



ROLE OF VIRECHAN AND BASTI CHIKITSA IN THE MANAGEMENT OF VATA-RAKTA: A CASE REPORT

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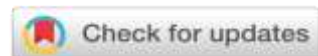
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ABSTRACT

Gout is an inflammatory response to the Monosodium urate crystals formed secondary to hyperuricemia. Chronic gout is repeated episodes of pain and inflammation. The prevalence of gout has increased in recent years. A 40-year-old, male patient with a history of gradual loss of walking due to Bilateral pedal edema, *Sandhi Vedana* (multiple joint pain), *Sandhi Sodha* (joint swelling), Restriction of Movement, *Raga & Daha* in *Sandhi* (redness and warmth over joints), sensitivity to touch, bumps beneath the skin, especially in right ankle and knee joint along with foot pain came to our Institute. Based on the clinical presentation (pain and swelling he developed and difficulty in walking) with an increased ESR level of 56 mm/1hr and serum uric acid level of 14 mg/dl, the patient was diagnosed with a case of Gouty Arthritis. Based on symptomatology, Gouty Arthritis can be well correlated to *Vatarakta*. *Deepan Pachan chikitsa* for 7 days, *Snehapan* for 7 days followed by *Virechan*, plan for 1 cycle of *Basti (karma krama)*, and *Shaman Chikitsa*, treatment was given 2 months. The patient was assessed for improvement in signs and symptoms and Clinical assessment. Gradually reduction in symptoms like unable to walk and pedal edema. The current conventional medical management aims at symptomatic management as well as these drugs may be poorly tolerated and dangerous in the elderly and in the presence of renal insufficiency and gastrointestinal disorders. But in Ayurveda, by the action of *Virechan* and *Basti* patients got significant results in chronic gouty arthritis.

Keywords: Vatarakta, Gout, Virechan and Basti.

INTRODUCTION

Vatarakta is a painful condition. When aggravated Vata is obstructed by aggravated Rakta, this obstructed Vata again vitiates the Rakta. In Vatarakta mainly small joints of the feet and hands are affected.^[1] On the basis of etiology and symptomatology Gout arthritis is similar to that of Vatarakta. Symptoms of Gambhira vatashonita are – edema in the involved parts of the body, stiffness of joints, hardness of the part, severe pain inside, and the colour of the part involved becomes either blackish or coppery. There is a burning sensation, pricking pain, fasciculation, and finally the part becomes inflamed and ulcerated. When Vata reaches sandhi, *asthi dhatu*, and *majja dhatu* (joints, bones, and bone marrow) it causes severe pain and a burning sensation. The forcefully moving Vayu having reached the joints causes a cutting nature of pain whereby making them crooked, produces limping or lameness while moving all over the body.^[2] Gout is also called metabolic arthritis. It's an abnormality of Uric acid metabolism that results in hyperuricemia, the deposition of monosodium urate crystals in joints, soft tissue, and renal tubules.^[3] It's characterized by sudden, severe attacks of pain, swelling, redness, and tenderness in one or more joints, most often in the big toe. The disease pathology involves blood and other deeper tissues like bone and joints and also the internal viscera. This is more-over a systemic illness, and the symptoms are more complicated. This moreover looks like a joint pathology because the joint symptoms are more than the skin presentation.^[4] These days its prevalence is increasing due to changes in lifestyle and therefore it has a noteworthy impact on the working population, their work, productivity, and physical function. Gouty arthritis is conventionally managed by analgesics, anti-inflammatory drugs, Glucocorticoids, Uric Acid lowering therapy, Xanthine oxidase inhibitors, and Uricosurics drugs.^[5] These drugs may be poorly tolerated and dangerous in the elderly and the presence of renal insufficiency and gastrointestinal disorders. The condition develops suddenly and reoccurs

after treatment. So according to the line of treatment of Charak mentioned in *Gambhira Vatarakta*, *Deepan Pachan chikitsa* for 7 days, *Snehapan* with *Amrita Ghrita* for 7 days followed by *Virechan and Sansarjan Krama* for 5 Days, plan for 1 cycle of *basti (karma krama-Yashtimadhu-Guduchi siddha Ksheera Basti and Dasamoola-amrutadi Taila Anuvashan Basti)*, and *shaman chikitsa*, treatment was given 2 months. Assessment of pain was done by Visual Analogue Scale and serum uric acid level was assessed before, mid, and after treatment. Also, the change in symptoms was analyzed before and after the treatment. Thus, the present study revealed the importance of *Shodhan chikitsa* (i.e., *Virechan and Basti*) in the management of gouty arthritis.

CASE REPORT

40 years old, male patient complaints with H/O of gradual loss of walking due to Bilateral pedal edema, *Sandhi Vedana* (multiple joint pain), *Sandhi Sodha* (joint swelling), Restriction of Movement, *Raga & Daha* in *Sandhi* (redness and warmth over joints), sensitivity to touch, bumps beneath the skin, especially in Bilateral ankle and Right knee joint along with foot pain, *Nidra Alpata* (reduced sleep), and constipation since 2 year came to our Institute. With a sedentary routine in his Artiest profession patient has histories of alcohol, Tobacco, and Betel Nut Consumption In the last 15 Years along with a purine excessive diet i.e., red meat, fish, and alcohol especially bear and NSAIDS intake, with K/C/O obesity, hypercholesterolemia and hypothyroidism, and no any family illness of such history to any relatives But pt. have no history of DM-II, anemia, renal failure, T.B., and cancer. He was normal 1 year back and some time back he started experiencing pain and swelling in the joints of the different parts of the body. The pain in their joints gradually developed to an unbearable stage and that forced her to consult their family physician on an urgent basis. The physician had suggested he go for medication, which could give her a temporary relief of 3 months. Severe pain characterized by recurrent

attacks of the red, tender, hot, and swollen joint was noticed on the bilateral ankle. General weakness and reduced sleep were the associated symptoms, for which the patient again consulted her family physician, and was treated for 2 months, but did not get relief. Hence, the patient consulted a Rheumatologist, where the patient was diagnosed with “Chronic Gouty Arthritis” through hematological and clinical examinations. The patient was on conservative treatment for 2 months and found symptomatic relief. Before last 2 months ago, the patient took medication like Tab. Indomethacin 75 mg SOS and Tb. Allopurinol 100 mg OD. The patient did not get relief from repeated episodes of pain and inflammation, so he visited our institute for conservative management.

CLINICAL FINDINGS-

The patient was conscious, well-oriented, and spoke normally. There was the absence of pallor, icterus, clubbing, and cyanosis. The patient had unable to walk, musculoskeletal examination shows GALS (Gait, Arms, Legs, and Spine) i.e., abnormal Gait, severe Pain, tenderness, temperature, swelling, restriction of movement, and bumps beneath the skin in the bilateral ankle and right knee joint. VAS score 8/10. All routine investigation was an increased ESR

level of 56 mm/1hr, serum uric acid level of 14 mg/dl, serum Creatinine 1.36 mg/dl, SGOT 110 mg/dl, SGPT 188.6 mg/dl, Cholesterol 231 mg/dl, Triglyceride 123 mg/dl and others are within normal limits. Dashvidha Pariksha (~ tenfold examination) shows *Vatakapha Prakriti* (~physical constitution) *Madhyama Samhanana* (~medium body constitution), *Avara Sara* (~lowermost purest body tissue), *Avara Vyayam Shakti* (~lowermost capability to carry on physical activities), *Madhyama Abhyavarana* and *Jaranashakti* (~middlemost food intake and digestive power) *Asthavidha Pariksha* (~ eight fold examination) shows *Nadi*(~pulse) was *Vatakaphaja*, frequent *Mal Vibandh* (~ constipation) *Mutra* (~urine) was normal, *Jivha* (~tongue) was coated, *Shabd* (~speech) was clear and low, *Sparsh* (~temperature) was normal, *Drik* (~vision) was normal, *Aakriti* (~body built) was *sthula* (~lean) BMI 28 kg/m². *Rasavaha*, *Raktavaha*, *Mansavaha*, *Medovaha*, *Asthivaha*, *Majjavaha*, *Annavaha*, *Udakavaha*, and *Pureeshavaha Srotodushti* was observed (Vitiation in micro-channels related to plasma, blood, muscular tissues, adipose tissue, and bones) in this patient.

Table 7: Showing *Samprapti Ghataka*

<i>Dosha</i>	<i>Vata, Pitta (Rakta)</i>
<i>Dushya</i>	<i>Rakta, Twaka, Mamsa</i>
<i>Adishtana</i>	<i>Rasavaha Srotas, Sandhi, Twaka, Mamsa</i>
<i>Srotas</i>	<i>Raktavaha</i>
<i>Agni</i>	<i>Mandagni</i>
<i>Ama</i>	<i>Sama</i>
<i>Srotodushti</i>	<i>Sanga Pashchat Vimarga Gamana</i>
<i>Udbhavastana</i>	<i>Pakwashaya</i>
<i>Vyakta Sthana</i>	<i>Sarva Sandhi</i>
<i>Sadhya Asadhyata</i>	<i>Kriccha Sadhya</i>
<i>Roga Marga</i>	<i>Madhyama (Twak, Mamsa, Asthi, Sandhi)</i>

Symptoms	Rt. Knee joint	Lt. knee joint	Rt. Ankle joint	Lt. Ankle joint
Pain	Severe	Mild	Severe	Severe
Swelling	Severe	Absent	Severe	Severe
Tenderness	Severe	Absent	Severe	Severe
Temperature	Present	Absent	Present	Present
Stiffness	Moderate	Absent	Moderate	Moderate

Appearance	light reddish-black discoloration	Normal	light reddish-black discoloration	light reddish-black discoloration
Movement	Painful	Painless	Painful	Painful
Crepitation	Absent	Present	Absent	Absent

TIMELINE:

2020	He started experiencing pain and swelling in the joints of the different parts of the body. The pain in their joints gradually developed to an unbearable stage and that forced her to consult their family physician on an urgent basis.
2021	The patient consulted a Rheumatologist, where the patient was diagnosed with “Chronic Gouty Arthritis” through hematological and clinical examinations.
11/07/21	The patient did not get relief from repeated episodes of pain and inflammation, so he visited our institute in OPD and IPD for conservative management. <i>He was admitted to the IPD of Govt. Ayurveda College, Nagpur on 11 August. Rukshna-Pachan Kwath^[6] for Ama Pachana along with Trivrit Churna^[7]+ Kutaki Churna^[8], Punarnavastak kwath^[9], Samshamna Vati^[10], Castor oil^[11] advice.</i>
18/07/21- 24/07/21	<i>After the appearance of Niram Lakshana^[12], Snehapana with Amrita Ghrita for 7 Days up to Samyak lakshan of Snehapana^[13].</i>
25/07/21- 27/07/21	Three Days Vishram Kala, Sarvanga Abhyanga, and Swedan all three days and in the evening of the last day of vishram kala pitta vardhak diet advice.
28/07/21	Virechan ^[14] with ikshabhedi Rasa. Total 17 Vega.
28/07/21-01/08/21	5 days Sansarjan Karma.
02/08/21-06/08/21	Gokshuradi Guggulu ^[15] , Chandraprabha vati ^[16] , Manjishtadi Kwath ^[17] , Guduchi-Yashtimadhu Siddha Ksheerapak, ^[18] Aragavadha Kapila Vati and Castor oil along with syp. Liv-52.
07/08/21-22/08/21	Continue all the above treatments and start Basti Karma for 16 Days. Yashtimadhu-Guduchi siddha Ksheera Basti ^[19] and Dasamoola-amrutadi Taila Anuvashan Basti. ^[20]
23/08/21- 05/09/21	Hold basti and continue all the above oral medication along with Pathya and Apathya.

DIAGNOSTIC FOCUS AND ASSESSMENT

The patient is diagnosed as per the 2015 ACR/EULAR Gout Classification Criteria.^[19] Based on the clinical presentation (pain and swelling he developed and difficulty in walking) with an increased ESR level of 56 mm/1hr and serum uric acid level of 14 mg/dl, the patient was diagnosed with a case of Gouty Arthritis.

Investigation	03/07/21	02/08/21	4/09/21
SGOT	110 mg/dl	-	62 mg/dl
SGPT	188.6 mg/dl,	-	63.8 mg/dl,
Bilirubin total	-	0.59	0.29
Bilirubin direct	-	0.27	0.12
Blood urea	32.3 mg/dl	18.2 mg/dl	20.9mg/dl
Serum creatinine	1.36 mg/dl	1.09 mg/dl	1.18mg/dl
Uric acid	14.0 mg/dl	11.6 mg/dl	7.3 mg/dl
Cholesterol	231 mg/dl	165 mg/dl	155 mg/dl
Triglycerides	123 mg/dl	179 mg/dl	148 mg/dl
HDL	56.6 mg/dl	30.8 mg/dl	33.8 mg/dl
BSL Fasting	-	97	82
Post meal	-	106	121

ESR	56 mm/hr	40 mm/hr	22 mm/hr
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THERAPEUTIC FOCUS According to line of treatment of Charak mentioned in *Gambhira Vatarakta*, *Deepan Pachan chikitsa* for 7 days, *Snehapan* with *Amrita Ghrita* for 7 days followed by *Virechan*

and *Sansarjan Krama* for 5 Days, plan for 1 cycle of *basti (kala krama-Yashtimadhu-Guduchi siddha Ksheera Basti and Dasamoola-amrutadi Taila Anuvashan Basti)*, and *shaman chikitsa*, treatment was given for 2 months.

Table: Showing material used in the study

Shaman Aushadi	Dose	Kala	Anupana	Duration
<i>Rukshan-Pachan Kwath</i>	40 ml	Apana (Before Meal)	---	7 days
<i>Trivrit Churna+Kutki churna</i>	3 gm+3 gm	Vyanadane (After Meal)	Koshnajala	7 days
Sanshamni Vati	500 mg 2 Tab.	Vyanadane (After Meal)	Punarnavastak kwath	7 days
Castor oil	10 ml	Nisha kala (At Night)	Koshnajala	7 days
Gokshuradi Guggulu	500 mg 2 Tab.	Vyanadane (After Meal)	Manjishtadi kashaya	35 days
Guduchi-Yashtimadhu Siddha Ksheerapak	40 ml BD	Niranna (Abhakta)	---	35 days
Chandraprabha vati	250 mg 2 BD	Vyanadane (After Meal)	Koshnajala	35 days
Aragavadha Kapila Vati	500 mg	Vyanadane (After Meal)	Koshnajala	35 days
Syp. Liv-52	20 ml	Vyanadane (After Meal)	Koshnajala	35 days

Table: Panchakarma Procedure

Snehapan	Amrita Ghrita used for Snehapan
Vierchan	2 tab. of <i>Ikshabhedhi Rasa</i> Given to the pt. and <i>Draksha Seetkashya</i> used as <i>Virechanopaga</i> .
Sansarjan krama	5 days of <i>Sansarjan krama</i> i.e., <i>Paya, Vailapi, Yusha and Manshrasa</i> .
<i>Yashtimadhu-Guduchi siddha Ksheera Basti(charak siddhi sthan 3/46)</i>	<i>Kwath Dravya: Yashtimadhu-Guduchi each 20 gram</i> <i>Prakshap Dravya: Satapushapa, Madanphala pippali, and Pippali churna</i> <i>Itar Dravya: Milk-300 ml, Goghrita-100ml, Honey- 20 ml.</i>
<i>Dasamoola-amrutadi Taila Anuvashan Basti (Sahasrayogam – Tail yoga Prakarana 72.)</i>	

FOLLOW-UP AND OUTCOMES

Mainly focused on symptoms like loss of walking due to Bilateral pedal edema, *Sandhi Vedana* (multiple joint pain), *Sandhi Sodha* (joint swelling), Restriction of Movement, *Raga & Daha* in *Sandhi* (redness and warmth over joints), sensitivity to touch, bumps beneath the skin, especially in right ankle and knee joint along with foot pain, Hyperacidity, *Nidraalpata* (reduced sleep), and constipation and symptoms were subsided after 2 months of treatment. In bilateral ankle joint pain, swelling, tenderness,

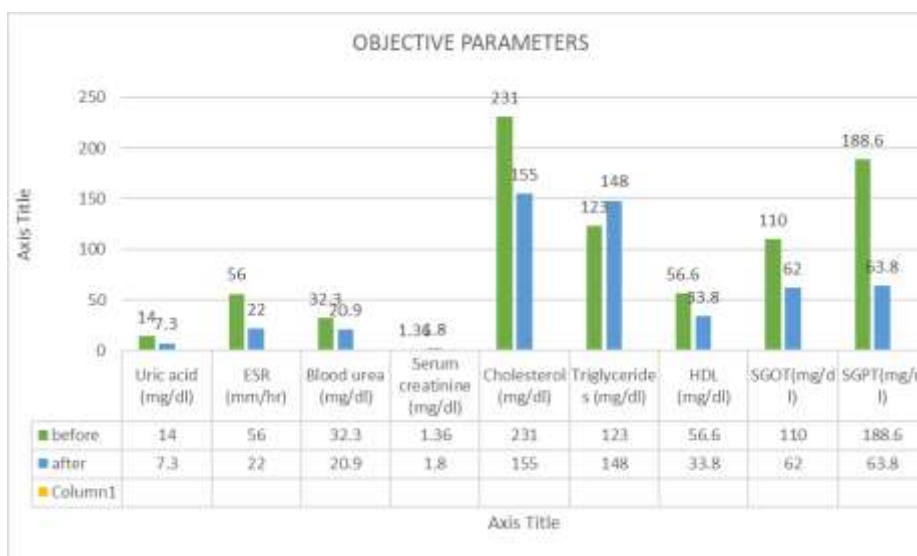
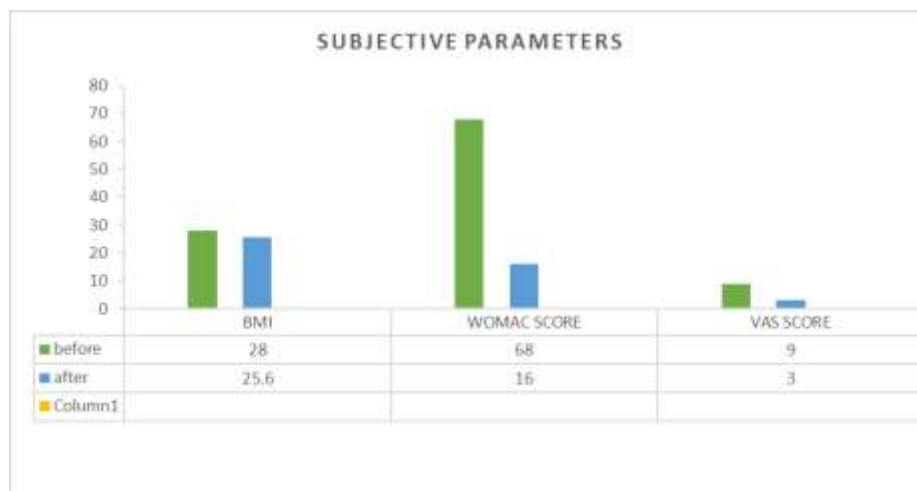
temperature, and stiffness reduced from severe grade to mild, painful movement to painless, and light reddish-black discoloration to near to normal which looks normal to a distant observer. In the right knee joint pain, swelling, tenderness, temperature, and stiffness reduced from severe grade to mild, painful movement to painless, and light reddish-black discoloration to normal. Before starting treatment, the patient was totally unable to walk but after treatment patient walk without any support, reduction in symptoms like restriction of movement, morning stiffness, swelling, temperature, and Tenderness also subsided,

also improved quality of life, and prevented complications.

Subjective parameters: WOMAC score reduces from 68 to 16, VAS score reduces from 9 to 3, and BMI from 28 to 25.6.

Objective parameters:

Investigation	Before Treatment	After Treatment
SGOT	110 mg/dl	62 mg/dl
SGPT	188.6 mg/dl,	63.8 mg/dl,
Blood urea	32.3 mg/dl	20.9mg/dl
Serum creatinine	1.36 mg/dl	1.18mg/dl
Uric acid	14.0 mg/dl	7.3 mg/dl
Cholesterol	231 mg/dl	155 mg/dl
Triglycerides	123 mg/dl	148 mg/dl
HDL	56.6 mg/dl	33.8 mg/dl



DISCUSSION

In the present case due to excessive intake of etiological factors described earlier leading to *Santarpan* (~k/c/o Hypothyroidism, Obesity, and Hypercholesteremia) of the patient but again due to excessive intake of *Vata* and *Pitta Aahar* and *Vihar* leading to obstruction in the passage by vitiated *Rakta* resulting in the *Vata* aggravates, which again vitiates the *Rakta*. Due to the subtleness and pervasiveness of *Vata*, and the liquidity and flowing property of *Rakta*, they travel all over the body through blood vessels. But their main localization was bilateral ankle and right knee joints along with other small joints of the patient. According to the signs and symptoms of the patient diagnosed with *Gambhira* (deep) *Vatarakta*. Therefore, mainly focused on the *Vatarakta* line of treatment according to Charak and *Santarpanoth vaydhi* and planned treatment accordingly. Firstly, give *Deepan Pachan Chikitsa* for initial 7 days Because the patient has *Mandagani* (suboptimum digestive power) and *Sama* state, oral Ayurveda medicine was given before Panchakarma to digest the *Ama* (~undigested food that vitiated the Doshas). *Rukshan Pachan Kwatha*^[6] contains *Triphala*, *Guduchi*, *Musta*, and *Vidanga* and has properties of *Deepan*, *Pachan*, and *Triart + Kutaki Churna* has properties of *Srashran*^[7] and *Bhedan*^[8] and Castor oil for mild purgation to relief constipation of patient.

Snehapan: Dosh is present throughout the body. *Sneha*, by its *Sukshma* Guna and *Kledana karma*, brings the Dosh to *Koshtha* from *Shakhas*. *Kledana* (moistness or wetness) *karma* of *Sneha* acts as a solvent of the morbid *Doshas*, by which the fat-soluble impurities in the body will be eliminated.

Virechana: *Ikshabhedhi Rasa* was used for *Virechana* as generally, *Ruksha Virechana Yoga* is *Tikshan* in nature. It is a *Sukha Virechaka* drug and acts as *Pitta Shamaka* and *Vatanulomaka*. *Virechana Dravya* acts either by a bulk effect or by irritant or stimulant action on the intestinal wall and so excites the Auerbach's plexus and causes increased peristalsis. The mucosa of the intestinal

tract becomes extensively irritated, and its rate of secretion becomes greatly enhanced. In addition, the mobility of the intestinal wall usually increases many folds. As a result, large quantities of fluid are made available for washing these irritating agents and at the same time strong propulsive movements propel this fluid forward.

Basti: Acharya Charaka and Vagbhata mentioned: "*Na Hi Basti Samam Kinchit Vatarakta Chikitsitam*"^[21] There are no other therapeutic measures equivalent to *Basti* in treating *Vatarakta*. *Basti* is considered *Agrya Aushada* for *Vata*. *Sneha* used in *Basti* helps in proper *Gati* of *Vata* brings *Gatra Mardavata* and removes *Srotorodha*. The *Taila* has anti-inflammatory and analgesic effects. *Dasamoola-amrutadi Taila Anuvashan Basti* *Taila* possesses similar effectiveness in treating the inflammation seen in both acute and chronic *Vatarakta*.

Shaman Aushadi: *Sanshamni Vati*'s main ingredient is *Guduchi* (*T. cordifolia*). It has established anti-inflammatory and immunomodulatory properties as observed in several experimental and clinical studies.^[22,23] *Punarnavashtaka Kwatha*, is mentioned in *Bhaishajya Ratnavali* for hepatic disorders and asthma. While Sarangdhar^[9] mentioned it in the context of *Shotha*. It contains drugs, namely *Punarnava*, *Nimba*, *Patola*, *Sunthi*, *Kutaki*, *Guduchi*, *Daruharidra*, and *Haritaki*; all drugs have *Mootrala*, *Shothahara*, *Rasayana*, and immunomodulatory effects.^[24] *Gokshuradi Guggulu* contains nine drugs which are *Gokshura*, *Guggulu*, *Triphala*, *Trikatu*, and *Musta*. *Triphala*^[25] is a well-known *Chakshushya* and *Rasayana* drug and among them. *Amalaki* is rich in antioxidant vitamins.^[26] *Trikatu* has *Ushna*, and *Teeksna Guna* and *Ushna Virya* act as *Srotoshodhaka* and *Amapachaka*. *Musta* has anti-inflammatory and antioxidant activity.^[27] *Gokshura* is *Srotovishodhaka*, immunostimulant, *Mootrala* (diuretic), and *Shothahara*. *Guggulu* is *Shothahara*, *Vednasthapana* drug; all these drugs through their properties are useful to relieve the signs and symptoms of gouty arthritis. *Manjishtadi Kashaya* is used as *Anupan* because it has a blood purifier, antioxidant, mild laxative, and diuretic effect.^[28] *Guduchi*

Yashtimadhu Siddha Ksheerapak has anti-inflammatory, anti-arthritis, antioxidant, anti-stress, hepato-protective, and immuno-modulatory action. Chandraprabha vati has drugs like Trivrit, Pippalimoola, Guggulu, and Yavakshara to relieve anxiety & pain.^[29] Drugs having anti-inflammatory properties are Karpoora, Musta, Devadaru, Guggulu, Triphala, Ela, Shilajatu & Makshika Bhasma help in reducing pain.^[30] As it contains Loha Bhasma and Shilajatu it helps in increasing the Bala and reduces fatigue and general debility. Aragavadha Kapila Vati and castor oil^[31] were used for Nitya Virechan. And Syp.Liv-52 as a hepatoprotective.

CONCLUSION

According to the line of treatment of Charak mentioned in *Vatarakta*, *Snehapan* with *Amrita Ghrita* for 7 days followed by *Virechan* and *Sansarjan Krama* for 5 Days, plan for 1 cycle of *Basti (kala krama-Yashtimadhu-Guduchi siddha Ksheera Basti and Dasamoola-amrutadi Taila Anuvashan Basti)*, and *shaman chikitsa*, treatment was given for 2 months. Assessment of pain was done by Visual Analogue Scale and serum uric acid level was assessed before, mid, and after treatment. Also, the change in symptoms was analyzed before and after the treatment. Thus, the present study revealed the importance of *Shodhan chikitsa* (i.e., *Virechan* and *Basti*) in the management of gouty arthritis.

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