



AN INTEGRATIVE APPROACH TO MANAGEMENT OF REACTIVE ARTHRITIS WITH RESPECT TO VATARAKTA - A CASE REPORT

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ABSTRACT

"Reactive arthritis" manifests as a sudden, non-infectious inflammatory joint condition triggered by a preceding infection that originates elsewhere in the body. This condition frequently implicates pathogens associated with the genitourinary and gastrointestinal systems, including Chlamydia, Salmonella, Shigella, Campylobacter, and Yersinia, particularly affecting individuals susceptible to such triggers. Recognition of this association may be complicated by the non-specific presentation of diarrhoea, the interval between gastrointestinal and arthritic symptoms, and the wide differential in mono- and oligo-arthritis. An ayurvedic approach to such cases can be correlated with diseases such as *vatarakta* or *Amavata*. A 46-year-old female patient recently treated for gastrointestinal infection developed sudden, non-traumatic, bilateral knee pain and swelling. She was diagnosed with *vatarakta* and treated with Panchakarma procedures like *Snehana*, *Swedana* and *Ksheera basti* along with *Shaman aushadi*'s (oral medications) and Physiotherapy. The treatment outcome is summarised in terms of a reduction in the signs and symptoms of reactive arthritis concerning *vatarakta*, along with an improvement in the quality of life.

Keywords: Reactive arthritis, *Vatarakta*, hyperuricemia, *Ksheera basti*.

INTRODUCTION

Vatarakta, described in Ayurveda, encompasses a disorder characterised by the vitiation of *Vata dosha* and *Rakta* (blood tissue). In Ayurvedic practice, treatments such as *Snehana* (oleation therapy), *Swedana* (sudation), *Basti* (enema therapy), *Raktamokshana* (bloodletting), and *Virechana* (purgation) are recommended to manage *Vatarakta*. Symptoms akin to inflammatory joint manifestations accompanied by fever, resembling reactive arthritis, are associated with *Vatarakta*.

Reactive arthritis is recognised as a complex disorder influenced by genetic predisposition, specific infections, and immune dysfunction. Its annual incident ranges from 0.6 to 27 cases per 100,000 individuals. Reactive arthritis is joint pain and swelling triggered by an infection in another part of the body—most often the intestines, genitals, or urinary tract.

This condition usually targets the knees, ankles and feet. Inflammation can also affect the eyes, skin, and the tube that carries urine out of the body (urethra). Previously, reactive arthritis was sometimes called Reiter's syndrome. The signs and symptoms of reactive arthritis generally start 1 to 4 weeks after exposure to a triggering infection. They might include Pain and stiffness, Eye inflammation, Urinary problems, Inflammation of tendons and ligaments where they attach to bone (enthesitis), Swollen toes or fingers and Skin problems like rashes, itching, redness, etc.

AIM AND OBJECTIVES:

- To assess the result of integrative management in *Vatarakta*.

MATERIALS AND METHODS:

- Study design: It is a single case study
- Informed written consent was taken from a patient in her language before treatment.
- Assessment criteria: Subjective parameters were assessed according to the gradation of signs and symptoms; objective parameters are based on VAS score, range of movement, and investigations like CRP, ESR, and Serum uric acid.

CASE REPORT-

A 46-year-old female came to Dr. D. Y. Patil Ayurved Hospital, Pimpri, Pune, in a wheelchair with

her relatives on 12/12/23 with complaints that she was unable to sit, unable to fold her legs, unable to walk without support, onset of symptoms was gradual and progressive with initiation of pain since 1month.

She was doing normal when suddenly, one day on 8/11/2023, she had loose motions (3-4 episodes), vomiting (2-3 episodes), and abdominal pain followed by fever with chills. She was rushed to the nearby hospital for the above complaints, and initial management was carried out. The patient was hospitalised for 5 days and took allopathy medications along with Physiotherapy. After the medicines, the patient also had a sudden onset of bilateral knee joint inflammation and pain, which was progressive; she was unable to sit and walk.

Later, the patient had no relief, so on 12/12/2022, the patient was brought to Dr D.Y. Patil College of Ayurveda and Research Centre, Pimpri, Pune, for admission.

At admission, the patient was conscious, and her vitals were normal.

Past history-

No surgical history /trauma history/ any history of previous illness

She has two children, and both were full-term normal delivery. Now she has attained menopause since 5 yrs.

CLINICAL FINDINGS-

Physical examination:

- Sausage-shaped fingers of the right hand, toe
- Asymmetric oligo-arthritis - mainly bilateral knee joint (left > right), Right arm restriction and painful range of movements.
- Cardinal signs of right wrist inflammation and bilateral knee joints were present.

General Examinations-

Blood pressure	130/90mmhg
Pulse rate	74/min
Respiratory rate	18/min
Temperature	98.6F
Oedema	Bilateral wrist joint, bilateral pedal oedema
Pallor	no
Icterus	no
Clubbing	no

Ashtavidha Pariksha-

Nadi (pulse)	Vatapradhana pittaj
Mala (stool)	Vibandhata
Mutra (urine)	4-5imes per day with burning micturition
Jivha (tongue)	Sama, Lipta
Shabda (speech)	Spashta
Sparsha (Tactilation)	Samashitoshna
Druk (eyes)	Prakruta
Akriti(built)	Madhyama

Systemic Examination-

Respiratory System- Normal sounds were heard on auscultation, and no abnormality was detected.

Cardiovascular System- S1S2 was heard, and no abnormality was detected.

Gastrointestinal System- Soft, Non-tender, No organomegaly detected.

Central Nervous System- conscious, oriented to time, place and person.

However, inflammation and severe pain caused restlessness and difficulty in daily activities for the patient.

Diagnostic assessment-

The patient was pre-diagnosed with Reactive arthritis by the Physician. According to Ayurvedic *lakshana* and *samprapti*, with laboratory support, the patient was diagnosed as *vatarakṭa*. All routine haematological investigations were carried out in which CRP, Total WBC count, and serum uric acid were raised. The patient's rheumatoid factor(RF) and anti-cyclic citrullinated peptide (anti-CCP) tests were negative, effectively ruling out a diagnosis of RA(Amavata).

Grading assessment of various signs and symptoms of Hyperuricemia

Sr. no.	Signs and symptoms	Status	Grades
1	<i>Ruk</i> (pain)	No pain	0
		Mild pain	1
		Pain on movement and relieved on rest	2
		Constant pain	3
2	<i>Sandhi Shotha</i> (oedema)	No swelling	0
		Mild swelling	1
		Moderate swelling	2
		Severe swelling	3
3	<i>Stambha</i> (stiffness)	No stiffness	0
		Mild stiffness	1
		Stiffness at rest relieved by walking	2
		Constant stiffness	3
4	<i>Sparsh Asahatavam</i> (tenderness)	No tenderness	0
		Mild tenderness	1
		Tenderness is present, and the patient winces	2
		Tenderness present: patient winces and withdraws joint	3
5	<i>Sandhi raga</i> (redness of joint)	No redness	0
		Mild redness	1
		Moderate redness	2
		Severe redness	3
6	<i>Sandhi daha</i> (burning of joints)	No burning	0
		Mild burning	1

	Moderate burning	2
	Severe burning	3

Therapeutic intervention-

In *vatarakta*, the doshas that are involved are *vata* and *rakta*, so therapeutic management is aligned according to *vatashamana* and *raktasodhana* for *samprapti bedana*, which is included with both *shaman aushadhi* as well as *sodhana* therapies.

Table 1

(Ayurvedic treatment intervention)

Date	Intervention	Dose	Frequency	Duration
12/12/23	1. Kaishora guggulu	250mg	2-0-2 before meals	For 1 month
	2. Guduchi ghana vati	250mg	2-0-2 before meals	For 1 month
	3. Cap Flexy forte	250mg	2-0-2 before meals	For 1 month
	4. Sukhsarak vati	500mg	0-0-2 at night	For 1 month
	5. Amrutottara kashayam		4tsp-0-4tsp	For 1 month
	6. Lepa (externally) Dashanga lepa+ shunthi lepa		Apply in the morning and evening.	For 1 month
Panchakarma therapies:				
12/12/23 to 27/12/23	1. Sarvang snehan	With bala tail	Daily in morning	For 16days
	2. Sarvang swedan (bashpasweda)	With dashmool bharad	Daily after snehan	For 16 days
	3. Anuvasan basti	With Dashmoola tail (100ml)		Day1, day 8, day 9, day 16
	4. Panchatikta Ksheera basti	Panchatikta ksheerpa- ka (250ml)+ pan- chatikta ghrita (20ml)+bala tail (10ml) total =280ml		Day 2 to day 7 Day 10 to day 15
	5. Siravedha			Twice a week for 2 weeks

Table 2: Allopathic Drug Intervention

Dates	Intervention	Dose and frequency	Duration
12/12/23 to 25/12/23	1. Tab Gabapin NT 100	100mg 0-0-1 after meals	For 2 weeks
12/12/23 to 23/12/23	2. Tab Predmet	4mg Followed for 12 days	initially 1-1-1 for 3 days Then for 3 days, tapered to 1-0-1, then 1-0-0 for next 3 days and tapered to ½-0-0 and then stopped

The patient was also given proper physiotherapy guidance for 1 month during admission.

Which included flexion and extension exercises for the knee joints and elbow joints, as well as ambulatory exercises for movement.

Follow-up and Outcomes:

Every follow-up revealed a significant improvement in the patient’s signs and symptoms. According to the disease, the patient was advised langhana and told to avoid apathya. Within 16 days of treatment, the patient could sit and walk without support, and there was a remarkable subside in her stiffness and pain. The assessment criteria changes before and after are shown in Table No. 4. After treatment, there is a significant difference in the investigations of Total WBC count, CRP (quantitative), serum uric acid and urine routine and microscopy presented in table format.

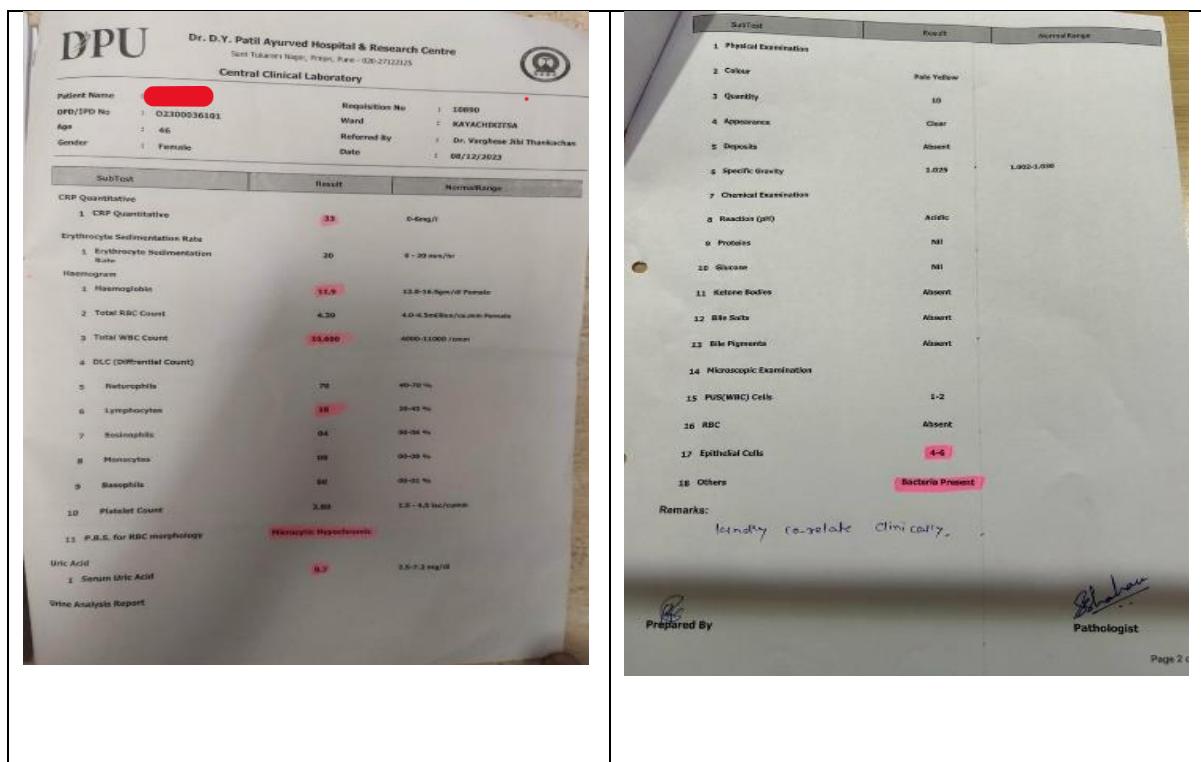
Table no.3 (Subjective criteria)

Symptoms	Before treatment (12/12/23)	After treatment (02/01/24)
1. <i>Shoṭha</i> (swelling)	3	1
2. <i>Sandhi raga</i> (redness in joints)	2	0
3. <i>Sparsh Asahatvam</i> (tenderness)	2	0
4. <i>Ruk</i> (pain)	3	1
5. <i>Stambha</i> (stiffness)	3	1
6. <i>Sandhi Vidaha</i> (burning in joints)	1	0

Objective parameters:

Investigations	Before treatment	After treatment
Total WBC count	16,600/cmm	11,000/cmm
CRP (quantitative)	33mg/l	25mg/l
Serum uric acid	9.7mg/dl	5.2mg/dl

Before treatment:



After Treatment:

Sub/Text	Result	Normal Range
Blood Sugar (Random)		
1 Plasma Glucose (Random)	106	100 mg/dl
CRP Quantitative		
1 CRP Quantitative	23.3	0-4mg/l
Haemogram		
1 Haemoglobin	12.5	13.0-16.0g/dl Female
2 Total RBC Count	4.43	4.0-4.5million/cumm Female
3 Total WBC Count	11,000	4000-11000 /cumm
4 DLC (Differential Count)		
5 Neutrophils	57	40-75 %
6 Lymphocytes	31	20-45 %
7 Eosinophils	02	00-04 %
8 Monocytes	10	00-08 %
9 Basophils	00	00-01 %
10 Platelet Count	3.08	1.5 - 4.5 lac/cumm
11 P.B.S. for RBC morphology	Microcytic Hypochromic	
Uric Acid		
1 Serum Uric Acid	5.2	2.5-7.2 mg/dl

Sub/Text	Result	Normal Range
1 Physical Examination		
2 Colour	Pale Yellow	
3 Quantity	30	
4 Appearance	Clear	
5 Proptosis	Absent	
6 Specific Gravity	1.030	1.000-1.030
7 Chemical Examination		
8 Reaction (pH)	Acidic	
9 Protein	NI	
10 Glucose	NI	
11 Ketone Bodies	Absent	
12 Bile Salts	Absent	
13 Bile Pigments	Absent	
14 Microscopic Examination		
15 PUS(WBC) Cells	1-2	
16 RBC	Absent	
17 Epithelial Cells	1-2	
18 Others		
Remarks:	90 Iron Deficiency Anemia Adv. complete iron profile kindly correlate clinically	

Drug and therapy discussion based on their fundamentals:

- Mode of action of Oral Medication:
 - *Kaishora guggulu*: *Kaishora guggulu* is mainly used as an antiallergic and antibacterial and has blood-purifying properties. *Kaishora guggulu* is used to treat high serum uric acid levels and mild to severe gout episodes and support healthy joints (in gout), muscles (in fibromyalgia), back pain and connective tissue.
 - *Guduchi Ghana vati*: *Guduchi* is an efficient Ayurvedic formulation that is detoxifying, anti-inflammatory, hematogenic (helps form red blood cells), anti-gout, immunomodulating, blood purifying, and antioxidant. It activates *agnideepana* and has *jwaraghna* properties.
 - Cap Flexy forte500mg is a combination of medicines like *suddha hingula*, *suddha vatsnabha*, and *Jatiphala* used for short-term relief of pain, inflammation and swelling. It inhibits the release of those pain chemical messengers in the brain. It effectively relieves back pain, earache, throat pain, post-viral arthritis and pain due to arthritis, too.
 - *Amruthothara Kashayam*: It has immunomodulatory properties that increase non-specific immunity and fight infections. *Amruthothara Kashayam* has been reported to be more effective in chronic fever, mainly through *amapachana* and *agnideepana*.
 - *Dashanga lepa* with *shunthi*: ingredients of this mixture purify the blood and initiate healing, and adding *shunthi* does *amapachana* and *shothahar* action.
- Mode of action of *Panchakarma* therapy:
 - *Sarvang Snehana* refers to full body oleation or application of oils all over the body. The mode of action and benefits of *Sarvang Snehana* is that it pacifies *vata dosha*, enhances circulation, nourishes the body, and lubricates the joints.

- *Sarvang swedan* (sudation) opens the channels (srotas), relaxes muscles, acts as *Shothahara*, *shoolahara* and balances doshas.
- *Basti (anuvasan and ksheer basti)*- *Anuvasana Basti*, also known as *Sneha Basti*, is a type of Ayurvedic therapeutic enema that uses medicated oils or ghee (clarified butter) as its main component. It is primarily indicated for balancing Vata dosha and nourishes and lubricates the joints. *Panchatikta Ksheera basti* (it pacifies *vata dosha*, reducing inflammatory action, as it is made with *panchatikta*, i.e. *Guduchi*, *Nimba patola*, *Kantakari*, *vasa*, it acts by purifying *rakta dosha* and *ksheer* gives enhancement to joints and musculo-skeletal functions with *Rasayana* properties.
- *Siravedha*: *Siravedha* is therapeutic in managing *Vatarakta* by reducing inflammation, alleviating pain, improving joint function, and restoring the balance of *rakta and pitta dosha*.

Mode of action of allopathic medications:

- ❖ Tab Predmet 5mg: It is a steroid that works by blocking the production of certain chemical messengers that cause inflammation (redness and swelling) and allergies. It lowers your immune system's response to these conditions, reducing symptoms such as swelling, pain, itching and other allergic-type reactions.
- ❖ Tab Gabapin NT: It treats neuropathic pain (nerve pain due to damage or injury to the nerves that transfer information to the brain from the skin, muscles, and other body parts). It works by blocking the transmission of pain signals in your brain.

DISCUSSION

In the case discussed above, Reactive Arthritis was correlated with *vatarakta* as there were similar symptoms to the disease of *vatarakta* like *Shotha*, *tivra shoola*, *Sthambha*, etc. There was an increase in serum uric acid, and after *Shodhana* and *shamana chikitsa*, there was a significant decrease in serum uric acid levels. As *samprapti vighatana*, i.e. breaking the pathogenesis pathway, is the primary protocol for the ayurvedic treatment regimen, here it shows a

considerable and effective decrease in the *vyakta Avastha lakshanas* and a decrease in the patient's uric acid and CRP levels. The treatment opted for the above patient included *amapachana*, *agnideepana*, *vata shamana* and *raktasodhana*, which pacifies *vata* and *pitta* dosha and eliminates *rakta dushti*.

CONCLUSION

Reactive arthritis can often remain undiagnosed, and when diagnosed, the patient needs long-term steroidal therapy or NSAIDS to reduce inflammation and pain. Correlating with *vatarakta*, we can effectively manage the symptoms and elevated laboratory levels. *Vatarakta* is treated by understanding the *Vyadhi Awastha*, the dosha involved, and the affected tissues (*Dushya*). The above-prescribed treatment aims to alleviate the obstruction of *Vata dosha* by balancing *Pitta dosha* and *Rakta Dhatu*. This combination of treatments is considered effective, tolerable, and safe, helping to lower uric acid levels and relieve symptoms for the patient.

Future scope of study: As this is a single case, this treatment protocol can be conducted with a large sample size to prove the effectiveness of *panchakarman* and *shaman aushadis* on Reactive Arthritis.

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