination**

| Stool examination | Date: 08/11/2021 |
|-------------------|------------------|
| Occult blood      | Positive         |
| Pus cell          | 10-12            |
| RBC               | 8-10             |
| Mucus             | Absent           |

**Table 2: Blood Examination**

| Blood Examination          | Date: 08/11/2021     |
|----------------------------|----------------------|
| Hb (g/dl)                  | 7.5gms%              |
| Neutrophils (%)            | 53%                  |
| Lymphocytes (%)            | 32%                  |
| Monocytes (%)              | 3                    |
| leucocytes mm <sup>3</sup> | 8,380mm <sup>3</sup> |
| Plate late count /cumm     | 2,55,00/cumm         |
| HBsAg                      | Non- reactive        |
| Hepatitis C Virus          | Negative             |
| HIV                        | Negative             |

## Clinical Finding

### Systemic examination

Pain and tenderness were noticed in the lower abdomen during a gastrointestinal examination.

There were no signs of aberrant respiratory, cardiovascular, or nervous system function.

### Ashtavidha Pariksha

**Table 3: Astavidh Pariksha**

|         |  |
|---------|--|
| Nadi    | 70 / min, Pittadhik Vata                                 |
| Mutra   | Samyak ,6-7 time /day                                    |
| Mala    | with blood (less stool no blood) and Mucus 4-5 times/day |
| Jihva   | Sama   |
| Sabdha  | Parakrut   |
| Saprsha | Prakrut  |
| Dak     | Singhdha   |
| Akruti  | Madhyam  |

### Personal history

- Diet: mixed (veg)
- Addiction: not any
- Job: pharmaceutical manager
- Past history: not ant major illness
- Family history: not any
- Surgical history: not any

### Treatment Schedule

**Table 4: Treatment Schedule**

| Date                    |   | Given Treatment   |
|-------------------------|---|---|
| 08/10/2021              | 1 <sup>st</sup> day                         | 1. <i>Kutaja Ghanvati</i> - (3tab/3time)<br>2. <i>Musta Churna + Nagkesar Churna + Lodhra Churna</i> = 3gm /3time<br>3. <i>Udumbar Kwatha</i> - 40ml - 2 time<br>4. <i>Chhardiripu - 2gm + Shankh Bhasma</i> - 250mg - 2 time / day (before food) |
| 07/11/2021 To 7/12/2021 | 2 <sup>nd</sup> day to 35 <sup>th</sup> day | 1,2,3,4 treatment continued with<br>5. <i>Udumbar Kwatha Basti</i> 40ml (after lunch) - ( <i>Udumbar Kand Twak</i> )<br>6. <i>Jatyadi Taila Matra Basti</i> - 40ml (after dinner)   |

|  |  |   |
|--|--|---|
|  |  | 7. <i>Shatavari Ghrita</i> (orally) - 20ml / 2 time |
|  |  | 8. <i>Nasya Karma</i> - 8-8- Drops                  |

### Investigations

Before starting the treatment; routine haematological tests were done. On visit, the patients had histopathology reports with him. Stool for occult blood was done before starting the treatment. (Table-2). Colonoscopy reports were with the patient. A brief of the haematological observations is placed at (Table-1)

### Timeline

| SN | Duration                 | Symptoms  | Interventions  |
|----|--------------------------|---|--|
| 1. | July 2021 to August 2021 | Stared having complain of constipation or some time diarrhea, abdominal pain nausea           | No any specific treatment taken  |
| 2. | 25/8/2021                | Watery diarrhoea with mucus 10-12 times/day, vomiting 2-3times/days for 3days                 | Consulted orthopaedic doctor -prescribe medicine but patient didn't take any medication  |
| 3. | 26/8/2021                | Watery diarrhoea with mucus 10-12 times/day, vomiting 2-3times/days for 3days                 | Diagnosed with Ulcerative colitis (proctosigmoiditis)  |
| 4. | 14/10/2021 to 20/10/2021 | Watery diarrhea mixed with blood and mucus 5-8 times/day.<br>Vomiting 1-2times/day & Weakness | he consulted gastroenterologist Cap.Mesacol, Tab. mesalamine- 1.2 mg (4 tab at morning), Tab. prednisone 5 mg (40mg per day), Salofalk suppository (2 time per day). |

|    |                          |   |  |
|----|--------------------------|---|--|
|    |                          |   | Initially got relieved but again the symptoms got worst.   |
| 5. |                          | Watery diarrhoea 10-11 time, mixed with blood and mucus times/day, Vomiting 1-2times/day & Weakness | Patient admitted to P.D. Patel Ayurveda hospital Nadiad  |
| 6. | 09/11/2021 to 15/11/2021 | Watery diarrhoea mixed with blood and mucus 5-8 times/day, No Vomiting times/day & Weakness         | <ol style="list-style-type: none"> <li>1. <i>Kutaja Ghanvati</i>,</li> <li>2. <i>Musta Churna + Nagkesar Churna + Lodhra Churna</i></li> <li>3. <i>Udumbar Kwatha</i></li> <li>4. <i>Udumbar Kwatha Basti</i></li> <li>5. <i>Jatyadi Taila Basti</i></li> <li>6. <i>Chhardiripu + Shankh Bhasma</i></li> <li>7. <i>Shatavari Ghrita (Orally) +</i></li> <li>8. <i>Go Ghrita with Pathyapathya</i></li> </ol> |
| 7. | 29/11/2021               | Watery diarrhoea mixed with and mucus 3-4 times/day, no blood<br>No Vomiting 1-2times/day           | Same as above  |
| 8. | End of November          | Watery diarrhoea mixed with and mucus 2-3 times/day   | Above treatment  |

|     |                         |  |  |
|-----|-------------------------|--|--|
| 9.  | 07/12/2021              | Watery diarrhoea mixed with and mucus 2-3 times/day          | Patient is discharged  |
| 10. | Follow up after 1 month | Sometime Watery diarrhoea mixed with and mucus 1-2 times/day | <ol style="list-style-type: none"> <li>1. <i>Musta Churna + Nagkesar Churna + Lodhra Churna</i></li> <li>2. <i>Udumbar Kwatha</i></li> <li>3. <i>Shatavari Ghrita (Orally) +</i></li> <li>4. <i>Go-Ghrita</i></li> </ol> |
| 11. | Follow up after 3 month | Sometime Watery diarrhoea mixed with and mucus 1-2 times/day | Same as above  |

### Outcome and Follow-Up

Table 5: Outcome and Follow-Up

| SN | Striking Features | Before Treatment                                  | After Treatment           | After 2 month of follow up |
|----|-------------------|---|---------------------------|----------------------------|
| 1. | Bowel Frequency   | 4 (More than 12 times in a day)                   | 0 (1 or 2 times in a day) | 0 (1 or 2 times in a day)  |
| 2. | Blood in stool    | 4 (Bleeding daily and more than 8 times in a day) | 0 (No bleeding)           | 0 (No bleeding)            |
| 3. | Mouth ulcers      | ++++  | -                         | -                          |
| 4. | Weakness          | 3 (Moderate weakness)                             | 1 (Tolerable weakness)    | -                          |
| 5. | Vomiting          | 2-3times/day                                      | No vomiting               | No vomiting                |

### Diagnostic Assessment

Colonoscopy (18/10/21)

Proctosigmoiditis present

Loss of vascular pattern erythema, mild ulceration at sigmoid and rectum colon.

### Therapeutic Intervention

The treatment given during hospitalization is as follows:

Upon the admission patient was started with *Udumbarkwath Basti*, *Samanarth Snehan* with *Shatavari Grita*, *Musta Churna* (3gm) + *Nagkesar Churna* (1gm) + *Lodhra Churna* (1gm) and *Yastimadhu Churna* (3gm). On second day (*Jatyadi Taila Matra Basti* - 40ml) after dinner was started. *Nasya Karma* with *Bhamhi Ghrita*. This following treatment was continued for 40 days.

*Shamana Aushadha* were also given which are mention in below (Table 4).

### Outcome and Follow-Up

Patient was assessed before and after the treatment as well as after follow up after 2 months of discharge. Reduced frequency of watery stool mixed with blood, mucus, no vomiting, and no mouth ulcers were observed after the treatment.

### DISCUSSION

In *Ayurveda*, *Raktatisara* is described as a type of hemorrhagic diarrhoea that shares certain symptoms with ulcerative colitis, including *Shula* (abdominal pain), *Gudapaaka* (rectal burning), and *Trishna* (excessive thirst). UC is a *Purisha Vaha Srotas* disease. The disease is caused by *Pitta Pradhan Vata Doshas*. *Udumbara Kwatha* possesses *Pitta Vata Shamana* characteristics, as well as *Vrana Shodana* and *Ropana*, which aid in the *Basti Karma* treatment of colon ulcers. Additionally, it has *Stambhana* qualities that lessen bowel frequency and stop bleeding. *Nagakeshara* has *Raktatisara Nashaka* and *Lodhra* has *Rakta Stambhaka* action that reduces the bleeding. The actions of *Musta* are *Amapachana*, *Agnideepana*, and *Grahi* decrease bowel frequency and relieve the body from *Ama*. *Aisara Nashaka* (*Stambhana*) *Guna* of *Kutaja Ghan*

*Vati*, which also aids in lowering bowel regularity, contains the *Ghana Satva* of *Kutaja Tvak*. *Yasthimadhu* (*Glycyrrhiza glabra* Linn.) is *Vata Pitta Shamaka* as well as *Shothahara* and is an anti-inflammatory drug.<sup>[8]</sup> *Ghrita* stimulates *Agni*, besides possessing properties like *Balya* and *Vrana Ropana* (healing effect).<sup>[9]</sup> *Charaka* described *Ghrita* as a best *Vata Pitta Shamaka Dravya*. *Jatyadi Taila* in *Matra Basti* is helpful in cleaning and healing the ulcers which have small openings, situated on vital spots, which have exudation, deep seated, painful and having sinuses.<sup>[10]</sup> *Bramhi Ghrita* helps in reliving stress, and *Medhya Guna*.<sup>[11]</sup> *Shatavari Ghrita* is described in *Charak Samhita Chikitsa Sthana*, having property of *Sheeta Guna*, *Pitta Shamak* and *Balya Guna* relieves mental stress which is a contributing factor to the disease.<sup>[12]</sup>

After consuming *Matra Basti* with *Jataydi Taila* and *Udumbar Kwath Basti* for 35 days, the patient's stomach pain while eating decreased, and he or she began eating solid foods like chapatis. The patient weigh increased after the 40<sup>th</sup> day of treatment, going from 45 to 48 kg. Before beginning *Basti*, a sigmoidoscopy was performed. Which revealed a decrease in vascularity and an increase in friability. With rectum and erosion. More mucosal erythema and Proctocolitis is indicated by oedema in the sigmoid colon. After receiving these mentioned medication for 35 days, healthy mucous membranes and vascularity was observed. Looking into these changes, *Basti* was stopped.

### CONCLUSION

This case report presents a potential of *Ayurveda* treatment in the management of ulcerative colitis. So, from above discussion it can be concluded that, *Ayurvedic* management is very successful in the management of Ulcerative Colitis. *Ayurvedic* management with oral herbs and *Basti* along with dietary modifications is very beneficial. It is safe, cost effective and having no adverse effects. This disease is a challenging medical problem. Continuous degradation of health disturbs the daily routine life and mental wellbeing of the patient. The patient is suffering from ulcerative colitis since last 10 years.

Long follow-up and a greater number of patients are required to reach any conclusion but, in this case, it can be stated that this treatment is a hope for the patients with ulcerative colitis resistance to conventional medicine.

## COLONOSCOPY REPORT

< 2021-Oct-18\_MEDICAL\_... [Icons]

RECIPIENT: Dr. J. Patel.  
 ASSISTANT: Dr. S. Hindi, resident.  
 PROCEDURE: Full Colonoscopy.  
 INDICATION: 3 mo of blood and 100 mg of Pantylol.

POST-PROCEDURE FINDINGS:  
 1. Colonoscopy to the terminal ileum with no evidence of disease beyond 34 cm.  
 2. Active Mayo 2 disease from anal verge to 34 cm from the anal verge. Biopsies taken throughout.

CLINICAL HISTORY: Report is a very pleasant 36-year-old gentleman with a history of ulcerative proctitis. This was diagnosed in 2012 initially with proctitis with eventual extensive disease. He was maintained on Mesazone 4.0 g daily and 5-ASA suppositories as needed with 1 g suppository twice daily. He has ongoing four to five bowel movements per day with rectal bleeding. This has worsened over the past few weeks and has required medical absence from work. He presents today for lower endoscopy to assess for severity and extent of disease.

PROCEDURE NOTE: Report was brought into the endoscopy suite and informed consent was obtained for lower endoscopy. I noted his risks being infection, bleeding, perforation, and 1:1000 risk of perforation. A standard adult colonoscope was used after perineal examination, which did not demonstrate any perineal abnormalities. We inserted the colonoscope into the rectum on direct visualization and noted immediately some proctocolitis. We then advanced into the remainder of the colon and advanced into the cecum and after to terminal ileum. The terminal ileum was unremarkable with no evidence of friability, no loss of villi, no ulceration. We then withdrew back into the cecum. In the cecum, ascending, transverse, and descending colon, I did not appreciate any signs of inflammation and had Mayo 0 disease. This included good vascular pattern, no ulcerations, and no friability. At about 34 cm from the anal verge, there was loss of vascular pattern, crypts, mild ulceration which we biopsied in the sigmoid and rectum. This is described as Mayo 2 disease. One of the biopsies in the rectum did have small amount of bleeding and therefore we applied a clip about 3-4 cm from the anal verge. We elected not to sacrifice given the bleeding and friability. We then completed the procedure.

ASSESSMENT AND PLAN: Report is a pleasant 36-year-old gentleman with evidence of ulcerative proctocolitis 34 cm from the anal verge. We will follow up with pathology and I have initiated him on prednisone oral taper with followup in clinic. We will discuss a biologic therapy with Report at our next clinical appointment.

I wish Report all the best.

Dictated by Dr. S. Hindi, resident, on behalf of Dr. Jayesh Patel.  
 Dr: 10/10/21 11:55:16  
 TI: 10/10/21 20:38:22 IN  
 Job ID: 179720 Doc ID: 1317702

Transcription Date/ Time: 10/10/21 20:38:22 EOE

Reported by: PATEL, DR. Jayesh-Gastroent  
 Date/ Time Report Signed: 10/10/21 20:38:22  
 Principal Author: PATEL, Jayesh

## PATIENTS PERSPECTIVE

The patient – “When I came to this hospital, I had watery stool mixed with blood and mucus, vomiting, mouth ulcers, and disturbed sleep. I had weakness, Now, after the treatment, I have much relief from all symptoms and my stool frequency is decreased with is up to normal 2-3 time per day. I was told by the allopathic doctors that I will have to go for surgical operation and continue allopathic medication for life time, since I was admitted at this hospital I had stopped my all allopathic medication. but here after *Basti Karma, Nasya, Karma* and other Ayurveda treatment I got relief in symptoms.

## INFORMED CONSENT

Written permission for publication of this case study has been obtained from the patient.

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