



## A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF VATARAKTA WITH VATSADANI GUGGULU W.S.R. GOUT.

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**Abstract:** Nowadays, human being are vulnerable to many disorders due to their altered life style and food habits. *Vatarakta* is one of the metabolic disorders.

*Vatarakta* is a *Vatapradhana Tridoshaja vyadhi* where *Rakta* is main *Dushya*. Due to distinct etiological factors both *Vata* and *Rakta* are afflicted which cause severe pain, tenderness, inflammation and burning sensation in the affected joints.

Sedentary lifestyle along with mental stress, consumption of non-vegetarian and highly protein diet, excessive alcohol intake are some of the precipitating factors which causes acute exacerbation of *Vatarakta*. The etiological factors responsible for Gouty arthritis, pathology and clinical features are quite similar with the *Vatarakta*. Due to excruciating pain, inflammation, joint deformity and restricted joint movements with the risk of various complications like urate nephropathy and urate nephrolithiasis it's necessary to have a complete overview on all aspects of disease for treatment.

Management of *Vatarakta* is a challenge as it is a disease of severe morbidity, chronicity and incurable to certain extent with associated complications. With certain life style modifications like low protein diet etc. and certain Ayurveda modalities viz. *Shodhana* and *Shamana Chikitsa* its can be cure and prevented.

**KEYWORDS:** *Ayurveda, Vatarakta, Vata, Rakta, Gouty arthritis.*

### I. INTRODUCTION

Musculoskeletal complaints are frequently encountered in clinical practice. Arthritis is the common musculoskeletal disease affecting the human beings making it an important cause of disability. It is associated with features of inflammation like joint swelling and tenderness.

Gout is the most common inflammatory arthritis in men and in older women. <sup>(1)</sup>It is a pathological reaction of the joint or per articular tissues to the presence of monosodium urate monohydrate (MSU) crystals, formed secondary to hyperuricaemia. MSU crystals take months or years to grow to a detectable size, implying a long asymptomatic phase. The big toe is the classic site for Gout and it specially targets small joints of feet and hands. <sup>(2)</sup>

The prevalence of Gout varies across population but is approximately 1-2 %.<sup>(3)</sup> the prevalence increases with increasing serum uric acid (SUA) and with age. Because of uric acid crystals, progressive renal disease is an important complication. <sup>(4)</sup>

The gout is also known as "disease of kings" and also "king of diseases" in modern medicine <sup>(5)</sup> Gout is a metabolic disorder and inflammatory response to monosodium urate crystals formed secondary to hyperuricaemia. <sup>(6)</sup>

In Ayurveda, the condition – Hyperuricaemia/Gout – can be referred to as '*Vatarakta*'. The disease has been mentioned in detail by Acharya Charaka <sup>(7)</sup> It has been also described by Acharya Sushruta, Vagbhata and Madhava Kara. The word '*Vatarakta*' suggests the independent vitiation of *vata dosha* as well as *Rakta dhatu*. Both of them get accumulated in the phalanges of hands and legs producing inflammation and pain.

#### Presenting Complaints:

A 30 years old Indian female came in OPD of KDMG'S Ayurveda Hospital for complaints of Kandu, Daha, Toda, Bheda, shoola.<sup>(8)</sup> at both knee and ankle joint since last 3 month. No history of Hypertension and diabetes as well as no other major illness noted. Presently she was admitted in KDMG'S Ayurveda Hospital for further treatment of *Vatarakta*.

#### Clinical Findings:

The patient was having Daha, Toda, Bheda, Ushnasparsha, Shoola and Shotha at right and left knee with both Ankle joint since last 3 month. On an examination patient it was found that pulse 80/min, blood pressure 130/90mmHg. She had tikshna aagni, Madhyam Koshta, Tongue was coated, sound was clear. Patient was having Vata kapha Prakruti with Madhyam Sara, Hina Shamhan, Madhyam Satmya, Madhyam Satva, Madhyam Aahar Shakti and Jaran Shakti.

Asthivaha, Rasavaha and Raktavaha, Annavaha Strotodushti. Baseline Hematological investigations done before the treatment was Hb-12.5 gm%, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, weight 50 kg, Uric Acid level 9 mg/dl.

### Therapeutic Focus and Assessments

First line of treatment given to the patient was Laghu Santarpan Janya Ahar Amapachaka, kaphahar/Vatahara And oral herbal Ayurvedic drug i.e. Vatsadani Guggulu<sup>(9)</sup>.

### MATERIAL AND METHODS:

The material used in present study, Vatsadani Guggulu for 90 days. The administration of drug shown in Table no1.

### Criteria for Assessment

The patient was assessed on based of Subjective and Objective Criteria as mentioned in table no.2 and table no.3 respectively. The Subjective and Objective Parameter was assessed at 30 day of treatment interval.

### OBSERVATION AND RESULT:

Follow-Up and Outcome

Good result was observed on Sandhigat Shoola/Vedana (33.33%), Sandhigat Daha/Ushnasparsha (66.66%), Sandhigat Toda/tenderness (66.66%), Sandhi Shotha (66.66%) which is shown in table no.4 and 5.

Hematological parameter was reinvestigated after 3 month of study.Hb-13 gm%, BSL Random 110mg/dl, serum Creatine - 0.7mg/dl, weight 47kg and Uric Acid 6mg/dl which was reduced after 3 months of treatment.

### DISCUSSION:

Vatarakta is a Vatapradhana Tridoshaja vyadhi where Rakta is main Dushya. Due to distinct etiological factors both Vata and Rakta are afflicted which cause severe pain, tenderness, inflammation and burning sensation in the affected joints.

Vatsadani Guggulu act on Vatarakta through the Samprapti bhang by excretion of toxin and clear strotas channels are as follows:

#### Samprapti bhang/ Drug Action

Vatsadani Guggulu consists of Guduchi and Guggulu.

#### Guduchi

Guduchi is a best drug for gout and uric acid in Ayurveda. It increases the elimination of uric acid through kidneys by improving renal functions.

Tikta - Kashaya rasa and Madhura vipaka, → stimulate Dhatwagni and nutrition of all the seven dhatus, so acts as tonic and rejuvenator.

It detoxify the blood, thus purifies blood and due to stimulation of rasagni and nutrition to the rasa - Rakta dhatu, acts as hematinic.

Its rasa, Veerya and vipaka → maintain the equilibrium of Tridoshas.

By its karma, acts as antiperiodic, anti-inflammatory and antipruritic.

Tinospora influence the cytokine production, mitogenicity, stimulation and activation of immune effector cells, thus acts as immunomodulation and adaptogenic. Due to its Anulomana property, it acts as Vata-doshahara and thus relieves pain.

#### Guggulu

By its Tikta – Kashaya rasa, it promotes detoxification of blood and purifies blood.

It supports immune system, promotes healthy weight management, kindles digestive fire, and thus acts as rejuvenator.

It helps maintain healthy cholesterol levels within the normal range, due to its Medohar property, Tikshna – Ushna guna and Lekhan karma.

It's Vishada; Tikshna and Ushna guna helps relieve Strotodushti.

Guggulu's scraping and detoxifying qualities act to clear toxins from the tissues, channels and the joints. So it supports comfortable movement of the joints and hence a very potent drug in all joint diseases.

Its ability to lubricate and rejuvenate the tissues within and around the joints helps to promote strength and proper movement of joints.

Both the drugs are Tridoshaghna especially pacifies Vata dosha aggregation, so acts as analgesic. Both the drugs having anulomaka and diuretic properties, helps to excretion of toxins from the body. Both of the drugs purifies blood, and also hematinic. Due to Tikshna and Ushna properties, both the drugs removes blockage of channels and allows vata dosha and Rakta dhatu to follow their natural pathway.

In this way Vatsadani Guggulu with warm water will reduce toxins from tissue and rejuvenate the tissues within the joint.

### CONCLUSION:

The result on the patient shows that Vatsadani Guggulu is more effective on Vatarakta. It has more Efficacy on symptoms like Sandhigat Shotha, Sandhigat Daha/Ushnasparsha, Sandhigat Toda/tenderness, Sandhi Shoola/Vedana also on objective parameter i.e. Serum Uric Acid. During 3 month treatment scheduled there is no any side effect found.

On the basis of the case study we take this approach for further treatment and research work of Vatarakta.

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**table no. 1: drug administration are as follows :**

| Drug         | Vatsadani Guggulu                                       |
|--------------|---|
| Form of drug | Vati (Tablet)   |
| Dose         | 2 tablets of 400mg each B.D.                            |
| Anupana      | Koshna jala   |
| Sevana kala  | Twice in a day – 9am and 9pm                            |
| Duration     | 3 months  |
| Follow up    | Every 30 days   |
| Diet         | As per pathyakara ahara mentioned in Ayurvedic classics |
| Vihara       | Daily exercise Avoid divaswap, jagran, veganigraha      |

**Criteria of assessment-****Table no 2: Subjective criteria****2.1 shoola (pain in the joint)**

| Scale                         | Score |
|-------------------------------|-------|
| No pain                       | 0     |
| Can be ignored                | 1     |
| Interferes with task          | 2     |
| Interferes with concentration | 3     |
| Continuous & severe           | 4     |

**2.2 Shotha(Edema at the Joints)**

| Depth of edema            | Score |
|---------------------------|-------|
| No edema                  | 0     |
| Pitting is 2mm            | 1     |
| Pitting is 2-5mm          | 2     |
| Pitting is 5-10mm         | 3     |
| Pitting is more than 10mm | 4     |

**2.3 ushnasparsha(warmth)**

| Warmth of the joint                           | Score |
|---|-------|
| Absent  | 0     |
| mild  | 1     |
| Moderate                                      | 2     |
| Severe  | 3     |
| Very severe interfering with daily activities | 4     |

## 2.4 toda(tenderness at the joint)

| Tenderness     | Score |
|----------------|-------|
| No tenderness  | 0     |
| Can be ignored | 1     |
| Mild           | 2     |
| Moderate       | 3     |
| severe         | 4     |

Table no. 3: Objective criteria serum uric acid level

| Serum Uric Acid level | Score |
|-----------------------|-------|
| Less than 7mg/dl      | 0     |
| 7-8mg/dl              | 1     |
| 8-9 mg/dl             | 2     |
| 9-10 mg/dl            | 3     |
| More than 10mg/dl     | 4     |

table no. 4: observation:

| Lakshanas                   | 1 <sup>st</sup> days | 30 days | 60 days | 90 days |
|-----------------------------|----------------------|---------|---------|---------|
| Sandhigat Shoola/Vedana     | +++                  | +++     | ++      | ++      |
| Sandhigat Daha/Ushnasparsha | +++                  | ++      | ++      | +       |
| Sandhigat Toda/tenderness   | +++                  | ++      | ++      | +       |
| Sandhi Shotha               | +++                  | ++      | ++      | +       |

table no. 5: result for parameters:

| Symptoms             | BT | AT | %of Relief |
|----------------------|----|----|------------|
| Sandhigat Shoola     | 3  | 2  | 33.33      |
| Sandhigat Shotha     | 3  | 1  | 66.66      |
| Sandhi Ushnasparsha  | 3  | 1  | 66         |
| Sandhigat tenderness | 3  | 1  | 66.66      |
| Sr.Uric Acid Level   | 3  | 0  | 100        |