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

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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, Amrutottarakashayam, kaishora 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 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, prickling pain, throbbing sensation & contraction. The skin becomes brownish black, red or coppery in
Vatarakta is also known as-Khuda rogga, 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 du-shyasamnurchana (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 vitiared 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 Bahya-chikitsa. Many therapeutic modalities and different preparation are mentioned by our ancient acharyas for Shamana, Shodhana and the Bahyahochikitsa, 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 efficicy 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
**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

**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 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Bala: Madhyama</th>
<th>Prakriti: Pittavata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: 45 years</td>
<td>Sleep: Inadequate</td>
<td>BP: 140/80 mm of Hg</td>
</tr>
<tr>
<td>Sex: Male</td>
<td>Addiction: None</td>
<td>Weight: 75 kg</td>
</tr>
<tr>
<td>Marital Status: married</td>
<td>Bowel Habit: Regular</td>
<td>Height: 158 cm</td>
</tr>
<tr>
<td>Occupation: Teacher</td>
<td>Appetite: lost</td>
<td></td>
</tr>
</tbody>
</table>

**Table b: Ashta Vidha Pariksha**

<table>
<thead>
<tr>
<th>Nadi: 86/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>Akrity: 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) Amruttotara Kashaya 30 ml with thrice the quantity of water twice a day
2) Kaishora guggulu 500 mg tab with lukewarm 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, ick-shu, 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

<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 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>Vaivarnya</td>
<td>No discoloration of</td>
<td>Mild discoloration of</td>
<td>Moderate discoloration</td>
<td>Severe discoloration</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.

Table 2: Table 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.

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.

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 ushaddha(7) and Bhavaprakasha Nighantu. Guduchi (tinosporine) has uricosuric activity, diuretic activity, anti-inflammatory and analgesic activity. Vatarakta being a raktavaha-sroto 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 Pippali, 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 Dasamoola may be serving different roles like adjuvant, carrier agent, stabilizer etc. The results of earlier studies in which Dasamoola 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 is can be concluded that sodhana with eranda taila nitya virechana along with milk and shaman oushadis with Amrthothara kashayam, kaisora guggulu, dasa moola 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.

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