Ayurvedic management of Vatarakta w.s.r.to gout- A case study
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ABSTRACT
The disease which is caused by aggravated Vata and viti
tated Rakta is called Vatarakta. It is better correlated with “gout” in the modern science. Vatarakta is a metabolic disorder where pain is predominant symptom, which disturbs day to day life of persons. Gouty arthritis is a disorder of Purine metabolism and is an inflammatory response to the MSUM(monosodium urate monohydrate) crystals, formed to secondary hyperuricaemia. The disease is known as ‘the King’s disease’ or ‘rich man’s disease’. In the present case study “Simhasyadi kwath mentioned in Bhaishajyaratnavali used in acute and chronic conditions. The results are significant with reduced acute attacks, decrease in the symptoms and hyperuricaemia. Further clinical trials can be conducted to prove the efficacy of the drugs statistically.

Key words : vatarakta, gout, hyperuricaemia,Simhasyadi kwath

INTRODUCTION
The word vatarakta is made of two words Vaata and 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 complaints are severe joint pain with onset at Hasta, Pada, Mulaagata sandhi and then migrates to other joints in a way similar to Akhuvisha(rat poison). The other symptoms are burning penetrating sensation, itching, ache, pricking pain, throbbing sensation & contraction. The skin becomes brownish black, red or coppery in colour. Vatarakta is also known as-Khuda roga, Vata-balasa & Adhya vata.

Gout is metabolic disorder having the incidence of 0.2 to 2.5 per 1000 with an overall prevalence of 2-26 per 1000. Gout is rare in children and pre-menopausal females in India. Out of the affected population
males are more common while females of post meno-pausal group are on more risk. Gout is the true crystal deposition disease characterized by pain & swelling of I\textsuperscript{st} 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 mono sodium urate monohydrate crystals, clinically this may present as inflammatory arthritis, bursitis, tenosynovitis, cellulitis or as a nodular tophaceous crystal deposits. 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 \textit{Charaka Samhita} that specific etiological factors leads to the morbidity of the \textit{Vata dosha} and \textit{Rakta dhatu}. This vitiated \textit{vata} along with deranged \textit{rakta} circulates very fast all over the body due to the \textit{sukshma} (minuteness) and \textit{drava} (liquid state) \textit{guna} (characters) of \textit{vata} and \textit{rakta} respectively and undergo \textit{dosa dushyasammurchana} (pathogenesis) in \textit{Sandhi sthana} (joints), specifically \textit{pada} and \textit{angula sandhi} (metatarso-phalangeal joint). Joints are the site of shleshak kapha. It maintains the integrity of the joint and help in the movements of the joints. Bony joints are covered with shleshmahararakala. The joint contains viscous fluid called 'synovial fluid'.

Intake of vataprakopak ahara vitiates vata mainly samana vayu and vyana vayu. When samana vayu got vitiated, functions like digestion,assimilation and separation got disturbed. Also when vyana vayu got vitiated, it causes impairment of circulation of body fluids and accumulation of toxic substances like uric acid in joints. Excessive intake of ushna,teeksha and vidahi ahara vitiates Pachak pitta and Bhrajak pitta. Vitiation of Bhrajak Pitta causes discolouration of skin and other skin diseases. In short there is vitiation of Samana vayu,Vyana vayu,Pachak pitta,Bhrayak pitta and shleshak kapha with Rakta dhatu.

\textit{वायोर्ाातुक्षयात् कोपो मार्ास्यावरणेन च (वा)। च.चि. २८/५९}

Vataprapok is either due to obstruction of srotas or excessive depletion of Dhatus. The common cause of vitiating Rakta Dhatu are similar with Pitta. Impaired Rasa and Rakta Dhatu causes impaired Dhatuposhan. So there is also increase in the malaroopa kapha because of impaired Rasadhavagni. Due to srotorodha and depletion of shleshak kapha (karmatah kshaya) sandhishahaithilya occurs.

As the disease progresses, involvement of all the Dhatus takes places gradually leading to deterioration of the tissue and organs. At this stage toxic substances produced from interaction of Vata, Rakta and Kapha are freely circulates throughout the body causing impaired Dhatuposhan. Vataprapok, Dhatukshaya and involvement of further dhatus results in "Gambhir" type of Vatarakta.

The line of treatment in the modern medicine is NSAIDs/ Colchicine/ Glucocorticoid which failed to modify the course of the disease or unable to treat the disease completely and frequently meet with the ill effects. In \textit{Ayurveda} a detailed
description of Vatarakta chikitsa is discussed in all texts along with line of treatment, being Shodhana, Shaman and Bahya-chikitsa. Many therapeutic modalities and different preparation are mentioned by our ancient acharyas for Shamana, Shodhana and the Bahyachikitsa, which can effectively treat the disease and it is the need of hour to manage such a condition.

**Materials and Methods:**

**Place of study:**
APM’s Ayurved Mahavidyalaya, Sion,Mumbai-22

**Case Report:**

The present case study is about the successful Ayurvedic management of a case of vatarakta.

A 42 year old male patient with Registered OPD No.2019 JU 10560 came to OPD of Dept of Kayachikitsa, APM’s Ayurved Mahavidyalaya & Seth R.V. Ayurvedic Rugnalaya,Sion, Mumbai-22 with chief complaints of

_Daha_- burning sensation
_Sandhi shooll_- severe pain
_Sandhistabdha-_ stiffness of joints
_Sandhishoth_- swelling of left greater toe
_Sparshasahatva-_ hyperesthesia
_Sandhisyavata_- mild black discoloration of skin

**Associated Symptoms** were constipation, loss of appetite, burning epigastric, gaurav, alasya

**Duration** - Patient had above complaints since 4 months

**History of present illness:**
Patient was suffering from the symptoms since 4 months. Pain was rapid in onset reaching maximum severity in just 2-6 hrs

The joint affected initially was the left metatarsophalengeal joint. The pain was severe in early morning specially while walking. There was burning sensation and tenderness and marked swelling with overlying red shiny skin on the affected joint.

Associated symptoms were loss of appetite, constipation, pain all over the body. The attack continues for approximately 7 days after which the joint becomes completely normal till another attack occur.

**Past History:** Not significant

**Treatment History:**
1) Naproxen 500mg /day
2) Febudac 40 mg BD
3) Allopurinol 300 mg OD

**Table A: Personal History**

| Name : XYZ | Bala: Madhyama | Prakriti: vatapitta |
|-----------|----------------|-------------------|
| Age: 42 years | Sleep: Inadequate | BP: 110/70 mm of Hg |
| Sex: Male | Addiction: tobacco | Weight: 66.2 kg |
| Marital Status: married | Bowel Habit: Regular | Height: 162 cm |
| Occupation: bank collection | Appetite: lost |

**Table B: Ashta Vidha Pariksha**

| Nadi- 80/min | Shabd- clear |
|-------------|--------------|
| Mala- constipation | Sparsh- normal |
| Mutra- normal | Drik- normal |
| Jivha- sama (coated) | Akriti- madhyam |

**Systemic Examination:**
CVS- $S_1S_2$ heard, No Abnormality Detected
Respiratory system- lungs- AEBE, No abnormality detected.
Digestive system- loss of appetite, constipated stools

**Treatment plan**
Patient was treated on O.P.D basis
Selected internal *Ayurvedic* Drugs:

**Oral administration**

| सिंहास्यपिंचमूलीच्छीन्नरूहैरण्डर्ोक्षुरक्वाथ | १७ |
| संतीरसामायिकांतन्त्रिकामाधिकरणप्रस्वासितीनेम पीत | १८ |
| प्रशमयततवातरक्तमतथाऽऽमवातमकटीशूलम | १९ |
| मृत्तपीणविन्धमयस्विनिकामसुदर्वारम |

*Simhasyadi Kwath* - 30 ml twice a day

**Anupan – Erand tail - 5 ml**

**Duration:** Patient was treated with Simhassyadi kwath for 28 days and follow up was taken on 7th, 14th, 21st and 28th day

**Pathya advised:**
1. Carbohydrate and fibre rich foods
2. 2Karvellaka, Ginger, Methika, Patola, Kushmanda, Palak,
3. low-fat or fat-free dairy products, cow/buffalo milk
4. Drink plenty of fluids, particularly water

**Apathya (advised to avoid)**
1) Masha, kuluttha, brinjal, dadhi, ikshu, panasa
2) Sleep during day time(*diwaswap*)
3) Exposure to heat
4) alcohol and meat

On every follow up patient was assessed on signs and symptoms.

**Table 1:** Table showing Grading of signs and symptoms

| Signs & symptoms         | Normal 0 | Mild 1                                                                 | Moderate 2                                                                 | Severe 3                                                                 |
|--------------------------|----------|------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Daha                     | No       | Occasionally localized daha for more than half an hour daily.          | daha throughout the day but well tolerated                                | Severe degree of daha that is untolerable                                 |
| Sandhoshooll             | No pain  | Pain felt only at the time of movement                                 | Persistent pain not affecting daily routine                               | Pain persistent and affecting daily routine                               |
| Sandhistabdhata          | no stiffness | Painful movements                                                  | restricted movements                                                     | Total loss of movements                                                  |
| Sandhishyavata           | No discolouration | Mild discolouration                                                  | Moderate discolouration                                                   | Severe discolouration                                                    |
| Sandhosoth               | No swelling | Just covering the bone                                              | Non- pitting oedema                                                      | Pitting oedema                                                           |
| sandhisparshasahatva     | no stiffness | tender but bearable                                                   | tender and not bearable                                                  | tender but not bearable and withdraw the affected part                   |
Objective Criteria: Patient was investigated for Serum uric acid, before and after completion of treatment on 28\textsuperscript{th} day. CBC(Complete Blood count) with ESR Urine Routine examination ( Micro / Macroscopy) were also done before and after 28 days.

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

Table 2: Table showing Grading of signs and symptoms of the patient

| Sign and symptoms       | Day 0 | Day 7 | Day 14 | Day 21 | Day 28 |
|-------------------------|-------|-------|--------|--------|--------|
| Daha                    | 3     | 3     | 2      | 1      | 1      |
| Sandhi shool            | 3     | 3     | 2      | 1      | 1      |
| Sandhi Stabdhatka       | 1     | 1     | 0      | 0      | 0      |
| Sandhi shyavata         | 1     | 1     | 0      | 0      | 0      |
| Sandhog shoth           | 2     | 2     | 2      | 1      | 1      |
| Sandhisparhasahatv      | 2     | 2     | 2      | 1      | 1      |

The overall percentage of relief in signs and symptoms were noted as:
Daha - 66.66%
Sandhisshool - 66.66%
Sandhistabdhatka - 100%
Sandhishyavata - 100%
Sandhishoth - 50%
Sparhasahatv - 50%

Serum uric acid –
Before treatment : 8.1 mg/dl
After treatment : 5.4 mg/dl

DISCUSSION
The patient has taken the medicines as per the treatment plan. We have gradually lower the dosage of NSAID’s & other anti gout treatment and completely stopped after 7 days. He was given Simhasyadi kwatha in 30 ml twice daily with erand tail 5ml.
Eranda taila was used as anupan for nitya virechana. It helps for ama pachana, rechana and vata hara. Guduchi is the drug of choice for vatarakta according to Charaka Agrya aushadha and Bhavaprakasha Nighantu. Due to tikta, katu rasa and ushna veerya of Guduchi helps in sthanik pachan of doshas in srotorodhpradhan samprapti. Guduchi having katu, tikta, kashaya rasa, madhur vipak and ushna veerya is described as the best medicine for vatarakta.
Hingu and Erand with katu rasa and ushna veerya and snigdh, suksma, tikshna guna helps in vatanuloman, aampachan, shoolaghna mostly srotoshodhan and useful in saamvata.
Vatarakta being a raktavaha-sroto vyadhi, raktavahasrotogami property of guduchi and Gokshur may be helpful here. Tikta rasa of guduchi subsides rakta and madhura vipaka subsides vata. With guduchi, vasa, gokshur, erandmool and hingu acts as deepana, pachana and Rasayana.
Goksur with madhur rasa madhur vipak and sheet veerya acts as shothghna and kledaghna also pittashamak and vataghna Brihat panchmula is having the property of kapha vatahara. It has analgesic, anti-inflammatory, anti-arthritic activity. Brihat panchmool acts as vatahga, shothagna and vedanasthap with the help of saindhav as sukshmasrotogami

CONCLUSION
Hence, it can be concluded that shodhana with eranda taila nitya virechana and shaman aushadis with simhasyadi kwath is effective in the treatment of Gouty arthritis particularly in reducing the signs and symptoms. Also it works not only at symptom level but also at Samprapti. Simhasyadi kwath acts as dahashamak, vatanashak, shoolagna, shothaghna, raktadoshahar, anulomak. This present study also highlighted the effectiveness of simhasyadi kwath. Further research can be done in the form of clinical trials to establish the efficacy of simhasyadi kwath.

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