



Management Of Vatarakta With Siravyadha And Jatamayadi Churna Lepana Wsr To Gout – A Case Study

Dr Sambu Surendran ¹ Dr Siddanadagouda A Patil ² PG Scholar ¹ Professor ² Department of Shalya Tantra HASS Ayurveda Mahavidyalaya Hubballi

ABSTRACT

Vatarakta is the disease caused due to *avarana* of *raktha* on *vata*, that commonly affects *adya* (rich) and it is characterised by pain in multiple joints, associated with swelling. Based on the aetiology and symptoms of *vataraktha*, it can be correlated to gout, which is a metabolic disorder caused due to hyperuricemia. Here a case report of a 35 year old male patient having history of *vataraktha* from last 4 months which have been treated with ayurvedic management for a total duration of 30 days.

Key words : *vatarakta*, *avarana*, *adya*, gout, hyperuricemia

INTRODUCTION

Ayurveda, the ancient Indian science of life, offers a holistic approach to health and wellness, the ultimate aim of ayurveda is to maintain health of healthy and to treat the disease of the diseased, In the contemporary era, lifestyle disorders have become rampant, *Vatarakta* emerges as a significant concern, affecting millions worldwide. The term deeply rooted in ancient *Ayurvedic* wisdom, denotes a complex condition characterized by the vitiation of *Rakta and Vata dosha*. *Vatarakta* is known by different names like *Vatashonita*, *Khuddavata*, *Vatabalasaka*, *Adhyavata*, *Vataasrika*^[1]. The name of ailment itself describe that it is more prevalent among *Adya* (rich people). The etiological factors like excessive consumption of *lavana* (salty), *amla* (sour), *katu* (pungent) *kshara* (alkaline), *snigdha* (unctuous) and *Ushna aharas*, (food stuffs having ushnavirya) *ajir nabhojana* (eating food prior to digestion) *klinna-anoop-shushkamamsa* (aquatic and desert animal meat) and use of *pinyaka* (*tilapishta*), *mulaka* (raddish), etc. Causes *vatarakta*^[2].

The normal flow of *Vata* is obstructed by *Rakta* and leads to symptoms in *Paada* and *Hasta* as *Kandu*, *Daha*, *Ruja*, *Ayama*, *Toda*, *Spurana*, *Kunchana*, *Raga*, *Bheda*, *Gourava* and *Suptata*^[3]. The symptomatology of gout has striking similarities with those explained in *Vatarakta*. Gout is the most common inflammatory arthritis caused by deposition of monosodium urate monohydrate crystals in and around synovial joints

prevalence of <1% to 6.8% and an incidence of 0.58-2.89 per 1,000 person-years. Gout is more prevalent in men than in women, with increasing age, and in some ethnic groups^[4]

The variety of drugs like uricosuric, NSAIDS are used to treat the gouty arthritis symptomatically, which has many potential adverse effects like vomiting, gastro-intestinal bleeding, Hepato - renal toxicity etc.

According to *Ayurveda* the management of *Vatarakta* aims at *Vatahara* and *Rakta Prasadaka* measures. In this respect the *Shodhana chikitsa* like *Raktamokshana* is advised. *Siravyadha* has been one of the most commonly used therapeutic procedure to remove the vitiated blood with the help of sharp instruments and specially used to treat *sarvangagata rakta dushti janya vyadhi* and also relieves pain and redness immediately and considered as *ardha chikitsa* in *Shalya tantra*. Site of *siravyadha* for *vatarakta* is 2 *angula* above *kshipramarma*^[5]..

sahasrayoga, thaila prakarana, kalka dravya of balaguluchyadi taila i.e., *Jadamayadi churna* can reduce *raga, shopha, daha* and *shoola* caused due to *vatarakta*^[6] is selected for *lepana* . *Kashaya yoga prakarana Rasnaerandadi*^[7] *Kashaya* is, indicated in *vatarakta* is given as internal medication.

CASE REPORT

Chief complaints

A 35-year-old male, software engineer consulted Shalya tantra OPD(16769) on 5 June 2024, with complaints of pain and swelling in both ankle region since 1 week associated with burning sensation in both foot region since 4 days.

history of present illness

Patient was apparently normal before 4 months gradually he developed pain in bilateral ankle region which is pricking type ,that aggravates on prolonged standing and after prolonged walking , pain usually get relived by hot application and local analgesic ointements but again after some time it reoccurs , patient also complaints of burning foot and swelling , burning sensation aggravates while sleeping which even disturbs his sleep, for the above said complaints he consulted a local doctor and got symptomatic relief but after some days again the signs has been reoccurred .

history of past illness

Nothing specific

Medical history

Nothing specific

Family history

Nothing specific

Surgical history

Nothing specific

Personal history

Bowel	regular
Appetite	good
Micturition	burning micturition, 4 – 5 times per day,
Sleep	disturbed
Diet	mixed
Habits	tea 4-6 glass per day

Examination of patient**General physical Examination**

Gait	Antalgic gait
Nourishment	Well nourished,
Built	moderately built
Pallor	absent
Icterus	absent
Cyanosis	absent
Clubbing	absent
Weight	82 kg
Hight	6 feet, 2 inches

Vitals

Pulse rate	72 beats per minute
Temperature	97 ⁰ F
Blood pressure	130/90mmhg
Respiratory rate	22 times per minute
SPO ₂	98 %

Systemic examination

Cardiovascular system	S1 S2 heard
Central nervous system	Conscious and oriented to time place and person
Respiratory system	NVBS heard
Per abdomen	soft and non- tender no organomegaly

Musculoskeletal examination

- mild swelling and discoloration at both ankle region
- mild rise in temperature on both foot
- tenderness at bilateral ankle joint
- restricted range of movement

Blood reports

Hb	13 g %
RBS	96 g/dl
CT	3 minutes 15 seconds
BT	1 minute 25 seconds
Serum Uric acid	9.8 mg /dl
RA Factor	Negative
Tri dot	Negative
HBsAg	Negative

Diagnosis

As the patient presents with *Ruja* , *Daha* , *Raga* and *Sotha* which has the similar clinical features of *Uttana vatarakta* .

As per 2015 ACR/EULAR Gout classification criteria, based on clinical presentation (pain, swelling, burning sensation) with increased serum uric acid level 9.8mg/dl , case was diagnosed as Gouty Arthritis .

Treatment schedule**Internally :** *Rasna Erandadi Kashaya*

Dose – 15 ml Kashaya 2 times daily before food

Duration – 30 days

Intervention: *Siravyadha*Site : *sira 2 angula* above *kshipra marma* of lower extremity

Number of sittings: 4 sittings weekly once

Externally : *Jatamayadi churna lepa*

Site: bilateral ankle joint

Duration : 10 days

Criteria for assessment**a) pain**

Grade 0	No pain
Grade 1	Mild Pain with no difficulty in flexion and extension do not affect day today activities of subject
Grade 2	Moderate pain with difficulty in flexion and extension affects day today activities
Grade 3	Severe pain with restriction of movements and which affects activities

b) burning sensation

Grade 0	No burning sensation
Grade 1	Burning sensation which occurs occasionally
Grade 2	Burning sensation which occurs continuously in a day
Grade 3	Severe burning sensation occurs continuously more than 24 hours that can affect the sleep

c) swelling

Grade 0	No swelling
Grade 1	Mild, defined swelling, distinct border no warmth
Grade 2	Moderate, raised border, slightly obvious with warmth
Grade 3	Severe, pronounced swelling, covers well over bony prominence with warmth

d) Tenderness

Grade 0	No tenderness on palpation
Grade 1	Tenderness by mild deep palpation
Grade 2	Subject winces on palpation
Grade 3	Tenderness by gentle touch patient withdraws part

e) Serum uric acid

Grade 0	<7.2mg/dl
Grade 1	7.3-8.2mg/dl
Grade 2	8.3-9.2mg/dl
Grade 3	9.3-10.2mg/dl

RESULT**Screening assessment**

Observation	Before treatment	After 1 week	After 2 nd week	After 3 rd week	After 3 treatment
<i>Shula</i> (pain)	2	2	1	0	0
<i>Daha</i> (burningsensation)	1	1	0	0	0

<i>Shotha (swelling)</i>	1	0	0	0	0
<i>Sparshasahathva(tenderness)</i>	1	1	1	0	0
Serum uric acid	3	3	2	2	0

DISCUSSION

- *Siravyadha* has direct action on *Raktha Dhaatu*, according to *acharya susruta*, *vata rakta* is one among the *rakta prodoshaja vyadi*^[8]. the *dhooshita rakta* does *avarana* over the *vata* and cause *vata kopa* leads to manifestation of *vata rakta* , by *sira vyadha* the *dhooshita avurita rakta* will be removed and allows normal flow of *vata* , that reduces the symptoms of *vata rakta* .
- “*Raktam hi amlatam hi tatha cha ruk*^[9]” means *amlata* in *rakta* (intermediate metabolites, acidic components like uric acid) is responsible for pain, hence forth *Raktamokshana* by *Siravyadha* is instrumental in relieving symptoms like *ruk*, *Daha* by reducing *amlata* in *rakta*.
- *Uttana vata rakta* has involvement of *twak* ,*rakta* and *mamsa dhaatu* and it leads to manifestation of *gambeera vata rakta* when it affects all the other *dhaatu* especially *asthi* , By doing *siravyada* in early stage of *vata rakta* that is on *uttana avasta* the *uttarorottara dadhu dushti* can be avoided , and prevent the further manifestation of *uttana vatarakta* to *gambeera avasta*
- As mentioned in *Sushruta Samhita* 21st chapter, the aggravating factors of *Rakta* and *Pitta* are same^[10]. So according to *nidana* of *vata rakta* there is involvement of *pitta dosha* in *vata rakta* as *Shonitha Kleda* , which is one of the *Pittaja Nanatmaja vikara* hence *Raktamokshan* by *Siravyadha* is an attempt to reduce the excessive *kleda* in *Shonitha*. In case of *vatarakta*, *kleda* could refers to inflammatory factors involved in acute stages of Gout and multiple intermediate metabolites, particles etc, embedded in *Raktha*
- ingredients in *jatamayadi churna* like *kushta* , *rasna* , *nata* has *pachana* effect it does the *ama pachana* and hence *rakta avarana* is removed
- *Chandana*, *Jadamamsi* and *Sarala* are known for their *Dahaghna* property due to their *sheetha veerya* and *tiktha*, *madhura*, *kashaya rasa*, it purifies the blood and it relieves burning sensation,
- “*Rogah sarve api manda agneh.*”All diseases are due to *mandagni* , in order to treat a disease the first line of treatment is *Amapachana* and *agni* correction,herein *rasnaerandadiKashaya,sundi* ,*Eranda* ,*Rasna,sahachara* ,*musta* has *Deepana pachana* effect and *anulomana* property so it corrects the *agni* and *ama*, which corrects metabolism especially Purine metabolism which is leading cause of uric acid production.

- Diuretic properties of the drugs in *rasnaerandadi Kashaya* does the proper excretion of the uric acid from blood.

Conclusion

- Conclusion from this study is concluded that *Vataraktha* can be successfully treated with appropriate Ayurvedic medication.
- As Ayurvedic treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient.
- In *Ayurveda* it is mentioned that *Nidana parivarjana* is the first line of management. It has major role in controlling the progression of the disease *Vatarakta* i.e. avoidance of *Amla, Lavana*, etc *nidana* of *Vatarakta*.
- *Siravyada* is mentioned for *vata rakta* by Acharya *Vagbatta*, *Charaka* and *Acharya Susruta* has explained about *lepana karma* in *vata rakta chikithsa*, *jatamayadi churna* mentioned in *Sahasrayoga* is selected for *lepana karma* in this study.
- *Siravyadha* and *jatamayadi churna lepana* are simple, economical, safe and effective in the management of *vatarakta*.
- As *vata rakta* is *raktapradoshaja vikara*, *Siravyadha* is considered to be supreme as it drains out the vitiated *Rakta* and does *samprapti vighatana*.
- *Jatamayadi churna lepa* does the *ama pachana* and removes the *avruta rakta* along with *vata samana*, Due to the analgesic and anti-inflammatory, property in ingredients of *jatmayadi churna* reduces the pain and inflammation in *vatarakta*.
- *Rasnaerandadi kashaya* given as internal medicine corrects the *agni* does *ama pachana*, *raktha prasadana*, *vata samana*.

References

- 1) Acharya Agnivesha; Charaka Samhita elaborated by Charaka and Drdhabala with Ayurveda Deepika commentary of Chakrapani Datta, edited by Vaidya Yadavaji Trikamji Acharya, reprint edition 2016, Chaukhamba Sanskrit Sansthan, Varanasi; Chikithsa sthana; 29/ 26-page no.627 to 628
- 2) Acharya Agnivesha; Charaka Samhita elaborated by Charaka and Drdhabala with Ayurveda Deepika commentary of Chakrapani Datta, edited by Vaidya Yadavaji Trikamji Acharya, reprint edition 2016, Chaukhamba Sanskrit Sansthan, Varanasi; Sutra sthana; 30/ 26-page no.627 to 628
- 3) Acharya Agnivesha; Charaka Samhita elaborated by Charaka and Drdhabala with Ayurveda Deepika commentary of Chakrapani Datta, edited by Vaidya Yadavaji Trikamji Acharya, reprint edition 2016, Chaukhamba Sanskrit Sansthan, Varanasi; Sutra sthana; 30/ 4–6-page no.627 to 628
- 4) Global epidemiology of gout: prevalence, incidence, treatment patterns and risk factors
<https://pubmed.ncbi.nlm.nih.gov/32541923/#:~:text=Recent%20reports%20of%20the%20prevalence,and%20in%20some%20ethnic%20groups>.
- 5) Acharya Vagbhata; Ashtangahridayam with commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri; edited by Pt. Bhaisagacharya Hari Sadasiva Shastri Paradakar; reprint edition 2016; Chaukhamba Surbharati Prakashan; Varanasi; Sutra sthana, chapter 27/ 3 page no 535
- 6) Dr. Prabhakara rao, Sahasrayogam: Sanskrit text with English translation and prabhakara vyakhyanam Chaukhamba Sanskrit pratishtan,thaila yoga prakarana page no 524 , yoga no;79
- 7) Dr. Prabhakara rao, Sahasrayogam: Sanskrit text with English translation and prabhakara vyakhyanam Chaukhamba Sanskrit pratishtan,kashaya yoga prakarana page no 153 , yoga no;428
- 8) Sushruta; Sushruta Samhita; with Nibandhasangraha Commentary of Sri Dalhanacharya; Edited by Yadavji Trikamji and Narayan Ram Acharya Kavyatirtha;Chaukambha Surbharati Prakashan, Varnasi; sutras sthana chapter 23/9 page no 116
- 9) DrAdityahttps://www.researchgate.net/publication/269847023_Evaluation_of_the_efficacy_of_si_ravyadha_and_guduchi_siddha_yoga_basti_in_the_management_of_vatarakta_with_special_reference_to_gout
- 10) Sushruta; Sushruta Samhita; with Nibandhasangraha Commentary of Sri Dalhanacharya; Edited by Yadavji Trikamji and Narayan Ram Acharya Kavyatirtha;Chaukambha Surbharati Prakashan, Varnasi; sutra sthana chapter 21/17 page no 102