



“The Effect Of Ayurvedic Treatment Regimen On Acute *Vatarakta*.”

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Abstract -

The modernization in India has been associated with an increase in lifestyle-related diseases, particularly inflammatory disorders such as *Vatarakta* (Gout). *Vatarakta*, characterized by the vitiation of *Vata* and *Rakta doshas*, presents as an inflammatory condition. Gout primarily resulting from the deposition of Mono-Sodium Urate (MSU) crystals in small synovial joints. Gout commonly affects small joints, leading to episodes of severe pain and swelling. Recent reports indicate a prevalence of 1-2%, with a notable male preponderance. However, the incidence and prevalence rates of gout show regional and demographic variations. The study aims to explore the complexities of *Vatarakta*, focusing on its diagnosis, treatment, and the multifactorial factors influencing its progression, such as dietary habits, lifestyle choices, and genetic predispositions. A case report of a female patient with *Vatarakta* symptoms was assessed to evaluate the effectiveness of an Ayurvedic protocol, which integrates *Shodhana* with *Yoga Basti krama* (detoxification), *Shamana* (pacification), dietary regulations, and lifestyle modifications. The study highlights the significance of a holistic approach to managing *Vatarakta*, demonstrating that Ayurveda can be an effective intervention to manage the symptoms and improve the quality of life of patients suffering from this condition. Continued research into the link between modern lifestyle and *Vatarakta* will be essential for developing comprehensive therapeutic strategies.

Keywords: - *Vatarakta*, Gouty arthritis, *Yogabasti krama*, *Shamana*, *vata dushti*, *rakta dushti*.

Introduction: -

Vatarakta, a disease described extensively in Ayurvedic literature, arises from the simultaneous vitiation of *Vata dosha* and *Rakta dhatu* (blood) . Clinically, it manifests with symptoms such as joint pain, inflammation, burning sensation, discoloration, and deformity—features that closely align with gout and other forms of inflammatory arthritis in modern medicine. Classical texts such as *Charaka Samhita* and *Madhava Nidana* outline both the pathogenesis and therapeutic approaches for *Vatarakta*, emphasizing the role of lifestyle, diet, and internal imbalance in disease progression. Gout mainly affects middle aged and elderly persons and postmenopausal women.

From a clinical standpoint, *Vatarakta* presents a significant burden due to its chronicity, pain, and recurrent nature. Although modern pharmacotherapy provides symptomatic relief in conditions like gout, issues such as drug resistance, gastrointestinal side effects, and recurrence underscore the need for alternative or integrative approaches. Ayurvedic interventions, particularly those based on *Shodhana* (bio-purification) and *Shamana* (palliative) therapies, have shown promising potential in preliminary observations and classical records. However, rigorous scientific validation through clinical studies are limited.

This study is designed to clinically evaluate the efficacy and safety of an Ayurvedic intervention in the management of *Vatarakta*. By assessing measurable outcomes such as pain reduction, joint mobility, serum uric acid levels, and quality of life indices, this research aims to bridge traditional knowledge with evidence-based practice. The results are expected to provide a scientific basis for incorporating Ayurvedic therapies into mainstream management protocols for *Vatarakta*-like conditions.

Materials and Methods: -

A single clinical case study was performed on the patient after taking informed consent before treatment.

For this study 46 years female patient having symptoms as

1. *Ubhaya pada tala daha* (burning sensations in B/Lsoles),
2. *Ubhaya Janu sandhi shoola* with *shotha* and *alpa araktavarniyata* (B/Lknee joint pain),
3. *Ubhaya padangushtha shoola*, *shotha* and *daha* (pain, swelling and burning sensations in B/L big toe) from past 3 years.

History of past illness: -

Patient suffered from similar symptoms 3 years back when she visited a consultant who started her with Tab Methotrexate 2.5 mg once a week (every Sunday).

History of present illness: -

The patient was normal 3 years back when she developed swelling with discolouration in left big toe with sharp pricking pain which was subsided on Painkillers and Methotrexate. When she developed the same symptoms with higher intensity and swelling all over the body so she got admitted to Panchakarma ward after being advised for *Yogabastikrama*.

Personal History: -

Occupation: - GNM Nurse since past 25 years.

Diet: - mixed type.

K/C/O: - HTN since past 1 year on regular Rx Tab Telmikind beta 25.

Menstrual history: -

Obstretic history: -

Ashtavidha Parikshana: -

Nadi (Pulse)- 78/min *Vata* dominant *pittaj*

Mutra- 4 -5 times/day 3 times/ night

Mala- unsatisfactory with *pravhana* (induced on pressure)

Jivha- Saama with *alpa upalepa*.

Shabda - normal

Sparsha- normal

Akriti - *madhyam* to *sthula*

Druka- normal

Vital examinations: -

BP- 110/80 mmHg

Weight-

Pulse- 78/min

Temperature- 98F

Respiratory rate- 18/min

Local examination of joints-

Swelling on B/Lknee joints with mild tenderness, rubor and calor, Swelling over B/Lgreater toe B/Lankle joint deformity absent.

Systemic examination -

Cardiovascular system- S1S2 normal

CNS- Concious and well oriented

RS- B/Lclear and equal sounds heard

p/a- soft and non-tender

Investigations-

Before treatment- sr uric acid

After treatment- sr uric acid

HLAb27- negative

Criteria for assessment -

Table for subjective criteria-

Subjective Parameter	Observation	Scale
<i>Sandhishoola</i> (Joint Pain)	No pain	0
	Mild Pain	1
	Moderate pain	2
	Severe pain	3
<i>Daha</i> (Burning sensation)	Absent	0
	Mild	1
	Moderate	2
	Severe	3
<i>Sandhishotha</i> (Joint Swelling)	No swelling	0
	Swelling but not apparent	1
	Swelling obvious on lesser than 2 joints	2
	Swelling obvious on greater than 2 joints	3
	No tenderness	0

<i>Sparshaasahatva</i> (Tenderness)	Mild, deep touch causes sparshaasahatva	1
	Moderate, deep touch causes sparshaasahatva	2
	Severe	3
<i>Arakatavarniyata</i> (Reddish discolouration)	Absent	0
	Present	1

Table no. Subjective Criteria for assessment of *Vatarakta*.

Table no 2 for Subjective and Objective Criteria day-wise comparison.

Sr no.	Symptoms	1 st day	7 th day	15 th day
1	<i>Shoola</i>	3	1	1
2	<i>Shotha</i>	3	0	0
3	<i>Daha</i>	2	1	0
4	<i>Araktavarniyata</i>	1	0	0

Principles of treatment: -

According to Ayurvedic texts management of *Vatarakta* follows the sequence-

Table showing Ayurvedic treatment given for 7 days.

Sr no	Name of drug	Dose	Kala	Anupana
1	<i>Kokilaksha kashaya</i> ⁵	20ml	<i>Vyanodane</i>	Koshna jala
2	<i>Kaishore Guggulu</i> ⁴	2 tablets(250mg)	<i>Vyanodane</i>	Koshna jala
3	<i>shankhavati</i>	2tablets(250mg)	<i>Apano</i>	Koshna Jala
4	<i>Rasaraktapachak kashaya</i>	20ml	<i>vyanodane</i>	Koshna jala
5	<i>Aragwadh Kapila vati</i>	2tablets	<i>Nishi</i>	Jala

Table no Table showing panchakarma details -

Sr No.	Name of Procedure	Drugs used for the Procedure
1	<i>Sneha Karma</i>	<i>Dhanwantar Tailam</i> ⁽⁸⁾
2	<i>Swedana Karma</i>	<i>Bashpa Sweda</i>
3	<i>Anuvasana basti</i> ⁽⁹⁾	<i>Balaguduchyadi taila</i> ³ 60ml
4	<i>Niruha Basti</i> ⁽⁹⁾	<i>Dashmool Rasna Erandmoola, traymaan</i>
5	<i>Lepa</i>	<i>Shothahar lepa (Rasna, Purnarnava, Dashmool)</i>

Niruha basti nirmana was done as *kwatha* 700ml (100g of *churna* in 2400ml of water reduced to 700ml decoction). Emulsion was made with honey 60g, *saindhava* 15g, *samyogartha taila* used was *erand taila* 40ml and *tila taila* 40ml, *kalka* with *Shatpushpa*, *Kutaki*, *vacha* and *kwatha* (decoction) 700ml.

Results:- Symptomatic relief was seen on Fourth day of treatment. There was significant reduction in *shola* (pain), *Shotha* (swelling) on Fourth day of *Yogabasti krama*. Patient was able to do her daily chores and regain her duty which significantly had impact on her mental health too. Symptomatic results were seen when the patient was treated with *Ayurvedic* medicine and *Panchakarma* therapy. Changes observed in subjective and objective parameters such as serum uric acid were significant. This was single case study which proves effect of *Ayurveda* treatment of *Vatarakta* (Gout). *Ayurveda* herbs along with *Panchkarma* therapy shows highly encouraging results in *Vatarakta* (Gout).

Discussion- This case report highlights the effective role of *Yogabasti Krama* in the management of *Vātarakta*, as demonstrated in a 46-year-old female patient. The patient showed marked clinical improvement in cardinal symptoms such as *Shotha* (inflammation/swelling), *Shoola* (pain), and *raktavarṇyatā* (reddish discoloration) within the first three days of the 7-day treatment regimen. The rapid and sustained relief indicates the potential of *Yogabasti* in pacifying vitiated *Vāta* and *Rakta*, the primary *doṣhas* involved in *Vātarakta* pathogenesis. This outcome underscores the classical Ayurvedic approach to disease management and suggests that *Yogabasti* may be a valuable therapeutic option in similar clinical conditions. However, further studies with larger sample sizes are essential to validate these findings and establish standardized protocols.

Mode of Action of Ayurvedic Medicine: -

Kaishore Guggulu - It works as an *Anabhislyandi*, *snigdha*, *Srotoshuddhikaraka*, *Vatashamana* along with *Kaphamedonashak* properties.

Shankha Vati - It helps in *Deepana*, *pachana*, *Vatanulomana*

Kokilaksha kashaya: - *Vata-Rakta Shamana* (pacifies aggravated *Vata* and vitiated *Rakta*), *Mutrala* (diuretic) – helps in expelling excess uric acid, *Raktaprasadana* (blood purifier), *Shothahara* (anti-inflammatory) and *Ama Pachana* (digests endotoxins). *Kokilaksha* has been shown in studies to have uricosuric effects, enhancing renal excretion of uric acid. It likely inhibits xanthine oxidase, an enzyme involved in purine metabolism and uric acid production similar to allopurinol.

Mechanism of Action of Panchakarma Therapies: -

Oleation Therapy (*Snehan*):

Senhan (Oleation therapy) with *Dhanwantaram Thailam*⁽⁸⁾ is a vital component in the Ayurvedic management of *Vatarakta*, particularly in the early and subacute phases. *Dhanwantaram Thailam* contains herbs such as *Dashamoola*, *Bala*, *Ashwagandha* and *Yava*, which exhibit *Vata-shamaka* (*Vata*-pacifying), anti-inflammatory, and nervine tonic properties. The anti-inflammatory phytoconstituents of the oil reduce local swelling, tenderness and inflammation. Regular application results in better joint flexibility and reduced morning stiffness.

Sudation Therapy (*Swedana*):

Swedana, or therapeutic sweating, is administered after oleation to dilate body channels (*Srotas*) and facilitate the elimination of toxins through perspiration. This therapy helps alleviate symptoms associated with coldness, stiffness, and heaviness, often linked to imbalanced *Kapha* and *Vata Dosha*. Through induced sweating, *Swedana* promotes cutaneous detoxification and may support circulation, muscle relaxation, and removal of metabolic wastes from deeper tissues such as *rasa* (plasma), *rakta* (blood), *mamsa* (muscle), and *meda* (adipose tissue). The *sweda* reduces stiffness, inflammation, and pain in joints, and improves tissue flexibility.

Enema Therapy (*Basti*)⁽⁹⁾:

Basti therapy involves the administration of medicated enemas using oils, decoctions, or milk-based formulations. It is considered one of the most effective treatments for *Vata* disorders and is recognized for its analgesic (*Vedanasthapana*), anti-inflammatory (*Shothahara*), digestive stimulant (*Deepana*), metabolic enhancer (*Pachana*), and diuretic (*Mutrala*) properties. *Basti* therapies are also regarded as rejuvenative (*Rasayana*), aiding in the nourishment of deeper tissues, particularly bone (*Asthi*) and marrow/nervous tissue (*Majja Dhatu*).

Balaguduchyadi Thailam- contains *Bala*, *guduchi*, *deodara vatashamaka* are *raktaprasadak dravya* that alivate *vata dosha* by removing obstruction in the *gati* of *vata* (channel of *vata*).

- **Dashmoola** – Anti-inflammatory, analgesic, *Vata-Kapha hara*.
- **Rasna** – *Vata-shamaka*, pain-relieving, anti-rheumatic.
- **Erandamoola** – *Vatahara, deepana*, removes stiffness, enhances digestion.
- **Traymana**- Mild *virechana*, *Rakta-shodhaka*, *Tridosha shamaka*, antioxidant, improves gut detox.
- **Erand taila**⁽⁷⁾ - the mild purgation properties of *Erand Sneha* helps in removing obstruction of *Vata dosha*, *Avrutta Vata*, *Rakta Shodhana* its *Sukshma* and *Strotovishodhana* *guna*

Conclusion: - On 4th day, some improvement in sign and symptoms was seen. The used drugs alleviate *Vata* by bringing back its normal function and removed obstruction in *Raktavaha Srotas* by *Kaphamedoghna* action. The *Sarwanga Snehana* with *Dhanwantara Taila* and *Bashpa Sweda* followed by *Yogabasti krama* for 7 days that includes *Anuvasana Basti* with *Balaguduchyadi taila* an *Niruha Basti* with *Dashmoola Rasna Erandmoola* and *Trayman kwatha* is significantly effective treatment in managing the acute outbreak of *Vatarakta* symptoms.

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