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Therapeutic Potential of Unani Regimen in Ulcerative Colitis: A Case Report

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ABSTRACT:

Ulcerative colitis (UC) is a chronic inflammatory disorder of the colon and a major form of inflammatory bowel disease (IBD), characterized by continuous mucosal inflammation resulting in bloody diarrhea, abdominal pain, and urgency. Although its exact etiology remains unclear, it is believed to arise from a complex interaction of genetic susceptibility, immune dysregulation, environmental factors, and alterations in gut microbiota. Conventional therapies, including 5-aminosalicylates, corticosteroids, immunosuppressants, and biologics, are effective in inducing and maintaining remission; however, variable efficacy and concerns regarding long-term adverse effects have led to increasing interest in complementary therapeutic approaches. In Unani medicine, UC is not recognized as a distinct disease entity but is described under conditions such as *Sahej* (intestinal erosion), *Zoosantariya* (bloody diarrhea), and *Ishaal* (diarrhea), which closely resemble its clinical manifestations. Sahej, characterized by intestinal mucosal damage, closely resembles the pathology of UC. According to Unani principles, the condition results from an imbalance of humors, particularly *Safra* and *Balgham-e-Shore*, leading to inflammation and mucosal injury. This case report describes a 42-year-old male with hypothyroidism and chronic UC who presented with frequent bloody mucoid stools, abdominal burning, weakness, and weight loss, with inadequate response to conventional treatment. Based on an Unani assessment indicating *Safravi Mizaj*, the patient was treated with *Ilaj bil Ghiza, Ilaj bil Dawa,* and lifestyle modifications guided by *Asbab-e-Sitta Zarooriya* for three months. Significant clinical improvement was observed within 3–4 weeks, including reduced symptoms, improved functional status, and improved Mayo score and IBDQ outcomes, without adverse effects.

KEYWORDS: 5-aminosalicylates, *Balgham-e-shore,* Ulcerative colitis, *Zoosantariya.*

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INTRODUCTION:

Ulcerative colitis (UC) is a chronic inflammatory disorder of the large intestine, characterized by recurrent episodes of remission and relapse. The disease typically begins in the rectum and extends proximally in a continuous manner, affecting the colonic mucosa. [1-2] Unlike Crohn's disease, which can involve any part of the gastrointestinal tract and presents with patchy, transmural inflammation, ulcerative colitis is confined to the colon and involves only the superficial mucosal layer. Clinically, UC is characterized by frequent bowel movements, rectal bleeding, and the passage of mucus in stool. Patients commonly experience lower abdominal pain and cramping, often relieved after defecation. Persistent blood and fluid loss may lead to fatigue, anemia, and generalized weakness. [3-4] The disease most frequently affects individuals between 15 and 35 years of age and shows no strong gender predilection. Its incidence ranges from approximately 9 to 20 cases per 100,000 individuals per year. [5-6] The exact etiology of ulcerative colitis remains unclear; however, it is widely regarded as a multifactorial condition. Current evidence suggests that immune dysregulation plays a central role, accompanied by genetic susceptibility, environmental triggers, and alterations in gut microbiota. An abnormal immune response leads to sustained inflammation and damage to the colonic mucosa. Environmental factors such as diet, stress, infections, and smoking cessation have been implicated in disease onset and exacerbation, while a positive family history and higher body mass index may further increase risk. Ulcerative colitis follows a relapsing and remitting course, with periods of active disease interspersed with remission. The hallmark feature is recurrent episodes of bloody, mucus-containing diarrhea. Additional symptoms may include urgency, tenesmus, fever, weight loss, and fatigue. In some cases, patients may also develop nausea, vomiting, or anemia. Extraintestinal manifestations, though less frequent, can involve joints (arthritis), eyes (uveitis), skin (erythema nodosum), and the hepatobiliary system, particularly primary sclerosing cholangitis. If not adequately managed, UC can lead to serious complications such as severe mucosal ulceration, colonic perforation, toxic megacolon, and an increased risk of colorectal carcinoma.[4-7] Chronic disease activity may also result in malnutrition due to reduced intake and impaired absorption. The primary goal of treatment is to induce and maintain remission while minimizing complications. Conventional management includes the use of amino-salicylates for mild to moderate disease, corticosteroids for acute flare-ups, and immunosuppressive or biologic therapies for more severe or refractory cases. However, long-term use of these medications is often associated with significant adverse effects, including increased susceptibility to infections and other systemic complications, and a definitive cure remains unavailable.

In this context, Unani medicine provides an alternative perspective. However, ulcerative colitis is not mentioned as such. In classical texts, its clinical

features closely resemble conditions such as *Zoosantariya, Sahaj, and Ishaal*, which involve the passage of blood- and mucus-mixed stools. The concept of *Sahej*, which refers to the erosion of the intestinal mucosa, aligns with the pathological basis of UC. According to Unani theory, the disease arises from an imbalance of humors, particularly Safra and *Balgham-e-shore,* leading to mucosal injury. Unani management emphasizes restoring humoral balance, protecting the intestinal lining, and preventing disease progression through herbal formulations and supportive regimens, which refers to the holistic approach to care. [14]

CASE REPORT:

A 42-year-old male patient presented with complaints of frequent loose stools, occurring approximately 10–12 times per day, with stools containing mucus and blood. He also reported a persistent burning sensation in the abdomen, accompanied by generalized weakness and noticeable weight loss. His medical history was significant for Hypothyroidism, for which he was receiving levothyroxine 100 µg once daily under medical supervision. Over time, the condition became increasingly concerning and began to interfere with his daily activities. The patient was diagnosed with Ulcerative Colitis based on findings from a lower gastrointestinal endoscopy and histopathological biopsy. Lower gastrointestinal endoscopy revealed findings suggestive of Inflammatory Bowel Disease with suspicion of Ulcerative Colitis along with Grade I internal hemorrhoids. Histopathological examination of the rectal biopsy demonstrated ulcerated mucosal lining with crypt hyperplasia, focal cryptitis, crypt abscess formation, and dense mixed inflammatory infiltrate predominantly composed of lymphoplasmacytic cells in the lamina propria. No granuloma or atypical cells were identified. These findings were suggestive of Ulcerative Colitis and confirmed the diagnosis in correlation with the clinical presentation. Before presenting for Unani treatment, the patient had received conventional management for approximately two years, including oral mesalamine (5-aminosalicylic acid) preparations (approximately 1.2 g/day), mesalamine rectal enema therapy, and intermittent courses of corticosteroids during disease exacerbations. Despite treatment adherence, he experienced only partial symptomatic relief with recurrent episodes of diarrhea, rectal bleeding, abdominal discomfort, and progressive weakness.

Following a detailed review of his medical history, along with clinical examination and relevant investigations. There was no history of asthma, diabetes mellitus, other associated illnesses, or known allergies, and no significant family history was noted. No significant history of anxiety, depression, major psychosocial stressors, or sleep disturbances was reported at the time of presentation. Systemic examination revealed no abnormalities, and his vital signs were within normal limits. The patient had discontinued all conventional medications for Ulcerative Colitis approximately six months before presentation and received only Unani

treatment thereafter, while levothyroxine for hypothyroidism was continued. The treatment plan was based on the principles of classical Unani medicine. His temperament (*Mizaj*) was assessed using ten classical parameters (*Ajnas-e-Ashra*) and was found to be *Safravi* in nature. The therapeutic approach aimed to address both internal and external factors contributing to the disease in accordance with the holistic framework of Unani medicine.

Assessment of Patient:

The patient's condition was closely monitored through follow-up evaluations conducted every two weeks (at the 2nd, 4th, 6th, 8th, 10th, and 12th weeks). These evaluations included updates to the Mayo Score[18] (used to assess the severity of ulcerative colitis), the IBDQ (Inflammatory Bowel Disease Questionnaire)[19] score for quality of life, and the Physician Global Assessment (PGA) score shown in Table 1**.**

Additionally, relevant clinical findings were documented at the start and conclusion of the treatment period. The patient was fully informed about the use of Unani medicine in his management and provided consent for the potential publication of his case in a medical journal, with strict confidentiality of his and their family's identity. The treatment strategy was grounded in the principles of classical Unani medicine. The therapeutic approach focused on addressing both internal and external factors contributing to ulcerative colitis, following the holistic framework of Unani medicine.

Clinical Response:

The patient demonstrated significant clinical improvement in symptoms of ulcerative colitis following treatment with Unani medicine. Noticeable changes were observed within the first 3–4 weeks, and by 8 to 12 weeks, there was marked overall improvement in his condition, as reflected in improved Mayo scores and Physician Global Assessment (PGA) findings. The patient experienced a reduction in stool frequency and rectal bleeding, along with improved digestion and increased energy levels, as shown in Table no 2. No adverse effects such as abdominal discomfort, nausea, or other complications were reported during the treatment period. The patient also reported a high level of satisfaction, as evidenced by an improved Inflammatory Bowel Disease Questionnaire (IBDQ) score, indicating improved quality of life.

THERAPEUTIC INTERVENTION:

The management regimen included *Ilaj bil Ghiza* (diet therapy), and *Ilaj bil Dawa* (pharmacotherapy), along with lifestyle modifications based on *Asbab-e-Sitta Zarooriya* (six essential factors). The patient was advised to maintain a healthy lifestyle, including adequate rest, regular sleep, stress reduction, proper hydration, and avoidance of smoking and other dietary or environmental factors that could aggravate gastrointestinal symptoms. Dietary therapy emphasized a soft, balanced diet, avoiding spicy, fried, and non-vegetarian foods, as well as raw salads, tea, and coffee. Recommended foods included rice gruel, pomegranate and

pineapple juice, bananas, milk, curd (with optional addition of *Isabghol*), and adequate fluid intake. The pharmacological intervention involved *Jawarish Shahi* (7 g twice daily), *Sharbat-e-Bhel* (20 ml twice daily), *Cap Raal* (2 capsules twice daily), *Habbe Narkachoor* (1 tablet twice daily), and *Safoof Inderjo* (5 g twice daily), which were administered along with plain water for 3 months. This regimen aimed to restore gastrointestinal balance, reduce inflammation, and enhance digestive function. [9-12]

At follow-up, the patient remained in remission, with no recurrence of symptoms or emergence of new complaints. This case demonstrates the potential effectiveness of Unani medicine in managing ulcerative colitis through a holistic approach that addresses both underlying causes and overall patient well-being.

Table-1: Mayo Score (Ulcerative Colitis Severity Index)

Parameter	Score 0	Score 1	Score 2	Score 3
Stool Frequency	Normal	1–2 stools more than normal	3–4 stools more than normal	≥5 stools more than normal
Rectal Bleeding	None	Streaks of blood <50% of the time	Obvious blood most of the time	Blood alone passed
Endoscopic Findings	Normal or inactive disease	Mild disease (erythema, ↓ vascular pattern)	Moderate disease (marked erythema, friability)	Severe disease (ulceration, spontaneous bleeding)
Physician Global Assessment (PGA)	Normal	Mild disease	Moderate disease	Severe disease

Total Score Range: 0–12

- 0–2: Remission
- 3–5: Mild
- 6–10: Moderate
- 11–12: Severe

Table-2: Assessment of Results:

Parameter	Pre-Treatment(baseline)	Post-Treatment
Bloody mucoid diarrhea	Present	Absent
Lower abdominal cramps	Present	No
Weight loss	Present	Stabilized
Urgency for defecation	Present	No
CBP	Abnormal	Normalized
ESR	Elevated	Normal
CRP	Elevated	Normal
Stool examination	Blood & Mucus +ive	Blood & Mucus –ive

DISCUSSION:

Ulcerative colitis (UC), a chronic inflammatory condition of the colon, shares clinical similarities with the Unani concepts of *Zoosantariya, Sahej*, and *Ishaal*, particularly in terms of intestinal ulceration and the passage of blood and mucus-mixed stools. In this case series, a holistic Unani management approach comprising *Ilaj bil Ghiza* (dietotherapy), and *Ilaj bil Dawa* (pharmacotherapy), along with lifestyle modifications based on *Asbab-e-Sitta Zarooriya*, was implemented. A simple, non-irritant diet contributed significantly to reducing intestinal irritation and promoting mucosal recovery. The treatment protocol was administered in phases according to the severity and progression of symptoms. The prescribed Unani formulations demonstrated complementary therapeutic actions that may correlate with modern pharmacological mechanisms involved in UC management.

Cap Raal was used primarily for its *Mujaffif* (desiccant) and *Qabiz* (astringent) properties. It appeared to reduce excessive intestinal secretions, control rectal bleeding, and improve stool consistency. [20] Its drying and binding actions may help minimize mucosal exudation and support ulcer healing.

Jawarish Shahi, recognized as a *Muqawwi-e-Meda* (gastric and digestive tonic), likely improved gastrointestinal function by enhancing digestion and nutrient assimilation. Better digestive efficiency may have contributed to improved patient strength, reduced gastrointestinal discomfort, and enhanced recovery of the intestinal mucosa. [8]

Sharbat-e-Bel demonstrated notable anti-diarrheal and astringent effects. Decreasing stool frequency and reducing bowel urgency, it helped restore bowel regularity and improve patient comfort. Its soothing action on the intestinal lining may also have contributed to mucosal protection.[15]

Habbe Narkachoor showed potential carminative and anti-inflammatory benefits. Patients experienced relief from abdominal cramps, bloating, and discomfort, suggesting its role in reducing intestinal spasm and localized inflammation within the colon. [16]

Safoof Inderjo was particularly effective in managing chronic diarrhea and dysenteric symptoms. Owing to its strong astringent and mucosal restorative properties, it may support epithelial healing, decrease intestinal inflammation, and improve the integrity of the colonic mucosa. [17]

Collectively, these formulations appear to exert therapeutic effects through multiple pathways, including anti-inflammatory, antimicrobial, immunomodulatory, mucosal protective, and astringent actions. Such a multimodal mechanism is relevant to the multifactorial pathophysiology of UC, which involves immune dysregulation, mucosal damage, altered gut flora, and chronic inflammation. The outcomes observed in this case were encouraging. The patient demonstrated substantial symptomatic improvement, including a marked reduction in bloody diarrhea, abdominal pain, tenesmus, and bowel

urgency. Gradual normalization of stool consistency and frequency was noted during follow-up. No major adverse effects were reported during the treatment period, indicating that the therapy was generally safe and well-tolerated.

CONCLUSION:

This case study underscores the potential role of Unani herbal formulations as an adjunctive therapy in the management of ulcerative colitis. By addressing both the underlying humoral imbalance and symptomatic manifestations, Unani medicine offers a holistic and potentially safer approach for long-term disease management. With this single case study, it is suggested that a larger sample size study should be designed in the future.

Limitation of study:

As this is a single-case report, the findings cannot be generalized to all patients with ulcerative colitis. In addition, long-term follow-up and post-treatment endoscopic evaluation was not performed. Therefore, larger controlled studies are needed to further validate these findings.

Consent of patient:

Informed consent was obtained from the patient for publication of this case report. Patient identity has been kept confidential.

Declaration of Patient Consent:

The informed written consent has been taken from the patient for publication of data and images without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

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