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# A critical literature review of VaatRakta Chikitsa w.s.r. to Kriya Sharir.

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**Abstract**

*VataRakta* is caused by vitiated *Vata*dosha and *Rakta*where the *Vata* gets aggravated due *Vata* prakopak aahar and vihar and on the other hand *Rakta* gets vitiated by the consumption of Lavana, Amla, Katu, Kshara etc. People of pitta Prakriti are prone to develop *VataRakta*, because *sukumaratva* is the characteristic feature of *pitta Prakriti*. *VataRakta* i.e *Vaatshonita* this name is derived just because of *Rakta* dosha and *Vata dosha* which have their independent integration & are the *nidanpanchaka* involved in the *VataRakta*[1].*VataRakta* should be compare with Gout. According to modern science gout is caused by disorder of purine metabolism resulting in hyperuricemia and deposition of urate crystals in the synovium. *Vidahi* and *virudha Aharas* mentioned in *VataRakta* nidan lead to impaired metabolism and formation of excessive uric acid.

**Keywords**: *VataRakta; Gout; Vatadosha; Raktadhatu, Chikitsa.*

**Intoduction**

*VataRakta* belongs to *Vatavyadi's* which affects the extremities. Ayurveda says that *VataRakta"* affecting the extremities, including connective tissue and peripheral vascular problems. The name *VataRakta*comes from etiological elements that cause the predominance of *Vata Dosha* and *Rakta* Dhatu as inflammation and burning sensation in the affected joints.There is different nomenclature used in Charaka Samhita for Vatarakta and they are: Vatarakta, Khuddavata, Vatabalasa and Adhyavata etc.[2]

The lot of information about this disease are thoroughly in the *ayurved* scripture *Vatarakta*, Adhyavata and Khuddavata.[3]

Acharya Charaka has described the correct diagnosis of a *vaatshonita* is very much essential[4]

**Hetus of *VataRakta***

The factors which disturb the active state of *Doshic* equilibrium aggravates the disease is known as *Nidana*. This *Nidana* not only supports us to decide the prognosis and diagnosis but management of the disease also. For the causation of disease *Vatarakta* involvement of both *PrakupitaVata* and *PrakupitaRakta* is necessary. Even though each has got its own aetiology, *Acharyas* while talking about *Vatarakta* have clubbed the etiological factors together and explained.[5-6]

***RaktaPrakopakaNidana:***

- Regular consumption of alkaline, unctuous, saline, pungent, hot and uncooked food;
- Regular intake of *Nispava*;
- other vegetables (leguminous); sesamum paste;
- *Sauvira*
- *Sukta*(vinegar)
- Alcohol & wine;

***Vata Prakopaka Nidana***

- Increased consumption of pungent, bitter, and unctuous foods
- Fasting
- Riding over horses and camels
- Use of aquatic sports like swimming
- Excessive barefoot travel during the summer
- Excessive sexual activity
- Suppression of natural urges.

**There are few other things mentioned by Acharya Sushruta**

- People who have chronic illnesses,
- Excessive wine consumption,
- Excessive physical activity,
- People who indulge in foods and activities that are out of season,
- People who avoid having sexual activity,
- People who are obese,
- Long walk etc.

**There two types of Vatarakta mentioned by Acharya Charaka.** [7]

1. UttanaVatarakta (Superficial) -

The blackish, red or coppery brown skin is indication of this type of Vatarakta. The different symptoms are shown in Table no. 6 and views of different Acharyas are mentioned in Table no. 7.

2. GambhiraVata-Rakta (Deep) –

In this vatashonita vyadhi it is recognized by swelling with severe pain along with hardness with distress and burning sensation in the stomach. These symptoms are also mentioned by different Acharyas in their Samhita.

**There are two types of Samprapti[8]**

- SamanyaSamprapti
- VishishtaSamprapti.

Gouty Arthritis of contemporary medical science, by its similarity in symptoms and etiological factors, can be correlated to VatapittadhikaVatarakta[9].Gout is basically due to the error in metabolism of protein. Impaired *agnivyapar* produces Uric acid. *Vidahi and virudhaAharas mentioned in VataRakta nidan* lead to impaired metabolism and formation of excessive uric acid Uric acid can be considered as pitta Bhava. Here it behaves as an Amayukta Pitta. Gradual increase of pitta from Chaya to prasara can be seen in rise of uric acid. *Rakta* dushti and associated *Vata*kopa leads to a primary joint manifestation. Hence pitha dominant *VataRakta* features are seen in gout. The local features of pitta dominant *VataRakta* are as such seen as inflammatory features in gout.

The first ever features of Inflammation is mentioned in the context of pitta dominant *VataRakta*.

- Sparsakashamatwa – tenderness
- Ruk – pain
- Raga – redness
- Shopha – swelling
- Paka and
- ushma – Local temperature

In secondary state of sthanasamsraya, uric acid which is a pittabhava gets it sthana samshraya in vrikka leading to pittaja asmari with uric acid stone manifestation.

Disease Profile

- Dosha – Pitta Domination. *Vata* is Anubandha
- Dooshya – *Rakta*
- SamptiVisehsh – Pitta –*Rakta*sammurchana
- Rogamarga – MadhyamaRogamarga

Treatmen Principle

- Pitta Shaman and *Rakta*prasadan
- Pittaja *VataRakta* chikitsa
- Pittaja asmari chikitsa in upadrava

Panchakrama Chikitsa

- Virechan with Trivruth Choorna
- Virechan with KalyanaGulam

According to modern science causes

1. Primary or Genetic Gout (95%)-Primery over Production or under excretion of uric acid.
2. Secondary Gout – (5%)

Increased break down of cellular nuclei occurs in malignant disease, especially when treated with anticancer drugs. Over production of uric acid.

Pathogenesis

- Arthrities is caused by the deposition of monosodium urate crystals in the synovium.
- Polymorphonuclear leucocytes ingest the crystals and release lysosomal enzymes and cause inflammation
- Chronic stage- Erosion of articular cartilage, proliferation of synovial membrane, pannnus formation, cystic erosion of bones and secondary osteoarthritic changes develop.
- Tophi-nodular urate deposits found in and around the joints and in articular cartilage.

**Clinical Features** [10]

Three clinical stages:

1. Asumptomatichyperuricemia
2. Acute gouty arthritis-intensely painful monoarticular arthritis of the metatarsophalangeal joint of the big toe develops within minutes to hours
3. Chronic tophaceous gout-acute attack does not remit completely and joints become constantly subcutaneous nodular masses around the joints and on tendons.

**Dignosis-**

- Presence of positive family history, tophi and radiological findings.
- Serum uric acid level above 7gm/dL
- Urate crystals can be demomstrated in synovial fluid.

Radiological Changes –

Well developed chronic gout periarticular bone shows small punched out erosions due to urate deposits with superadded osteoarthric changes.

**Discussion**

Administer periodical pittahara virechana drugs to control uric acid level in the blood. Take anticipatory measures to prevent *pittasthan samshraya* in the *mootravaha stratus* which may lead to uric acid stones in future. For this purpose combine *pittajavataraktat*reatment and *pittaja asmari* treatment. Drugs like *kokilaksha* with both these actions are the priorities in gout management.

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