

A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF VATARAKTA

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ABSTRACT

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhan*) and *Rakta* is the main *Dushya*. It correlates with Gout at modern parlance. The general prevalence of gout is 1-4% of the general population. A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shohta*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shohta* and *Angamarda* since last 3 years. the line of treatment given to the patient included *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*. Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva-Shool* (100%) and *Shohta* (33.33%) by the treatment regimen. serum uric acid level was 9 mg/dl, which was reduced by 32% (6.12 mg/dl) after 3 months of treatment. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Keywords: *Vatarakta*, *Adyavata*, gout, *Ayurveda*

INTRODUCTION

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is a common metabolic disorder in present era. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhana*) and *Rakta* is the main *Dushya*. There are two types of *Vatarakta* that is *uttan Vatarakta* and *gambhir Vatarakta*. *Uttan Vatarakta* produces symptoms like burning sensation, pain, blackish discolorations of skin, itching. As well *gambhir Vatarakta* produces symptoms like tenderness, swelling, hardness,

pain in the affected joint. In chronic stages sometimes numbness is also present. It correlates with Gout at modern parlance.

The general prevalence of gout is 1-4% of the general population. In western Countries, it occurs in 3-6% men and 1-2% in women. Prevalence raises up to 10% in male and 6% in women more than 80 years old. Annual incidence of Gout is 2.68 per 1000 person. It occurs in men 2-6 folds more than women [1].

According to *Ayurveda* line of treatment considers *Shaman* (conservation) and *shodhana* (biological puri-

fication of body) therapy whereas, in modern medicine anti-inflammatory, analgesic, steroids and disease modifying drugs are required for its management, which are not free from side effects.

To avoid the complications of gout i.e. permanent joint deformities etc. and other complications of musculoskeletal system, need of *Ayurvedic* management of *Vatarakta* is required.

Presenting Complaints

A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shotha*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shotha* and *Angamarda* since last 3 years. He was having history of left knee arthroscopy partial lateral Menisectomy before 2 years. No history of hypertension and diabetes as well as no other major illness noted. Presently he was admitted in SMBT *Ayurveda* Hospital for further treatment of *Vatarakta*.

Clinical Findings

The patient was having *Ubha Hastanguli Parva Shool*, *Shotha*, *Kriyakashtata*, *Ubhay Janu Sandhi Shool*, *Shoth* and *Angamarda* since last 3 years. On an examination patient it was found that pulse 74/min, blood pressure 120/70 mmHg. He had *Mandaagni*, *Madhyam Koshta*, Tongue was coated, sound was clear. Patient was having *Vatakapaha Prakurti* with *Madhyam Sara*, *Hina Shamhan*, *Sama Pramana*, *Madhyam Satmya*, *Madhyam Satva*, *Madhyam Aahar Shakti* and *Jaran Shakti*, *Rasavaha*, *Raktavaha*, *Asthivaha* and *Majjavaha Strotodushti*. Baseline Haematological investigations done on 18/03/2019 revealed. Hb-12.5 gm%, serum uric acid- 9 mg/dl, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, serum urea – 35.7 mg/dl and BUN – 16.76 mg/dl.

Therapeutic Focus and Assessments

First line of treatment given to the patient was *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*[2,3]. An oral herbal ayurvedic drug combination as shown in Table no 1.

Criteria for Assessment

The patient was assessed based on subjective and objective criteria as mentioned in table no.2 and table

no.3 respectively. The subjective and objective parameter was assessed at three months of treatment interval.

Follow-Up and Outcome

- Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva Shool* (100%) and *Shoth* (33.33%) by the treatment regimen. (Table no.4 and Table no 5)
- Haematological parameter was reinvestigated on 01.04.2019 at this time serum uric acid level was 6.12 mg/dl which was reduced by 32% after 3 months of treatment. The patient was advised to continue the oral medicine for next three month.

DISCUSSION

Vatarakta correlates with gout at modern parlance. In the long-term effects of Gout, some complication is seen in patient such as, joint damage, joint deformity, loss of mobility or range of motion, bone loss, tophi formation, kidney stones etc. So, to avoid the complications of Gout need of *Ayurvedic* management of *Vatarakta* is required. *Ayurvedic* medicine, having *Rasayana* & *Apunarbhav* properties can control the metabolic disease effectively without any adverse effects. *Dipan*, *Amapachak*, *Rasa Pachak*, *Pittasarak* and *Raktamokshan Chikitsa* was the line of management for the present case, which showed good results in both subjective and objective parameters without any adverse reaction and complications.

Drug Action

The herbo-mineral drug combination mentioned in Table no 6 has established properties like *Dipan*, *Pachak*, *Amanashan*, *Amashoshak*, *Vata-Pittahara* and *Raktaprasadak*, which are all antagonist to the present disease entity, hence these drugs was effective in correcting the pathological condition of the disease *Vatarakta* in the present case.

CONCLUSION

Vatarakta can be correlate to Gout in modern science. The combine effects of above herbo-mineral drug were helpful in treating pathology of *Vatarakta*. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Table 1: Treatment Regimen Followed

Date	Medicine with Dose, Anupana And Kala	Panchakarma
19.03.2019 TO 24.03.2019	1. Tab <i>Kaishor Guggul</i> (500mg) 2 tabs BD AM (after meals) with LWW. (lukewarm water) 2. Tab <i>Mahavatvidvhans Rasa</i> (125mg) 1tab BD AM with LWW. 3. <i>Guduchi Churna+ Musta Churna+Triphala Churna+ Mahasaudarshan Churna</i> each 500mg BD AM with LWW. 4. <i>Amrutaaristha</i> 40ml BD AM with equal quantity of water.	- <i>Sarvanga Snehan</i> with <i>Vishgarbha Tail</i> . - Tail - <i>Bashpa</i> Petiswed - <i>Yog Basti (Niruha-dashmuladhi</i> 960 ml & <i>Anuvasan</i> - <i>Teel Tail</i> 120ml)
25.03.2019	Continue same as above	Started <i>Abhyantar Snehan</i> with <i>Tiktak Ghruta</i> in <i>Vardhaman Matra</i> (30,60,90,120,150ml) and omitted <i>Yog Bastikarma</i> .
26.03.2019	Omitted <i>Mahavatvidvhans Rasa</i> & Started <i>Yograj Guguul</i> (500mg) 2 tabs BD AM With LWW. & <i>Rasnadhi Guggul</i> (500mg) 2 tabs BD AM with LWW.	Same as above
27.03.2019	Omitted <i>Amrutarishta</i> & started <i>Mahamanjishtadhi Kashsya</i> 40ml BD BM (before meals) with some equal quantity of water.	Same as above
28.03.2019 to 30.03.2019	Continue with same Medicine	<i>Siravedha</i> -right leg 2 Angool above <i>Shipra Marma</i> 40 ml
31.03.2019	Started <i>Gokshuradhi Guggul</i> (500mg) 2 tabs BD BM with LWW.	Started <i>Lepa (Soonti Churna + Devdhar Churna)</i>
01.04.2019	Patient Discharged with medicine	

Table 2: Subjective Parameters

Symptoms	Mild	Moderate	Severe
1) <i>Pain</i>	1	2	3
2) <i>Shotha</i>	1	2	3
3) <i>Kriyakashtata</i>	1	2	3
4) <i>Angamarda</i>	1	2	3

Table 3: Objective Parameters

TEST	BT	AT (3 month)
Sr. uric acid	9 mg/dl	6.12 mg/dl

Table 4: Observations

SYMPTOMS	1 st Day	30 Day	60 Day	90 Day
1) <i>Angamarda</i>	3	3	1	-
2) <i>kriyakashtata</i>	3	3	1	-
3) <i>shoola</i>	3	2	1	-
4) <i>shotha</i>	3	2	1	1

Table 5: Results

Symptoms	BT	AT	% Relief
1) <i>Angamarda</i>	3	0	100
2) <i>kriyakashtata</i>	3	0	100
3) <i>shoola</i>	3	0	100
4) <i>shotha</i>	3	1	33.33

Table 6: Probable Mode of Drug Action

Sr. No.	Drug	Mode of Action
1	<i>Guduchi Churna</i> [4]	<i>Rasa Pachak, Aampachak, Tridoshgna, Pittasarak, Balya, Dipan And Rasayan.</i>
2	<i>Musta Churna</i> [5]	<i>Dipan, Pachak, Rakta-Kapha- Pitta Nashak & Jwargna</i>
3	<i>Triphala Churna</i> [6]	<i>Dipan, Ruchikarak, Rasayan And Kapha-Pitta Shamak</i>
4)	<i>Mahasudarshan Churna</i> [7]	<i>Dipan, Pachan, Jwargna, Tridoshgna And Shoolgna</i>
5)	<i>Kaishor Guggul</i> [8]	<i>Dipan, Rasa Pachak, Rakta Pitta Shamak And Rasayan</i>
6)	<i>Mahavatvidhvhans Rasa</i> [9]	<i>Dipan, Amapachak & Shoolangna</i>
7)	<i>Amrutarishtha</i> [10]	<i>Dipan, Pachan, Jwargna</i>
8)	<i>Yograj Guggul</i> [11]	<i>Dipan, Balya, Shoolagna</i>
9)	<i>Rasnadhi Guggul</i> [12]	<i>Amapachak And Shoolagna</i>
10)	<i>Mahamanjstadi Kashay</i> [13]	<i>Dipan, Pachan, Raktaprasadak, Vata-Pitta Nashak</i>
11)	<i>Gokshuradhi Guggul</i> [14]	<i>Anulomak, Vatarakta Nashak</i>

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