

Effectiveness of Unani Therapeutic Management in *Waram e Am'a* (Ulcerative Colitis) -Preliminary Clinical Observation Case Report

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ABSTRACT

Ulcerative colitis is a multifactorial disease characterized by frequent remission and relapse. Ulcerative colitis is a chronic inflammatory disorder of the colon. Distribution of ulcerative colitis has shown an early onset at 10-20 years of age and a smaller peak at 50-80 years of age. About 25% of patients present before 20 years of age. Clinical presentation of ulcerative colitis coincides with *Waram e Am'a* in Unani Medicine. Unani treatment for ulcerative colitis can help to protect and restore the digestive tract against the damage and prevent further complications of this disease. This case study aimed to assess the effectiveness of Unani therapeutic management for a diagnosed case of ulcerative colitis since 2024. This case report focused on a 42-year-old male who presented with passage of bloody diarrhea, abdominal pain, and tenesmus. Diagnosis was confirmed by colonoscopy report and histopathology report at a private allopathic hospital. Treatment was commenced with selected Unani medicine after discontinuing the modern medication. After one month of treatment, the clinical condition improved significantly without any complications. Post treatment follow up revealed no remission. This case study demonstrates the effectiveness of the Unani therapeutic management for ulcerative colitis. Therefore, further comprehensive clinical studies need to be conducted to validate the effectiveness and efficacy of the Unani therapeutic management for ulcerative colitis.

Keywords: Ulcerative colitis, *Waram e Am'a*, Bloody diarrhea, Unani therapeutic management, Colonoscopy

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Introduction:

Inflammatory bowel disease (IBD) is the leading cause of chronic intestinal conditions in the world. Although great strides have been made in the diagnosis, treatment and pathology of IBD, much has yet to be explained. The etiologies and risk factors of this multifactorial condition remain elusive. IBD is a term for a broad spectrum of diseases, but Crohn's disease and ulcerative colitis are collectively termed as Inflammatory Bowel Disease (IBD). The pathogenesis of IBD may involve four major areas. It appears to be immunologically mediated, microbial dysbiosis is usually present, environmental factors trigger symptoms and genetic predispositions may play an important role. Altered immune response is common in both Crohn's disease and ulcerative colitis (Grossman, 2011, Hogenauer, 2006, Sudheer, 2023). Ulcerative colitis is localized to the colon and spares the upper gastrointestinal tract (UGIT). The disease usually begins in the rectum and extends proximally for a variable distance. When it is localized to the rectum, the disease is ulcerative proctitis, whereas disease involving the entire colon is pancolitis (Magro et al; 2017). The prevalence is 35 to 100 per 100,000 people in the USA. Prevalence is lower in Asia. The prevalence of UC

in Sri Lanka was studied and found to be 5.3 per 100,000 (Niriella et al; 2010). The distribution of ulcerative colitis has shown an early onset at 10-20 years of age and a smaller peak at 50-80 years of age. About 25% of patients present before 20 years of age. However, it is prevalent frequently in Europe and North America but studies have shown that the incidence is more or less the same in developed and developing countries. The increased incidence is related to the rapid change in lifestyles and environmental changes caused by industrialization and urbanization (Ng, SC et al; 2017, Lee and Fock, 2000). Immuno-modulators and immune-suppressive have been used as standard treatments for IBD. Corticosteroids and 5 amino salicylates have been the traditional treatments for IBD (Turner, 2007).

The Unani therapeutic management is helpful for reducing the need for steroids and surgical processes in the patients with ulcerative colitis. There is no direct discussion about IBD in Unani texts but instead the similar bowel conditions are described under the headings of *Zusantariya*, *Sahej* and *Ishaal* as lesions of the intestine, which manifest based on involvement of the upper intestine or lower intestine. *Waram e Am'a* is the broader term used in the Unani

texts for all the intestinal inflammatory diseases. The Unani Medicine definition of this intestinal disorder is “passage of stool admixed with blood or mucoid or stool or all three together. The cardinal symptom of IBD is “blood-mucoid diarrhea which is observed in *Zusantariya*. It is also denoted as “*Sahej*” which means erosion of intestinal mucosa, which is frequently seen with IBD. Ulcers, which are termed in Unani medicine as “*qurooh*”. In Unani literature *Safra* and *Balgham e shore* are considered a few of the causes among others which when falling on the intestine, damage the intestinal mucosa. This leads the mucus to pass along with stool mixed with blood-hallmark of IBD (Ibnu Sina, 2010; Ibn Rushd,1980; Hakeem Kabeerudden, 2011; Khan, 2011; Kabeerudden, YNM; Tabri,1996; Tabri ,2010). A uniquely designed line of Unani treatment for ulcerative colitis can assist in protecting and restoring the digestive tract against the damage and preventing further complications of this condition.

Objective:

To observe the effectiveness of Unani management for Ulcerative Colitis (UC) - *Waram e Am'a*

Case Presentation:

A 42-year-old male, bank executive officer presented on 22 August, 2024 in the Department of Moalejat, Faculty of Indigenous Medicine, University of Colombo, Sri Lanka with diarrhea mixed with blood more than 8 times per day for 4 months duration. The condition was not associated with passage of mucus. He had been treated at a private allopathic hospital in Colombo since, 2022 where he was diagnosed with ulcerative colitis. An UGI Endoscopy study done at the allopathic hospital in January, 2023 revealed no abnormalities. The colonoscopy study showed inflamed ulcerated mucosa up to splenic flexure of the colon and left sided ulcerative colitis.

Methodology

The patient was informed about the treatment modalities and the duration. He voluntarily agreed to participate in the study. The patient was enrolled after obtaining consent. And he was willing to bear the expenses for the treatment and investigations. Symptoms were recorded before and after treatment. He was requested to undergo post treatment colonoscopy. He was not willing to do the colonoscopy since he was asymptomatic and considering cost to perform the test.

The histopathology report revealed moderately active ulcerative pancolitis. There had been frequent exacerbations since 2023. He was on sulfasalazine with omeprazole for dyspeptic symptoms. On physical examination, he looked mildly pale and afebrile. There was mild tenderness in the left lower quadrant of the abdomen. His heart rate was 80/min, blood pressure was 130/80 mmHg and respiratory rate was 22/min. Laboratory investigations revealed hemoglobin 11.2 g/dl, CRP 10.2 mg/l and white cell count (WCC) 5.5×10^9 /l. There were no clubbing, lymphadenopathy or skin lesions. Stool microscopy showed occasional pus cells. Abdominal ultrasound revealed normal study. The chest X-ray was also normal. Informed consent obtained prior to initiation of treatment.

Treatment Procedure:

The patient was advised to discontinue modern medications on his first visit. Treatment was

initiated with *Jawarish e Amla* 5g BD, *Jawarish e Anarain* 5g BD and *Sharbat e Belgiri* 30 ml BD for the first 2 weeks. During the first follow up after 2 weeks of treatment, the patient reported that the number of bowel motions per day was reduced to 4 times a day with little blood. He was treated with *Majoon e Sangdan e Murg* 5g BD, *Arq e Badiyan* 30 ml BD, *Qurs e Keheruba* 2 BD and *Sharbat e Anjuban* 30 ml BD for another 2 weeks.

During the second follow up visit, it was revealed that he was passing 2 stools per day without any bleeding. Post treatment follow up after a month revealed his bowel was regular without any other symptoms. He informed that he could attend his office work without any difficulties. The patient did not turn up for the next follow up but inquired over the phone for any relapse, and it was revealed that he was asymptomatic after three months.

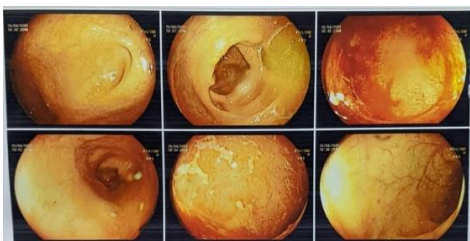


Figure no 1. Colonoscopy images before the treatment

Table no.1. Investigation findings before and after treatment

Investigation	Before	After
CRP	10.2 mg/l	8.4 mg/l
Hb%	11.2 g/dl	11.4 g/ dl
Stool full report: Pus cells Red cells	Occasional 2-4	Not seen Not seen

Table no. 2. Improvement of Symptoms

Symptoms	Before treatment	1 st follow-up	After treatment
No of stool per day	8/day	4/day	2/day
Bleeding	present	Few	Not seen
Dyspepsia	+++	++	Improved

Result and Discussion:

Ulcerative colitis (UC) is a multifactorial disease characterized by frequent remission and relapse. Genetic and environmental factors influence the abnormality in intestinal mucosal immune regulation and pathogenesis of the disease (Grossman, 2011). The hallmark symptoms are chronicity (>2-3 weeks), abdominal cramping, and bloody diarrhea. (Grossman, 2011), Mild disease was observed in 50-60% confined to the distal colon with no systemic manifestation. Moderate disease is observed in 30% of patients with bloody diarrhea, cramps, urgency to defecate and abdominal tenderness. Systemic findings include anorexia, weight loss, low-grade fever and

mild anemia. About 10% of patients present with severe colitis such as more than six bloody stools per day, fever, weight loss, abdominal tenderness and anemia (Magro et al, 2017). Less than 5% of patients with UC present with extraintestinal manifestations such as pyoderma gangrenosum, sclerosing cholangitis, chronic active hepatitis, and ankylosing spondylitis (Grossman, 2011). Complications of UC are severe hemorrhage, toxic megacolon and intestinal perforation (Magro et al; 2017). The Sri Lankan study found a peak prevalence of UC in the fourth decade. Our patient was 42 years old (M A Niriella,2010). In this case, the chief complaints were more than eight bloody stools per day and dyspepsia. However, this patient

did not present with any complication. Crohn's disease, infective colitis and allergic colitis are the differential diagnosis for UC. Mild disease is treated with Sulfasalazine while moderate to severe condition is treated with corticosteroids (Turner, 2007). In this patient, an immunomodulator, azathioprine was used as a steroid sparing agent at the allopathy clinic for medical management. This patient was able to recover completely with Unani therapeutic Management alone without depending on the above allopathic drugs. Most patients are in remission within 3 months; however, 5-10% continue to have symptoms unresponsive to treatment beyond 6 months (Turner, 2007). This patient presented with more than 6 months duration but no remission after one month of Unani treatment. Based on the symptoms and signs and colonoscopy, this patient was considered as a case of severe UC and was treated with selected Unani Medicines. At the first follow up visit 2 weeks later, he reported that his diarrhea episodes had improved slightly. On his second follow up visit, after another 2 weeks, there was no visible blood in the stool. He had mild abdominal pain. His laboratory parameters also became normal. Post treatment follow up visit, the patient was requested to

do a colonoscopy, as he was reluctant to undergo colonoscopy investigation, because the patient was clinically out of symptoms, and he was able to perform his duties without any hindrance.

Sharbat e Belgiri and *Majoon e Sangdan e Murg* are indicated in the management of *Waram e Am'a in Unani Medicine*. *Majoon e Sangdan e Murg* is considered as the last treatment option in this condition. Therefore, the patient was treated with *Majoon e Sangdan e Murg* after two weeks of treatment to obtain rapid response to the ailment.

Conclusion:

UC should be suspected in patients with bloody chronic diarrheal diseases. With proper investigations, an appropriate line of treatment with Unani Medicine and meticulous follow-up, a normal healthy life is possible in UC patients. The Unani line of treatment is cost effective and easily adoptable by the patient without any serious side effects. Greater number of patients with UC should be enrolled and evaluated with the same line of treatment to prove the efficacy and reliability of these Unani Medicines.

Limitation of study

Post treatment colonoscopy was not performed in this study. It was the

major limitation in this study, which was due to the patient's decision. Therefore, we couldn't confirm the mucosal healing visually.

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