



MANAGEMENT OF VATARAKTA (GOUT) BY SINGHASYADI KWATHA- CASE REPORT

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ABSTRACT

We know that *Ayurveda* is a branch of life science with answers to all medical problems. The disease known as *Vatarakta* is one of the ailments of *Sammurchhna* of *Vata* and *Rakta*. With *Rakta* acting as the main *Dushya*, it is a *Vatapradhana Tridoshaja Vyadhi*. Therefore, in *Vatarakta*, multiple etiological factors impact both *Vata* and *Rakta*. *Acharya Sushruta* detailed it in the *Vatavyadhi Chikitsa* chapter, but *Acharya Charaka* and *Vagbhatta* noted it in a separate chapter. *Vatarakta* may be related to gouty arthritis according to its causes, signs, and symptoms. Gouty arthritis is a purine protein metabolism disorder marked by hyperuricemia and monosodium urate crystal deposition in the joints. It is a chronic metabolic disorder of the musculoskeletal system that results in unbearable pain, discomfort, swelling, and a burning sensation in the affected joints. In this article, we focus on managing *Vatarakta* (gout) through *Ayurveda*. A 60-year-old female patient reported to the outdoor department of PGIA, Jodhpur, with complaints of *Sandhi Shoola* (pain in toes), *Sandhi Shotha* (swelling), and *Daha* (burning sensation) for the last six months. Other associate complaints were *Vibandha*(constipation), *Daurbalyata*(weakness), *Shramahani* (lethargy), incapacity, and excessive sleep for four months. The patient was diagnosed with *Vatarakta* (gout). *Singhasyadi Kwatha* was given orally twice a day after meals for 45 days. After 45 days of treatment, a significant response was found.

Keywords: VataVyadhi, Uttana Vatarakṭa, Gambhira Vatarakṭa, Hyperuricemia, Gouty arthritis, metabolic disorder

INTRODUCTION

Despite significant improvements in contemporary technology, many diseases still plague individuals. Having one is quite unpleasant because *Vatarakṭa* diseases are intermittent and repeat frequently. *Vatarakṭa* is one of the rare metabolic diseases. *Vatarakṭa* is a *Santarpana-janya Vyadhi*, so *Aam Dosh* is dominant initially. It is also called *Adhyavaata* and results from a person's incorrect interaction with their surroundings, occupation, and diet. *Vata* and *Rakta* are the roots of the words that make up the word *Vatarakṭa*. *Rakta* is also crucial since it provides nutrition to body tissues and keeps them normal by removing toxins (*Malas*), which makes *Vata* the Chief (King), without which no disease may occur. In contemporary science, "gouty arthritis" and this condition are very similar. Gout is a metabolic condition, and the deposition of monosodium urate crystals (MSU) in the joints as a result of hyperuricemia disturbs the inflammatory response. Either excessive production or decreased excretion might result in hyperuricemia. The most typical kind of inflammatory monoarthritic brought on by monosodium urate crystals is marked by pain and swelling beginning in the first metatarsal joint and progressing to additional joints. Urate crystals begin to build up in joints in the early stages without causing any symptoms, but on rare occasions, when serum uric acid levels are not under optimal control, they may cause an attack of gout.

Vatarakṭa and gout are associated with *Ayurveda*. In the *Charaka Samhita*, it is also referred to as *Khuda Roga Vatabalasa Roga*, and *Aadhyavata*. The affected part experiences intense pain, discomfort, inflammation, and a burning sensation. *Vata Pradhana*, *Pitta Pradhana*, *Kapha Pradhana*, *Rakta Pradhana*, *Uttana*, and *Gambhira* are the most common types of *Vatarakṭa*.

Aims and Objectives : To evaluate the efficacy of *Singhasyadi Kwatha* in the management of *Vatarakṭa* (Gout).

Materials and Methods

ETHICAL CLEARANCE

This study was approved by Institutional Ethical Committee (IEC) DSRRAU, Jodhpur vide letter no. Sr. No./DSRRAU/UPGIAS&R/IEC/20-21/397 on dated 12/06/2022.

CTRI REGISTRATION [CTRI No. - CTRI/2022/11/047494 registered on 21/11/2022]

Types of Study- Single observational case without any control group.

Study center- PGIA, Jodhpur (Rajasthan)

Case Report

A Hindu married 60-year-old female patient visited (Jan 7, 2023) the outdoor department of the of *Kayachikitsa* in DSRRAU hospital with OPD (Reg. No. 1135) for the chief complains of pain in small joints bilaterally (more in right toe) along with swelling, Difficulty in sitting and standing, burning sensation in toes along with redness for last 6 months, and other associated complains were *Dourbalyata Shramahani*, *Atinidra* (excessive sleep) for last 4 months.

History of present illness:

Patient was asymptomatic before 6 months. She had taken allopathic treatment for it but got only symptomatic relief. Now she has come to our hospital for further treatment.

Personal history revealed that the patient was taking mixed (Veg/Non-Veg) type of diet and used to take extra oily and fatty diet, with irregular habit of intake. The amount of urine is 5-6 times/day without burning micturition.

Past history: There is not any significant past history.

Family history: There is not any significant family history.

The General examination of the patients showed swelling and pain in toes and vitals being pulse rate 80/min, respiratory rate of 20/min, blood pressure of 140/80 mm of Hg and body weight is 65kg. In hema-

tology examination Hb was 11.1gm, TLC 12000, E.S.R. was 70 mm/hr, serum uric acid 9.1 and CRP was 9. Qualitative RA test was prescribed, but the report comes negative. There was no deformity in x-ray findings. Based on clinical presentation, Patient was diagnosed as a case of *Vatarakta*. Follow up was taken every 15 days for 45 days.

Symptoms

Pain and swelling in small joints bilaterally, along with burning sensations, difficulty in walking and sitting, *Dourbalyata* for 6 months. *Vibandha* (constipation), *Shramahani* (lethargy), and *Atinidra* (excessive sleep) for the last 4 months.

Samanya Pariksha:

- *Prakriti- Vata Pitta*
- *Vaya- Madhyam*

- *Bala - Madhyam*
- *Agni - Madhyam*
- *Koshtha – Madhyam*
- *Gait – Slow (with support)*

Ashtavidha Pariksha

- *Nadi: Vata Pittaja*
- *Mala: Asamyaka (Vibandha)*
- *Mutra: Samyaka*
- *Jivha: Malaavritta*
- *Shabda: Spashta*
- *Sparsha: Samshitoshna*
- *Drika: Spashta*
- *Aakriti: Krishna*

The Following oral medicine was administrated for treatment:

S.no.	Name of Drug	Dose	Duration
1.	<i>Singhasyadi Kwatha</i>	20 ml orally twice a day	45 days
2.	<i>Prakshepa Dravya Eranda</i>	10 ml	
	<i>Taila Saindhava</i>	1gm	
	<i>Ramatha</i>	500 mg	

Observation

Subjective criteria: *Sandhi Shoola* (Pain in joints), *Sandhi Shotha* (Swelling of joints), *Vidaha* (Burning sensation), *Raga* (Redness), *Toda* (Pricking sensation), *Twakvaivarnya* (Discoloration of skin), *Sandhi Vikriti* (Deformity status)

Objective Criteria: CBC, ESR, Serum uric acid, CRP, R.A Factor

Table no. 1 Grading of Subjective Criteria

Subjective Criteria	Before Treatment (3-0)	After treatment (3-0)	% Relief
<i>Sandhi Shoola</i> (Pain in joints)	3	1	75 %
<i>Sandhi Shotha</i> (Swelling of joints)	2	1	50 %
<i>Vidaha</i> (Burning sensation)	3	1	75 %
<i>Raga</i> (Redness)	1	1	0 %
<i>Toda</i> (Pricking sensation)	2	1	50%
<i>Twakvaivarnya</i> (Discoloration of skin)	3	3	0 %

Table No. 2 Changes in Objective Criteria

Objective Criteria	Before Treatment	After treatment
Hb	11.1	12.0 ↑
TLC	11000	7000 ↓
ESR	40	20 ↓
Serum Uric acid	8.0	5.5 ↓
CRP	9	3 ↓
R.A Factor	Negative	Negative

DISCUSSION

Singhasyadi Kwatha, which consists of ingredients like *Guduchi*, *Shaalparni*, *Prashniparni*, *Gokshura*, *Eranda*, etc., poses *Sothhara*, *Vedna Sthapaka*, *Rak-tashodhaka*, *properties*, by reducing the obstruction in the path of *Vata* caused by *Dushita Rakta*. *Amrita*, *Prishniparni*, and *Saindhava* have *Tridosha Nashaka* properties. It has the qualities of *Vatanulomana* and aids in reducing the *Vatadushti* brought on by *Vatarakta*. Most of these drugs show a characteristic of *Ushna Veerya* (hot potency) with *Laghu* (easily digestible), *Ruksha* (dry), and *Tikshna Guna* (qualities), which helps in easy assimilation of the drug in the body. In contrast, *Shalaparni*, *Gokshura*, and *Guduchi* are *Guru* (hard to digest) and *Snigdha* (oily), which further helps in the *Vatahara* action of the drugs. The *Vipaka* (post-digestive effect) characteristic of *Amrita*, *Shalaparni*, *Prishniparni*, *Gokshura*, *Eranda*, and *Saindhava* is *Madhura* (sweet), which has *Vata-Pitta Shamaka* (pacifying) property. The *Rasa* of *Eranda Taila* is *Madhura Katu Tikta Kashaya*, *Vipaka Madhura*, *Virya Ushna* and *Gunas Guru and Teekshna*. The action is *Deepana*, *Vrishya*, *Twachya*, *Vayasthapana*, *Varnya*, *Saraka*. Because of *Sookshma* and *Teekshna* properties, *Eranda Taila* removes obstructions in *Srotasas* and possesses *Srotovivaranya* property. Out of 10 ingredients, two gradients show the property of *Vatarakta Shamaka*, which finds a solid base for treating *Vatarakta* (gout) with raised uric acid.

Overall, the aforesaid *Ayurvedic* therapeutics conclude that the preparation of *Simhasyadi Kwatha* with all ingredients is enriched for the properties that indeed prove better in *Vatarakta* as well as in other *Vata* diseases.

CONCLUSION

In lifestyle diseases, *Ayurveda* is the best treatment option. On the basis of this single case study, it can be concluded that *Singhasyadi Kwatha* had been effective in the management of *Vatarakta* (gout). On the same disease, I'll plan more research.

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