

## Ayurvedic Management of Vatarakta- A Case Report

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### Abstract:

According to Ayurveda, *Vatarakta* disease is a combination of vitiated *Vata* and *Rakta*. Nowadays, there is an increase in the number of patients suffering from *Vatarakta* due to unhealthy dietary habits which involve spicy food (*Pitta* vitiating) and lifestyle changes including frequent travels and prolonged sitting. Furthermore, chronic conditions may cause deformity and severe stiffness of joints and phalanges. Therefore, there is a need to treat patients at an initial stage. Numerous case reports of *Vatarakta* have been published, in which patients have received both *Panchakarma* and *Shamana Chikitsa* (oral medicines) have with positive outcomes. This case report presents a case of a 42-year-old male patient suffering from *Vatarakta* who was exclusively given Ayurvedic *Shamana Chikitsa* (oral medicine) in Kayachikitsa OPD. The patient symptoms significantly improved within a month which is reflected in reports showing reduction in uric acid level from 10.3 to 4.5 demonstrating how Ayurveda treats the underlying cause of the illness rather than only treating its symptoms.

**Key Words:** *Vatarakta*, Gout, Ayurved Treatment, *Shamana Chikitsa*, *Vata Dosha*, *Rakta Dhatu*

### Introduction:

*Vatarakta* is a disease where both *Vata* and *Rakta* are vitiated by individual etiological factors<sup>(1)</sup>. According to Charakacharya, when the vitiated *Vata Dosha* circulates through the *Srotas*, the pre-vitiated *Rakta* forms an *Avarana* over *Vata*<sup>(2)</sup>. Vitiated *Vata* and *Rakta* together lead to a complex effect, especially on the joints and produce *Vatarakta*. Further, Sushrutacharya stated that, the process of disease initiates from *Padamula* (the first metatarsal) and sometimes from *Karamula* (phalangeal joint) and spreads throughout the body. *Vatarakta* has two *Avastha* (stages), i.e. *Uttana* and *Gambhira*. *Uttana Vatarakta* affects *Twacha* and *Mamsadhatu* whereas *Gambhira* mainly affects *AsthiMajjadi Gambhira Dhatu*<sup>(3)</sup>. Now-a-days, there is an increase in the number of patients suffering from *Vatarakta*. It is one of the most pressing medical challenges of the current era. The general prevalence of Gout ranges from <1% to 6.8% and an incidence of 0.58-2.89 per 1,000 person-years<sup>(4)</sup>. It is quite likely that modern lifestyles and food choices are contributing to the rising rate of *Vatarakta*. The use of meat from aquatic and marshy animals; increased consumption of fast food, junk food, and high- protein diets; decreased inclination to exercise; increased vehicle usage; and prolonged sitting or standing are some of the factors contributing to the growth in the number of *Vatarakta* patients.

*Vatarakta* resembles gout which is inflammatory arthritis and has a negative effect on a patient's quality of life. Early diagnosis and urate-lowering therapy (ULT) are essential to prevent chronic joint damage and frequent gout flares.

Prolonged progression of disease possesses complications such as permanent joint deformities and other complications related to the musculoskeletal system<sup>(5)</sup>. In modern medicine, anti-inflammatory, analgesic, steroids and disease-modifying drugs are required for disease management<sup>(6)</sup>. Ayurveda also has a variety of therapy options. As a result, there is a need to investigate effective prospective treatment modalities based on scientific data.

We present a case report where the patient got relief only on oral Ayurvedic medication including *Mrudu Anuloman* without any vigorous *Panchakarma* therapy within a month and also there is no recurrence of the disease till date (7 months). This case demonstrated how Ayurveda treats the underlying cause of the illness rather than only treating its symptoms.

### Case Report as Follows:

A 42 - year- old male patient arrived at *Kayachikitsa* (Medicine) OPD at PDEA's Ayurved Rugnalaya and Sterling Multi Speciality Hospital, Akurdi, Pune with complaints of

- *Parvasandhi Shool* (Pain in his B/L phalanges)
- *Sandhi Shoth* (Swelling in joints)
- *Parshni Shool* and *Daha* (Burning sensation and pain in his B/L heels),
- *Angamard* (Bodyache)
- *Sashoola Kriya* (painful movement) since 3 months

Past history:

Patient had no h/o DM or HTN or any other serious

History of Present Illness:

## Case Report

Patient has been suffering for 2 years with complaints of joint pain, swelling and patient has been taking allopathic medicine with 50 % of pain relief and recurrence in severity of pain on holding medicines. Now, for 3 months, he was not on any medication and he was suffering from above

complaints and on investigation found to have increased uric acid levels. So, this patient came for Ayurvedic treatment in Ayurved Rugnalaya, Nigdi,

Occupation: Painter

Bad habits/Addiction - Nil

### Physical Examination –

Symptoms	24/04/23 - Day 1 (Severity of Symptoms)
<i>Parvasandhi Shool</i> (Pain in his B/L phalanges)	3
<i>Sandhi Shoth</i> (Swelling in joints)	3
<i>Parshni Shool</i> and <i>Daha</i> (Burning sensation and pain in his B/L heels)	2
<i>Angamard</i> (Bodyache)	3
<i>Sashoola Kriya</i> (painful movement) Since 3 months	3

(Gradation scale - Absent- 0 Mild- 1 Moderate- 2 Severe-3)

### General examination - Vitals

P – 86/min

B.P.: 130/100 mm of Hg

Weight – 86.2kg

BMI – 29.1

### Ashtavidha Pariksha –

*Nadi*: 76/min

*Mutra*: *Prakruta*

*Mala*: 2 times/day

*Jivha*: *Saam*

*Shabdha*: *Spashta*

*Sparsha*: *Anushna sheet*

*Druk*: *Avishesh*

*Akruti*: *Madhyam*

**Table 2: Pathyapathya:-**

<i>Pathya</i> - Advised to consume frequently	<i>Apathya</i>
Jawar bhakri/ wheat roti, + vegetables like ladies finger, gourd etc. cow ghee, cow milk, butter milk, green gram, vegetable soup, fruits like - Fig, pomegranate	Excessive Non-veg diet, consumption of outside food, curd, excessive work hours ( <i>Atishrama</i> ), dangling legs while painting work.

**Table 3: Treatment regime:**

From 24/04/2023-29/05/2023

Sr. No.	Dravya	Dose	Duration	Aupana	Rationale	References
1.	<i>Kaishor Guggul</i>	250 mg 3---3 tab	after food-- 3 tab	Normal water	<i>Vyadhi pratyantik drug</i> <i>Tridoshaghna Rasayana</i> <i>Vatrakta adhikar</i>	<i>Sharangdhar Samhita</i> <i>madhyam khanda</i> 7/70-81
2.	<i>Guggul Tiktakam</i> <i>Kashayam</i>	20ml-20ml	after food	½ cup water	<i>Asthi majja pachak &amp;</i> <i>pittadushtihara</i>	<i>Ashtangahrudaya</i> <i>Chiktisasthana</i> 21/58-61
3.	<i>Divya Mukta Vati</i>	125 mg1-1	Morning- Evening	Lukewarm water	<i>Uchha rakta dab</i> <i>shamak</i>	Patanjali Pharma, Proprietary Medicine
From 24/04/2023-08/05/2023						
4.	<i>Avipattikar Churna</i> (Given for 15 days)	9 gm	At night after food	Lukewarm water	<i>Mrudu Anulomak &amp;Pitta</i> <i>shamak</i>	<i>Bhaishajya Ratnavali,</i> <i>Amlapitta</i> <i>Chikitsa</i> ,Chapter 56, Verse no. 25-29

Cont....

**Table 3: Treatment regime:**  
From 24/04/2023-29/05/2023

Added following on 08/05/2023 till 29/05/2023

5.	<i>Rasagandha vati</i> ( <i>Ayurved</i> <i>Rasashala</i> )+ <i>Dhamasa</i> ( <i>Fagonia Arabica</i> ) + <i>Raktapachak</i> + <i>kokilaksha</i>	Each 500 mg powder	After food twice a day	Lukewarm water	<i>Rakta sudhikar</i> , <i>shothaghna</i> , <i>Daha shamk</i>
6.	<i>Eranda sneha</i>	15 ml	At night	Lukewarm water	<i>Mrudu Virechak</i>

On 29<sup>th</sup> May 2023, all medicine was stopped and only *Kaishor guggul* 250 mg twice a daily and *Gokshur* & *Shatavari Ksheerapak* 60 ml was prescribed for 1 month and *Pathyapathya* was advised. Also, *Balaguduchyadi* oil was

given for local application. On tele-consultation after 7 months, he did not have any complaints about the recurrence of symptoms as he is following *Pathyapathya*.

**Table 4: Showing changes in symptoms before and after treatment:**

Symptoms	24/04/23 Day 1	8/05/23 Day 15	15/05/23 Day 21	29/05/23 Day 35
<i>Parvasandhi Shool</i> (Pain in his B/L phalanges)	3	2	1	0
<i>Sandhi Shoth</i> (Swelling in joints)	3	2	1	0
<i>Parshni Shool</i> and <i>Daha</i> (Burning sensation and pain in his B/L heels)	2	1	1	0
<i>Angamard</i> (Bodyache)	3	2	1	0
<i>Sashoola Kriya</i> (painful movement) Since 3 months	3	2	1	0
BP	130/100	130/90	120/90	130/80

**Table 5: Showing Changes In Serum Uric Acid Levels**

	Before Treatment (04/05/23)	After Treatment (25/05/23)
Uric Acid Level	10.3 mg/dl	4.5 mg/dl

**Discussion:**

This is a case of a 42-year-old male patient of *Vatarakta* treated with only Ayurvedic oral medication in Kayachikitsa OPD at PDEA's Ayurveda Hospital. *Vatarakta* is a disease that includes vitiated *Vata* and *Rakta Dosha* by its own *Hetu*.

In this patient, there were *Pitta-Raktadushtikara Hetu* like excessive non-vegetarian diet consumption of outside food and *Vatakar Hetu* were excessive work hours (*Atishrama*) and also *Sthanavaigunyakara Hetu* i.e., dangling legs while painting work noted. Observing his daily regimen, the patient was asked to follow *Pathyapathya* (Table 2), which aids in full recovery and prevents recurrence.

The type of *Vatarakta* diagnosed in this patient was *Gambhira* with *Pittapradhan Vata* along with *Raktadushti*. Burning sensation and *Uecha Raktachhapa* were distinct features of *Pitta dushti* in this case along with joint involvement.

The predominant complaint in this patient was pain, swelling and burning sensations, which were suggestive of mainly *Rakta Dushti* caused by aggravated *Pitta*. So, *Tikta*, *Sheeta* & *Laghu Guna* medicines were preferred as the first line of treatment. Treatment included *Kalpas* like *Kaishor Guggul* as a classic drug for *Vatarakta* as mentioned in ayurvedic texts. Also, *Guggul Tiktak Kashay* which has properties like *Pitta Shamana* and *Asthimajja Pachak* was prescribed. For *Pittanuloman*, *Avipattikar Choorna* was added, which shows satisfactory stools with loose consistency twice a day. The patient had started improving by the end of fifth day. This treatment was continued for the one month. On the 15th day, signs of *Pittadushti* like *Daha* and *Shotha* were reduced. From the 15th day, the treatment regime was focused on *Raktadushtihara* medication. For this, *Rasagandha* + *Dhamasa* + *Raktapachak* + *Kokilaksha Choorna* was added to previous medicines. After adding this medication, the Systolic Blood pressure was also reduced. On the 21st day all

symptoms were reduced to 50%. *Avipattikar Choorna* was held on the day 15th. The treatment regime was focused on *Vatashamana* and *Vatanulomana*, so, *Eranda Sneha* was added to reduce *Vatarukshata*.

In *Vatarakta*, since both the principal *Dosha*, *Vata* and *Rakta* are circulating factor, *Avarana* is a key factors in the pathogenesis. When *Agneya Guna* of *Rakta Dhatu* combines with *Saumya Guna* of *Vata*, pathology does not only limit to joints as *Raktavaha Srotas* play an additional role in pathogenesis. The patient's blood pressure was elevated during the initial stage. The disease hypertension is an abnormality of *Rakta Dhatu* (*Shonita Dushti*) and can be correlated the condition of *Avarana*<sup>(7)</sup>. First *Avaraka* i.e. *Rakta* should be treated, followed by *Avruta Dosha* i.e., vitiated *Vata*. As a result, the given treatment modalities aid in the normalization of blood pressure. Furthermore, there is an association between serum uric acid and hypertension. Multiple logistic regression analyses showed an independent positive association between serum uric acid levels and the development of hypertension. In this patient, the blood pressure normalised after there was a reduction in the level of uric acid<sup>(8)</sup>.

*Vatarakta* can be correlate with gouty arthritis. The deposition of uric acid crystals in the joint cavity is the triggering cause of gout. These crystals initiate the inflammatory process by being engulfed by synovial phagocytic cells leading to the release of lysosomal enzymes and the production of inflammatory chemokines which causes gouty arthritis<sup>(9)</sup>. Ayurvedic treatment protocol plays important role in lowering uric acid<sup>(10)</sup>. Hyperuricaemia is an important risk factor not only for the development of chronic tophaceous gout and renal impairment but some data also suggests a risk associated with cardiovascular diseases<sup>(11)</sup>. In this patient, uric acid level decreased to 4.5 from 10.3. which shows the effectiveness of Ayurveda treatment.

Many case reports were published on *Vatarakta*, where both *Panchakarma* and *Shaman* treatment were given to the patient<sup>(12,13,14,15,16,17)</sup>. Only one study with only *Shaman* treatment showed that 60% of his symptoms disappeared in 1 month and the patient was free from complaints at the end of the 3rd month. The uric acid level was decreased from 8.2 to 6.7<sup>(18)</sup>. In this study, the patient has received purely an ayurvedic treatment: *Shaman Chikitsa* (oral medication). Compared to *Panchakarma Therapy*, *Shaman Chikitsa* is a less time-consuming and more cost-effective treatment. There was overall recovery with Ayurvedic treatment and it has relief in all the subjective and objective parameters.

### Result

The patient experienced 100% relief, and the laboratory results for Serum Uric acid came normal from 10.3 to 4.5 mg/dl.

### Conclusion

With a good understanding of the *Nidan* (etiology), *Lakshana* (signs and symptoms), and *Samprapti* (pathophysiology) of *Vatarakta*, patients can be treated successfully. Vaidya can handle *Vatarakta* if he/she comprehends *Dosha*, *Dushya*, and *Vyadhi Avastha*. In this case, there was an overall recovery with Ayurvedic treatment and the patient got relief in the subjective and objective parameters i. e. uric acid. As a result, the offered Ayurvedic medication was successful in healing the ailment without causing further complications. Ayurveda can offer diet plans and lifestyle recommendations to prevent episodes of severe attacks and recurrence.

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**Conflict of Interest:** Nil

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