

Ayurvedic modalities in the management of Vata Rakta w.s.r. to Gout: A Case Study

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Aahar (good diet) and Vihar (proper lifestyle) are important factor in Ayurveda for prevention and management of diseases. Rapid modernization, changing environmental factors and lifestyle are causing adverse influence over our health. Occurrence of Vatarakta is one of the major consequences of this modification. It is a condition where both Vata and Rakta gets vitiated by their individual causes and manifests as a disease so it is called as Vatarakta, Vatasanita or Vatasrka. The sign and symptoms of Vatarakta can be clinically correlated with the disease gout in modern science. In this present case study, a 27 years old female patient visited Kayachikitsa OPD of I.P.G.A.E & R at SVSP, Kolkata, with pain in multiple joints and tingling sensation in great toe of right foot for past 3 months. She was treated with Shamana Ausadhi for a duration of 2 month. Pathya and Apathya were properly instructed. Observation and results were drawn on the basis of assessment criteria. Encouraging improvement was noted in both subjective and objective parameter.

Keywords: Vatarakta, Gout, Chopchini, Mahamanjishthadi Kashaya

Corresponding Author	How to Cite this Article	To Browse
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Introduction

Amalgamation of vitiated *Vata* and *Rakta* leads to manifestation of this disease hence the disease is known as *Vatarakta*. The disease *Vatarakta* is vividly described in all the three classics of *Ayurveda* (*Brihatrayee*). Repeated false dietetic and behavioural regimen (*Aharaja* and *Viharaja Nidana*) increases *Vata Dosha* which further vitiates *Rakta Dhatu*. The pathway of *Vata Dosha* is obstructed by *Rakta Dhatu*, with *Sukshmatwa Guna* of *Vayu* and *Dravatwa Guna* of *Rakta*, they pervade throughout the body. Due to this obstruction, *Vata Dosha* abnormally increases and produce the disease particularly at smaller joints called as *Vatarakta* characterised by pain, swelling, stiffness, discoloration over joints.[1]

In contemporary science we can clinically correlate the manifestations of this disease with gout. The prevalence of gout is approximately 1-2% worldwide, with a greater than 5:1 male preponderance.[2]

Gout has become progressively more common over recent years due to increased prevalence of metabolic syndrome. It is a metabolic disorder of purine metabolism. As a result, monosodium urate crystal gets deposited in different joints characterized by intermittent attacks of acute pain, swelling and inflammation. It results from an increased body pool of urate with hyperuricaemia[3] (>6.0mg/dl in females & > 7mg/dl in males). The risk of developing gout increases with age and with serum uric acid levels. Primarily middle-aged to elderly men and women are affected. Now a days, excessive high protein rich diet, sedentary lifestyle, intake of incompatible food, stress etc. has subsequently led to increase in prevalence of this disease.

Samprapti Ghatak:

Dosha - Vata Pradhan Tridosaja, Rakta

Vata - Vyana

Pitta - Pachak

Kapha - Shleshmaka

Dushya - Rasa, Rakta, Mamsa

Sroto Dushti - Sanga Paschat Vimargagaman

Agni - Mandagni

Utpatti Sthan - Pakwasaya

Adhithana - Sandhi, Twaka, Mamsa

Swabhava - Chirakari

Types on the basis of

Dosha Bheda[4]:

1. *Vatadhikya*
2. *Pittadhikya*
3. *Kaphadhikya*
4. *Raktadhikya*
5. *Dvandaja*
6. *Sannipatika*

Sthana Bheda[5]:

1. *Uttan vatarakta* (Superficial) - When pathogenesis is limited to *Twak* and *Mamsa Dhatu*.
2. *Gambhir Vatarakta* (Deep seated) - Involvement of deeper *Dhatu* like *Asthi*, *Sandhi*, *Majja*.

Methods

A female patient came to *Kayachikitsa* OPD on complaining of pain in multiple joints associated with tingling sensation in great toe of right foot for past 3 months. On the basis of clinical signs and symptoms we diagnosed this case as *Vatarakta*. Treatment schedule was planned accordingly.

Case Study

A 27-year-old female came to *Kayachikitsa* OPD of I.P.G.A.E&R at SVSP, Kolkata with Chief complains-

- Pain in multiple joints
- Tingling sensation in great toe of right foot.

Associated complain:

- Mild swelling in both ankle joint
- B/L burning sensation in sole.
- **Duration** - Past 3 months.

Aggravating factors:

- Prolonged standing

Relieving factors - No Such

Mode of onset - Acute

Progress - Gradual

Past medical History - No such

Past Surgical History - No such

Family History - No such

Addiction - No such

Personal History:

Appetite - Diminished

Bowel - Constipated

Bladder - Normal

Digestion - Irregular
Sleep - Adequate
Occupation - Housewife
Diet - Non vegetarian

Ashtavidha Pariksha:

Nadi - Vata Pittaja
Mala - Baddha
Mutra - Svabhavik
Jihva - Isat Sama
Sabda - Sphastha
Sparsha - Ushna
Drik - Swabhavik
Akriti - Madhyama

General Examination: Patient was alert, cooperative and conscious.

BP - 124/82 mm of Hg
P. R - 76b/m
Resp. Rate - 14/min
Weight - 58 kg
Icterus - Absent
Cyanosis - Absent
Pallor - Absent
Oedema - B/L mild pitting oedema in both ankle joint.
Clubbing - Absent
Lymphadenopathy - Absent

Objective: To study the efficacy of *Shamana Auosadhi* in the management of *Vatarakta*.

Diagnostic Assessment: On the basis of clinical sign and symptoms we diagnosed the case as *Vatarakta*.

Subjective Parameter: Showing gradation of symptoms according to WHO scoring pattern[6]

Symptoms

Swelling:

Grade 0 - No swelling
Grade 1 - Slight swelling
Grade 2 - Moderate swelling
Grade 3 - Severe swelling

Discoloration:

Grade 0 - Normal coloration
Grade 1 - Near to normal which looks like normal to distant observer.
Grade 2 - Reddish discoloration
Grade 3 - Slightly reddish black discoloration

Grade 4 - Blackish discoloration

Burning sensation:

Grade 0 - No burning sensation
Grade 1 - Mild burning sensation
Grade 2 - Moderate burning sensation
Grade 3 - Severe burning sensation

Pain:

Grade 0 - No pain
Grade 1 - Mild pain
Grade 2 - Moderate pain but no difficulty in moving.
Grade 3 - Slightly difficulty in moving due to pain.
Grade 4 - Much difficulty

Objective parameter: The assessment criteria were serum uric acid (more than 7mg/dl in males and 6mg/dl in females respectively) before, mid and after treatment. Blood for FBS and PPBS was also done before treatment for differential diagnosis.

Treatment Plan: She was treated with *Shamana Auosadhi* for 3 months. *Pathya* and *Apathya* were properly instructed.

SN	Shamana auosadhi	Dose with Anupana
1.	Mahamanjisthadi Kashaya	15 ml twice daily with Sukosna Jala morning and evening empty stomach.
2.	Kaisore Guggulu	500 mg BDPC with Sukosna Jala twice daily after lunch and dinner
3.	Pow Guduchi + Pow Chopchini	3gm + 2gm with Madhu twice daily.
4.	Pinda Taila	Local application

Pathya and Apathya[7-9]

Pathya Ahara:

Shúka Dhanya - Shashtika Shāli, Yava, Laja, Godhuma
Shami Dhanya - Mudga, Māsha
Māmsa Varga - Gramya Māmsa, Jangala Māmsa
Jala Varga - Ushna Jala
Ksheera Varg - Goksheera, Ajākseera

Pathya Vihara: Abhyanga and Parishek etc.

Apathya Ahara: Katu, Ushna, Guru, Lavana, Madya, Dadhi, Kshara, Kuluttha, Amla, Pinyaka, Abhishyandi, Moolikādi.

Apathya Vihara: Divā Swapna, Atapa Sevana, Ati Vyāyāma, Ati Maithuna etc.

Results

The patient was treated at Outpatient department (OPD) with *Shamana Auosadhi* with dietary and lifestyle modification for a period of 2 months. Results were assessed on the basis of subjective and objective parameter. Encouraging improvement was noted in both subjective and objective parameter.

Changes in subjective parameters before, mid and after treatment.

Symptoms	Before treatment	Mid treatment	After treatment.
Swelling in both ankle joint	1	1	0
Discoloration	0	0	0
Burning sensation	3	1	0
Pain	4	2	0

Changes in lab parameters (serum uric acid) before, mid and after treatment.

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Phone : (033) 2350 4159

280002927

Patient's Name: K.

BIOCHEMISTRY

GLUCOSE	Serum / Plasma	Normal	BILIRUBIN	mg/dl	Normal
*(Fasting)	mgms 100ml.	(70-110)	Conjugated	mg/dl	(0.2 - 0.8)
✓ (Post prandial)	mgms 100ml.	(<140)	Un Conjugated	mg/dl	
Random			TOTAL PROTEINS	g/100ml.	(5.7 - 7.9)
(2 hrs. after meal 100.75.50 gms. Glucose) (Enzymatic) *			Albumin	g/100ml.	(2.8 - 4.8)
UREA	mgms. 100ml.	(20-40)	Globulin	g/100ml.	(20-3.5)
* CREATININE	mgms. 100ml.	(0.5-1.5)	A/G Ratio	Above one	
URIC ACID	mgms. 100ml.	(2.4-6)	S.G.O.T.	u/ml.	(Upto-40)
CHOLESTEROL	mgms. 100ml.	(150-250)	S.G.P.T.	u/ml.	(Upto-35)
H.D.L. CHOLESTEROL	mgms. %	(45 to 85)	ALKALINE PHOSPHATASE	KA Units	(4-11KA Units)
(Risk factor if below 35 mgms. %)					
L.D.L. CHOLESTEROL	mgms. %	(65 to 175)			
V.L.D.L. CHOLESTEROL	mgms. %	(20 to 25)			
TRIGLYCERIDE	mgms./100ml.	(70 - 160)			
R.A. Factor					
A.S.O. Titre	I.U./litre				
C.R.P. Level	mg / Litre				

TC 6700
DC NFR L23 E, M,
ESR 20mm

Before Treatment

PURWANCHAL NAGARIK SAMITY
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Diagnostic Centre

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Phone : (033) 2350 4159

2800014735

Patient's Name: M. S. F. Referred by Dr. M. S.

BIOCHEMISTRY

GLUCOSE	Serum / Plasma	Normal	BILIRUBIN	mg/dl	Normal
*(Fasting)	mgms 100ml.	(70-110)	Conjugated	mg/dl	(0.2 - 0.8)
✓ (Post prandial)	mgms 100ml.	(<140)	Un Conjugated	mg/dl	
Random			TOTAL PROTEINS	g/100ml.	(5.7 - 7.9)
(2 hrs. after meal 100.75.50 gms. Glucose) (Enzymatic) *			Albumin	g/100ml.	(2.8 - 4.8)
UREA	mgms. 100ml.	(20-40)	Globulin	g/100ml.	(20-3.5)
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CHOLESTEROL	mgms. 100ml.	(150-250)	S.G.P.T.	u/ml.	(Upto-35)
H.D.L. CHOLESTEROL	mgms. %	(45 to 85)	ALKALINE PHOSPHATASE	KA Units	(4-11KA Units)
(Risk factor if below 35 mgms. %)					
L.D.L. CHOLESTEROL	mgms. %	(65 to 175)			
V.L.D.L. CHOLESTEROL	mgms. %	(20 to 25)			
TRIGLYCERIDE	mgms./100ml.	(70 - 160)			
R.A. Factor					
A.S.O. Titre	I.U./litre				
C.R.P. Level	mg / Litre				

Mid-Treatment

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 W : www.purwanchal.org

E : samity@gmail.com
 +91 90380 77719

Barcode: 90755050870001

Patient Name: _____

Age/Gender: 26 Y/Female
 Contact: TADOMBE
 Referred By: Dr. HOSPITAL

Result Declared: _____
 Sample Source: _____
 Patient's Address: _____
 Report Status: _____

Standard: N.M.D.
 Final: _____

Test	Result	BIOCHEMISTRY	Unit	Biological Ref.Interval	Method
URIC ACID	5.40		mg/dl	2.5 - 6.5	URICASE/PAP

Specimen: Serum
 Test are performed on AU580 Analyzer

Printed By : deepshikha dey
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After Treatment

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BIOCHEMISTRY

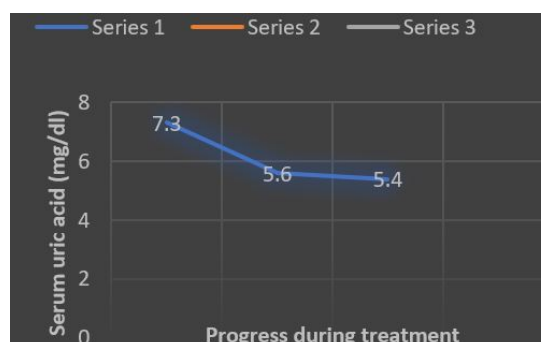
Patient's Name: K. R. 27/01/2016 Referred by Dr. N. Chakraborty

GLUCOSE	Serum / Plasma	Normal	BILIRUBIN	mg/dl	Normal
★ (Fasting)	mgms. 100ml.	(70-110)	Conjugated	mg/dl	(0.2 - 0.8)
(Post prandial)	mgms. 100ml.	(<140)	Un Conjugated	mg/dl	
Random			TOTAL PROTEINS	g/100ml.	(5.7 - 7.9)
(2 hrs. after meal 100.75.50 gms. Glucose) (Enzymatic) ★			Albumin	g/100ml.	(2.8 - 4.8)
UREA	mgms. 100ml.	(20-40)	Globulin	g/100ml.	(20-3.5)
★ CREATININE	mgms. 100ml.	(0.5-1.5)	A/G Ratio		Above one
URIC ACID 5.6	mgms. 100ml.	(2.4-6)	S.G.O.T.	u/ml.	(Upto-40)
CHOLESTEROL	mgms. 100ml.	(150-250)	S.G.P.T.	u/ml.	(Upto-35)
H.D.L. CHOLESTEROL	mgms. %	(45 to 85)	ALKALINE PHOSPHATASE	KA Units	(4-11KA Units)
(Risk factor if below 35 mgms. %)					
L.D.L. CHOLESTEROL	mgms. %	(65 to 175)			
V.L.D.L. CHOLESTEROL	mgms. %	(20 to 25)			
TRIGLYCERIDE	mgms./100ml.	(70 - 160)			

R.A. Factor _____
 A.S.O. Titre I.U./litre _____
 C.R.P. Level mg/Litre _____

Pathologist / Biochemist

Changes in blood investigation



Graphical representation of observation

Date	Serum Uric Acid
22/10/24	7.3 mg/dl
26/11/24	5.60 mg/dl
26/12/24	5.40 mg/dl

Follow-up and Outcome:

The patient still comes to the OPD for further follow-up after every 15 days. She is treated with same *Shamana Auosadhi*. We get promising results till now. Below sharing her latest blood investigation report.

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T: +91 21 2320 2827 M: +91 96280 77719 E: samiti.pw@gmail.com W: www.purwanchal.org

Barcode: 10507571
Patient Name: Mrs. KJ
Patient ID: 01250120042
Age/Gender: 28 Y/F female
Contact: 7009202183
Reference By: Dr. HOSPITAL

Sample Collection Time: 29/Jan/2025 08:15AM
Last Received Date Time: 29/Jan/2025 10:32AM
Reason Department: 29/Jan/2025 04:15PM
Sample Source: N M RD
Patient's Address: Final

Report Status: Final

Test	Result	Unit	Biological Ref.Interval	Method
URIC ACID	5.00	mg/dl	2.5 - 6.5	Uricase/PAP

Specimen: Serum
Test was performed on AU5800 Analyzer

*** End Of Report ***

Prepared By: subhodip polley

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Follow-up

Date	Serum Uric acid (mg/dl)
29/01/2025	5.00 mg/dl

Probable mode of action of drugs

SN	Dravya	Probable mechanism of drug action
1.	Mahamanjithadi Kashay [10]	Dahaprasaman, Kandughna, Varnya, Kusthanasak, Raktasodhak
2.	Kaisore Guggulu	Tridoshaghna, Rasayana
3.	Pow Guduchi	Rasayana, Agnideepana, Tridosahara, Dahaprasamana
4.	Pow Chopchini	Vataroganam Vinasanam
5.	Pinda Taila	Rujapaham

Discussion

Vatarakta is a *Santarpana Janya Vyadhi* where vitiated *Vata* and *Rakta* is simultaneously involved. It is a progressive disease. Firstly, it affects small joints thereafter gradually affect other joints too. It is categorised under *Madhyam Rogamarga* as *Asthi, Sandhi* is primarily involved in it.

Generally, it affects middle age groups who are prone to sedentary lifestyle and improper dietary regimen hence it is also known as *Adhyavata*. The main ingredient of *Mahamanjithadi Kashaya* is *Manjistha* having potent *Raktasodhak* property. Majority of its drug is having *Raktasodhak, Dahahara, Kandhughna, Varnya, Kusthanasak* properties. *Mahamanjithadi Kashaya* prevents ama formation by correcting *Agni* and promotes healthy blood circulation. The primary ingredient of *Kaisore Guggulu*[11-12] is *Guduchi* along with *Dravyas* like *Triphala, Guggulu, Tryushana, Sunthi, Trivrita* etc. *Guduchi*[13-14] is the drug of choice in *Vatarakta*. It has *Raktasodhak, Rasayana, Vatahara* and *Dahaprasaman* property (anti-inflammatory action). *Guggulu* has an excellent *Balya, Rasayan, Varnya, Vatabalasjit* property, being *Tridosaghna* in action it relieving from pain (analgesic) and inflammation (anti-inflammatory).[15] *Tryaushana* has *Deepana, Amapachana, Anulomana* property hence corrects the deranged *Agni*. *Sunthi* by its *Deepana* and *Pachana* property is *Avaranahara* and *Raktasodhak*. *Trivritta* performs *Mrdu Virechan* and eliminates the toxins from our body. *Chopchini* also known as *Dweepantar Vacha*[16] is a miraculous drug having *Tridosha Shamak* property. It has potent action over *Vata Roga, Sandhishotha, Tvak Vikar* etc. It possesses antioxidant, anti-inflammatory, anti-allergic properties.[17] *Pinda Taila*[18-20] with key ingredients like *Manjistha, Sarjarasa, Sariva* and *Beewax* on *Sthanik Prayoga* relieves from *Ruja* (pain). This Ayurvedic approach tackles the root cause of the disease exemplifying fundamental principles of Ayurveda.

Conclusion

The aim of present study is to analyze the role of *Shaman Auosadhi* in *Vatarakta*. Early diagnosis and treatment help in improving the quality of life. The present study has showed that Ayurvedic treatment modalities is highly effective in the management of *Vatarakta* (Gout) as evidenced by significant reduction in serum uric acid and improvement in both signs & symptoms without landing into further complication.

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Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent. She has given her consent for her clinical information to be reported in this journal. The patient was assured that her initials will not be published and due efforts will be made to conceal the identity.

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