



Case Study

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

Priya Puesh Pargotra^{1*}, Bhawit Thakur²

^{1*}Reader, Dept. of Rog Nidhana, Saint Sahara Ayurvedic Medical College & Hospital, Kotshamir, Bathinda.

²Assistant Professor, Dept. of Panchkarma, Saint Sahara Ayurvedic Medical College & Hospital, Kotshamir, Bathinda.

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.

*Address for correspondence

Dr Priya Puesh Pargotra

Reader, Department of Roga
Nidana, Saint Sahara Ayurvedic
Medical College & Hospital, Kot
Shamir, Bathinda

Email:

pueshpargotra@gmail.com

Phone: 08699270446

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 *Dhatu* 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*, *Vata-balasa*, *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 Metatarsophalangeal 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 vitiated *Vata* along with deranged *Rakta* circulates very fast all over the body due to the *Sukshma* (minuteness) and *Drava* (liquid state) *Guna* (characters) of *Vata* and *Rakta* respectively and undergo *Dosha dushyasammurchana* (pathogenesis) in *Sandhi sthana* (joints), specifically *Pada* and *Angula sandhi* (metatarso-phalangeal 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 *Teekshna-ushna kshara ahara* (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* a detailed description of *Vatarakta chikitsa* is discussed in all texts along with line of treatment, being *Shodhana*, *Shaman* 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 extension

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

Sparsha 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) Allopurinol 300 mg OD

Table 1: Personal History

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

Table 2: Ashta Vidha Pariksha

Nadi: 82/min	Sabda: clear
Mala: constipation	Sparsa: normal
Mutra: normal	Drk: normal
Jihva: Saama (coated)	Akriti: madhyama

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. *Guduchyadhikashayam* 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* 20ml 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.
2. *Karvellaka*, Ginger, *Methika*, *Patola*, *Kushmanda*, *Palak*, Bottle gourd.
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 3: Showing grading of signs and symptoms

Signs & Symptoms	Normal 0	Mild1	Moderate2	Severe3
<i>Sandhi soola</i>	No pain	Pain complained but tolerable	Pain complained, taking analgesic once a day.	Pain complained, Analgesic > once a day
<i>Sandhi soola</i>	No pain	Pain complained but tolerable	Pain complained, taking analgesic once a day.	Pain complained, Analgesic > once a day
<i>Sandhi Graha</i>	0-25% impairment in the range of movement of joints not affecting daily routine work	25-50% impairment in the range of movement of joints not affecting daily routine work with difficulty	50-75% impairment in the range of movement of joints not affecting daily routine work	More than 75% impairment in the range of movement of joints not affecting daily routine work
<i>Sandhi Sotha</i>	No Swelling	Swelling Complained but not apparent	Swelling obvious on 2 joints	Obvious Swelling on >2 joints
<i>Vaivarnya</i>	No discoloration of skin	Mild discoloration of skin	Moderate discoloration of skin (shiny overlying skin)	Severe discoloration of skin (coppery discoloration)
<i>Sparsha asahatva</i>	No tenderness	Patient says the joint is tender	Patient winces	Patient winces and withdraws the affected part
<i>Daha</i>	No Burning sensation	Transient, no approach for its	Frequent, Self approach for its	Regular, Seeking medical advice

		aversion	aversion	
Interval of manifestation of symptoms	Occasional	Only in morning	Only at night	Irregular with short intervals

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

Sign and symptoms	Before treatment	Follow up	After treatment
<i>Sandhi soola</i>	3	2	0
<i>Sandhi Graha</i>	3	2	0
<i>Sandhi Sotha</i>	3	2	1
<i>Vaivarnya</i>	3	2	1
<i>Sparsha asahatva</i>	3	2	1
<i>Daha</i>	2	0	0
Interval of manifestation of symptoms	3	2	0

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 Agrya aushadha*^[7] and *Bhavaprakasha Nighantu*. *Guduchi* (tinosporine) has uricosuric activity, diuretic activity, anti-inflammatory and analgesic activity. *Vatarakta* being a *Raktavahasroto vyadhi*, *Raktavahasrotogami* 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-arthritis 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 can be concluded that *Sodhana* with *Eranda taila nitya virechana* along with milk and *Shaman oushadis* with *Amrthothara kashayam*, *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

1. Astanga Hridayam with the vidyotini Hindi commentary, Editor Kaviraja Atrideva Gupta & Vaidya Yadunandana Upadhyaya, Choukhambha Sanskrit Sansthan Varanasi, 13th Ed. 2000. A.Hr.Ni. 16/8.
2. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 29/6,11.
3. API Textbook of medicine, edited by G.S.Sainani, 6th Edition, Associations of Physicians in India, 1999.
4. Davidson's Principals & Practice of Medicine Editor, Nicholas A. Boon, Nicki R. Coledge, Brian R. Walker, John A.A. Hunter, editor, 20th ed., New York; Churchill Livingstone Elsevier, 2006; 1112.
5. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 29/128.
6. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 29/41.
7. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 25/128.
8. Susruta Samhita Hindi Commentary, Editor Kaviraj Ambika dutta Shastri, Su. Ch. 5/13, Choukhambha Sanskrit Sansthan Varanasi, 14th Ed., 2003; 1: P-31.
9. Sharngadharacharya. Sharngadhara Samhita, with Deepika commentary of Adhamalla and Goodhartha Deepika of Kashirama, edited with foot-notes by Pt. Parashuram Shastri, Varanasi: Krishnadas Academy; reprint 2000, Madyama khanda 7/70-89.
10. Bhaishajya Ratnavali "Vidyotini Hindi, Commentary" editor Kaviraj Shri Ambika Dutta Shastri, Cha.27/109-113 Chaukhambha Sankrit Sansthan Varanasi, 18 Revised edi, 2005; Vataraktachikitsaparakaranam 599.
11. Bhaishajya Ratnavali, Vidyotini Hindi, Commentary Editor Kaviraj Shri Ambika Dutta Shastri, Cha.27/109-113 Chaukhambha Sankrit Sansthan Varanasi, 18 Revised edi, 2005; Vatarakta Rogadhikara 27/13.
12. Agnivesh Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 29/123.

Cite this article as:

Priya Puesh Pargotra, Bhawit Thakur. Ayurvedic Approach in Management of Vatarakta w.s.r to Gout- A Case Study. AYUSHDHARA, 2018;5(6): 2000-2004.

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

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.