

## CASE STUDY

# A Critical Analysis on *Pichchha Basti* in *Grahani Roga*– A Case Study

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### ABSTRACT

*Ulcerative colitis (UC) is a chronic inflammatory bowel disease that typically requires long-term management. This case is unique in its integration of Ayurvedic Panchakarma therapy specifically Anuvasan Basti and Piccha Basti for managing UC symptoms, aiming for steroid-free remission. It contributes to the scientific literature by highlighting an alternative approach rooted in classical Ayurvedic principles for a modern gastrointestinal disorder. A 39-year-old male presented with diarrhea, abdominal pain, rectal bleeding, mucus discharge, and generalized weakness. His symptoms had gradually progressed, consistent with classical features of UC. The patient was clinically diagnosed with ulcerative colitis with the help of endoscopy reports and symptoms. The patient was clinically diagnosed with ulcerative colitis. He was treated at the Panchakarma IPD with a combination of Anuvasan Basti and Piccha Basti, alongside supportive Ayurvedic medications. The patient experienced significant symptom relief and achieved delayed but sustained remission without reliance on steroids. This regimen, aligned with treatments recommended for conditions such as Parvahika and Grahani, aimed to reduce inflammation, support digestion, and strengthen the colon. This case underscores the potential of classical Ayurvedic therapies, particularly Piccha Basti, in managing ulcerative colitis. The main takeaway is that integrative treatment can lead to improved quality of life and long-term remission in UC patients, potentially reducing dependence on conventional immune-suppressive therapies.*

**KEYWORDS:** *Ulcerative Colitis, Grahani, Picchabasti, Case report*

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## INTRODUCTION

Ulcerative Colitis (UC) is a chronic idiopathic inflammatory bowel disease characterized by immune-mediated inflammation of the colonic mucosa, typically involving the rectum and extending proximally in a continuous pattern. Its relapsing and remitting course, with recurrent flare-ups and remission, poses significant challenges in management. Despite advances in understanding its pathophysiology, the exact etiology of UC remains unknown. Clinically, UC manifests with symptoms such as rectal bleeding, diarrhea, abdominal pain, and urgency, which severely impact patients' quality of life. The disease's unpredictable nature and potential for severe complications underscore the need for effective therapeutic interventions. This case is unique in illustrating the integration of traditional Ayurvedic concepts and therapies with modern clinical understanding. Ayurveda describes a comparable gastrointestinal disorder under *Grahani Roga* [1], linked to impaired *Agni* (digestive fire) and dysfunction of the *Purishavaha Srotas* (waste elimination channels), with symptom overlap such as bloody stools and abdominal discomfort. Traditional *Panchakarma* treatments, particularly *Pichha Basti* (medicated enema) [2], have shown promising outcomes in managing such chronic conditions, suggesting a complementary approach to UC treatment. Presenting this case emphasizes the potential of Ayurveda to offer holistic and effective management strategies for UC, contributing to the growing body of evidence supporting integrative care.

## PATIENT INFORMATION

A 39-year-old male patient presented with a two-year history of intermittent diarrhea, abdominal pain, per rectal bleeding, mucous discharge per rectum, and generalized weakness. There is no significant past medical history, family history, or history of any major systemic illness.

## TIMELINE

According to the patient, he was completely asymptomatic until two years ago, when he began experiencing intermittent diarrhea, abdominal pain. Initially, the pain was mild, infrequent, and often dismissed as nonspecific discomfort. Over time, he noticed occasional episodes of per rectal bleeding, typically presenting as fresh blood on the surface of the stool or during wiping, along with mucous discharge. Concerned by these symptoms, the patient consulted his family physician and was prescribed symptomatic treatment, which provided only temporary relief. However, once the medication was discontinued, the symptoms gradually worsened. He experienced an increase in both the frequency and intensity of abdominal pain, rectal bleeding, and mucous discharge. Concurrently, the patient developed generalized weakness—likely due to chronic blood loss and ongoing inflammation—and significant fatigue that impaired his ability to perform routine daily activities.

## CLINICAL FINDINGS

General examination:

Lethargic look, thin and lean patient,

No pallor, Icterus, Oedema, clubbing was present.

P/A – Tenderness present on right iliac region, hypogastric region, left iliac fossa, bowel sound heard

P/R – Sphincter tone Spastic

On Proctoscopy – Mild bleeding & mucous discharge, anal Papilla at 6 o'clock & 9 o'clock position. hyperemic mucosa present

Other systemic examinations were normal.

## DIAGNOSTIC ASSESSMENT: -

Based on the Truelove and Witts Severity Index, the patient's condition is categorized as Moderate Ulcerative Colitis. The assessment parameters are mentioned in Table 1

**Table 1 Assessment parameters of Ulcerative Colitis**

Clinical Feature	Patient Findings	Severity Level
Stool frequency	4–5 per day	Moderate (4–6/day)
Blood in stool	Mild	Moderate
Temperature	Normal	Mild to Moderate
Heart rate	88/min	Moderate ( $\leq 90$ /min)
Hemoglobin	8.6 g/dL	Moderate ( $\geq 10.5$ borderline)
ESR	Normal	Mild to Moderate

**COLONOSCOPY IMPRESSION:** the ascending colon, transverse colon, the descending colon appears normal. The sigmoid colon and rectum were showing diffuse erythema, friability and small ulcers. There were no skip lesions seen suggestive idiopathic ulcerative colitis.

## THERAPEUTIC INTERVENTION:

Content of *Basti* mentioned in Table 2 [4]

*Anuvasan Basti*: *Changeri Ghrita* (50 ml) + *Yashtimadhu Ghrita* (20 ml)

*Pichha Basti*:

**Table 2 Content of Basti**

S.No.	Component	Ingredients	Quantity
1	<i>Madhu</i> (Honey)	—	80 ml
2	<i>Saindhava</i> (Rock Salt)	—	8 g
3	Medicated Ghee as <i>Sneha</i>	- <i>Changeri Ghrita</i> - <i>Yashtimadhu Ghrita</i>	50 ml + 20 ml
4	<i>Kalka Dravya</i> (Paste Drugs)	- <i>Shalmali Nirya</i> - <i>Kutaja Choorna</i> - <i>Yashtimadhu Choorna</i> - <i>Haridra Choorna</i> - <i>Musta Choorna</i> - <i>Bilva Choorna</i> - <i>Shatpushpa Choorna</i>	Total 30 g
5	<i>Kshirapaka</i> (Milk Decoction)	- <i>Shalmali Choorna</i> - <i>Vatankura</i> - <i>Yashtimadhu Choorna</i>	200 ml

## Duration of Treatment:

*Pichha Basti* and *Anuvasan Basti* was given alternative to the patient [3], *Anuvasan Basti* was given after food (*Ardra paani*) while *Pichha Basti* was given little empty stomach to the patient.

*Basti* was given through the schedule of *Yoga basti* here we used *Pichha Basti* which is the which is the type of *Niruha basti*.

**Duration of Basti Procedure: 8 days**

Table 3: 8 Days Basti Protocol

03/04	04/04	05/04	06/04	07/04	08/04	09/04	10/04
AB	PB	AB	PB	AB	PB	AB	AB

AB: *Anuvasan Basti*, PB: *Pichha Basti*

Table 4 Daily Basti Dose, Administration time, Evacuation time, Retention time

Days	<i>Pichha Basti</i> Matra (Dose)	<i>Adana Kala</i> (Time of <i>Basti</i> administration)	<i>Pratyagamana kala</i> (Time of <i>Basti</i> Evacuation)	Retention time	Complication
1.	AB- 70 ml	12:00pm	3:30 pm	2hrs & 30 min	No
2.	PB- 250ml	10:00 am	10:10am	10 min	Mild Abdominal pain
3.	AB-70 ml	1:00 pm	6:00 pm	3 hours	No
4.	PB- 250 ml	10:00am	10:15 am	15 min	No
5.	AB- 70 ml	2:15 pm	4:45 pm	3 hours & 10 min	No
6.	PB- 250 ml	10:00 am	10:20 am	20 min	No
7.	AB- 70 ml	2:20 pm	5:40 pm	3 hours & 30 min	No
8.	AB- 70 ml	2:00pm	7:00pm	5 hours	No

*Basti* Procedure-

1. *Poorva Karma*: *Sthanik Snehana Swedana* with *Moorchit Tila Tail* and *Mrudu Bashpa Swedana*.
2. *Pardhan Karma*: The patient was positioned in the left lateral position for the administration of *Basti* as per the prescribed schedule. Following all aseptic precautions, the *Basti* was administered directly into the rectum.

**Method of preparation of *Pichha Basti***

Firstly, the required quantity of *Madhu* (honey) was taken and *Saindhava Lavana* (rock salt) was added to it, followed by trituration. Then, the appropriate amount of *Sneha Dravya* (ghee) was added and mixed well. After that, the *Kalka Dravya* (herbal paste) was added and blended properly. Finally, the *Kashaya* (herbal decoction) was added in the prescribed quantity and the entire mixture was stirred until a homogenous emulsion was formed at lukewarm temperature, making it ready for *Basti* administration.

3. *Pashchata Karma*

- A. Patient is asked to keep lying for 3-4 minutes for better absorption of *Basti*.
- B. Patient is advised to take light diet.
- C. Patient is advised to avoid fast foods and spicy foods.
- D. After complication of complete cycle patient is advised to follow the *Sansarjan Karma*.

**OUTCOMES**

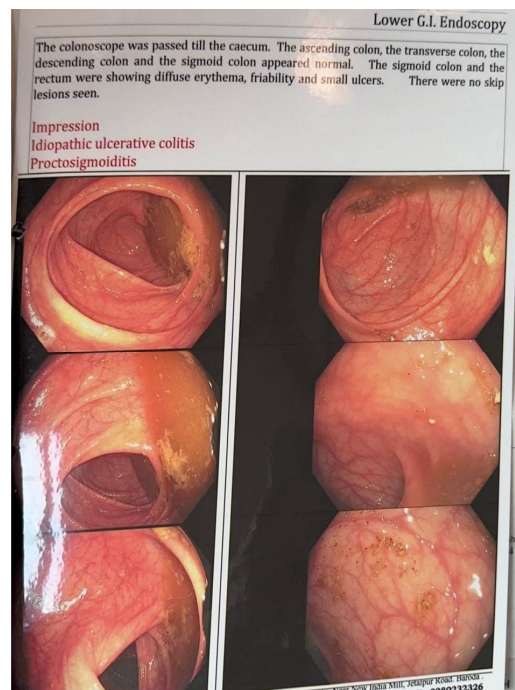
The eight-day *Yoga Basti* regimen produced a clear, well-tolerated therapeutic response: loose-stool frequency fell from 4–5 to 1–2 well-formed motions per day, rectal bleeding ceased entirely by Day 7, mucous discharge stopped, hypogastric and iliac abdominal pain subsided, and the patient reported greater energy with less fatigue. Objectively, successive *Anuvasan Bastis* lengthened stool-retention time and reduced urgency; post-treatment proctoscopy revealed markedly diminished mucosal hyperaemia with no active bleeding, and the anal papillae appeared only mildly inflamed. Hemoglobin rise from 8.6 g/dL to roughly 9.5 g/dL, consistent with reduced blood loss and improved absorption. No complications or adverse effects occurred, and steadily improving retention times suggested favourable local tissue adaptation.

Follow up: After 15 days, the patient remained completely symptom-free with no recurrence of diarrhea, rectal bleeding, or abdominal pain, indicating sustained clinical remission and improved well-being.

**DISCUSSION**

This case highlights the potential role of Ayurvedic intervention—specifically *Pichha Basti*—in the management of chronic gastrointestinal disorders such as *Grahni Roga*. A key strength of this report lies in its focus on an integrative approach, offering symptomatic relief where conventional therapy may fall short. The *Basti* treatment, due to its natural formulation and targeted mode of action, presents fewer side effects compared to long-term use of corticosteroids or immunosuppressants. Moreover, improvement in

haemoglobin levels and general health parameters after treatment suggest systemic benefits beyond localized intestinal healing.



**Figure 1 Colonoscopy Report of Patient**

However, this case report has certain limitations. Being a single case study, it lacks broader generalizability. Objective measures such as endoscopic imaging or standardized scoring systems for symptom severity were not incorporated, which could limit the reproducibility of outcomes. The absence of a control group or comparator treatment also constrains the ability to definitively attribute the therapeutic effect solely to *Pichha Basti*. Long-term follow-up data would also be beneficial in assessing the sustainability of the intervention's effects.

*Grahni Roga*, as described in Ayurvedic texts, parallels certain aspects of chronic colitis and irritable bowel conditions seen in modern medicine. Conventional therapies—such as sulfasalazine and anti-TNF agents—though effective in acute management, are associated with drug dependence, resistance, and adverse effects [5,6]. As a result, complementary and alternative medicine systems are gaining interest for chronic GI disorders [7].

*Pichha Basti* is referenced in classical Ayurvedic compendia like the *Ashtanga Hridaya* and *Charaka Samhita* for its mucosa-protective and *Shamana* (palliative) actions [8]. Recent clinical observations and limited trials have reported its efficacy in reducing intestinal inflammation, improving gut integrity, and promoting haemostasis in colitis-related symptoms [9]. The formulation's key ingredients—such as *Salmali Nirayasa* and *Ghrita*—possess proven anti-inflammatory and epithelial-regenerating properties [10].

The pathogenesis of *Grahni Roga* in Ayurveda centers around *Agni Dushti* (digestive fire imbalance), leading to impaired absorption and mucosal damage. *Pichha Basti* acts through multiple mechanisms: its *Shothahara* (anti-inflammatory) and *Vrana Ropaka* (wound-healing) properties address mucosal damage; *Raktasthambhaka* and *Sangrahi* actions help control bleeding and diarrhea; and its *Pitta Shamaka* effect restores humoral balance. The increase in haemoglobin post-therapy suggests reduced mucosal bleeding and improved nutrient absorption—both indicators of digestive health restoration.

The overall observed outcome aligns with both traditional theory and emerging scientific insights on mucosal healing and gut barrier enhancement through herbal and lipid-based enemas. This supports the rationale for employing *Pichha Basti* in selected chronic gastrointestinal conditions where conventional treatment poses long-term challenges.

## CONCLUSION

This case underscores the potential of *Pichha Basti* as a safe, effective Ayurvedic therapy for managing chronic gastrointestinal disorders like *Grahni Roga*. With its anti-inflammatory, astringent, and mucosal-

healing properties, it offers symptomatic relief and promotes overall health improvement. Despite limitations in broader applicability, the results indicate that such integrative approaches warrant further investigation through controlled studies to validate their clinical utility.

### **Patient perspective**

The patient expressed satisfaction with the rapid relief, the avoidance of long-term immunosuppressants, and the clarity of dietary guidance. He reported renewed confidence in resuming professional duties and willingness to continue periodic Ayurvedic follow-up.

### **Informed consent**

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

### **Declaration Of Patient Consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity.

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**Conflict of interest:** No any conflict of interest

### **Data Availability statement**

All data collected, including recordings of measurements, are properly stored physically or electronically as appropriate. They are stored without personal identifiers with the corresponding author who can make them available under appropriate circumstances.

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