



Review Article

## A CONCEPTUAL STUDY ON VATARAKTA W.S.R. TO GOUTY ARTHRITIS

Akansha Singh<sup>1\*</sup>, Shivani Mahajan<sup>2</sup>, Amit Tiwari<sup>3</sup>, Ketan Mahajan<sup>4</sup>

\*<sup>1</sup>MD Scholar, <sup>2</sup>Professor, <sup>3</sup>Assistant Professor, <sup>4</sup>Professor and Head of Department, Dept. of Panchakarma, Patanjali Bhartiya Ayurvedic Evum Anusandhan Sansthan, Haridwar, India.

### Article info

#### Article History:

Received: 12-05-2024

Accepted: 03-06-2024

Published: 10-07-2024

#### KEYWORDS:

Vatarakta, Gouty Arthritis, Pada moola, Ayurveda, hyperuricemia, Sandhishoola.

### ABSTRACT

The wellbeing of an individual depends on his/her diet and lifestyle. The rapid development and modernisation in India are causing serious health problems and *Vatarakta* is one of them. *Vatarakta*, is described under *Vatavyadhis* by different *Acharya's*. The vitiated *Vata* and *Rakta* causes this disease, hence called *Vatarakta*. Gout is an inflammatory disease caused by deposition of Mono-Sodium Urate (MSU) crystals in and around synovial joints. Recent reports of prevalence and incidence of gout vary widely but ranges from prevalence of 1-2%, with greater than 5:1 male preponderance. It is imperative to comprehend complexities of *Vatarakta* in order to accurately diagnose and treat it, considering its increasing occurrence worldwide and the substantial influence, it has affected individuals' quality of life. **Methods:** After a thorough literary review, focusing on classical Ayurvedic texts, alongside recent research articles and reviews. The gathered information was analysed to present cohesive narrative on the *Niadana*, *Samprapti* and *Chikitsa* of *Vatarakta*. **Results:** *Vatarakta* is a result of aggravated *Vata Dosh*a and impaired *Rakta Dhatu*, leading to severe pain, inflammation, and joints deformity. The disease progression is influenced by dietary habits, lifestyle factors, and genetic predisposition. Its treatment involves a multi-factorial approach, including *Shodhana*, *Shamana*, dietary regulations, and lifestyle modification. **Conclusion:** The Ayurvedic perspective on *Vatarakta* offers a holistic approach in understanding and managing the disease, emphasizing the balance of bodily *Dosh*as, detoxification, and rejuvenation. Integrating Ayurvedic principles with modern medical practices may provide a comprehensive treatment for *Vatarakta*.

### INTRODUCTION

The term *Vatarakta* is made up of two words i.e., *Vata* and *Rakta*. It is one of the important diseases adequately described in Ayurvedic classical literature. It is a disease having *Sandhishoola* as one of the important symptoms. *Vatarakta* is disorder in which pain is a predominant symptom which effects day to day life of patients.

Acharya Sushruta mentioned that this disease can start from *Pada Moola* (feet) and sometimes it can also start from *Kara Moola* (hands) [1].

Due to the fluidity, mobility, and subtle nature of *Vata* and *Rakta* it moves all over body similar to *Akhuvisha* that is rat poison. The classical symptoms of *Vatarakta* are *Arti*, *Akunchna*, *Ayama*, *Beda*, *Gourava*, *Kandu*, *Suptata*, *Khanjatwa*, *Pangutwa*, *Shyavata*, *Tamra Twak Vivarnta*, *Daha*, *Toda*, *Sphurana* and *Paka* are mentioned by *Acharya* [2]. A lot of references along with description of this disease are available in classical text under the name of *Vatarakta*, *Adhyavata*, *Vatabalasaka* and *Khuddavata*[3].

While historically described in Ayurvedic texts, *Vatarakta* shares striking similarities with gout, a form of inflammatory arthritis recognized in modern medicine. Gout is a quaint presentation of uric acid disturbance. Acute gouty arthritis, critical phase, chronic tophaceous gout, and asymptomatic hyperuricemia comprise the clinical picture of gout. Gouty arthritis in modern medicine is primarily attributed to the elevated levels of serum uric acid,

#### Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v11i3.1560>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative Commons  
Attribution-NonCommercial-ShareAlike 4.0  
International (CC BY-NC-SA 4.0)

resulting from the overproduction or decreased excretion of urate. Radiological and laboratory features are used to make the diagnosis. Sedentary lifestyle along with psychological stress, consumption of non-vegetarian diet, excessive alcohol intake is some of the precipitating factors which cause acute aggravation of Gout. People with Gout usually wake up with severe pain in the early morning, which is often described as the "worst pain" ever<sup>[4]</sup>. Gout is a heterogenous disorder that result in the deposition of uric acid salts and crystals around joints and soft tissue.

### AIM AND OBJECTIVES

1. To understand *Vatarakta* in detail in comparison to gouty arthritis of joints.
2. To understand the pathophysiology and symptomatology of *Vatarakta*.
3. To have knowledge for diagnostic criteria of *Vatarakta* according to Ayurveda as well as modern perspective.
4. To understand treatment and its efficacy in *Vatarakta*.

### MATERIALS AND METHOD

In this study information collected from the available Ayurvedic *Samhitas* and few elementary text books, published research papers, previous work done and related research works were searched to get comprehensive knowledge about the disease *Vatarakta* as well its line of management.

#### Nirukti of Vatarakta<sup>[5]</sup>

- **Vata Dushita Rakta Avastha:** Rakta which is vitiated by Vata is derived as *Vatarakta*.
- **Rakta Pradana Vata Roga Avastha:** It is a disease of Vata where Rakta is predominant.

#### Definition<sup>[6]</sup>

वायुर्विवृद्धो वृद्धेन रक्तेनावारितः पथि ।  
कृत्स्नं सन्दूषयेद्रक्तं तज्ज्ञेयं वातशोणितम् ।  
खुडं वातबलासाख्यमावातं च नामभिः ॥

Vitiated Vayu obstructs the path of vitiated Rakta in the beginning and then vitiates the Rakta further, this complete process is called as *Vatarakta*. Vitiated Vata and vitiated Rakta causes this disease.

#### Synonyms<sup>[7]</sup>

- *Vatashonita*
- *Adhyavata:* Means which affects the rich people.
- *Khudam:* Khanja (lameness)
- *Kudhavata:* Commonly seen in smaller joints.
- *Vatabalasa:* Where Vata is predominant.

#### Nidana (Etiology)<sup>[8]</sup>

The healthy state of the human body is maintained by the normal equilibrium of *Tridosha*. Any alteration in this equilibrium results in the vitiation of *Dosha*, which in turn causes the onset of disease. Vata and Rakta are the specific *Dosha* and *Dushya*

associated with *Vatarakta*. Different *Nidana* of *Vatarakta* have been mentioned in Ayurvedic texts and can be classified into following groups:

1. *Aharaja Nidana*- Causes related to food habits.
2. *Viharaja Nidana*- Causes associated with personal behaviours and elements in the surrounding environment.
3. *Mansika Nidana*- Causes related to psychological factors.
4. *Agantuja Nidana*- Extrinsic factors.

#### 1. Aharaja Nidana

- Excessive intake of diet consisting of *Lavana*, *Amla*, *Katu Rasa* and *Snigdha*, *Ushna*, *Klinna*, *Ruksha*, *Ushna*, *Vidahi* and *Kshara* in quality.
- Intake of flesh of aquatic and marshy land inhabiting animals.
- Excessive intake of oil-cake preparations and uncooked food.
- Excessive intake of *Kulatha* (*Macrotyloma uniflorum*), *Masha* (*Vigna mungo*), *Nishpav* (*Dichous lablab*), other (leguminous) vegetables, *Pinyak* (*Sesamum Indicum*) and *Ikshu* (*Saccharum officinarum*).
- Excessive intake of *Dadhi*, *Aranala* (*Kanji*), *Sauvirak* (fermented drinks), *Sukta* (vinegar), *Takra* (butter milk), *Sura* and *Asava*.

#### 2. Viharaja Nidana

- *Virudha Adhyasana*, *Krodha*, *Divaswapan*, *Ratrijagran*, *Abhighata*
- *Achankramansheelta*, riding on elephant, horse and camel.
- Excessive *Plavana*, and *Maithuna*.

#### 3. Mansik Nidana

*Krodha*, *Achinta* and *Harshanityatva*.

#### 4. Prakruti based Nidana

The individuals who are *Sukumaar*, *Atisthula* and consuming unwholesome diet are mainly affected. Overweight person also surrenders the exercise schedule so chances of getting *Kaphameda dushti* are increased. *Kaphamedasushti* further add up to the etiology of this disease.

#### Purvarupa of Vatarakta<sup>[9]</sup>

The different *Purva Rupa* in *Vatarakta* in view of different *Acharya's* are mentioned below:

- *Atisweda/Asweda* - Hydrosis/anhidrosis
- *Karshnyata*- Blackish discoloration
- *Sparshgnatwa*- Parasthesia
- *Kshate Atiruk*- Increased pain on touch
- *Sandhi Shaithilya*- Looseness of joints
- *Alasya*- Laziness
- *Sadana* - Fatigue of the foot
- *Pidakodgama*- Formation of papules

- *Nisthoda*- Fatigue
- *Spurana*- Throbbing sensation
- *Bhedana* - Splitting type of pain
- *Gurutwa*- Heaviness
- *Supti* - Numbness
- *Kandu* - Itching
- *Sandi Ruk*- Pain in joints
- *Vaivarnya*- Discoloration
- *Mandalotpatti*- Formation of rounded patches
- *Sheetalata*- Coldness of the limbs
- *Osha* - Burning sensation with restlessness
- *Daha* - Burning sensation
- *Sopha* - Swelling
- *Twak Parushya*- Roughness of the skin
- *Sakti Daurbalya*- Decreased strength in thigh
- *Sira Dhamani Spandana*- Increased pulsatile vessels
- *Shrama*- Increased exertion
- *Ati Slakshna Khara Sparsha*- Hard on touch

<b>Purvarupa</b>	<b>C.S</b>	<b>S.S</b>	<b>A.H</b>	<b>A.S</b>	<b>M.N.</b>	<b>G.NI.</b>	<b>B.P.</b>	<b>Y.R.</b>
<i>Atisweda</i>	+	-	+	+	+	+	+	+
<i>Asweda</i>	+	-	+	+	+	+	+	+
<i>Karshnym</i>	+	-	-	-	+	+	+	+
<i>Sparshgnata</i>	+	-	-	-	+	+	+	+
<i>Kshate ati ruk</i>	++	-	-	-	+	+	+	+
<i>Sandhi shaithilya</i>	+	+	+	+	+	+	+	+
<i>Alasyam</i>	+	-	-	-	+	+	+	+
<i>Sadanam</i>	+	-	+	+	+	+	+	+
<i>Pidakodgama</i>	+	-	-	-	+	+	+	+
<i>Nistoda</i>	+	+	+	+	+	+	+	+
<i>Spurana</i>	+	-	+	+	+	+	+	+
<i>Bheda</i>	+	-	+	+	+	+	+	+
<i>Gourava</i>	+	+	+	+	+	+	+	+
<i>Supti</i>	+	+	+	+	+	+	+	+
<i>Kandu</i>	+	-	+	+	+	+	+	+
<i>Sandhi ruk</i>	+	-	-	-	+	+	+	+
<i>Vaivarnya</i>	+	+	+	+	+	+	+	+
<i>Mandalotpatti</i>	-	+	+	+	+	+	+	+
<i>Sheetalata</i>	-	+	-	-	-	-	-	-
<i>Osha</i>	-	+	-	-	-	-	-	-
<i>Daha</i>	-	+	+	+	+	+	+	+
<i>Shopha</i>	-	+	-	-	-	-	-	-
<i>Twak parushya</i>	-	+	-	-	-	-	-	-
<i>Sira dhamani spandana</i>	-	+	-	-	-	-	-	-
<i>Sakti dourbalya</i>	-	+	-	-	-	-	-	-
<i>Ati slakshna sparsha</i>	-	-	+	+	+	-	+	+
<i>Khara sparsha</i>	-	-	+	+	+	-	+	+
<i>Shrama</i>	-	-	+	+	+	-	-	-
<i>Vrana adika sula</i>	-	-	+	+	+	-	-	-
<i>Vrana chira sthiti</i>	-	-	+	+	+	-	-	-
<i>Vrana rudhana</i>	-	-	+	+	+	-	-	-
<i>Roma harsha</i>	-	-	+	+	+	-	-	-
<i>Asrija kshaya</i>	-	-	+	+	+	-	-	-

**Site of Vatarakta<sup>[10]</sup>**

तस्य स्थानम करीपादावंगुल्यः सर्वसन्ध्यः ।  
कृत्वा अदौ हस्तपादौ तु मूलम देहे विधवति ॥

It starts from hand, feet, finger, and manifest symptoms there, then spread in all joints. But at first it

confirms its root in hands and feet and then spread all over body.

पादयोर्मूलमास्थाय कदाचिद्धस्तयोरपि ।

आखोर्विषमिव कुद्धं तदेहमनुसर्पति ॥ (सु.नि=1/48)

The disease *Vatarakta* creeps in either from the lower extremities, or in some cases first affects the upper ones and gradually spread all over the body like a rat poison.

#### Classification [11]

According to various *Acharya's*, *Vatarakta* have been categorized into two groups:

1. According to preponderance of *Dosha*
2. According to site of origin (or pathogenesis)

#### According to *Doshika* variation

According to *Doshika* variation *Acharya Charaka* has classified the disease *Vatarakta* in categories.

1. *Vata Pradhana Vatarakta*
2. *Pitta Pradhana Vatarakta*
3. *Kapha Pradhana Vatarakta*
4. *Rakta Pradhana Vatarakta*

#### 5. *Dvandaj Vatarakta*

#### 6. *Sannipataj Vatarakta*

*Acharya Sushruta*, *Vagbhatta*, *Madhavakara*, *Bhava Mishra*, *Sharangdhara* have also described these varieties in their respective *Samhitas*.

#### According to Site of Origin

According to site of origin *Acharya Charaka*, *Vagbhatta*, *Chakrapani*, *Yogratnakara* have further classified *Vatarakta* as *Uttana Vatarakta* and *Gambheer Vatarakta*. In spite of these one more variety of *Vatarakta* i.e., *Ubhaya Vatarakta* has been described by *Acharya Charaka*.

According to *Acharya Sushruta*, he described *Uttana* and *Gambhira Vatarakta* only on the basis of chronicity. In the first stage of *Vatarakta* it will be *Uttana* and as time passes it develops into *Gambhira Vatarakta*. It is clearly understood that *Sushruta Samhita* has classified them as *Avastha Visheshha* rather than the type of *Vatarakta*. Thus, *Acharya Sushruta* disapproves the classification based on the pathogenesis.

	Type of <i>Vatarakta</i>	CS	SS	AS	AH	MN	CD	BP	VS	YR
<b>A</b>	<b>According to <i>Doshas</i></b>									
1.	<i>Vata pradhana Vatarakta</i>	+	+	+	+	+	+	+	+	+
2.	<i>Pitta pradhana Vatarakta</i>	+	+	+	+	+	+	+	+	+
3.	<i>Kapha pradhana Vatarakta</i>	+	+	+	+	+	+	+	+	+
4.	<i>Rakta pradhana Vatarakta</i>	+	+	+	+	+	+	+	+	+
5.	<i>Dvandaj pradhana Vatarakta</i>	+	+	+	+	+	+	+	+	+
6.	<i>Sannipataj Vatarakta</i>	+	+	+	+	+	+	+	+	+
<b>B</b>	<b>According to site of origin</b>									
1.	<i>Uttana Vatarakta</i>	+	-	+	+	+	+	-	-	-
2.	<i>Gambhira Vatarakta</i>	+	-	+	+	+	+	-	-	-
3.	<i>Ubhayaj Vatarakta</i>	+	-	+	+	+	+	-	-	-

#### *Rupa*/Clinical Features [12]

The manifestation of *Pratyatma Lakshanas* of the *Vyadhi* is called *Roopa*. It has got different synonyms like *Linga*, *Akruti*, *Lakshana*, *Samsthana* and *Vyanjana*. All these give the same meaning with slight differences.

#### Symptoms according to predominance of *Doshas*

#### *Vatadhika Vatarakta*

<i>Rupa</i>	CS	SS	AS	AH	MN	BP	YR
<i>Sirayama</i>	+	-	-	-	-	+	-
<i>Shula</i>	+	-	+	+	+	+	-
<i>Spurana</i>	+	-	+	+	+	+	-
<i>Toda</i>	+	-	+	+	+	+	-
<i>Shothasyakarshnyam</i>	+	-	+	+	+	+	-
<i>Shothsya rukshya</i>	+	-	+	+	+	+	-
<i>Shothsya shyavata</i>	+	-	+	+	+	+	-
<i>Shotha vridhhi</i>	+	-	+	+	+	+	-
<i>Sandhisankocha</i>	+	-	+	+	+	+	-

<i>Dhamni anguli sandhi sankocha</i>	+	-	+	+	+	+	-
<i>Angagraha</i>	+	-	+	+	+	+	-
<i>Atiruka</i>	+	-	+	+	+	+	-
<i>Stambhana</i>	+	-	+	+	+	+	-
<i>Sheeta pradvesh</i>	+	-	+	+	+	+	-
<i>Sparshodwigna</i>	-	+	-	-	-	-	+
<i>Kunchana</i>	+	-	-	-	-	+	-
<i>Bheda</i>	-	+	+	+	+	-	+
<i>Prashosha</i>	-	+	-	-	-	-	+
<i>Swapa</i>	-	+	+	+	+	-	+
<i>Sheetanupashaya</i>	-	-	+	+	+	-	-
<i>Vepathu</i>	-	-	+	+	+	-	-

**Pittadhika Vatarakta**

<b>Rupa</b>	<b>CS</b>	<b>SS</b>	<b>AS</b>	<b>AH</b>	<b>MN</b>	<b>BP</b>	<b>YR</b>
<i>Vidaha</i>	+	-	+	+	+	+	-
<i>Vedana</i>	+	-	+	+	+	+	-
<i>Murcha</i>	+	-	+	+	+	+	-
<i>Sweda</i>	+	-	+	+	+	+	-
<i>Trishna</i>	+	-	+	+	+	+	-
<i>Mada</i>	+	-	+	+	+	+	-
<i>Bhrama</i>	+	-	+	+	+	+	-
<i>Paka</i>	+	-	+	+	+	+	-
<i>Raga</i>	+	+	+	+	+	+	-
<i>Bheda</i>	+	-	-	-	-	-	-
<i>Shosh</i>	+	-	-	-	-	-	-
<i>Ugradaha</i>	-	+	-	-	-	-	+
<i>Ati ushnatwam</i>	-	+	+	+	+	+	+
<i>Shophasya mrudutwa</i>	-	+	-	-	-	-	+
<i>Sammoha</i>	-	-	+	+	+	+	-
<i>Sparsh akshamtwa</i>	-	-	+	+	+	+	-

**Kaphadhika Vatrakta**

<b>Rupa</b>	<b>CS</b>	<b>SS</b>	<b>AS</b>	<b>AH</b>	<b>MN</b>	<b>BP</b>	<b>YR</b>
<i>Staimithya</i>	+	-	+	+	+	+	-
<i>Gourava</i>	+	-	+	+	+	+	-
<i>Snehtwa</i>	+	-	+	+	+	+	-
<i>Supti</i>	+	-	+	+	+	+	-
<i>Mandaruja</i>	+	-	+	+	+	+	-
<i>Kandu</i>	-	+	+	+	+	+	+
<i>Swetata</i>	-	+	-	-	-	-	+
<i>Sheetata</i>	-	+	+	+	+	+	+
<i>Sopha</i>	-	+	-	-	-	-	+
<i>Peenatwa</i>	-	+	-	-	-	-	+
<i>Stabdhatwa</i>	-	+	-	-	-	-	+

**Raktadhika Vatarakta**

<b>Rupa</b>	<b>CS</b>	<b>SS</b>	<b>AS</b>	<b>AH</b>	<b>MN</b>	<b>BP</b>	<b>YR</b>
<i>Shotha</i>	+	-	+	+	+	+	+
<i>Atiruk</i>	+	-	+	+	+	+	+
<i>Toda</i>	+	-	+	+	+	+	+
<i>Tamra varna</i>	+	-	+	+	+	+	+
<i>Chimchimayana</i>	+	-	+	+	+	+	+
<i>Snighdharuksha shamanati</i>	+	-	+	+	+	+	+
<i>Kandu</i>	-	-	+	+	-	-	-
<i>Kleda</i>	-	-	+	+	-	-	-

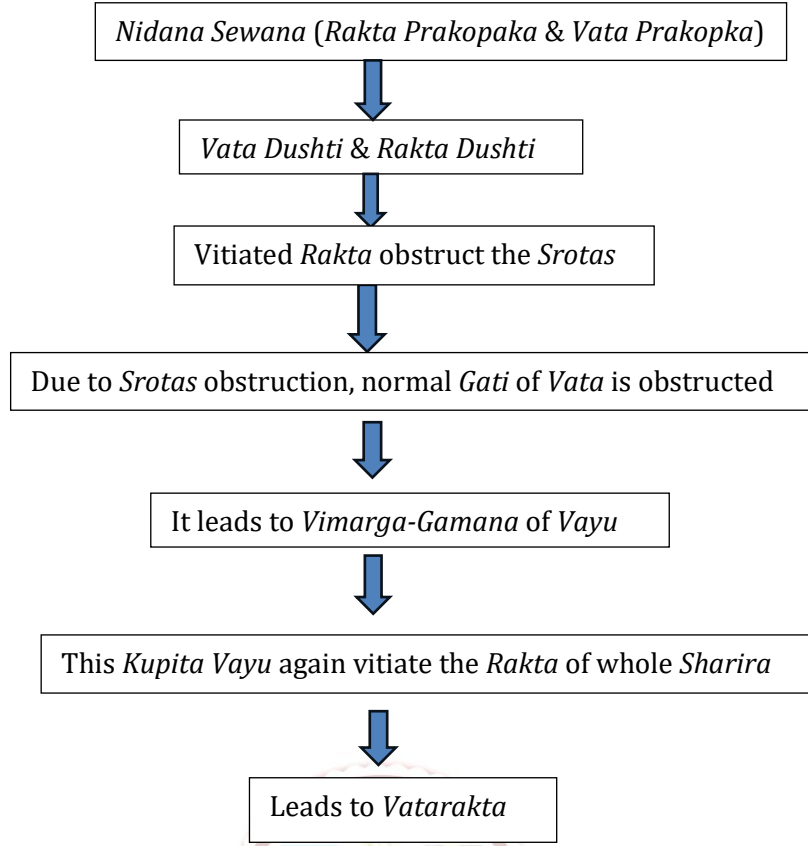
Symptoms according to origin of site:

**Uttana Vatarakta (superficial type)**

<b>Rupa</b>	<b>CS</b>	<b>SS</b>	<b>AS</b>	<b>AH</b>	<b>MN</b>	<b>BP</b>	<b>YR</b>
<i>Kandu</i>	+	-	+	+	-	+	+
<i>Daha</i>	+	-	+	+	-	+	+
<i>Ruja</i>	+	-	-	-	-	-	-
<i>Ayama</i>	+	-	+	+	-	+	+
<i>Toda</i>	+	-	+	+	-	+	+
<i>Sphurana</i>	+	-	+	+	-	+	+
<i>Kunchana</i>	+	-	-	-	-	-	-
<i>Shyavarakta twak</i>	+	-	+	+	-	+	+
<i>Bheda</i>	-	-	+	+	-	+	+
<i>Gourava</i>	-	-	+	+	-	+	+
<i>Suptata</i>	-	-	+	+	-	+	+

**Gambhira Vatarakta (deep type)**

<b>Rupa</b>	<b>CS</b>	<b>SS</b>	<b>AS</b>	<b>AH</b>	<b>MN</b>	<b>BP</b>	<b>YR</b>
<i>Shvayathu stabdhata</i>	+	-	-	-	-	+	-
<i>Svayathu kathinya</i>	+	-	-	-	-	+	-
<i>Bhrishartha</i>	+	-	-	-	-	+	-
<i>Shyavata</i>	+	-	-	-	-	+	-
<i>Tamra twak</i>	+	-	-	-	-	+	-
<i>Daha</i>	+	-	-	-	-	+	-
<i>Toda</i>	+	-	+	+	-	+	+
<i>Sphurana</i>	+	-	-	+	+	+	-
<i>Paka</i>	+	-	-	-	-	+	-
<i>Ruja</i>	+	-	-	-	-	+	-
<i>Vidaha</i>	+	-	+	+	-	+	+
<i>Vatasya sandhiasthimajjasu</i>	+	-	-	-	-	+	+
<i>Khanjatwa</i>	+	-	+	+	-	+	+
<i>Pangutva</i>	+	-	+	+	-	+	+
<i>Adhika parvaruk</i>	-	-	+	+	-	-	-
<i>Svayathu gratithata</i>	-	-	+	+	-	-	-
<i>Vatasya sarva sharira charana</i>	+	-	+	+	-	-	-
<i>Angasya vakrikarana</i>	+	-	+	+	-	-	+

**Samprapti of Vatarakta** <sup>[13]</sup>**Samprapti Ghatak** <sup>[14]</sup>**Dosha:** Vata Pradhana Tridosha**Vata:** Vyana vata and Samana vata**Kapha:** Shleshaka**Doosha:** Twak, Rakta, Mamsa, Meda, Asthi, Majja**Upadhatu:** Sira, Snayu, Kandara**Vyadhimarga:** Bahya and Madhyama rogamarga**Pitta:** Bhrajaka Pitta**Mala:** Sweda**Srotas:** Rasavaha, Raktavaha, Mamsavaha, Medavaha, Asthivaha, Majjavaha, Svedavaha**Srotodusti:** Sanga**Udbhavasthana:** Pakvashaya**Sancharasthana:** Sarva sharira**Sadhya-Asadhya** <sup>[15]</sup>

एकदोषानुगं साध्यं नवंप याप्यं द्विदोषजम् ।

त्रिदोषजमसाध्यं स्याद्यस्य च स्युरुपद्रवाः ॥

- Ekadosha, nava - Sadhya
- Dwidoshaja - Yasya
- Tridoshaja, Upadravayuktha - Asadhya

**Chikitsa Sutra (Line of Treatment)** <sup>[16]</sup>**General Treatment**

विरिच्यः स्नेहयित्वाऽऽदौ स्नेहयुक्तैर्विरिचनैः। रूक्षैर्वा मृदुभिः

शस्तमसकृद्द्वस्तिकर्म च ॥

सेकाभ्यङ्गप्रदेहात्रस्नेहाः प्रायोऽविदाहिनः । वातरक्ते प्रशस्यन्त... ॥

Following adequate oleation, a patient suffering from *Vatarakta* should undergo mild purgation using either unctuous substances or dry substances (if the patient has been excessively oiled). Subsequent to purgation, it is recommended that the patient receives regular *Basti* treatments, which involve administering medicated substances through enemas, specifically *Anuvasana Basti* (unctuous enema) and *Niruha Basti* (enema prepared from a decoction of medicinal herbs). In addition to fomentation, massage, and the application of ointments, the patient should be provided with appropriate food and *Sneha* (unctuous substances) that do not induce a burning sensation.

**Specific Treatment**

विशेषं तु निबोध मे ॥ बाह्यमालेपनाभ्यङ्गपरिषेकोपनाहनैः ।

विरिकास्थापनस्नेहपानैर्गम्भीरमाचरेत् ॥

<b>Uttana vatarakta</b>	<b>Gambheera vatarakta</b>
<i>Pralepa</i>	<i>Vireka</i>
<i>Abhaynga</i>	<i>Asthapana</i>
<i>Parisheka</i>	<i>Snehapana</i>
<i>Avagaha</i>	

Treatment According to *Doshas* Predominance

- **Vata Pradhan Vatarakta:** In this *Chaturvidha Sneha* (*Ghrita*, *Tail*, *Vasa* and *Majja*) should be

administered in the form of *Snehapana*, *Upnaha* and *Abhyanga*. The same should be used for *Basti*.

- **Rakta and Pitta Pradhan Vatarakta:** In such a condition *Sarpi Pana*, *Ksheer Pana* and *Mridu Sneha Virechana* should be administered. *Parisheka* with decoction (*Kashaya*) of *Pitta Shamaka Dravyas* and frequent *Anuvasan Basti* should be given. *Sheetala Pralepa* is also advised by *Acharya Charaka* in this condition. In *Rakta Pradhana Vatarakta* repeated *Raktmokshana* should be done advised by *Acharya Sushruta*.<sup>[17]</sup>
- **Kapha Pradhan Vatarakta:** In this, *Mridu Vamana* is an ideal treatment. *Snehana*, *Swedana* like *Parishekh* with *Kaphahara Kashaya* and *Langhana* should be used as per *Doshas*. Lukewarm *Pralepa* may be helpful. Too cold or too hot *Pralepas* must not be applied.

### Pathya - Apathya

#### Pathya

- Intake of *Puranayava*, *Godhuma*, *Nivara*, *Shastika Shali*.
- *Mamsa Rasa* of *Vishkira*, *Pratuda* animals.
- Vegetable of *Sunishannaka* fried with ghee and meat soup in milk.
- Intake of *Gavya*, *Mahisha* and *Ajakshira*.
- Utilization of poultice, *Parisheka*, *Pradeha*, avoiding spaces with direct airflow. Implementation of *Sukha Shayana* and gentle rubbing (*Abhyanga*).

#### Apathya

- *Divaswapna*, exposure to high temperatures, physical activity, sexual intercourse, consumption of spicy, warm, rich, obstructive salty, and acidic foods.
- *Krodha*, *Santapa*, *Divaswapna*, *Vyayama*, *Maithuna* is prohibited.
- Foods, which are hot in potency. Foods, which creates more moisture in body and difficult for digestion like *Guru*, *Abhishyandi Ahara*, *Dadhi* etc.

### Following Are Few Shamana Drugs Mainly Used in Treating Vatarakta

*Haritaki* – With *Guduchi Kwatha* mainly in *Ajanusputitha Vatarakta*.

*Guduchi* – In the form of *Swarasa*, *Kalka*, *Churna* or *Kwatha* for a long time

*Aragwadha* – With *Eranda Taila*

*Ashwattha* – *Twak Kwatha* with *Madhu*.

*Trivrit* – With *Vidari* and *Gokshura Kashaya*

*Suddha Shilajatu* – One *Masha Pramana* with *Guduchi*.

*Purana Guda* – With one *Tola* of *Gosarpi* (cow's ghee).

### DISCUSSION AND CONCLUSION

*Vatarakta* remains a significant health burden worldwide, affecting millions of individuals and

imposing substantial economic and social costs. According to Ayurvedic texts, *Vata* is most significant among *Tridosha* due to its distinguishing features. And *Rakta* being the important body tissue which gives *Jeevanam* <sup>[18]</sup> to person and furthermore, it is crucial to acknowledge that it also assumes a significant function in upholding an individual's overall well-being and vitality. *Vatarakta* is extensively discussed in various Ayurvedic texts such as *Brihatrayi* and *Laghutrayi*. Despite significant advancements in comprehending the underlying mechanisms of this disorder and devising successful therapeutic approaches, numerous obstacles continue to hinder its effective management. By adopting a comprehensive approach that integrates lifestyle modifications, pharmacotherapy, and patient education, healthcare providers can effectively mitigate the impact of *Vatarakta* on patients' lives and improve long-term outcomes. The continuous use of modern medicine for a long duration causes toxicity in the body. Hence, there is an urgent need of application of Ayurvedic medicines in *Vatarakta*. Ultimately, this review underscores the importance of a multidisciplinary approach, combining the wisdom of traditional Ayurveda with the advancements of modern medicine to provide effective and comprehensive care for patients with *Vatarakta*. Future research should focus on clinical trials and pharmacological studies to validate traditional therapies and explore their potential synergies with contemporary medicine.

### REFERENCES

1. Kasinath Shastri and Gorakhnath Chaturvedi, *Agnivesha, Charakasamhita- Vidyotani Tika*, Chaukhambha Bharti Academy, Varanasi, edition reprinted 2009, Chikitsasthan chapter 29/5-7, p-747.
2. Kaviraj Ambikadutta Shastri; *Acharya Sushruta, Sushruta Samhita; Ayurveda- Tattva-Sandipika Hindi commentary*, Chaukhambha Sanskrit Sansthan, Varanasi, Edition; Reprint 2010; *Nidana Sthana-1/48*, p- 300.
3. Walker, Brian, *Davidson's Principles and Practice of Medicine*, 22<sup>nd</sup> Edition, Chapter 25, p-1087.
4. Walker, Brian, *Davidson's Principles and Practice of Medicine*, 22<sup>nd</sup> Edition, Chapter 25, p-1088.
5. Kaviraj Gupta Atrideva, *Ashtanga Hridaya*, Varanasi, Chaukhambha Prakashan, Edition 2012, *Chikitsa Sthana Chapter 22/41-44*, p- 829.
6. Shri Vijayrakshit and Shrikanthadatta, *Madhava Nidanam*, Shri Vakara-Madhukosha Sanskrit commmentary with Vidyotini hindi commentary by Shri Sudarshana shastri edition: reprint 2003 part 1 *Vatrakta Nidanam*, p-500.



7. Ramavatar shastri, Harita Samhita, Hindi Commentary, prachya prakashan, Varanasi, 1<sup>st</sup> Edition, 1985.
8. Vaidya Shukla S V, Kayachikitsa, part 2, Raktavaha Vyadhi's 7/5. edition 1<sup>st</sup> Varanasi. Chaukhamba orientalia, 2012; p-676.
9. Shastri K., Chaturvedi G. (2013) Charaka Samhita (Reprint); Varanasi: Chaukhamba Bharti Academy. Vol.-II; Chikitsa Sthana. ch.29/41, p-825.
10. Trikamji Y. (2009) Charka Samhita with Ayurved - Dipika commentary by Chakrapanidatta; Edn. 8<sup>th</sup> (Reprint). Varanasi: Chaukhamba Prakashan. Sutra Sthana, ch.no.24/109, p-144.
11. Tripathi B. (2011) Charaka Samhita; Varanasi: Chaukhamba Prakashan. Vol.-II; Chikitsa Sthana. ch. 29/12, p-983.
12. Bhavmishra (2005) Bhavaparkash Vidyotini Hindi Commentary; Edn. 9<sup>th</sup>. Varanasi: Chaukhamba Sanskrit Sansthana. Vol.-II; Madhyam khanda. ch. 29/15-16, p-301.
13. Tewari P., Kumari A. (2010) Yogratnakar; Edn. 1<sup>st</sup>. Varanasi: Chaukhamba Vishvabharti. Vol.I; ch.26/23-24, page-626.
14. Tripathi B. (2011) Ashtanga Hridaya; (Reprint) Varanasi: Chaukhamba Orientalia; Vol.1; Sutra Sthana, ch.11/4.

**Cite this article as:**

Akansha Singh, Shivani Mahajan, Amit Tiwari, Ketan Mahajan. A Conceptual Study on Vatarakta w.s.r. to Gouty Arthritis. AYUSHDHARA, 2024;11(3):70-78.  
<https://doi.org/10.47070/ayushdhara.v11i3.1560>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Akansha Singh**

MD Scholar

Dept. of Panchakarma,

Patanjali Bhartiya Ayurvedigyan

Evum Anusandhan Sansthan,

Haridwar.

Email:

[singh.akansha290598@gmail.com](mailto:singh.akansha290598@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.

