

MANAGEMENT OF GOUTY ARTHRITIS WSR TO GAMBHIRA VATARAKTA – A CASE STUDY

Keerthi Kumari B. R¹, Shilpa P. N²

MS Scholar, Dept of Shalya tantra, Government Ayurvedic Medical College, Bengaluru, Karnataka, India
MS (Ayu), Associate Professor, Dept of Shalya Tantra, Government Ayurvedic Medical College, Bengaluru, Karnataka, India

Email: keerthibr02@gmail.com

ABSTRACT

Gout is a metabolic disorder. It occurs due to deposition of uric acid crystals in connective tissues, in and around the joints or in soft tissue cartilages at various parts of body. It is characterized by pain and swelling initially in 1st metatarsophalangeal joint, followed by other joints with an abnormal elevation of uric acid level in the body either due to under excretion (90%) or increased production (10%) ⁽¹⁾. Acute arthritis, tenosynovitis, tophi, renal disease and nephrolithiasis are the major clinical presentation. Its prevalence is increasing due to lifestyle disorder. Gouty arthritis is conventionally managed by analgesics, anti-inflammatory drugs, colchicine, corticosteroids, xanthine oxidase inhibitor and uricosuric drugs. These drugs are poorly tolerated in elderly, renal insufficiency and gastrointestinal disorders. Gouty arthritis can be correlated with *gambhira vatarakta* where symptoms like *shwayathu*, *sthabdata*, *katinata* and *arti* are present in the affected site ⁽²⁾. *Vata* and *rakta* are main factors involved and *Sandhi* is the main site of manifestation. Ayurvedic management of *vatarakta* includes both *shodhana* and *shamana*. Patient was treated first by *virecana* then with *shama-naushadi* like *amruthothara kashaya*, *kaishora guggulu* and *gandha taila* capsules for 30 days. Patient showed marked improvement and was satisfied with the treatment.

Keywords: *Vatarakta*, Gouty arthritis, *Virecana*, *Amruthothara kashaya*, *kaishora guggulu*, *Gandha*

INTRODUCTION

Gout is the true crystal deposition disease characterized by pain and swelling initially in 1st metatarsophalangeal joint, followed by other joints with an abnormal elevation of uric acid level in the body either due to under excretion (90%) or increased production (10%) i.e. primary hyperuricemia. In secondary hyperuricemia, there is normal synthesis of uric acid but decreased uric acid excretion. Common causes are hypertension, metabolic syndrome, chronic kidney disease. Purine rich food like organ meat, sea food, alcoholic beverages like beer promotes higher level of uric acid. Acute arthritis,

tenosynovitis, tophi, renal disease and nephrolithiasis are the major clinical presentation. The term hyperuricemia denotes values >7.0mg/dl in males and >6.0mg/dl in females. The first metatarsophalangeal joint is the classic site for gout. One by third of patients may get their first attack at another site such as foot, ankle, knee or hand joints. The attack is acute, it starts in the night, the joint and surrounding tissues become hot, swollen and extremely painful. Gout is found to have increased prevalence in recent years. Gout is seen predominantly in men during middle age of life because of diet, obesity,

hypertension, family history. Women tend to have lower uric acid levels. Estrogen naturally causes uric acid to flush out in urine. When women lose estrogen after menopause, the level of uric acid in their blood start to rise. So, women generally develop signs and symptoms after menopause⁽³⁾. The male female ratio is 7:1 to 9:1⁽⁴⁾. Conventional treatment of the disease includes analgesics, anti-inflammatory drugs, colchicine, corticosteroids, xanthine oxidase inhibitor and uricosuric drugs.

Gouty arthritis of contemporary medical science by its similarity in symptoms and etiological factors can be correlated with *Gambhira Vatarakta*. It is characterized by presence of *shwayathu*, *sthabdata*, *katinata* and *arti* in the affected site. The major objective in gout is to keep serum uric acid level towards normal and to prevent damage of joint due to hyperuricemia. *Acharya Caraka* has mentioned *sneha sweda yukta virecana*, *basti*, *seka*, *abhyanga*, *pradeha* as a general line of treatment in *vatarakta*⁽⁵⁾. *Acharya Sushruta* has mentioned *patola*, *triphala*, *guduchi*, *katuki dravya kashaya* internally is beneficial in reducing the pain immediately caused by *vatarakta*⁽⁶⁾. So, depending upon the *rogi* and *roga bala*, patient was given *virecana* first. *Guduci* is the main ingredient in *amruthothara kashaya*⁽⁷⁾ along with *haritaki* and *sunti*, was selected as *shama-naushadi*. It acts on digestive system, improves metabolism and digestion. *Kaishora guggulu*⁽⁸⁾ consist of *guduci*, *triphala*, *guggulu*, *sunti*, *pippali*, *vidanga*, *trivrith* and *danti mula*. It corrects the metabolism, checks on uric acid production and corrects the elimination of uric acid in kidneys. *Gandha taila*⁽⁹⁾ capsules are proved to be helpful in treating fracture and tissue injury. It was given internally to reduce pain, inflammation, for healing tissue injury and to strengthen the knee joint. *Murivenna taila*⁽¹⁰⁾ was given for external application to reduce pain and strengthen the joint.

Case Report

The case study discussed here is about 66-year-old, moderately fit male patient consulted the Shalya

tantra OPD of GAMC, Bengaluru on 21/10/2019 with complaints of pain, swelling and stiffness of left knee joint since 6 months. Patient was known case of hypertension since 20 years and was under treatment.

During examination patient revealed that he was fine 6 months back. Then he suddenly started noticing pricking type of pain, swelling and stiffness of left knee joint. Because of pain he was unable to walk and could not sit on ground due to stiffness of joint. So, he consulted local hospital where he was treated for joint pain with analgesics but didn't get any relief. Then visited another hospital where after blood investigations revealed increased uric acid level of 9.5mg/dl and MRI of left knee joint revealed left knee joint effusion, complex tear of posterior horn and body of medial meniscus, patellar tendinopathy with impression of left knee synovitis. He was treated with analgesics, NSAID and colchicine for 1 month. Symptoms used to subside while taking medicines and were increasing after stoppage of medicine. He again consulted the same hospital where he was told to continue the same treatment for the rest of life, if the condition does not get improved with medicines, they would opt surgery for further management. Patient continued the treatment for another month still didn't get any satisfactory results as he was experiencing severe pain. Then by reference of a friend he consulted *Shalya tantra* OPD, Government Ayurveda Medical College, Bengaluru for second opinion.

Patient history – He was a known case of hypertension since 20 years and was under treatment. Diet was non vegetarian with good appetite. Bowel and micturition normal and had disturbed sleep. No allergies or addiction was reported.

Based on clinical presentation and investigations with increased serum uric acid of 9.5mg/dl and left knee joint synovitis the patient was diagnosed as Gouty arthritis. And treatment was planned according to *vatarakta samanya chikitsa*.

Methods

Table 1: Treatment Schedule

Sl. No	Treatment	Dose	Duration
1	-Deepana pacana with chitrakadi vati -Snehapana with pancha tiktaka ghrita -Sarvanga abyanga with KBT and swedana -Virecana with trivriith lehya	2 TID, BF till sneha sidha lakshanas quantity sufficient 75rams	5 days 5 days 2 days 1 day
2	Amruthothara kashaya	15 ml TID, BF	30 days
3	Kaishora guggulu	2 TID, AF	30 days
4	Gandha taila capsules	1 BD, AF	30 days
5	Murivenna taila	external application	30 days

All the medicines were procured from GMP certified pharmacy. Patient was strictly advised to avoid purine rich food like meat, sea fish, high fructose and alcoholic preparations.

Criteria For Assessment Subjective And Objective

(a) Subjective Criteria -Visual analogue scale (0-10)

Grade	Tenderness
0	No pain
1-3	Mild pain
4-7	Moderate pain
8-10	Severe pain

(b) Objective criteria

Serum Uric acid level

RESULTS

Table 2: Subjective assessment

Subjective criteria	Before treatment	After virecana	After shamanaushadi
Joint pain	severe (Grade,8-10)	Moderate (Grade,4-7)	no pain (Grade,0)
Tenderness	severe with withdrawal	mild tenderness	no tenderness
Swelling	present	reduced	absent
Stiffness	present	reduced	absent
Restricted range of movements	present with severe pain	possible with mild pain	possible with normal limit

Table 3: Objective assessment

Objective criteria	Before treatment	After virecana	After Shamanaushadi
Serum uric acid	9.5mg/dl	8.0mg/dl	7.4mg/dl

DISCUSSION

The case was treated based on *vatarakta* line of treatment. *Acharya Caraka* has mentioned *sneha sweda yukta virecana* in general line of treatment. So, *Snehapana* was done with *pancatiktha gritha* which is *tridosha samaka* ⁽¹¹⁾. It consists of *nimba*, *patola*, *kantakari*, *guduci*, *vasa*, *triphala*. All these drugs help in purine metabolism and excretion. *Virecana* was given with *trivriith lehya* ⁽¹²⁾. After *shodana*, *shamanaushadi* started.

Amruthothara kashaya was selected which is mentioned in *sahasrayoga*. *Acharya Sushruta* has mentioned *patola*, *triphala*, *guduchi*, *katuki dravya kashaya* internally is beneficial in reducing the pain immediately caused by *vatarakta*. In all types of *vatarakta*, *guda* and *haritaki* is mentioned as *anupana* ⁽¹³⁾. As *amruthothara Kashaya* contains *Guduci*, *haritaki* and *sunti*, it is beneficial in *vatarakta*. It helps in uric acid metabolism and excretion. *Kaishora guggulu* is mentioned in *Sharangadhara Samhita*, *madhyama khanda*. *Kaishora guggulu*

consist of *guduci, triphala, guggulu, sunti, pippali, vidanga, trivriith* and *danti mula*. It corrects the metabolism, checks on uric acid production and corrects the elimination of uric acid in kidneys.

Gandha taila is mentioned by *Acharya Sushruta* in *bhagna chikitsa*. Since patient had meniscus tear, synovitis of left knee joint *gandha taila* in form of capsules was given to heal the tissue injury, to reduce pain and inflammation.

Murivenna taila is mentioned in *yoga Grantham* of Trivandrum pharmacopeia. It consists of *karanja, kanya, satavari, sigru* etc with coconut oil has base. It has been successfully used in relieving the pain of arthritis, sprain and fractures. So, to strengthen and to reduce pain of knee joint *Murivenna taila* was given for external application on knee joint.

CONCLUSION

This case showed significant improvement after *Shodana* and *Shaman aushadis*. From the above case, it can be clearly concluded that *chikitsa* mentioned in *vatarakta* by *Acharyas* is beneficial in bringing down the symptoms and uric acid level in blood.

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