



Case Study

AN AYURVEDIC APPROACH IN THE MANAGEMENT OF VATARAKTA

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ABSTRACT

Ayurveda, since beginning emphasizes on the importance of wholesome lifestyle for maintenance of health and prevention of several diseases. Changing dietary habit with fast food culture, lack of physical activities and stressful environmental factors are the leading cause of many lifestyle disorders and *Vatarakta* is one of them. It is characterized by severe pain, swelling, stiffness, inflammation and burning sensation of affected joints. It may be correlated with Gout in contemporary science. A 45 years old female patient visited Panchakarma OPD of S.V.S.P hospital with severe pain, mild oedema, tingling sensation in the joints of hand and leg bilaterally associated with burning sensation and discolouration of both feet since 3 month. She was treated with *Shamana aushadhi, Panchakarma* therapy and specific dietary intervention for 30 days. Encouraging improvement in both subjective and objective criteria was obtained. This case study may ignite a positive hope for individual suffering from *Vatarakta*.

INTRODUCTION

Vatarakta is one of the most distressing disease of present era. It is explained in all three classics of Ayurveda (*Brihatrayee*). It is caused by simultaneous vitiation of both *Vata* and *Rakta* by their individual *Nidan* (etiological factor). Individuals with tender health indulging in unwholesome food, faulty and sedentary lifestyle are more prone to *Vatarakta*.^[1] It is characterised by severe pain, oedema, stiffness, burning sensation and discolouration of hands, feet including fingers and toes and all the joints of the body. Due to similarities in clinical presentation it may be correlated with gout of contemporary science. It is a metabolic disorder in which increased body pool of urate with hyperuricemia results in the formation and deposition of monosodium urate monohydrate *Nidan* ^[3]

(MSUM) crystals in peripheral connective tissues in and around synovial joints, especially targeting the first metatarso-phalangeal and small joints of feet and hands.^[2]

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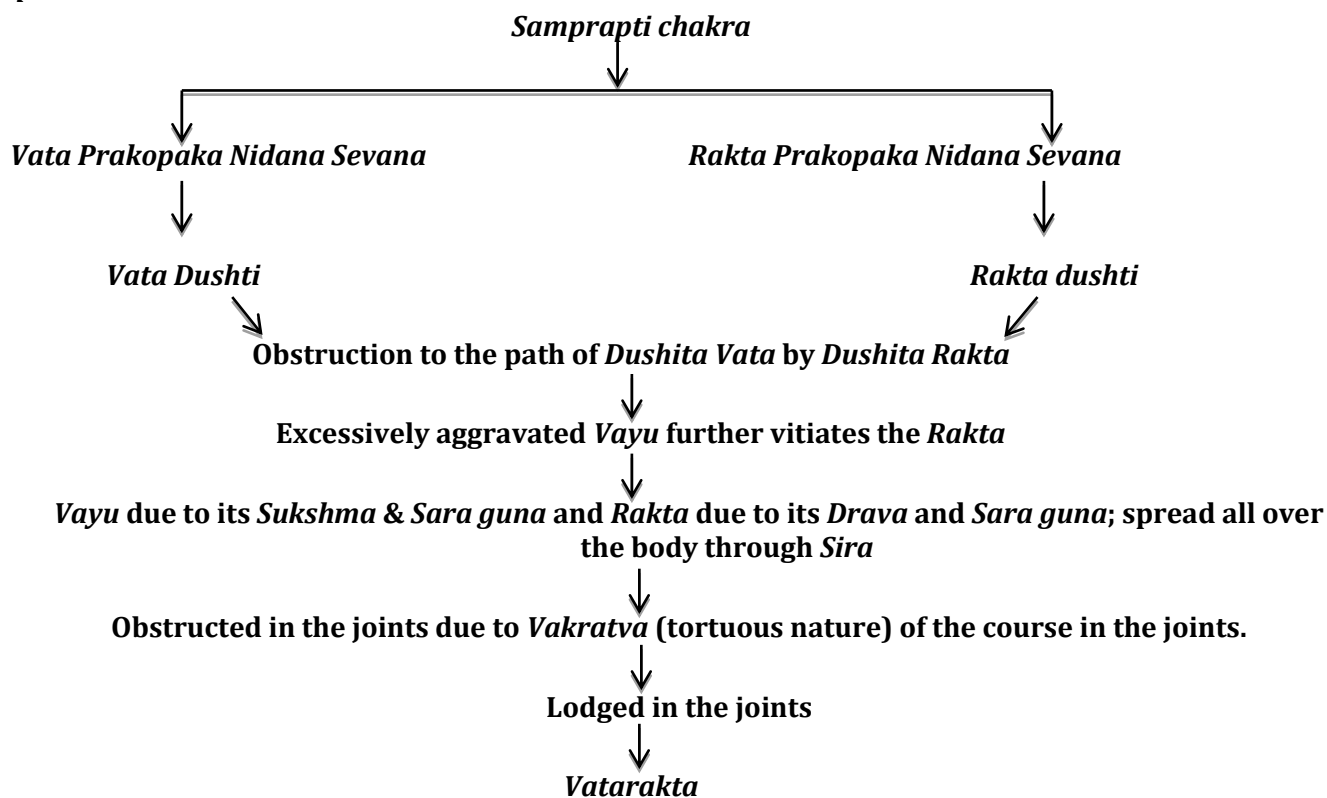
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Table 1: *Nidan* of *Vatarakta*

<i>Aharaja</i>	<i>Viharaja</i>	<i>Manashik</i>
<i>Lavana Amla Katu rasa ati sevana</i>	<i>Diva swapna</i>	<i>Krodha</i>
<i>Ati usna ahara</i>	<i>Abhighata</i>	<i>Soka</i>
<i>Virudhha Vidahi anna sevana etc</i>	<i>Ati vyavaya</i>	<i>Bhaya etc</i>
<i>Dadhi, Arnala, Sauvira, Sukta ati sevana</i>	<i>Achankraman</i>	
<i>Langhana</i>	<i>Vega dharan</i>	

Samprapti



Prevalence [4]

The prevalence of gout increases with increase in uric acid concentration and age but is around 1% of population usually affecting middle age group with a strong male predominance (>10:1).

Types [5]

Vatarakta is of two types:

1. *Uttana* (superficial) - As invades *Twak* and *Mamsa dhatu*.
2. *Gambhira* (deep seated) - Involving deeper tissues.

Sign & symptoms of Vatarakta

<i>Uttana</i>	<i>Gambhira</i>
1. <i>Kandu</i> (itching)	1. <i>Svayathu</i> (oedema)
2. <i>Daha</i> (burning sensation)	2. <i>Stabdha</i> (stiffness)
3. <i>Ruk</i> (pain)	3. <i>Kathina</i> (hardness)
4. <i>Amaya</i> (difficulty in extension)	4. <i>Antara bhrisham arti maan</i> (excruciating pain in the interior of the body)
5. <i>Toda</i> (pricking pain)	5. <i>Shyavastamra athva</i> (blackish brown or coppery coloration)
6. <i>Spurana</i> (throbbing sensation)	6. <i>Daha</i> (burning sensation)
7. <i>Akunchana</i> (difficulty in contraction)	7. <i>Toda</i> (pricking pain)
8. <i>Anvitana shyava-rakta, Tamra</i> (brownish black, red or coppery discoloration of skin)	8. <i>Spurana</i> (throbbing sensation)
	9. <i>Pakwana</i> (suppuration)

Stages of Gout

Acute Stage

- Rapid onset
- Severe pain
- Extreme tenderness
- Swelling

- Self - limiting
- Complete return to normalcy

Recurrent Stage

- Second episode may occur within the year
- Frequency of attack gradually increase
- Likely to involve several joint

Chronic stage

- MSUM deposition continues Causing joint damage & Chronic pain
- The higher serum uric acid concentration, the earlier incidence of joint damage & MSUM deposition
- Large MSUM Crystal results in tophi formation

Serum uric acid in hyperuricemia

- In male- >7 mg/dl
- In female- >6 mg/dl

Case Report

A 45 years old female patient visited Panchakarma O.P.D of I.P.G.A.E&R. A at S.V.S.P. Hospital Kolkata with

Chief Complaints

- Severe pain in multiple joints (*Sandhishool*)
- Mild edema in left toe (*Sandhishoth*)
- Stiffness and tingling sensation over both hand and legs (*Sandhistabdhatta*)
- Blackish discoloration and mild burning sensation (*Sandhishyavata* and *Daha*)

Duration- Since last 3 months

Aggravating factors- Hot exposure, rich food

Relieving factors- No such

Past medical history- No such

Past surgical history- No such

Family history- No such

Personal history

Diet	Non vegetarian
Occupation	Housewife
Addiction	No such
Appetite	Diminished
Sleep	Disturbed
Bladder movement	Normal
Bowel movement	Constipated

General Examination

Pallor	-
Icterus	-
Cyanosis	-
Clubbing	-

Edema	+
B.P.	116/80 mm Hg
P.R.	76 bpm
Weight	68 kg
Height	5'1"

Astavidha pariksha

Nadi	Vata-Pittaja
Mutra	Swabhavik
Mala	Badhha
Jihva	Saam
Shabda	Swabhavik
Sparsha	Ushna
Drik	Swabhavik
Akriti	Madhyam

Dasavidha pariksha

Prakriti	Vata-kaphaja
Sara	Mamsa sara
Samhana	Madhyam
Satmya	Madhyam
Satva	Madhyam
Ahara sakti	Avar
Jaran Sakti	Madhyam
Vyayam sakti	Avar
Vaya	Madhyam avastha
Bala	Madhyam

Objective: To study the effect of *Shamana aushadhi* and *Panchakarma* therapy in the management of *Vatarakta*.

MATERIAL AND METHODS

Patient having Sign and symptoms of *Vatarakta* selected from the OPD of S.V.S.P hospital attached with I.P.G.A.E&R.A Clinical proforma was prepared and both *Shamana* & *Sodhan* treatment were planned according to the *Roga* & *Rogi bala avastha*. Patient consent was taken before initiation of therapeutic intervention.

Timeline

The timeline of the development of symptoms and condition of patient is depicted in Table 2.

Table 2: Timeline of Clinical Symptoms and Condition of Patient

Time	Development of Symptoms	Condition of patient
22/01/2023	Patient asymptomatic	Normal activity observed
23/01/2023 to 02/02/2023	Onset of mild pain in left toe and left ankle joint	Visited a nearby allopathic clinic and was treated with NSAIDs for 1 week
02/02/2023 to 15/02/2023	Patient was clinically stable	No medicine was used
15/02/2023 to 04/03/2023	Occasional pain in both feet, ankle	Self medication taking NSAIDs during

	joint and hands with disturbed sleep	pain
05/03/2023 to 17/04/2023	Gradual increase in the intensity of pain in the affect joint along with mild swelling and discoloration	Several blood investigation previously advised was done
24/04/2023	The patient attended OPD of SVSP hospital attached with IPGAE&R. She complained of severe pain, mild swelling in the left toe, both ankle joint, both hands along with tingling sensation and blackish discoloration in both hand and feet	Patient was admitted in <i>Panchakarma</i> IPD and all the routine test was performed
26/04/2023	-----	Blood investigation revealed increase in serum uric acid concentration 7.5mg/dl. <i>Shamana ausadhi</i> and <i>Panchakarma</i> therapy was planned along with dietary restrictions
27/04/2023 to 12/05/2023 (1 st follow up)	Gradual improvement in symptoms with reduced swelling in the foot and ankle joint and no swelling over hands, reduction in pain and stiffness was also observed	<i>Pancakarma</i> therapy completed as per schedule. <i>Shamana aushadi</i> continued
12/05/2023 to 26/05/2023 (2 nd follow up)	Marked improvement in symptoms was noted. The patient was clinically stable	Routine blood investigation was done.
27/05/2023	-----	Uric acid concentration was under normal level. The patient was discharged

Diagnostic Assessment

On the basis of sign and symptoms and Blood reports, the patient was diagnosed as *Vatarakta*.

Therapeutic Intervention

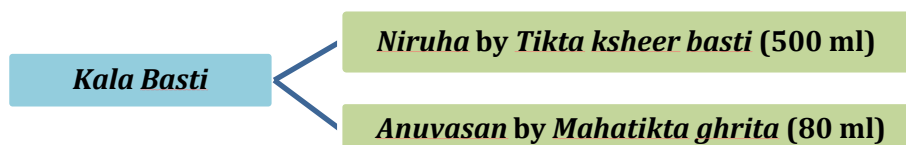
A detail description of the treatment given to the patient is shown in Table 3. Observations are made after administration of oral medication and *Kala Basti* for duration of 30 days.

Table 3: Medication/*Shamana ausadhi* administered

S.No.	<i>Shamana aushadi</i>	Dose	Dosage	Anupan
1.	<i>Kaishor guggulu</i>	500 mg	Twice daily after meal	With <i>Suskaushna jala</i> (lukewarm water)
2.	<i>Mahamanjsthadi kashayam</i>	20 ml	Twice daily before meal	With half cup of <i>Suskaushna jala</i> (lukewarm water)
3.	<i>Eranda taila</i>	5 ml	At morning empty stomach	With 50ml <i>Suskaushna dugdha</i> (lukewarm milk)

Total Duration – 1 month

Shodhan



Schedule for Kala Basti

<i>Anuvasan basti</i>	1 st day	3 rd day	5 th day	7 th day	9 th day	11 th day	13 th day	14 th day	15 th day
<i>Niruha basti</i>	2 nd day	4 th day	6 th day	8 th day	10 th day	12 th day	----	----	----

Tikta ksheer basti

S.No.	Ingredients	Quantity
1.	<i>Madhu</i>	80ml
2.	<i>Saindhava</i>	10gms
3.	<i>Sneha (Mahatikta Ghrita)</i>	80ml
4.	<i>Kalka (Guduchi, Patola, Neem, Manjistha)</i>	30gms (10+10+5+5gms)
5.	<i>Tikta Dravya Ksheera sidhha kasaya</i>	300ml

Pathya advised

- Fibre rich foods and carbohydrate
- Green vegetable
- Milk, low fat or fat free dairy products
- Drink plenty of fluids

Apathya

- *Divaswapna* (sleep during day time)
- Meat and alcohol
- Exposure to the heat

Follow-up and Outcome

The patient was treated at Indoor patient department (IPD) for a period of 30 days. Oral medication and *Kala Basti* with some diet recommendations were advised. Follow-ups were conducted and result was assessed on the basis of subjective assessment of symptoms and findings of serum uric acid which is depicted in table no 5 and 6 respectively.

Assessment Criteria

Subjective Criteria: The signs and symptoms of *Vatarakta* were assessed on the basis of Visual Analogue Scale (VAS) and grading from 0-3 was done as follows-

Table 4: Subjective Assessment of Symptoms

S.No.	Symptoms	Grading
1.	<i>Sandhishool</i>	0- No pain 1- Pain felt occasionally at the time of movement 2- Persistent moderate pain not hampering daily activity 3- Severe pain hampering daily activity
2.	<i>Sandhishoth</i>	0- No swelling 1- Mild swelling 2- Apparent swelling 3- Huge swelling
3.	<i>Sandhistabdhata</i>	0- Stiffness of 0-5 min. 1- 5 min. to 2 hrs. of stiffness 2- 2 to 8 hrs of stiffness 3- 8 hrs or more
4.	<i>Sandhishyavata</i>	0- No discoloration 1- Mild discoloration 2- Moderate discoloration 3- Severe discoloration
5.	<i>Daha</i>	0- No burning sensation 1- Occasionally localized burning sensation for >1 hr. 2- Burning sensation throughout the day but bearable 3- Severe degree of burning sensation, intolerable

Objective criteria: The main criterion of assessment was serum uric acid (more than 7mg/dl in males and 6mg/dl in female) was done before and after treatment.

OBSERVATIONS AND RESULTS

Table 5: Changes in symptoms in before and after treatment

S.No.	Symptoms	Before Treatment	After Treatment
1.	<i>Sandhishool</i>	2	0
2.	<i>Sandhishoth</i>	1	0
3.	<i>Sandhistabdha</i>	2	0
4.	<i>Sandhishyavata</i>	1	0
5.	<i>Daha</i>	2	0

Table 6: Changes in blood investigations

S.No.	Investigation	Before Treatment	After Treatment
1.	CBC	Normal	Normal
2.	Random blood sugar	90.6mg/dl	84.2mg/dl
3.	Serum uric acid	7.5mg/dl	4.2mg/dl

Probable Mode of Action of Shaman drugs

S.No.	Shamana drugs	Main ingredient	Probable mode of action
1.	<i>Kaishor Guggulu</i>	<i>Triphala, Guduchi, Guggulu</i>	<i>Rasayan, Tridoshagna, Vatavyadhi-hara, Dahaprasaman, Deepan</i>
2.	<i>Mahamanjsthadi kashayam</i>	<i>Manjistha, Nimba Chandan etc.</i>	<i>Dahaprasaman, Kandugna, Varnya, Vyasthapaka</i>
3.	<i>Eranda taila</i>	<i>Eranda</i>	<i>Vatakaphahara, Rechana</i>

Shodhan

Tikta ksheer Basti	<i>Madhu, Saindhav</i>	<i>Yogavahi, Sukshma marga anusarita, Trisdoshara, Sukshma</i>
	<i>Sneha (Mahatikta ghrita)</i>	<i>Snehana, Vata-pitta samak, Asthi dhatu prasadak</i>
	<i>Tikta kalka Tikta dravya kashaya</i>	<i>Pittasamak, Raktaprasadak, Asthi dhatu janya hitakar</i>
	<i>Ksheer</i>	<i>Jeevaniya, Ojavaradhak, Vata-pittasamak, Dhatuvardhak</i>

DISCUSSION

Vatarakta is a disorder of *Madhyam rogamarga*, mentioned in all the three classics of Ayurveda. The simultaneous aggravation of *Vata* and *Rakta* makes the disease difficult to cure. It is also known as *Adhyavata* as it is common in rich individual who are accustomed with sedentary lifestyle and fast food culture. *Kaishor Guggulu* indicated in *Vatarakta* contains drugs like *Guduchi, Guggulu, Tiphala* and *Trikatu*.^[6] *Guduchi* mentioned in *Dahaprashamana maha kashaya* not only relieve burning sensation but also acts as *Rasayan*. *Guggulu* due to its *Vatavyadhihara* action relieves pain where as *Triphala* possesses *Tridoshara* action. *Trikatu* due to its *Deepana* and *Pachana* effect rectifies the disturbance in *Agni*.

The ingredients of *Mahamanjsthadi kashaya* are mentioned in *Kandughna, Varnya, Deepaniya, Dahaprashamana* and *Vayasthapana mahakashaya*.^[7] Thus breaking the pathology of the disease, it provides excellent relief in the symptoms of *Vatarakta*. *Eranda*

taila was given as *Nitya virechan* in a very minute dose which helped in *Nirharana* of *Dushita vata* and *Dushita rakta*. *Virechana* is considered as one of the line of treatment for *Rakta* disorder. Also, *Sneha- Yukta mridu virechana* specially *Eranda taila* along with milk is indicated in the management of *Vatarakta*^[8] and *Eranda taila* is considered best among *Sneha virechana dravya*. *Basti* is considered as the choice of treatment in the management of *Vatarakta*.^[9] There is no other therapy than *Basti* to pacify the aggravated *Vata dosha*. Also, in diseases of *Madhyam roga marga (Marma, Asthi, Sandhi) basti* is considered as the best treatment protocol.^[10] In *Asthi dhatu gata* disorder, *Basti* with milk and *Ghrita* medicated with bitter drug is indicated.^[11] *Ksheer* and *Ghrita* both are *Vata-pittashamak* and *Raktaprasadak*. *Madhu* due to its *Yogavahi* and *Sukshma marga anusarini guna* carries the properties of drugs added to it ^[12] and draws out the vitiated *Doshas* from all the minutes channels of the

body respectively. *Saindhav* is *Tridoshahara* where as *Sneha* lubricates the colon, softens the *Mala* and helps in easy evacuation of vitiated *Doshas* along with fecal matter. *Tikta dravyas* used as *Kalka* and *Kashaya* are predominant in *Vayu* and *Akash mahabhuta* and is indicated in *Asthi dhatu gata roga*. *Asthi* is the special site for *Vayu* and all the *Srota* of the body (channel of body) is predominant in *Akash mahabhuta*. *Tikta dravyas* produces *Srota kharatvam* (roughness in the circulatory channels) and thereby subsides *Sanga srota dushti* and breaks the pathology of *Vatarakta*.^[13]

CONCLUSION

The present case study provides positive hope to the patient suffering from *Vatarakta* by showing encouraging results in both subjective and objective criteria through proper Ayurvedic intervention.

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