AYURVEDIC APPROACH IN MANAGEMENT OF VATARAKTA W.S.R TO GOUT- A CASE STUDY

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KEYWORDS: Vatarakta, Gout, hyperuricaemia, Virechana, Kokilaksha.

ABSTRACT

The disease which is caused by excessively aggravated Vayu (Vata) & vitiated blood (Rakta) is called Vatarakta. It is better correlated with "Gout" in the modern medical science. Vatarakta is a metabolic disorder where in pain is predominant symptom, which disturbs day to day life of the patients. Gouty Arthritis is a disorder of Purine metabolism and is an inflammatory response to the MSUM (Monosodium Urate Monohydrate) crystals, formed secondary to hyperuricaemia. The purpose of the present case study was to find out an effective and well-accepted drug for this dreadful condition of the joints which was historically known as "the disease of kings" or "rich man's disease". So, in the present study Virechana (Shodhana) with Eranda Taila, Guduchyadhikashayam, Amrithadi Guggulu (Shaman) and Kokilakshakashayam whenever there is an acute attack of pain and swelling for a period of 30 days are selected, which are easily available, cost effective and can be easily carried out. The result is outstanding with reduced acute attacks, decrease in the symptoms and hyperuricaemia. Further clinical trials can be conducted to prove the efficacy of the drugs statistically.

INTRODUCTION

The word Vatarakta is made of two words Vata & Rakta. The Vata is the chief (King) without which no disease may take place, the Rakta is also a very important Dhatus which gives nutrition to each & every body tissues & maintains them normal by eliminating toxins – Malas (waste products) through the natural orifices of the body. It is a disorder of Vata associated with Rakta.

The chief complaint of the patient is severe joint pain with onset at Hasta, Pada, Mulagata sandhi and then migrates to other joints in a way similar to Akhuvisha. The other symptoms are burning penetrating sensation produced like mustard oil[1], itching, ache, extension, pricking pain, throbbing sensation & contraction. The skin becomes brownish black, red or coppery in colour. Vatarakta is also known as-Khuda roga, Vatabalasa, Vatashra & Adhya vata. [2]

Gout is metabolic disorder having the incidence of 0.2 to 2.5 per 1000, with an overall prevalence of 2-26 per 1000.[3] Gout is rare in children and pre-menopausal females in India. Out of the affected population males are more common while females of post menopausal group are on more risk. Gout is the true crystal deposition disease characterized by pain & swelling of 1st Metatarsophalengeal joint initially followed by other joints with an abnormal elevation of Urate level in the body either due to over production or under excretion or sometimes both. It can also be defined as the pathological reaction of the joint or periarticular tissues to the presence of non sodium urate monohydrate crystals, clinically this may present as inflammatory arthritis, bursitis, tenosynovitis, cellulitis or as a nodular tophaceous crystal deposits.[4] The condition is further aggravated by the factors like starvation and alcohol along with meat intake, which is a rich source of protein.

It has been emphasized in Ayurvedic classic in Charaka Samhita that specific etiological factors leads to the morbidity of the Vata dosha and Rakta.
dhatu. This vitiates Vata along with deranged Rakta circulates very fast all over the body due to the Sukhsma (minuteness) and Drava (liquid state) Guna (characters) of Vata and Rakta respectively and undergo Dosha dusyasamamrutana (pathogenesis) in Sandhi sthana (joints), specifically Pada and Angula sandhi (metatarsophalangeal joint). The Kapha has Sheeta guna (coldness) and Sandhi (joints) are considered to be Sthana (place) of Kapha dosha. Thus, small joints not being straight promotes the accumulation of circulating vitiated Vata and Rakta, every time the patient indulges in Teeksha-ushna kshara ahar.It is spicy fried-alkaline food). [5]

The line of treatment in the modern medicine is NSAIDs/Colchicine/Glucocorticoid which fail to modify the course of the disease or unable to treat the disease and frequently meet with the ill effects of these drugs. In Ayurveda described Vatarakta chikitsa is discussed in all texts along with line of treatment, being Shodhana, Shamana and Bahyachikitsa. Many therapeutic modalities and different preparation are mentioned by our ancient Acharyas for Shamana, Shodhana [6] and the Bahyachikitsa which can effectively treat the disease and it is the need of hour to manage such a condition.

So, the present study is intended to see the efficacy of Ayurvedic management of Gouty arthritis in a single case Study.

Materials and Methods

Place of study: OPD of Dept of Panchakarma, Saint Sahara Ayurvedic Medical College & Hospital, Bathinda, Punjab, 151001

Case Report: The present case study is about the successful Ayurvedic management of a case of Vatarakta w.s.r to gout.

A 39 year old male patient with Registered OPD no. 03968 came to OPD of Dept of Panchakarma, Saint Sahara Ayurvedic Medical College & Hospital, Bathinda, Punjab with chief complaints of

Sandhi soola: Severe pain slight difficulty in flexion and extention

Sandhi Graha: Stiffness lasting more than 1 hour

Sandhi Sotha: Swelling obvious greater than 2 joints

Vaivarnya: Moderate discoloration of skin (shiny overlying skin) Moderate redness

Sparsa asahatva: winces and withdraws the affected part

Daha: burning sensation- Frequent, self approach for its aversion

Associated Symptoms are mild constipation, loss of appetite.

Patient had the above complaints since one year

History of present illness

The patient was normal one year back. But since then patient has been suffering from the symptoms. Pain is rapid in onset reaching maximum severity in just 2-6 hrs. The joint affected initially is the 1st metatarsophalangeal joint 50% other side ankle, heel upto knees.

Often walking the patient in the early morning with severe pain which is often described as the "worst pain" ever. There is burning sensation and extreme tenderness on accounts of which the patient is unable to wear socks. There is marked swelling with over line red shiny skin on the affected joints.

During attack the joint shows the signs of marked synovitis, sometimes the attack may be accompanied by fever. When the attack subsides purities common. Associated symptoms are loss of appetite, constipation, pains all over the body. The attack continues for one week after which the joint becomes completely normal till another attack occur.

Past History: Not significant

Treatment History

1) Etoricoxib P 500mg /day
2) Probenecid 250 mg BD
3) Colochicine 0.5 mg BD
4) Febustat 40 mg BD
5) Alloprinol 300 mg OD

Table 1: Personal History

<table>
<thead>
<tr>
<th>Name : XYZ</th>
<th>Bala: Madhyama</th>
<th>Prakriti: pittavata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: 39 years</td>
<td>Sleep: Inadequate</td>
<td>BP: 130/80 mm of Hg</td>
</tr>
<tr>
<td>Sex: M</td>
<td>Addiction: None</td>
<td>Weight: 80 kg</td>
</tr>
<tr>
<td>Marital Status: married</td>
<td>Bowel Habit: Regular</td>
<td>Height: 158 cm</td>
</tr>
<tr>
<td>Occupation: shopkeeper</td>
<td>Appetite: lost</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Ashta Vidha Pariksha

<table>
<thead>
<tr>
<th>Nadi: 82/min</th>
<th>Sabda: clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mala: constipation</td>
<td>Sparsa: normal</td>
</tr>
<tr>
<td>Mutra: normal</td>
<td>Drk: normal</td>
</tr>
<tr>
<td>Jihva: Saama (coated)</td>
<td>Akriti: madhyama</td>
</tr>
</tbody>
</table>

Systemic Examination

CVS: s1,s2 heard, No Abnormality Detected
Respiratory system: lungs – clear, No abnormality detected. 
Digestive system: poor appetite, constipated stools

**Treatment plan**

Patient was treated on O.P.D basis

**Sodhana:** Nitya Virechana with eranda taila mixed with milk.

**Samana:** Selected internal Ayurvedic Drugs: oral administration

1. *Guduchyaadikashayam* 20 ml with thrice the quantity of water twice a day
2. *Amrithadi Guggulu* 500 mg tab with Lukewarm water thrice a day
3. *Kokilakshakashayam* 20 ml twice daily with thrice the quantity of water.

It is also advised whenever necessary on the onset of an attack.

**Abhyanga:** External application of *Sukhosna pinda tailam* after *Usna jala snana*

**Duration:** 40 days

**Follow up:** 20 days

**Pathya**

1. Guda haritaki, old Barley.


3. Carbohydrate and fibre rich foods
4. low-fat or fat-free dairy products, cow, buffalo, goat milk
5. Drink plenty of fluids, particularly water
6. *Masura*, *Mudga* added with Ghrita in liberal quantity

**Apathya**

1. Avoid *Masha*, *kuluttha*, *brinjal*, *dadhi*, *ikshu*, *panasa*
2. High purine vegetables asparagus, spinach, peas, cauliflower or mushrooms
3. Sleep during day time
4. Exposure to heat
5. Excessive alcohol and meat, seafood

**Diagnostic criteria:** Patient with classical sign and symptom of Vatarakta (Gout) with uric Acid level more than 7 mg/dl.

**Subjective Parameters**

Signs and symptoms of the patient are assessed after each follow up and results are drawn after the last follow up.

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>Normal 0</th>
<th>Mild 1</th>
<th>Moderate 2</th>
<th>Severe 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandhi soola</td>
<td>No pain</td>
<td>Pain complained but tolerable</td>
<td>Pain complained, taking analgesic once a day.</td>
<td>Pain complained, Analgesic &gt; once a day</td>
</tr>
<tr>
<td>Sandhi soola</td>
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<td>Pain complained, taking analgesic once a day.</td>
<td>Pain complained, Analgesic &gt; once a day</td>
</tr>
<tr>
<td>Sandhi Graha</td>
<td>0-25% impairment in the range of movement of joints not affecting daily routine work</td>
<td>25-50% impairment in the range of movement of joints not affecting daily routine work with difficulty</td>
<td>50-75% impairment in the range of movement of joints not affecting daily routine work</td>
<td>More than 75% impairment in the range of movement of joints not affecting daily routine work</td>
</tr>
<tr>
<td>Sandhi Sotha</td>
<td>No Swelling</td>
<td>Swelling Complained but not apparent</td>
<td>Swelling obvious on 2 joints</td>
<td>Obvious Swelling on &gt;2 joints</td>
</tr>
<tr>
<td>Vaivaranya</td>
<td>No discoloration of skin</td>
<td>Mild discoloration of skin</td>
<td>Moderate discoloration of skin (shiny overlying skin)</td>
<td>Severe discoloration of skin (coppery discoloration)</td>
</tr>
<tr>
<td>Sparsha asahatva</td>
<td>No tenderness</td>
<td>Patient says the joint is tender</td>
<td>Patient winces</td>
<td>Patient winces and withdraws the affected part</td>
</tr>
<tr>
<td>Daha</td>
<td>No Burning sensation</td>
<td>Transient, no approach for its aversion</td>
<td>Frequent, Self approach for its aversion</td>
<td>Regular, Seeking medical advice</td>
</tr>
</tbody>
</table>
Objective Criteria: Patient will be investigated before, during after completion of treatment for serum uric acid levels.

Investigations: done at the initial and on completion of treatment. CBP (Complete Blood Picture) with ESR. Urine Routine examination (urine Micro / Macroscopy). Specific Investigation - Serum uric Acid.

Counselling: As patient was psychologically upset, hence proper counselling was done. He was made aware of the signs and symptoms clearly. Patient was made confident that his condition is treatable.

Observations and Results:
Assessment of the signs and symptoms of the patient was done during each follow up and results are as follows.

Table 4: Showing Grading of signs and symptoms of the patient

<table>
<thead>
<tr>
<th>Sign and symptoms</th>
<th>Before treatment</th>
<th>Follow up</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandhi soola</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Sandhi Graha</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Sandhi Sotha</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Vaivarnya</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Sparsha asahatva</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Daha</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interval of manifestation of symptoms</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

The table shows that there is significant 75%-100% relief in all signs and symptoms of Vatarakta which means the selected management is effective in the management of gouty arthritis.

Serum uric acid:
Before treatment: 9.8
After treatment: 5.5

DISCUSSION
The patient was advised to take the medicines as per the treatment protocol. The patient was requested to gradually lower the dosage of NSAID's & other anti gout treatment and completely ceased the anti Gout medication making complete use of the only prescribed Ayurvedic medicines.

Eranda taila was used for Nitya virechana along with milk after assessing the Kosta of the patient. It helps and acts as Ama pachana, Rechana and Vata anulomaka. Amruta is the drug of choice for Vatarakta according to Caraka Agyra aushadha[7] and Bhavaprakasha Nighantu. Guduchi (tinosporine) has uricosuric activity, diuretic activity, anti-inflammatory and analgesic activity. Vatarakta being a Raktavahasroto vyadhi, Rakta-vahasrotagami property of Guduchi may be helpful here. Tikta rasa of Guduchi subsides rakta and Madhura vipaka subsides vata. Guduchyadi Kashaya with Guduchi, Dhanayaka, Nimbi, Raktachandana and Padmaka acts as Deepana, Pachana and Rasayana. [8]

Amritadi guggulu can be used to support healthy joints and connective tissue. Amritadi guggulu is a drug of choice in gout. Over production of uric acid in the body and decrease in excretion of uric acid through the kidneys are main cause of gout or raised uric acid. Amritadi guggulu and Guduchyadi kashaya works well in both conditions. It corrects the metabolism and checks on uric acid production. Further, it corrects the elimination process of uric acid in kidneys. It improves kidney functions and helps in excretion of various chemicals through it. Tikshna and Ushna drugs like Pippali, Shunthi, Maricha, Vidanga, Danti, Guggulu and so on, are present in Amritadi guggulu, which helps in the pacification of Vata too which in turn leads to reduced morbidity of symptoms.[9,10]

Kokilaksha is having the property of Vata pittahara. It has analgesic, anti-inflammatory, anti-arthritic activity. Kokilaksha is likely to increase elimination of uric acid and other toxins from the body. Secondly, it has anti inflammatory and detoxifying actions, which help to reduce inflammation.[11]

Pinda Thailam is very well known to cure the pain of Vatarakta patient. This is indicated only in Vatarakta[12] as an external application. When massaged, the oil enters into the body through the...
pores softening the skin and lubricating the joints. *Pinda Thailam* is also used for auto-immune diseases, gout, and inflammation, problems due to excess heat, *Pitta* and *Rakta doshas*.

**CONCLUSION**

Hence, it is can be concluded that *Sodhana* with *Eranda taila nitya virechana* along with milk and *Shaman oushasdis* with *Amrthotharam, Amritadi guggulu, Kokilaksha Kashayam*, possesses the anti inflammatory, antioxidant, analgesic, anti-rheumatic properties and is found effective in the management of *Vatarakta* and also effective in the treatment of Gouty arthritis particularly in reducing the frequency of the attacks and severity of the attack after the onset.

**REFERENCES**