

A CASE STUDY ON THE MANAGEMENT OF HYPER URICAEMIA (GOUTY ARTHRITIS)

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ABSTRACT

Hyper Uricemia (Gouty arthritis) is a common health issue nowadays due to improper and unwholesome diet and regiments of the population. Here this is a single case study that reveals the effect of *Kokilaksha Guggulu* along with *Rasnerandadikashayam*⁴ as *anupana* (Ayurvedic formulations) on a case of hyper uricaemia with Gouty arthritis confirmed by Radiological and Haematological investigations. The review of the patient was done on every week, the clinical features like pain and swelling of Right big toe, both ankle joints, both knee joints, both wrist joints etc. were completely subsided during the 2nd month of treatment. X-ray report revealed patient is clinically normal and is still under observations.

Keywords: Hyperuricaemia, Gouty arthritis, *Vatarakta*, *Avaranavata*.

INTRODUCTION

Gouty arthritis is not a single disease; the term is used to describe a number of disorders in which crystals of monosodium urate monohydrate derived from hyper uricaemic body fluids give rise to inflammatory arthritis, tenosynovitis, bursitis, cellulitis, tophaceous deposits, urolithiasis and renal disease. Gouty arthritis is predominately a problem of post pubertal males and is seldom seen in women before the menopause. The metatarso – phalangeal joint of a great toe is the site of the first attack

of the gouty arthritis. The ankle, the knee, the small joints of the feet and hands, the wrist and elbow follow in decreasing order of frequency.^{1,2}

The affected joint is hot, red and swollen with shiny overlying skin and dilated veins; it is excruciatingly painful and tender. Signs and symptoms of the Disease Condition Hyper Uricemia (Gouty Arthritis) resembles with *Vatarakta* for a Greater Extent.

Aims and objectives

1. To evaluate the efficacy of *Kokilaksha-Guggulu* along with *Rasnerandadikashayam* as anupana on a case of hyper uricaemia (Gouty arthritis).
2. To assess the effect of treatment on clinical symptoms, blood values and radiological findings before and after treatment.

CLINICAL PROFILE:

Name: VLP, Age: 35 Yrs. Sex: Female, Occupation: House wife, Diet: Non-Veg, OPD/IPD: 6773/1313, Date: 05-01-2016, Address: Renuka Nagar, Hubli.

CASE PRESENTATION AND CLINICAL EXAMINATION:

The above said patient approached on 05-01-2016 with the history of pain and swelling of (RT) big toe, both ankle joints, both knee joints and both wrist joints, for the last 1 year, no H/O diabetes or hypertension, no H/O early morning stiffness, no H/O shifting type of pain. Patient had history of loss of appetite and was not giving any H/O burning micturition associated with radiating pain. Family history was not contributory.

General examinations and examinations of CVS, RS, CNS, UGS, revealed no abnormality, examination of the musculo skeletal system revealed tenderness and swelling of (Right) big toe, both ankle, both knee and both wrist joints.

X-ray findings were characteristic punched out erosions with soft tissue swelling of urate tophi on right big toe. USG of the abdomen was normal. The biochemical value i.e. serum uric acid = 9.2 mg/dl suggestive of hyper – uri-

caemia, the diagnosis was made as crystal induced arthritis (Gouty arthritis).

MATERIALS AND METHODS:

Drugs selected for the study:

1. Tab Kokilakshaguggulu (Malbar Ayurevda Ashram) 500mg tab 2 TID
 - Kokilaksha (*Asteracanthalongifoli*)
 - Guduchi (*Tinosporacordifolia*)
 - Sunti (*Zingiberofficinalis*)
 - Guggulu (*Commiforamukul*)
2. Rasnairandadikashayam 30 ml TID
 - Rasna (*Pluchelanceolata*)
 - Castor (*Ricinuscommunis*)
 - Bala (*Sidacordifolia*)
 - Porcupine flower (*Barleriaprionitis*)
 - Shatavari (*Asparagus racemosus*)
 - Indian stinging nettle (*Tragiainvolucrata*)
 - Vasa (*Adhatodavasica*)
 - Tinospora (*Tinosporacordifolia*)
 - Himalayan cedar (*Cedrusdeodara*)
 - Aconites (*Aconitum heterophyllum*)
 - Ghana (*Cyperusrotundus*)
 - Hygrophila (*Asteracanthalongifolia*)
 - Spiked ginger lily (*Hedychiumspicatum*)
 - Ginger (*Zingiberofficinalis*)

TREATMENT SCHEDULE:

Tab Kokilakshaguggulu, 2 tabs TID

Before food along with Rasnerandadi Kashayam (30 ml TID)

DIET:

Patient was advised to avoid tomato, cauliflower, cabbage chicken, egg, cheese, alcohol,

milk, calcium rich food items, and excessive intake of fried and spicy foods.

Fruits, vegetables like cucumber, snake gourd, bitter gourd, horse gram, poddrige etc. were advised as regular food items.

OBSERVATION AND RESULTS:

Chronology of clinical observations:

1. Patient attended the OPD on 05-01-2016 with laboratory findings as above.
2. Patient was subjected to the above said scheduled treatment and kept under regular observations.
3. Patient got completely relieved from the clinical symptoms like pain in the big toe, metatarsal joints during the 2nd month of treatment.
4. Patient was advised to undergo repeat investigations and the report reveals (dated 15-03-2016) serum uric acid level is normal i.e. 6.3 mg/dl.
5. X-ray was done in the month of March 2016 (20-03-2016) and report revealed that the Urate tophi on the right big toe almost disappeared and soft tissue swelling with punched out erosions were subsided.

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Heggeri Extension, Hubli - 580024.		
Name:		Date: 6/01/2016 Time: 3:40pm
Age/Gender: 35 Years/Female		Lab ID: 106
Ref. Dr: Dr. A S Prashanth. MD (Ay), Ph.D.		PATIENT ID: 6773/1313
	Results	Normal values
Sr. Uric Acid	9.2g%	M:3.5 - 7.2 mg% F:2.5 - 6.2 mg%
Haemoglobin	12.1 mg%	M:13.0 - 18.0 gms% F:11.0 - 16.0 gms%
ESR	20 mm/hr	M:0 - 10 mm% F:0-20 mm%

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Heggeri Extension, Hubli - 580024.

Name: [REDACTED]	Date: 15/03/2016 Time: 10:20am
Age/Gender: 35 Years/Female	Lab ID: 46
Ref. Dr: Dr. A S Prashanth. MD (Ay), Ph.D.	PATIENT ID: 6773/1313

	Results	Normal values
Sr. Uric Acid	6.3g%	M:3.5 - 7.2 mg% F:2.5 - 6.2 mg%
Haemoglobin	12.4 mg%	M:13.0 - 18.0 gms% F:11.0 - 16.0 gms%
ESR	15 mm/hr	M:0 - 10 mm% F:0-20 mm%

DISCUSSION

Hyper uricaemia associated with crystal induced arthritis is a challenging problem. Since it is a metabolic disorder, to maintain the normal uric acid level in blood, one should administer such drugs which help in improving purine metabolism. The effectiveness of the Ayurvedic preparations may be attributed to the *Pittahara, Raktaprasadaka, Vataraktahara* properties as the given medicines are *Vata pitta shamaka* and *rakthasudhikara*.

So, the drugs are found to be effective in relieving the possible *avarana* at the level of *raktavahasrotas*, is explained as *margavarana* which is the essential component in the *samprapthi* of *vataraktha*⁴

CONCLUSION

From this study it can be concluded that *Kokilaksha Guggulu* along with *Rasnerandadikashayam* as *anupana* is an effective treatment for hyper uricaemia (Gouty arthritis). It is

beneficial in controlling the signs and symptoms and also had a marked effect on reducing the blood uric acid levels. Long term clinical studies with large sample size and comparative / control trial may provide further observations on the hyper uricaemic conditions.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Prashanth. A. S:A Case Study On
The Management Of Hyper Uricaemia (Gouty Arthritis).
International Ayurvedic Medical Journal {online} 2017
{cited August, 2017} Available from:
http://www.iamj.in/posts/images/upload/3181_3185.pdf