



# AN AYURVEDIC INTERVENTIONS IN THE MANAGEMENT OF VATARAKTA: A CASE STUDY

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## ABSTRACT:

Classical texts describe conditions similar to *Vatarakta* under various names, including *Adhyavata*, *Vatabalasa*, and *Khuddavata*, highlighting its recognition in traditional medicine. Acharya Charaka refers to *Vatarakta* as *Adhyavata*, indicating its association with affluent lifestyles and specific pathological features. In *Vatarakta*, the independently vitiated *Vata dosha* is obstructed by the independently vitiated *Rakta* (blood), leading to a cycle where *Vata* further aggravates *Rakta* and vice versa, exacerbating the condition. *Vatarakta* can be correlated to Gouty arthritis. Gout is a form of arthritis characterized by the accumulation of monosodium urate crystals within and around the joints, leading to painful inflammation and swelling involving smaller joint then the larger joints. A 25year old young female visited to BVVS AMCH, Bagalkot on 21/09/2024 was suffering from multiple joint pain, swelling, and redness approximately since a week, starting from wrist joint then gradually involving other joints like first left metatarsal joint, interphalangeal joints, elbow, shoulder joints, with no history of fever, diabetes, hypertension, or hypothyroidism. Patient presented with raised ESR (32mm/1hour), raised CRP (12.13mg/L), raised serum uric acid (8.9mg%) with normal CBC count and urine examination. Patient was treated according to the *avastha* of the disease condition, like *Mrutyunjaya Rasa*, *Kaishora Guggulu*, *Gokshuradi Guggulu*, *Amrutottara Kashaya*, *Amrutarishta*, *Mahamanjishtadi Kashaya*, *Mahayogaraja Guggulu*, *Ksheera Guduchi*, *Avipattikara Churna*. for 2 months which resulted in significant improvement in terms of subjective and objective parameters. Here an attempt is made to describe the effect of ayurvedic treatment in *vatarakta*.

**Keywords:** *Vatarakta*, Gouty arthritis, *Kaishora Guggulu*, serum uric acid

## INTRODUCTION:

*Vatarakta* is characterized by the vitiation of *Vata* and *Rakta* doshas, due to their Minute, liquid and mobile nature, spread throughout the body, much like the effects of rat poison (*Akhuvisha*). Classical Symptoms include pain (*Arti*), stiffness (*Akunchna*), swelling (*Gourava*), itching (*Kandu*), numbness (*Suptata*), lameness (*Khanjatwa*), discoloration (*Shyavata*, *Tamra Twak Vivarnta*), burning sensation (*Daha*), pricking pain (*Toda*), twitching (*Sphurana*), and suppuration (*Paka*)<sup>1</sup> *Vatarakta* is described in detail in Ayurvedic texts under

various names, including *Adhyavata*. According to Charaka Samhita, *vatashonita* tends to develop in people who are delicate, enjoy sweet and pleasant food, and lead a sedentary lifestyle with minimal physical activity. This combination of factors contributes to the development of *vatashonita*<sup>2</sup> *Vataraktakara Ahara* refers to foods that can trigger or worsen *Vatarakta*, *ushna*, *snigdha ahara* like fried foods (samosa, pakoda), fatty meats (pork, beef), meat of aquatic animals (fish), oil or oily seeds, *masha*, *kulattha* etc can exacerbate the condition<sup>3</sup> *Vatarakta* can be correlated to Gout which is a true crystal deposition disease. It is defined as the pathological reaction of the joint or periarticular tissues to the presence of monosodium urate monohydrate (MSU) crystals. MSU crystals preferentially deposit in peripheral connective tissues in and around synovial joints. The prevalence of gout varies between populations but is approximately 1-2%, with a strong male predominance (> 5:1)<sup>4</sup>

Gout is a complex condition with various etiologies and clinical features. There are two main types of gout: primary and secondary. Primary gout is related to the body's balance of uric acid, with about one-third coming from endogenous sources and two-thirds from dietary sources. The concentration of uric acid in body fluids depends on the balance between synthesis and elimination by the kidneys and gut. Secondary gout, on the other hand, results from hyperuricemia due to renal impairment or chronic diuretic use<sup>5</sup> The clinical features of gout can vary, but acute gout typically affects a single distal joint, often the first metatarsophalangeal (MTP) joint, also known as "podagra." Other common sites include the ankle, midfoot, knee, small joints of hands, wrist, and elbow. Recurrent and chronic gout can occur, with some people experiencing a second episode years after the first, while others may have more frequent attacks. Over time, the frequency and severity of attacks can increase, and multiple joints may be affected.

Chronic tophaceous gout is a more severe form of the condition, characterized by large monosodium urate (MSU) crystal deposits that form irregular nodules ("tophi") around joints and tendons. This can lead to deformity and functional impairment. Secondary gout may present with painful tophi without preceding acute attacks<sup>6</sup> Treatment options for gout include aspiration, which may be sufficient for acute pseudogout, although fluid re-accumulation can occur early in an attack. Intra-articular corticosteroid injection is usually required. Nonsteroidal anti-inflammatory drugs (NSAIDs) with a proton pump inhibitor (PPI) or colchicine are often prescribed, but these can have side effects<sup>7</sup>

In this case multiple joint pain, swelling, and redness since a week, particularly in the metatarsal and wrist joints found. So, the classical ayurvedic herbomineral formulations like *Mrutyunjaya Rasa*, *Kaishora Guggulu*, *Gokshuradi Guggulu*, *Amrutottara Kashaya*, *Amrutarishta*, *Mahamanjishtadi Kashaya*, *Mahayogaraja Guggulu*, *Ksheera Guduchi*, *Avipattikara Churna* were given for 2 months.

## CASE STUDY:

Chief complaints: Multiple joint pain

Joint swelling,

Redness

} since a week.

**History of present illness –**

A 25-year-old female patient, working as software engineer in Mumbai, who is non hypertensive and non-diabetic was apparently healthy a week back. She began suffering with multiple joint pain, swelling, and redness since a week. The pain first started with wrist joint then gradually involved other joints like first left metatarsal joint, interphalangeal joints, elbow joint, knee joint, shoulder joints. The condition aggravates with climatic changes in cloudy season, relieved by taking pain medication. Patient consulted at allopathy hospital, and prescribed NSAID, HCQ, steroids, methotrexate, but she was not willing to take these medication. So, the patient visited BVVS AMC&H, Bagalkot for treatment.

**Past history -**

Patient is not K/C/O hypertension, diabetes, thyroidism.

**Family history –** nothing significant

**Personal history**

Ahara: Spicy, salty food

2 eggs/day,

Dry fruits like almond, pumpkin seeds, flax seeds, sunflower seeds, chia seeds, dates regularly

Milkshakes, fruit smoothies, fried items like Aloo bhujia, Samosa.

Vihara: *Achankramana* (table work, sitting long duration)

Having bath immediately after food

*Agni: Mandyata*

*Jihva: Alpa liptata*

*Mala: Regular*

*Mutra: Regular*

*Nidra: Adequate*

**General examination-**

Built – Hypersthenic

PICCLE- NAD

BP-120/80 mm Hg

PR- 76/min

Temperature- 98<sup>0</sup> F

**Systemic examination-**

CNS – Conscious, well oriented to time, place, person

CVS- S1, S2 heard, no added sounds

RS- clear, AEBE

PA- soft, non-tender, no organomegaly

**Musculoskeletal examination of joints:**

Inspection: Deformity – Absent

Swelling – Present

Discolouration – Reddish

Scar marks – Absent

Palpation: local Temperature – Raised temperature

Tenderness- Present

Swelling – Mild

**First left Metatarsal joint Movements:**

Movement	
Flexion	Possible with pain
Extension	Possible with pain
Abduction	Possible with pain
Adduction	Possible with pain

**Investigation:** Haematology (21/09/24)

CBC count- normal

ESR- 32mm/1hour,

Biochemistry (21/09/24)

CRP- 12.13mg/L,

serum uric acid- 8.9mg%

serum RA factor concentration - < 10 IU/ml

urine examination – Normal

**Subjective parameters<sup>8</sup>:**

Subjective Parameter	Observation	Scale
<i>Sandhishula</i> (Joint Pain)	No Pain	0
	Mild Pain	1
	Moderate Pain	2
	Severe Pain	3
<i>Daha</i> (Burning sensation)	Absent	0
	Mild	1
	Moderate	2
	Severe	3
<i>Sandhisotha</i> (Joint Swelling)	No Swelling	0
	Swelling but not apparent	1
	Swelling obvious on lesser than 2 joints	2
	Swelling obvious on greater than 2 joints	3
<i>Sparshaasahatva</i> (Tenderness)	No tenderness	0
	Mild, deep touch causes <i>sparshaasahatva</i>	1
	Moderate, deep touch causes <i>sparshaasahatva</i>	2
	Severe	3
<i>Twak lohita</i> (Reddish discolouration of skin)	Absent	0
	Present	1

**MATERIALS AND METHODS: for 15 days (21/09/24)**

<i>Aushadhi</i>	<i>Matra</i>	<i>Sevana kala</i>
<i>Kaishora guggulu</i>	250mg 2BD	After food
<i>Gokshuradi guggulu</i>	250mg BD	After food
<i>Mrutyunjaya rasa</i>	125mg BD	After food
<i>Amrutottara Kashaya</i>	10 ml BD	After food
<i>Amritarishta</i>	10 ml BD	After food
<i>Avipattikara churna</i>	½ tsf BD	After food

1<sup>st</sup> Follow up medicines (15<sup>th</sup> day i.e., on 04/10/24)

<i>Aushadhi</i>	<i>Matra</i>	<i>Sevana kala</i>
<i>Kaishora guggulu</i>	250mg 2BD	After food
<i>Mahamanjishtadi Kashaya</i>	10ml BD	After food
<i>Amritarishta</i>	10ml BD	After food
<i>Avipattikara churna</i>	½ tsf BD	After food

2<sup>nd</sup> Follow up medicines (61<sup>st</sup> day i.e., on 23/11/24)

<i>Aushadhi</i>	<i>Matra</i>	<i>Sevana kala</i>
<i>Mahayogaraja guggulu</i>	125mg BD	After food
<i>Cap. Ksheera guduchi</i>	600mg BD	After food
<i>Samshamani vati</i>	250mg BD	After food
<i>Avipattikara churna</i>	½ tsf BD	After food

**RESULT:**

Changes in subjective parameters:

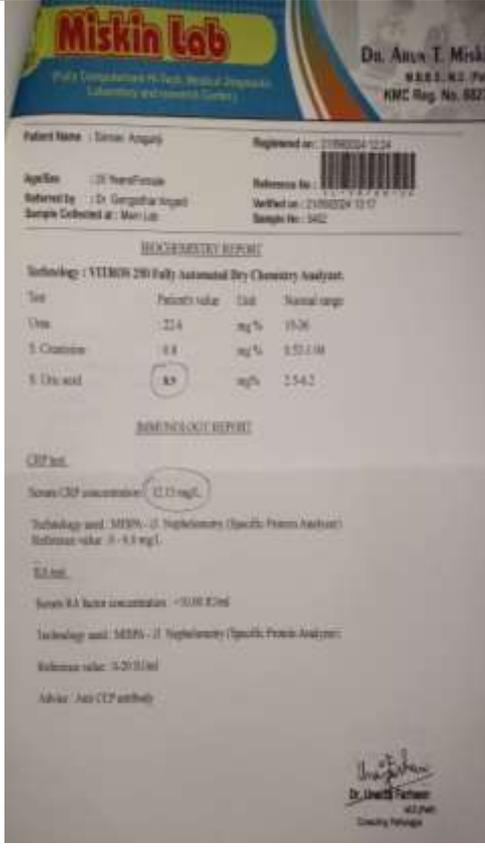
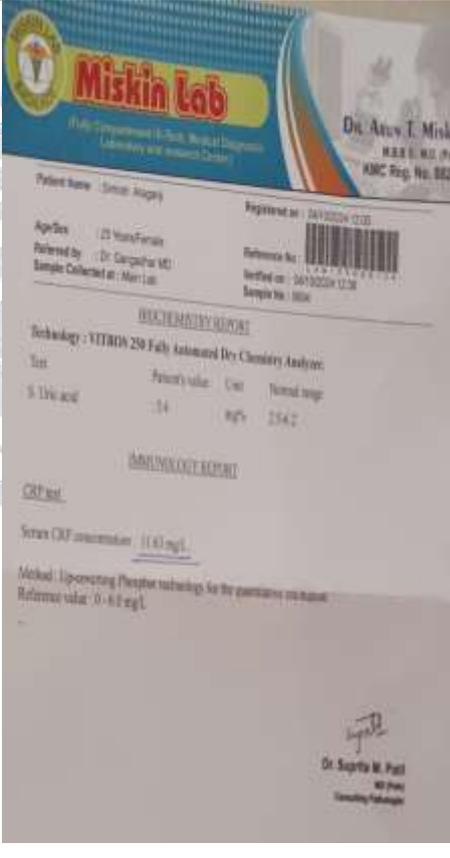
Sr. No.	Symptoms	1 <sup>st</sup> Day	15 <sup>th</sup> Day	61 <sup>st</sup> Day
1	<i>Sandhishula</i> (Joint Pain)	Grade 3	Grade 2	Grade 0
2	<i>Daha</i> (Burning sensation)	Grade 2	Grade 1	Grade 0
3	<i>Sandhisotha</i> (Joint Swelling)	Grade 1	Grade 1	Grade 0
4	<i>Sparshaasahatva</i> (Tenderness)	Grade 2	Grade 1	Grade 0
5	<i>Twak lohita</i> (Reddish discoloration of skin)	Grade 1	Grade 1	Grade 0



The table shows the severity of various symptoms over time, with all symptoms decreasing in severity from the 1st day to the 61st day. *Sandhishula* (Joint pain) reduced from Grade 3 to 0, *Daha* (Burning sensation) from Grade 2 to 0, *Sandhisotha* (Joint swelling) from Grade 1 to 0, *Sparshaasahatva* (Tenderness) from Grade 2 to 0, and *Twak Lohita* (Reddish discoloration of skin) from Grade 1 to 0. Partial improvement was observed by Day 15, with all symptoms reaching Grade 0 by Day 61.

**Objective parameter:**

Follow up	1 <sup>st</sup> Day (21/09/2024)	15 <sup>th</sup> Day (04/10/2024)	61 <sup>st</sup> Day (23/11/2024)
CRP	12.13 mg/L	11.63 mg/L	3.26 mg/L
Serum uric acid level	8.9 mg/dl	5.4 mg/dl	-

1 <sup>st</sup> Day	15 <sup>th</sup> Day	61 <sup>st</sup> Day
 <p><b>1<sup>st</sup> Day Report:</b>                      Technology: VITROS 20 Fully Automated Dry Chemistry Analyzer.                      Test: Uric Acid (mg/dl) - 8.9 (Normal range: 0-5.7).                      CRP test: Serum CRP concentration - 12.13 mg/L (Reference value: 0-4.9 mg/L).</p>	 <p><b>15<sup>th</sup> Day Report:</b>                      Technology: VITROS 20 Fully Automated Dry Chemistry Analyzer.                      Test: Uric Acid (mg/dl) - 5.4 (Normal range: 0-5.7).                      CRP test: Serum CRP concentration - 11.63 mg/L (Reference value: 0-4.9 mg/L).</p>	 <p><b>61<sup>st</sup> Day Report:</b>                      CRP test: Serum CRP concentration - 3.26 mg/L (Reference value: 0-4.9 mg/L).                      Technology: Up-converting Phosphor technology for the quantitative estimation of CRP by Scizing Hazy Water Co. Ltd.</p>

On the 1st day, CRP levels were elevated at 12.13 mg/L and serum uric acid at 8.9 mg/dL. By the 15th day, CRP showed a slight decrease to 11.63 mg/L, while serum uric acid dropped markedly to 5.4 mg/dL. By the 61st day, CRP further declined to 3.26 mg/L, indicating a near normalization, and serum uric acid levels returned to within the normal range, reflecting significant biochemical improvement.

**DISCUSSION:**

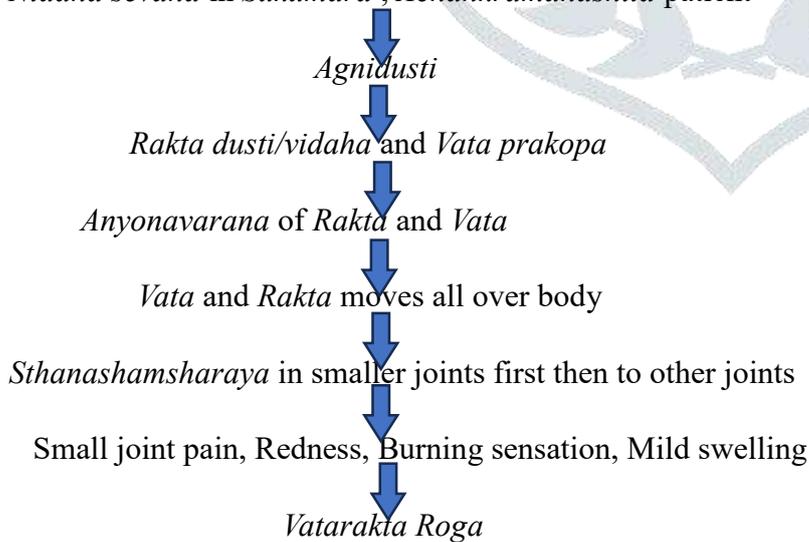
As mentioned in above introduction, the *Nidanas of Vatarakta* are- *Snigdha-Ushna* , *Katu*, *Amla rasa*, *Ashudhdi(No Rutushodhana)*, *veganigraha*

## Discussion on Etiopathogenesis :

- The patient has a history of consumption/intake of seeds like Badam (Almond), Chia seed, Sunflower seeds, Pumpkin seeds, flax seeds & Eggs. These seeds & eggs have the qualities like *Snigdha*, *Ushna*, & *Katu rasa* that ultimately vitiate the *Rakta*. Also not undergoing *rutu shodana* leads to *Rakta Dusti*.
- The patient also has a history of *Vegadharana*, bike riding, fasting which leads to *Vata Vriddhi*.
- As the patient is a software engineer, sits at one place for a longer period of time & she is *sukumara*, not doing any physical work.
- The patient is suffering from multiple joint pain, swelling, and redness since a week. The pain first started with wrist joint then gradually involved other joints like first left metatarsal joint, interphalangeal joints, elbow joint, knee joint, shoulder joints. The condition aggravates with climatic changes specially at cloudy and at night, relieved by taking pain medication. So, the symptoms first started in smaller joints then to Bigger joints along with Redness, mild swelling. The pain aggravates cloudy day and at night means there will be *Ama* present along with kapha pittaja vatarakta.

These all *Nidanas*, *Lakshana*, *Samprapti* are similar to *Vatarakta* & she is also susceptible for *Vatarakta* because, it occurs in *Sukumara*, *Achankramanasheela*<sup>2</sup>. Thus, all these *nidanas* lead to *samprapti* of Kapha pittaja *Vatarakta*.

*Nidana sevana* in *Sukumara*, *Achankramanashila* patient



## Discussion on *chikitsa* (first 15 days):

- The patient is having *Agnimandya* and *Amavastha* of *Vatarakta roga*. So, we started with "*Amapachana*, *Deepana*, *Anulomana*" along with "*Vyadhipratyanika Dravyas*" for the first 15 days.

- *Mrutyunjaya rasa*<sup>9</sup> having *katu rasa*, *laghu*, *ushna guna*, *Deepana*, *pachana*, *jvarahara* action helped in digestion of *ama* in this patient.
- *Avipattikara churna*<sup>10</sup> having *trikatu*, *trijata*, *lavanga* possess *katu*, *tikta rasa*, *laghu*, *shitoshna guna*, help in *deepana*, *pachana* and *anulomana* action.
- *Amrutottara kashaya*<sup>11</sup> contains *Guduchi*, *Shunthi* and *haritaki* which possess *katu-tikta*, *laghu*, *ushna guna*, *amapachana*, *anulomana* and *vataraktahara* action.

- *Amrutarishta*<sup>12</sup> contains *Guduchi & Dashamoola* which is having *Tikta, Katu, Tridosahara, Raktaprasadana* qualities worked as *Jwarahara, Shothahara, Vataraktahara*.
- *Kaishora Guggulu*<sup>13</sup> is having *Guduchi, Triphala, Guggulu* having qualities like *Tikta, Laghu, Raktaprasadaka, Pittashamaka, Anulomaka, Vatarakta* haraand *Kusthahara*.
- *Gokshuradi Guggulu*<sup>14</sup> having *sheeta, mutrala* helped in *Shothahara* action.

Above combination of drugs were *Agnideepaka, Amapachaka, Raktaprasadaka, Anulomaka, Jwarahara* and *Vataraktahara* action given good results symptomatically & uric acid level also came to normal.

### 1<sup>st</sup> follow up: (on 16<sup>th</sup> day)

After 15 days, we examined the patient thoroughly, patient had *pitta vridddhi lakshana*, feeling light, appetite was increased, pain was relieved.

- Then we continued same medicines i.e. *Kaishora Guggulu, Amrutarishta & Avipattikara Churna*.
- *Mrutyunjaya Rasa, Gokshuradi Guggulu & Amrutottara Kashaya* were stopped.
- *Mahamanjistadi Kashaya*<sup>15</sup> was added because, it contains *Manjista, Sariva, Katuki, Triphala, Haridra* etc drugs which are having *Tikta, Kashaya rasa, Laghu, Ruksha, Sheeta guna, Pittahara, Raktaprasadaka & vataraktahara* action.

This treatment was continued till the patient got complete relief from the symptoms. The investigations were repeated, the CRP level came to normal.

### 2<sup>nd</sup> follow-up: (on 61<sup>st</sup> day)

Now, patient is free from all the symptoms so, we started with *Naimittika Rasayana for Vatarakta Roga*.

- *Mahayogaraja guggulu*<sup>16</sup> having *Panchakola, jeeraka, triphala* etc with *bhasmas* like *roupya, loha, abhraka, naga, vanga* which possess qualities like *deepana, pachana, Amahara* along with *Rasayana* action. *Abhraka, loha, mandura bhasma* help in *dhatupariposhana krama, vyadhijanya dourbalyaharanartha*. It will work both *amavastha* and *niramavastha* of *Amavata* and *Vatarakta*.
- *Kshereguduchi*<sup>17</sup> capsules prepared by *taila* processed with *Guduchi kwatha* and *ksheera* possess qualities like, *Tikta, Snigdha, Sheeta. Brihmana*. Helps in *vata rakta chikitsa* as *Guduchi* is *Vyadhipratyanika dravya* for *Vatarakta*.
- *Samshamani vati* contain *guduchi ghana* as *Guduchi* is considered the best *jwarahara, vataraktahara* and *rasayana*.
- So, all these drugs were given for 1month and follow up was done. The patient didn't experienced any of the symptoms which was present earlier.

### CONCLUSION:

The hyperuracemia can be compared to one of the condition of *Vatarakta*. The diagnosis and treatment can be made on the basis of classical *Vatarakta* but not as Gouty arthritis. The *Vatarakta* can be treated with *Ayurvedic* medications even on OPD basis.

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