Persian Traditional Medicine in Treatment of Ulcerative Colitis: a Case Report

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Abstract

Background and objectives: Ulcerative colitis (UC) is a chronic inflammatory bowel disease. Herbal medicines such as Persicaria bistorta, Pistacia lentiscus, Punica granatum, and Myrtus communis manifesting a variety of pharmacological properties and effects, have been widely implicated in the treatment of UC. We report a case of UC in a 42-year-old male patient. Methods: The patient presented frequent passage of bloody stool, severe cramping, and abdominal pain. This was accompanied by fatigue, excessive mucus, and pus in the stool. He had a 12 years prehistoric diagnosis of ulcerative colitis and received conventional therapy, which yielded no improvement in the symptoms. His regimen was then switched to the Persian traditional treatment employing the “Sahj” formula (including Persicaria bistorta, Pistacia lentiscus, Boswellia frereana, Punica granatum, and Myrtus communis) for 4 months. Results: After 18 days of traditional therapy with “Sahj” tablet, there was a significant improvement in his UC symptoms as evidenced in the increased frequency of his bowel movements (twice daily), absence of bloating, cramping, or abdominal pain and a normal bloodless stool. A colonoscopy report and digital rectal examination 4 months post-treatment, revealed a normal perianal area, cecum, and terminal ileum. Conclusion: The results suggest that the Persian traditional “Sahj” medicine possesses pharmacological properties that render it effective in the treatment of UC and mucosal diseases. However, further clinical trials are needed to evaluate and confirm the efficacy and safety of “Sahj” therapy.

Keywords: herbal medicine; Persian medicine; ulcerative colitis

Introduction

Ulcerative colitis (UC) is a chronic inflammatory bowel disease of the colon and rectum which causes long-term inflammation and ulceration of the mucosa [1,2]. Ulcerative colitis is a worldwide disease with an increasing prevalence that varies between 0.5 and 238 per 100,000 people per year, depending on the development state of the countries (developed or developing) [3]. Inflammatory bowel disease (IBD) is considered as an important public health issue due to its recurrent and progressive clinical course, as well as its impact on the quality and social life of young people, including their ability to work and acquire new skills [3]. The gold standard treatment for UC has been surgery and administration of medications such as...
as 5-aminosalicylic acid, corticosteroid, biologic therapies, and immune-suppressants [4]. However, some patients receiving these conventional drug regimens fail to achieve clinical improvement, which poses a serious barrier to the successful management of UC according to published reports [1,2]. As a result, alternative novel therapeutic options such as traditional and herbal medicines have been actively investigated, and some have already been introduced into the clinic [5,6].

Currently, there has been an effective and ongoing development of traditional therapy for the treatment of UC in preclinical and clinical studies. Many herbal remedies have been widely implicated in traditional medical systems, and these orchestrate a variety of remedial pharmacologic effects on UC via analgesic, antibacterial, anti-inflammatory and anti-diarrheal effects as well as regulation of immune response, inhibition of macrophage/monocyte, growth inhibition of T- and B-lymphocytes, and granulocyte activities [7,8]. Major natural constituents including tannins, flavonoid glycosides and aglycones, phenolics, and phenolic glycosides have exhibited efficacy in preclinical studies, improving symptoms, and reducing the medical costs for UC patients [8]. Thus far, it has been reported that phenolic and polyphenols are the active chemical ingredients of Persicaria bistorta (L.) Samp., Pistacia lentiscus L., Boswellia frereana Birdw. Gum (30 g), Armenian clay (20 g), the flower of Punica granatum L. (20 g), and the leaves of Myrtus communis L. (20 g). Preparation of the tablet performed done at the laboratory of the School of Persian and Complementary Medicine, Mashhad University of Medical Sciences. During the process, the samples were ground separately, sifted, and then mixed with a little bit of sumac distilled water. Then, these were transformed into tablets as previously described in the Persian Traditional Medicine resources [13].

**Case presentation**

A 42-year-old male (BW: 94 kg; height: 175 cm, employee with a bachelor's degree) attended a traditional medicine clinic on the 11th of September 2018, with an active UC that had existed for 12 years (recurrent case), having the following complaints: frequent passage of stool (15-20 times) with blood, severe cramping and abdominal pain (score 7), fatigue (severe with lethargy), and excessive mucus and pus in the stool. During defecation, there was a burning sensation and severe pain, along with urgency and tenesmus; the pain disseminated to the abdomen, with naturally occurring cramps in the stomach, either empty or when full, after eating; hemorrhoids with itching and burning

**Differential diagnosis**

Colonoscopy and biopsy of the patient indicated an acute colitis pattern with infectious (self-limited) colitis and Crohn's disease (Feb. 26, 2016) (Figure 1). The patient received sulfasalazine, prednisolone, and azathioprine. However, there was no remarkable improvement after about 20 days. Six months post-treatment, colonoscopy and biopsy were performed again. These confirmed the diagnosis of severe ulcerative colitis. Colonoscopy report: chronic crypt destructive colitis/acute phase/compatible with active UC (Aug. 3, 2016). He had been suffering continuously even after the prescription

**Case presentation**

The study was a case report of a registered clinical trial with IRCT number: IRCT201705201264N10. The patient provided signed informed consent, and was free to withdraw from the study at any time.

**Tablet preparation**

The “Sahj” tablet is composed of: roots of Persicaria bistorta (L.) Samp. (20 g), Pistacia lentiscus L. gum (30 g), Boswellia frereana Birdw. Gum (30 g), Armenian clay (20 g), the flower of Punica granatum L. (20 g), and the leaves of Myrtus communis L. (20 g). Preparation of the tablet performed done at the laboratory of the School of Persian and Complementary Medicine, Mashhad University of Medical Sciences. During the process, the samples were ground separately, sifted, and then mixed with a little bit of sumac distilled water. Then, these were transformed into tablets as previously described in the Persian Traditional Medicine resources [13].

**Material and Methods**

**Ethical considerations**

The study was a case report of a registered clinical trial with IRCT number:
of a few tablets, and there was still no remarkable improvement. Then, he decided to start an Persian traditional medical treatment (Sep.11,2018).

**Treatment**

The patient received the tablets (2 tablets/8 h/3 times daily) for 16 weeks. After one-week, the patient was additionally treated with Iron Plus (purchased from Shari company), given for preventing anemia; also, mint and fennel distilled water (half a glass of each per 6 hours) were administered to treat the feeling of fullness, increasing appetite, and bloating. The following week, he started experiencing a feeling of fullness and flatulence. Then, he was additionally given Iron Plus (purchased from Shari company), mint, and fennel distilled water (half a glass of each per 6 hours). Also, colonoscopy was performed after 4 months to evaluate the effect of the treatment.

**Results and Discussion**

After one-week administration of the “Sahj” tablets (2 tablets/8 h/3 times daily), 80% of the cramping, abdominal pain (Score 5), and bleeding was reduced, and also the frequency of bowel movements was reduced to 3-4 times a day. The case presented an acute progressive active UC with symptoms. On the 18th day, after the administration of the “Sahj” tablets, his UC symptoms exhibited the following improvements: The frequency of bowel movements reduced to 2 times a day with mild excretion, and mild-to-moderate jaundice; no bloating; good appetite; no stress or cramps and abdominal pain; only felt slightly during defecation; no obvious bleeding, except in the form of mild veins with stool; stool with a normal consistency than the initial presentation; excretion of a viscous fluid (presumably mucus) along with the stool. Follow-up in the third week indicated a significant improvement in all his presented symptoms.

Overall, the patient satisfaction with the complementary therapeutic process of Persian traditional medicine was acceptable and he found the treatment process very useful.

After 4 months of “Sahj” tablet administration (11th January, 2019), the colonoscopy report and the digital rectal examination (DRE), showed that the perianal area and the rectum were normal. Diffuse erosions were observed at the sigmoid and descending colon, while the rest of the colon up to the cecum and terminal ileum appeared normal (Figure 2).

In Persian traditional medicine, *Persicaria bistorta* and *Punica granatum* have been used as astringents in the treatment of “Sahj” digestive disorders, particularly diarrhea and internal bleeding [13]. On the other hand, *Myrtus communis* leaves have been demonstrated to be haemostatic in any organ (anti-hemorrhagic), and have also been implicated in the treatment of diarrhea, hemorrhoids, prostatitis, bronchitis, sinusitis, tuberculosis, and cold. Also, in Iranian traditional medicine, *Pistacia lentiscus* and *Boswellia* have been used for more than 2,500 years, for the treatment of stomach and intestinal disorders such as gastric ulcers, dyspepsia, and peptic ulcer [13]. Some pre-clinical and clinical studies have documented the antioxidant, wound healing, and anti-inflammatory properties of herbs used in Persian traditional medicine for “Sahj” treatment. These properties are capable of changing the underlying molecular mechanisms of the oxidative and inflammatory conditions active in UC patients based on the ingredients present in the plants. Flavonoids and polyphenols which are the major compounds in this “Sahj” tablet can modify UC by ameliorating the derangement of intestinal microbiota, normalizing mucosal permeability, and ROS scavenging. These lead to the suppression of mucosal inflammation. Generally, polyphenols protect UC through the following actions. They increase endogenous antioxidant enzymes (SOD, CAT and GPx), diminish plasma levels of NO, PGE2, LT-B4, and colonic mucosal MPO. They also modulate TNF-α, NF-κB, IκBα, IL-1β, IL-6, IL-17, IL-22, COX-2, IFN-γ, and down-regulate the p38 MAPK and JNK pathways [14-23].

Traditionally, the Armenian clay was used as an isolated treatment in various diseases such as infected wounds, diarrhea, hemorrhage, etc. The medical effects of the Armenian clay have been associated with its astringent properties and mineral compounds including iron oxide, magnesium, and hydrous silicates [24]. Thus, the Persian traditional “Sahj” treatment using herbs rich in polyphenolic and terpenoid compounds can be implicated in the treatment of mucosal diseases and UC, with multiple mechanisms of action.
To date, ulcerative colitis is designated as a relapsing-remitting disease owing to its ability to perpetrate recurrent intestinal inflammation. Besides, conventional medications have not been successful in the treatment of patients with long-term ulcerative colitis, and they also exhibit severe adverse reactions [1].

**Conclusion**

The Persian traditional “Sahj” therapy can serve as an appropriate complement in the effective treatment of UC alongside conventional therapy. However, further clinical trials with larger sample size in an enhanced setting, are needed to confirm the efficacy and safety of the “Sahj” therapy.

**Acknowledgments**

This article was derived from a PhD thesis and financially supported by Mashhad University of Medical Sciences, Mashhad, Iran (IR.MUMS.REC.1395.329) and Golestan University of Medical Sciences, Gorgan, Iran.

**Author contributions**

Mahdi Yousefi performed the supervision, conceived and designed the study, project
administration, manuscript review and submission; Hamid Reza Rostamani was involved in data analysis, patients’ recruitment and follow up and preparing draft of the manuscript; Shahryar Semnani was involved in consultant and patients’ recruitment and follow up.

Declaration of interest
The authors declare that there is no conflict of interest. The authors alone are responsible for the accuracy and integrity of the paper content.

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Abbreviations