

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

T Mahesh Babu¹, A.Vijayalakshmi², V Narasimha³

¹PG Scholar, ² Associate Professor & HODI/C, ³Assistant Professor
PG Dept of Dravyaguna, Dr.B.R.K.R.Govt Ayurvedic College, Hyderabad, Telangana, India

Email: mahe1brick@gmail.com

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-today 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*, *Amrutottarakashayam*, *kai-shora Guggulu (Shaman)* and *Dashamula ksheerapaka* 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.

Key words: *Vatarakta*, gout, hyperuricaemia, *virechana*, *Dashamula*,

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 com-

plaint 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 India³. 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 Ist 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 aha-ra*(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 *Bahya-chikitsa*. 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 *Dravyaguna*, Dr. B.R.K.R. Govt. Ayurvedic Hospital and Research Centre, Erragadda, Hyderabad, Telangana, India, 500038

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

A 45 year old male patient with Registered OP no. 8635 came to OPD of Dept of *Dravyaguna*, Dr. B.R.K.R. Govt. Ayurvedic Hospital and Research Centre, Erragadda, Hyderabad with chief complaints of

<i>Sandhi soola</i>	: Severe pain slight difficulty in flexion and extention
<i>Sandhi Graha</i>	: Stiffness lasting more than 1 hour
<i>Sandhi Sotha</i>	: Swelling obvious greater than 2 joints
<i>Vaivarnya</i>	: Moderate discoloration of skin (shiny overlying skin) Moderate redness
<i>Sparsha asahatva</i>	: winces and withdraws the affected part
<i>Daha</i>	: 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 Ist 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 pruritus 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) Naproxen 500mg /day
- 2) Probenecid 250 mg BD
- 3) Goutnil 0.5 mg BD
- 4) Febudac 40 mg BD
- 5) Allopurinol 300 mg OD

Table a: Personal History

Name : XYZ	<i>Bala:</i> Madhyama	<i>Prakriti:</i> pittavata
Age: 45 years	Sleep: Inadequate	BP: 140/80 mm of Hg
Sex: Male	Addiction: None	Weight: 75 kg
Marital Status: married	Bowel Habit: Regular	Height: 158 cm
Occupation: Teacher	Appetite: lost	

Table b: Ashta Vidha Pariksha

<i>Nadi:</i> 86/min	<i>Sabda:</i> clear
<i>Mala:</i> constipation	<i>Sparsa:</i> normal
<i>Mutra:</i> normal	<i>Drk:</i> normal
<i>Jihva:</i> Saama (coated)	<i>Akriti:</i> 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) *Amruttotara Kashaya* 30 ml with thrice the quantity of water twice a day
- 2) *Kaishora guggulu* 500 mg tab with luke-warm water thrice a day
- 3) *Dasamula siddha ksheera paka* once daily in the morning

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*
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 milk
5. Drink plenty of fluids, particularly water

Apathya:

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

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 1: Table showing Grading of signs and symptoms

Signs & Symptoms	Normal 0	Mild 1	Moderate 2	Severe 3
<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	Mild discoloration of	Moderate discolora-	Severe discoloration

	skin	skin	tion of skin (shiny overlying skin)	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 aversion	Frequent, Self approach for its aversion	Regular, Seeking medical advice
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.

Counseling: As patient was psychologically upset, hence proper counseling 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 2: Table 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 : 7.8
After treatment : 5.2

DISCUSSION

The patient was advised to take the medicines as per the treatment plan. The patient is 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. He was advised to make *Kashaya* from *Dasamula kwatha*

churna whenever he had an acute severe attack of pain and swelling.

Eranda taila is used for *nitya virechana* along with milk after assessing the *kosta* of the patient. It helps for *ama pachana*, *rechana* and *vata hara*. *Amruta* is the drug of choice for *vatarakta* according to *Caraka Agrya aushadha*(7) and *Bhavaprakasha Nighantu*. *Guduchi* (tinospirine) 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*. *Amrutottara Kashaya* with *guduchi*, *harithaki* and *sunthi* acts as *deepana*, *pachana* and *Rasayana*.(8)

Kaishora guggulu can be used to support healthy joints and connective tissue. *Kaishora guggulu* is a drug of choice in gout. Overproduction 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. *Kaishora guggulu* 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 *Pip-pali*, *Shunthi*, *Maricha*, *Vidanga*, *Danti*, *guggulu* and so on, are present in *Kaishora guggulu*, which helps in the pacification of *vata* too which in turn leads to reduced morbidity of symptoms(9, 10).

Dasamula is having the property of *kapha vatahara*. It has analgesic, anti-inflammatory, anti-arthritic activity. 10 ingredients in *Dashamoola* may be serving differ-

ent roles like adjuvant, carrier agent, stabilizer etc. The results of earlier studies in which *Dashamoola* has consistently shown efficacy in models of acute inflammation aimed at and proved the possibility of prostaglandin synthesis inhibition as the probable mechanism of action(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, 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*, *kaisora guggulu*, *dasamoola siddha ksheera paka* is effective in the treatment of Gouty arthritis particularly in reducing the frequency of the attacks and severity of the attack after the onset. This present study also highlighted the effectiveness of *Dasamoola siddha Ksheerapaka* as a potent remedy for the management of acute attacks of gout arthritis just like analgesics. Further research can be done in the form of clinical trials to establish the efficacy of *dasamoolasiddha ksheera* as the *sadyovedana hara yoga*.

REFERENCES

1. Astanga Hridayam with the vidyotini Hindi commentary, Editor Kaviraja Atrideva Gupta & Vaidya Yadunandana Upad-

- hyaya, A.Hr.Ni. 16/8, Choukhambha Sanskrit Sansthan Varanasi, 13th Ed. 200.
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. Bhaisajya Ratnavali "Vidyotini Hindi, Commentary" editor Kaviraj Shri Ambika Dutta Shastri ,Cha.27/109-113 Chaukhambha Sankrit Sansthan Varanasi, 18 Revised edi, 2005; 599.
 11. Bhaisajya Ratnavali "Vidyotini Hindi, Commentary" editor Kaviraj Shri Ambika Dutta Shastri, Cha.27/109-113 Chaukhambha Sankrit Sansthan Varanasi, 18 Revised edi, 2005; kasarogadhikara 13-15
 12. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 29/123

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: T Mahesh Babu Et Al: Ayurvedic Management Of Vatarakta W.S.R To Gout – A Case Study. International Ayurvedic Medical Journal {online} 2017 {cited April, 2017} Available from: http://www.iamj.in/posts/images/upload/1361_1367.pdf