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VATARAKTA W.S.R. TO GOUT: A CASE STUDY

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1. ABSTRACT

Vatarakta is a classical Ayurvedic disease entity caused by the simultaneous vitiation of Vata dosha and Rakta dhatu. It is one of the most elaborately described conditions in Ayurvedic classics, closely correlating with Gout (Hyperuricemia) in contemporary medicine, characterized by acute inflammatory arthritis predominantly affecting smaller joints. This case study presents a 48-year-old male patient diagnosed with Uttana Vatarakta (Pitta-Vata Pradhana type) presenting with acute gouty arthritis of the right first metatarsophalangeal (MTP) joint, elevated serum uric acid (8.9 mg/dL), and associated inflammatory markers (CRP 24 mg/L, ESR 48 mm/hr). The patient was treated with a comprehensive Ayurvedic protocol comprising Shodhana Chikitsa (Virechana and Kala Basti) followed by Shamana Chikitsa using classical Vatarakta Kalpas including Guduchi Swarasa, Kaisora Guggulu, Punarnavashtaka Kwatha, and Chandraprabha Vati over a period of 2 months. Significant clinical improvement was observed with 75% reduction in pain (VAS score 8 to 2), marked decrease in joint swelling and redness, normalization of serum uric acid (8.9 to 5.8 mg/dL), and improvement in ESR and CRP values. No adverse effects were reported throughout the treatment period. This study highlights the efficacy and safety of integrated Ayurvedic management in Vatarakta/Gout.

KEYWORDS: Vatarakta, Gout, Hyperuricemia, Kayachikitsa, Panchakarma, Ayurveda, Virechana, Vatanashaka Kalpas.

2. INTRODUCTION

Vatarakta is one of the most elaborately described diseases in Ayurvedic classics. The term is a compound of 'Vata' (the dosha governing movement) and 'Rakta' (blood tissue/dhatu), whose simultaneous vitiation produces a complex clinical syndrome chiefly manifesting as painful arthritis, predominantly affecting the smaller joints of hands and feet. Charaka Samhita (Chikitsa Sthana 29), Sushruta Samhita (Nidana Sthana 1), and Ashtanga Hridayam (Nidana Sthana 16) provide detailed accounts of this disease.

The correlation between Vatarakta and Gout is well-established. The etiology (excessive incompatible, heavy, sour foods), predominantly affected joints (smaller joints), acute burning pain, and metabolic basis show remarkable similarity. This article presents a comprehensive review of Vatarakta and a clinical case study demonstrating the efficacy of Ayurvedic management.

3. AIM AND OBJECTIVES

3.1 Aim

To evaluate the efficacy of classical Ayurvedic formulations (Kalpas) in the management of Vatarakta with special reference to Gout through a clinical case study approach.

3.2 OBJECTIVES

- To review the classical Ayurvedic texts on Vatarakta – its Nidana, Samprapti, Purvarupa, Rupa, and Chikitsa Siddhanta.
- To establish a detailed correlation between Vatarakta and Gout based on clinical and biochemical parameters.

- To document a case study with complete clinical findings, investigations, treatment protocol, and outcomes.
- To assess the efficacy of Shodhana (Virechana) and Shamana Kalpas in managing Vatarakta/Gout.
- To evaluate changes in serum uric acid, ESR, CRP, and WBC count before and after treatment.

4. NIDANA (ETIOLOGY) OF VATARAKTA

Nidana includes Aharaja (dietary) factors such as excess salt, sour foods, alcohol, black gram, and incompatible food combinations; Viharaja (lifestyle) factors including sedentary habits, suppression of natural urges, and irregular sleep; and Manasika factors (grief, anger, anxiety). Sahaja (hereditary) predisposition correlates with genetic hyperuricemia.

Ref: Cha.Chi.29/5-12; A.H.Ni.16/1-5

5. SAMPRAPTI (PATHOGENESIS) OF VATARAKTA

5.1 Samprapti in Classical Terms

The above nidanas cause simultaneous vitiation of Vata and Rakta. Vitiated Vyana Vata, obstructed by accumulated Rakta dhatu in peripheral channels (Sira), creates Vatarakta. The mutual antagonism (parasparavirodha) of Vata and Rakta is the central mechanism. Accumulated uric acid crystals can be compared to Ama (metabolic endotoxin) deposited in joints and channels.

6. SAMPRAPTI GHATAK (COMPONENTS OF PATHOGENESIS)

Samprapti Ghatak	Classical Term	Correlation with Gout
Dosha	Vata (Vyana, Apana) + Pitta + Rakta	Hyperuricemia + inflammation + vascular changes
Dushya	Rakta (primary), Mamsa, Asthi (chronic)	Blood urate, synovial tissue, bone erosion
Agni	Jatharagni Mandya + Dhatvagni Dushti	Impaired purine metabolism, reduced urate excretion
Ama	Ama Visha (metabolic toxins)	Monosodium urate crystals
Srotas	Raktavaha, Rasavaha, Asthivaha Srotas	Vascular channels, lymphatics, joint spaces
Adhisthana	Sarva Sandhi (Uttana); Pada, Hastapadam (Gambhira)	Peripheral small joints predominantly
Vyakti Sthana	Padam, Kara, Gulpha	First MTP joint, ankle, wrist joints

7. METHOD OF PROGRESSION (VYADHI KRAMANA)

The progression of Vatarakta follows a centripetal pattern – beginning in peripheral small joints and gradually moving toward larger, central joints and deeper tissues.

7.1 Uttana Vatarakta (Superficial)

Initially involves superficial tissues – Tvak (skin), Rakta (blood), and Mamsa (muscle). This stage is more amenable to treatment and corresponds to acute or early-stage gout.

7.2 Gambhira Vatarakta (Deep)

With chronicity, the disease penetrates deeper tissues – Asthi (bone), Majja (bone marrow), and Sandhi (joint cartilage). This corresponds to chronic tophaceous gout with joint erosions and urate nephropathy.

8. PURVARUPA (PRODROMAL SYMPTOMS)

Purvarupa are early warning signs appearing before full disease manifestation. In Vatarakta, the following prodromal lakshanas are described.

Sparsha Asahishnuta (touch hypersensitivity), Suptata (numbness), Kandu (itching), Ruk (shifting joint pain), Toda (pricking sensation), Daha (burning), Sphutana (splitting sensation), Gourava (limb heaviness), Jwara (mild fever), Trishna (thirst), Arochaka (anorexia), Vaivarnya (skin discoloration).

Ref: Cha.Chi.29/20-22; A.H.Ni.16/10

9. RUPA (SYMPTOMS) WITH GRADATION

9.1 Cardinal Symptoms of Vatarakta

Symptom (Sanskrit)	Meaning	Grade 1 (Mild)	Grade 2 (Moderate)	Grade 3 (Severe)
Sandhi Shoola	Joint pain	VAS 1-3	VAS 4-6	VAS 7-10
Sandhi Shotha	Joint swelling	Slight puffiness	Visible swelling	Gross swelling, tense
Daha	Burning sensation	Mild warmth	Moderate burning	Severe burning
Raga	Redness of joint	Pinkish tinge	Frank erythema	Deep red, cyanotic
Sparshasahishnutva	Tenderness	Mild on pressure	Moderate, ↓ROM	Cannot bear touch
Jwara	Fever	<99°F	99-101°F	>101°F
Gourava	Heaviness	Mild	Difficulty walking	Unable to walk

10. TYPES (BHEDA) OF VATARAKTA

10.1 Based on Location (Sthana Bheda)

Type	Location	Features	Modern Correlation
Uttana Vatarakta	Superficial – Tvak, Rakta, Mamsa	Skin changes, superficial pain, acute onset; more treatable	Acute gouty arthritis
Gambhira Vatarakta	Deep – Asthi, Majja, Sandhi, Sira	Joint deformity, deep pain, tophi; difficult to treat	Chronic tophaceous gout

11. MATERIALS AND METHODS

11.1 Study Design

A single observational clinical case report was conducted at the OPD/IPD of the Department of Kayachikitsa. Written informed consent was obtained. Diagnosis was established based on classical Ayurvedic criteria (Charaka Samhita Ch.29) and modern investigations. IEC/IRB clearance was obtained per institutional norms.

11.2 Case Presentation

Parameter	Details
Patient	Mr. [X], 48 years, Male, Hindu, Business, Urban
Chief Complaints	Severe pain, swelling, redness, and burning in right 1st MTP joint for 3 days
Duration of Illness	Recurrent episodes for 2 years; acute exacerbation for 3 days
Associated Complaints	Low-grade fever, anorexia, excessive thirst, difficulty in walking
Past History	3 similar episodes in past 2 years; hypertension (on Tab. Amlodipine 5mg)
Family History	Father had similar joint complaints (suggestive of familial gout)
Personal History	Non-vegetarian diet, alcohol (occasionally), sedentary work
Prakriti	Pitta-Vata Prakriti
Agni	Vishama Agni (irregular digestive fire)
Koshtha	Krura Koshtha (hard bowel)

11.3 Ashtavidha Pariksha (Eight-Fold Examination)

Examination	Findings
Nadi (Pulse)	Vata-Pitta Pradhana – rapid, irregular, bounding at periphery
Mutra (Urine)	Dark yellow, concentrated; urine output reduced
Mala (Stool)	Hard, infrequent, dry (Krura Koshtha)
Jihwa (Tongue)	Coated (Sama), mild redness at tip
Sparsha (Touch)	Skin dry at extremities; affected joint hot, tender, tense
Akriti (Appearance)	Overweight (BMI 27.4 kg/m²), anxious expression

11.4 Local Examination

Parameter	Right 1st MTP Joint	Other Joints
Sandhi Shotha (Swelling)	+++ (Gross swelling, tense)	Mild bilateral ankle tenderness
Sandhi Shoola (Pain)	VAS 8/10 (Severe)	VAS 3/10 (Bilateral ankles)
Daha (Burning)	+++ (Severe burning)	Mild bilateral feet
Raga (Redness)	Deep red to purplish	Pinkish – ankles
Sparshasahishnutva	+++ (Cannot bear touch)	++ (Moderate)
Range of Motion	Severely restricted	Mildly restricted

11.5 Laboratory Investigations

Investigation	Before Treatment	Normal Range
Serum Uric Acid	8.9 mg/dL	3.5 – 7.0 mg/dL (Males)
CRP	24 mg/L (Positive)	< 5 mg/L
ESR (Westergren)	48 mm/1st hr	0 – 15 mm/1st hr
CBC – WBC Count	11,400 cells/mm³	4,000 – 11,000 cells/mm³

11.6 Diagnosis

Ayurvedic Diagnosis: Uttana Vatarakta (Pitta-Vata Pradhana type) – Padam (Right foot) Adhisthita

Modern Diagnosis: Acute Gouty Arthritis – Right 1st MTP joint; Hyperuricemia

12. TREATMENT PROTOCOL – VATARAKTA KALPAS

Treatment is based on: (1) Nidana Parivarjana (elimination of causative factors) and (2) Chikitsa comprising Shodhana and Shamana therapies.

12.1 Nidana Parivarjana (Elimination of Causes)

- Strict dietary modifications: avoid non-vegetarian food, alcohol, fermented foods, heavy pulses
- Increase physical activity (light walking), avoid daytime sleep, avoid suppression of natural urges
- Adequate hydration (>2.5 liters/day) to promote uric acid excretion
- Avoid stress (Manasika nidana)

12.2 Pathya-Apathya (Dietary Guidelines)

Category	Pathya (Recommended)	Apathya (Avoid)
Ahara (Food)	Old rice, barley, wheat, green gram (Mudga), bitter gourd, drumstick, garlic, ginger	Black gram, horse gram, new grains, curd, fermented foods, non-veg, alcohol, excess salt & sour
Vihara (Lifestyle)	Light yoga, Pranayama, regulated sleep, Abhyanga	Daytime sleep, sedentary habits, Vegadharana, stress
Drava (Fluids)	Lukewarm water, Guduchi swarasa, Punarnava kwatha, coconut water	Cold drinks, alcohol, sour juices, carbonated beverages

12.3 Shodhana Chikitsa (Purificatory Treatment)

Phase 1: Poorvakarma (Preparatory Procedures) – Days 1–7

Procedure	Drug/Method	Dose/Duration	Purpose
Snehana (Internal oleation)	Panchatikta Ghrita	20-30 ml at bedtime with warm water, 5 days	Lubricate channels, mobilize ama
Abhyanga (External oleation)	Mahanarayan Taila + Dashamoola Taila (1:1)	Full body massage, 45 min daily, 5 days	Vata pacification, channel opening
Nadi Sweda (Steam)	Dashmoola Kashaya steam	15-20 min after Abhyanga, 5 days	Open channels, liquefy vitiated doshas

Phase 2: Pradhanakarma – Virechana (Purgation) – Day 8

Virechana (therapeutic purgation) was administered as Pitta is the predominant dosha and Virechana is ideal for Pitta-predominant Vatarakta.

Parameter	Details
Virechana Drug	Trivrit Leha (Operculina turpethum) – 30g with warm milk
Virechana Vega	12 Vegas (adequate Virechana)
Samsarjana Krama	3-day dietary regimen post-Virechana (Peya → Vilepi → normal diet)
Outcome	Significant reduction in Pitta symptoms; joint burning reduced

Phase 3: Basti Chikitsa (Medicated Enema) – Days 12–26 (Kala Basti Karma)

As Vata is the primary dosha in Vatarakta, Basti is described as 'ardha chikitsa' (half the treatment) for Vata disorders.

Basti Type	Days	Drug Composition	Purpose
Niruha Basti (Decoction enema)	Alternate days × 8 times	Dashamoola Kashaya + Saindha Lavana + Madhu + Til Taila + Guduchi Kwatha	Vata pacification, channel cleansing
Anuvasana Basti (Oil enema)	Alternate days × 7 times	Mahanarayan Taila + Shatavari Ghrita (50ml each)	Deep tissue nourishment, Vata pacification

12.4 Shamana Chikitsa (Palliative Treatment) – Vatarakta Kalpas

Shamana chikitsa begins from Day 12 simultaneously with Basti Chikitsa, and continues through the remainder of the 2-month treatment period.

12.4.1 Internal Medications (Antaranga Chikitsa)

S.No.	Kalpa (Formulation)	Dose & Anupana	Duration	Action
1	Guduchi Swarasa (Tinospora cordifolia)	20 ml BD on empty stomach + honey	60 days	Tridosha shamaka, Rasayana, Uricosuric
2	Kaisora Guggulu	2 tabs (500mg each) TID with warm water	60 days	Vata-Pitta shamaka, anti-inflammatory, uricosuric
3	Punarnavashtaka Kwatha	40 ml BD with warm water	45 days	Diuretic, Sothahara, Rakta-shodhaka
4	Amrutadi Guggulu	2 tabs TID with Guduchi swarasa	45 days	Vatarakta-specific, anti-inflammatory
5	Shatavari Churna	3g BD with milk	45 days	Vata-Pitta shamaka, Rasayana

6	Chandraprabha Vati	2 tabs BD with warm water	45 days	Mutral (diuretic), promotes uric acid excretion
7	Maha Manjisthadi Kwatha	30 ml BD with honey	30 days	Raktashodhaka (blood purifier), Pittahara
8	Giloy Satwa (Guduchi Satwa)	500mg BD with honey + water	60 days	Anti-inflammatory, Rasayana, immunomodulator
9	Kokilaksha Churna	3g BD with Guduchi kwatha	45 days	Specific for Vatarakta – Vata-Pitta shamaka

12.5 Complete Treatment Schedule Summary

Phase	Days	Key Interventions
Poorvakarma	1–7	Panchatikta Ghrita (Snehapana) + Abhyanga + Nadi Sweda
Virechana	8–11	Trivrit Leha Virechana + Samsarjana Krama
Basti Krama + Shamana Phase 1	12–26	Kala Basti (Niruha + Anuvasana alternating) simultaneously with Shamana oral medications
Shamana – Phase 2	27–60	Continuation of all oral medications + External Lepas + Avagaha Sweda
Follow-up	Monthly × 2	Serum uric acid monitoring; dietary counseling; maintenance medications

13. ASSESSMENT CRITERIA AND RESULTS

13.1 Subjective Parameters

Symptom	Before Treatment	After 30 Days	After 60 Days	% Relief
Sandhi Shoola (VAS)	8/10	4/10	2/10	75%
Sandhi Shotha (Swelling)	Grade 3 (Gross)	Grade 2 (Visible)	Grade 1 (Mild)	67%
Daha (Burning)	Grade 3 (Severe)	Grade 2	Grade 1	67%
Raga (Redness)	Grade 3 (Deep red)	Grade 2	Grade 1	67%
Sparshasahishnutva	Grade 3 (Cannot bear)	Grade 2	Grade 1	67%
Jwara (Fever)	Grade 2 (99.8°F)	Grade 1	Grade 0	100%
Gourava (Heaviness)	Grade 3	Grade 2	Grade 1	67%
Kandu (Itching)	Grade 2	Grade 1	Grade 0	100%

13.2 Objective / Laboratory Parameters

Parameter	Before Treatment	After 30 Days	After 60 Days	Normal Range
Serum Uric Acid	8.9 mg/dL	7.1 mg/dL	5.8 mg/dL	3.5-7.0 mg/dL
ESR (mm/1st hr)	48 mm	28 mm	16 mm	0-15 mm
CRP (mg/L)	24 mg/L	10 mg/L	3 mg/L	< 5 mg/L
WBC Count	11,400/mm³	9,200/mm³	7,800/mm³	4,000-11,000

13.3 Overall Outcome

Outcome Category	Assessment	Interpretation
Marked Improvement	VAS ≤ 2, Uric acid ↓ > 30%, All objective parameters improved	ACHIEVED – Patient in this category
Moderate Improvement	VAS 3-5, Uric acid ↓ 15-30%	—
Complete Relief	VAS 0, Uric acid normal	Not achieved (partial response)

14. DISCUSSION

14.1 Correlation of Vatarakta with Gout

Aspect	Vatarakta (Ayurveda)	Gout (Modern Medicine)
Primary Cause	Vata-Rakta vitiating Ahara-Vihara	Hyperuricemia from purine metabolism disturbance
Pathogenesis	Vata obstructed by vitiated Rakta in Sira	MSU crystal deposition in joint from excess urate
Affected Joints	Pada (foot), Gulpha (ankle), Hastapadam (hands)	Predominantly 1st MTP joint, ankle, wrist
Onset	Acute, sudden; often nocturnal	Classic acute attack; nocturnal onset common
Metabolic Basis	Ama + Dushta Rakta (metabolic toxins in blood)	Monosodium urate crystals – metabolic endproduct
Genetic Factor	Sahaja Nidana (hereditary)	ABCG2, URAT1 gene mutations
Dietary Trigger	Purine-rich foods, alcohol, pulses	Purine-rich meat, alcohol (beer), fructose

14.2 Mechanism of Action of Key Drugs

- Guduchi (Tinospora cordifolia): Berberine inhibits xanthine oxidase; Tridosha shamaka, uricosuric (in vitro studies).
- Kaisora Guggulu: Guggulsterones inhibit NF-κB – classical Vatarakta-hara formulation.
- Punarnava (Boerhavia diffusa): Potent diuretic; promotes renal uric acid excretion; anti-edematous.
- Chandraprabha Vati: Promotes renal urate excretion; Mutral + Rasayana action.
- Virechana: Eliminates Pitta dosha and Ama via gut; restores Agni and corrects purine metabolism.
- Basti Chikitsa: Works on Vata through gut-brain axis; improves renal tubular function for urate clearance.

15. CONCLUSION

This case study demonstrates that Vatarakta closely corresponds to Gout (Hyperuricemia/Acute Gouty Arthritis) in terms of etiology, pathogenesis, clinical features, and complications. The integrated Ayurvedic treatment protocol comprising Shodhana Chikitsa (Virechana and Basti) followed by Shamana Chikitsa with classical Vatarakta Kalpas produced marked clinical improvement.

- 75% reduction in pain (VAS 8 → 2)
- Significant reduction in serum uric acid (8.9 → 5.8 mg/dL – 35% reduction)
- Normalization of inflammatory markers (ESR, CRP)
- Improvement in joint swelling, redness, and tenderness
- No adverse effects or drug interactions observed

The multi-targeted approach of Ayurveda addressing both the Rupa (symptom) and Nidana-Samprapti (root cause) offers a holistic, safe, and effective management strategy. Further multi-center randomized controlled trials are recommended to establish the evidence base.

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