



ISSN 2456-3110

Vol 2 · Issue 4

July - Aug. 2017

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Management of Gouty Arthritis with special reference to *Vatarakta* - A Case Report

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ABSTRACT

Gouty Arthritis has now become a common disease condition which we deal in Ayurveda, but a proper treatment protocol is not followed in many cases. The case reported here was as a result of improper diet and lack of exercise which resulted in an increase serum uric acid level and joint inflammation. The treatment was given at IPD level diagnosing it as *Gambhira Vatarakta* with valid *Chikitsa Siddhanta*. This case report provides us guidelines that even a chronic gouty arthritis with a very high serum uric acid can be treated as per *Vataraktha Chikitsa Siddhanta* in Ayurveda.

Key words: *Gambhira Vatarakta, Gouty Arthritis, Chikitsa Siddhanta, Serum Uric Acid.*

INTRODUCTION

Gout is a type of arthritis that causes inflammation, usually in one joint, that begins suddenly which is caused by the deposition of crystals of uric acid in a joint. It can cause symptoms and signs such as nodules under the skin called tophi, joint redness, swollen joints, joint pain and warmth of the joint. The signs and symptoms of Gout reveals that it is a Metabolic, Vascular and Joint related disease and these signs and symptoms of Gouty Arthritis can be compared with *Utthana Vatarakta*. So, in many of the Ayurvedic texts, Gouty Arthritis has been considered as *Vatarakta*. Gout pains are usually developed in the joints of the legs, especially the Big toe. About 75% of all Gout pains originate in the Big toe. Apart

from the Big toe, other joints like ankle, heels, hand, wrist and elbows can also be affected.

It results from an increased body pool of Urate with Hyperuricaemia. It typically is characterized by Episodic Acute and Chronic Arthritis caused by deposition of MSU crystals in Joints and Connective tissue. The Epidemiology of Hyperuricaemia is different from that of Gout. Mean Uric Acid (Urate) concentration are age and sex related. Pre-pubertally, in males the mean concentration is around 3.5 mg/dl, with a steep rise to 5.2 mg/dl at puberty. In females, the mean concentration is up to 4.7 mg/dl with rise only after Menopause.^{[1],[2]}

Gout is seen in only one-tenth of patients of Hyperuricaemia. Purine is one of the Nitrogen bases in the Human body and components of DNA. The Enzyme Xanthine Oxide is responsible for converting the Purine into Uric Acid, which gets eliminated through Urination. The excessive deposit of Uric Acid in the body due to improper metabolism or reduced renal function will lead to Gouty Arthritis. Intake of more Purine rich food, Obesity, drugs for Hypertension, intake of Alcohol, Family history are some of the reasons for improper Metabolism.^[3]

In the present era due to rapid modernization of the developing countries like India, where the fast food culture, sedentary changes in life style etc., has given

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Submission Date : 11/07/2017 Accepted Date: 27/07/2017

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v2i4.9374

rise to increase in the number of joint disorders. Among the joint disorders, Gout is considered to be serious of its Chronicity. The incidence of Gout varies in population from 0.2 to 2.5 per 1000 with an overall prevalence of 2-26 per 1000 and it is found to have increased prevalence in recent years.^[4]

According to Modern treatment, Anti-inflammatory drugs, NSAIDs (Non Steroid Anti-inflammatory Drugs), Gluco-corticoids are administered to treat Gouty Arthritis symptomatically which have many adverse effects like Renal Insufficiency and Gastro-Intestinal disorders making the disease Chronic after prolong usage.^[5]

The patient who approached our hospital was given all the possible treatment in conventional science which gave him only temporary relief, and the complaints all relapsed back within no time. In view of these facts this challenging case has been taken, *Shodhana* and *Shamana* procedures were done and treatment is being presented here.

CASE PRESENTATION

A railway employee aged 28 yrs, male reported to Kayachikitsa OPD of AMV and Hospital Hubli, with *Pradhana Vedana* of pain in big toe (right leg), ankle joint (right leg), left knee joint swelling around ankle joint, swelling on and behind the left knee joint, with the difficulty in the movement of the same along with *Anubandhi Vedana* such as difficulty in walking, pain over joints and burning sensation over joints since one week.

Vedana Vruttanta

Patient was apparently normal before 1 month, then he developed pain and swelling on ankle joint and big toe. Pain aggravated day by day and he developed stiffness and swelling behind the right knee joint. Due to pain and swelling he developed difficulty in walking with an increased ESR level of 25 mm/hr and serum uric acid level of 12.4 mg/dl.

Poorva Chikitsa Vruttanta

He had visited many hospitals and took allopathic treatment, where he was administered pain killers

which gave him temporary relief. He also took treatment from a *Nadi Vaidya*, where pain and other symptoms reduced. But the complaints all relapsed after one month, and he came to our hospital for better treatment.

Vayaktika Vruttanta

- Travelling and strenuous office works
- Habituated for aerated soft drinks, junk foods, non-vegetarian
- Consumed *Ati Katu Ahara* and mixed diet mainly *Mamsa Ahara* especially chicken on daily basis.

Blood Reports

- RA: negative
- ESR: 25 mm/hr
- Serum Uric Acid: 12.4 mg/dl

Poorva Vyadhi Vruttanta

Nothing specific, Not/K/C/O DM, HTN or any systemic disease.

General Examinations

- Pulse - 77/min
- BP - 130/80mmhg
- RS - 20/min, bilaterally symmetrical air entry
- CVS - 74/min S1, S2 heard
- CNS - No any defect

Ashtha Vidha Pareeksha

- *Naadi* - 72/min
- *Mala* - *Prakruta* 1 time/day
- *Mootra* - *Prakruta* 4-5times/day
- *Jihwa* - *Aalipita*
- *Shabda* - slight *Shabda* in *Sandhis*
- *Drika* - *Shyava Varna* of *Twak* and *Shotha* was observed
- *Aakruti* - *Madhyama*

Dashavidha Pareeksha

- *Prakruti - Vatakapha*
- *Sara - Madhyama*
- *Samhana - Madhyama*
- *Pramana - Madhyama*
- *Satva - Pravara*
- *Satmya - Madhyama*
- *Aahara Shakti - Jarana Shakti: Madhyama, Abhyavarana Shakti: Madhyama*
- *Vyayama Shakti - Madhyama*
- *Vaya - Madhyama*
- *Vikruti - Dosha : Vatapradhana, Doosha : Rasa, Rakta, Mamsa, Meda, Asthi.*

Samprapti Ghataka

- *Dosha - Vata Pradhana (Vata - Vyana Vata)*
- *Dushya - Raktha, Mamsa, Asthi, Majja*
- *Upadhathu - Sira, Snayu, Kandara*
- *Agni - Jatharagnimandya, Dhatwagnimandya*
- *Aama - Jatharagni Mandyajanya and Dhatwagni Mandyajanya Ama*
- *Udbhavasthana - Amapakvashaya*
- *Sancharasthana - Sarvashareera*
- *Adhishthana - Adhakaya, Sandhis*
- *Rogmarga - Madhyama and Bahya Rogamarga*
- *Vyaktastana - Janusandhi, Major and Minor Sandhi*
- *Strotas - Rasavaha, Raktavaha*
- *Strotodushti Prakara - Sanga*
- *Vyadhiswabhabha - Chirakari*

Sadhyasadyata - KrichraSaadhyata

Vyadi Vyavachedaka Nidana - Gambhira Vataraktha, Sandhigata Vata, Ama Vata, Asthi Majjavritha Vata, Rakthagata Vatam, Rakthaavritavata, Asthiavritavatam.

Vyadhi Vinischaya - Gambhira Vatarakta.

Roga Pareeksha

- **Nidana** - Vidahiannam, Virudhaharam, Sukumaran, Achankramanaseelinam.
- **Poorvaroopam** - Sphuranam, Thodam, Bheda, Gourava in Janu and Pada, Bhutvabhutva Pranishyanthi.
- **Roopa** - Karmahaani, Shoola, Shodha and Vedana in minor and major joints.
- **Upashaya** - Ushnopachara, Asana, Snehana.
- **Anupashaya** - Seetopachara, Vyayama Rakthadushana Nidanas, Vatavardhak Aahara, Vatavardhaka Vihara.^[6]

Explanation of Vatarakta

In Vatarakta, both Vata and Rakta are aggravated, getting vitiated by their etiological factors and ultimately Vayu gets obstructed by vitiated Rakta. Due to the Drava, Chala and Sookshmathva nature of Vata and Rakta it moves all over the body, while they move through blood vessels, they get obstructed in the joints which further aggravates them and the morbid matter gets lodged there. The chief complaint of the patient is severe Sandhi Shula (joint pain), onset on Hasta (Hand), Pada, Mulagata Sandhi (leg joints) and then migrates to other Sandhi (joint) in a way similar to Akhuvisa (rat poison). It produces various signs and symptoms like Ruk (excruciating pain), Shwayathu (swelling), Daha (burning sensation), Stabdhata (stiffness of joint), Shyava Rakta Varna (blackish red in colour), Sparsha Asahatwa (touch intolerance) etc. Both the Viruddha Aahara and Vihara will lead to this condition.

There are two sets of Samprapti explained in Vatarakta, one is Samanya Samprapti and other is Vaisheshika one. Vishesha Samprapti holds good in this case.

Samanya Samprapti

Due to Nidana Sevana Vata having Sukshma and Rakta with Dravaguna vitiates the Strotas or Sira they are moving into, due to the Vakratwa of Sandhis they

get obstructed and logged into it and causes Vividhavedana i.e. Vatarakta.^[5]

Chikitsa Siddhanta

Vatarakta is caused by vitiation of both Vata and Rakta. Rakta obstructs the path of Vata and Vata obstructs the path of Rakta. For this reason both Acharya Charaka and Vagbhata has explained Basti as one of the main line of treatment in Vatarakta. Here in this patient Vatottara Lakshanas were more, so Basti was chosen as a treatment.

Sandhis were more affected in this patient, so as a Poorvakarma for Vasthi and Bahya Snehana - Abhyanga was chosen as a treatment.

As a Sthanika Chikitsa and specific treatment mentioned in Gambhira Vataraktha; for pain and Shotha, Lepa and Parisheka was chosen as a treatment.^[6]

Treatment given

- Abhyanaga with Balaguduchyadi Thailam^[7] and Sarwanga Swedana.
- Kala Vasthi - 10 Sneha Vasthi and 6 Kashaya Vasthi.
- Sneha Vasthi with Guggulu Tikthaka Ghritham^[8]
- Kashaya Vasthi with Dashamoola Kasaya.^[9]
- Parisheka with Dasamoola Kashaya and Kokilaksham Kashaya.
- Lepa with Dashangalepa.

Oral medicines advised for the patient were,

- Kokilaksham Kashayam^[10] - 15 ml bd.
- Tab. Gokshuradi Guggulu^[11] - 1 bd.
- Tab. Amrithadi Guggulu^[12] - 1 bd.

Before Treatment

Pain, swelling, burning sensation in the afflicted joints, serum uric acid level - 12.4 mg /dl

After Treatment

Pain reduced, swelling reduced, serum uric acid level - 7.4 mg/d, ESR: 15mm/hr



Fig. 1 & 2: Before Treatment



Fig. 3 & 4: After Treatment

DISCUSSION

Here in this patient, due to the specific causative factors which include both *Aharaja* and *Viharaja*, like unwholesome food habits and sedentary life style which led to *Dosha (Vata)*, *Dooshya (Raktha, Mamsa, Asthi, Majja) Sammurchana* and increased Serum Uric Acid level in the body, there by resulting symptoms like joint swelling, inflammation, pain and burning sensation.

The diagnosis was made as Gouty Arthritis with special reference to *Vatarakta* and treatment protocol was planned to achieve *Samprapthi Vighatana*, there by reducing the symptoms as well as the increased serum uric acid level.

Kokilaksha Kashaya contains the ingredients like *Krishna, Kokilaksha* and *Amrita*. *Kokilaksha* is *Vatapitta Shamaka, Anulomaka, Shothahara* and *Mutrala* in nature. *Guduchi* is *Tridosahara Agra Dravya* for *Vatarakta, Krimihara, Pittasaraka* and *Anulomaka* used in all *Raktavikara*. *Gokshuradi Guggulu* calms *Vata* and in its *Phalasaruthi* Acharya has clearly mentioned *Vataasra Vataroga, Sukradosha Asmari*. *Amrithadi Guggulu* is *Vata Pittahara*. In its *Phalasaruthi Acharya* has clearly mentioned *Vataraktham thatha Kushtam Gudajanyan Agnisadanam*.

As we see in this case report, *Vatarakta Chikitsavidhis* can be clearly incorporated for the treatment of Gouty Arthritis and other related diseases occurring due to increased Serum Uric Acid levels in the body.

CONCLUSION

From the above case, we can clearly conclude that *Chikitsa Vidhis* mentioned in *Vatarakta* by *Acharyas* can clearly bring down the Symptoms as well as the serum uric acid level in Gouty arthritis. Long term clinical studies with large sample size and comparative / control trial may provide further observations on the Gouty Arthritis and further research should be done

on the Pharmacological aspect, Mode of Action of the drugs and Formulations used in this case.

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How to cite this article: V Balendu Krishnan, Prashanth A. S. Management of Gouty Arthritis with special reference to Vatarakta - A Case Report. J Ayurveda Integr Med Sci 2017;4:307-312.

<http://dx.doi.org/10.21760/jaims.v2i4.9374>

Source of Support: Nil, **Conflict of Interest:** None declared.
