

**UNDERSTANDING VATARAKTA (GOUT) THROUGH AYURVEDIC PRINCIPLES: A LITERATURE REVIEW****Priyanka Singh^{1*}, Deena Nath Singh² and Ramesh Kant Dubey³**¹M.D. Roga Nidana Evum Vikriti Vigyana, JR3,²Assistant Professor, Roga Nidana Evum Vikriti Vigyana,³Assistant Professor, Swasthavritta,

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ABSTRACT

Various health ailments are caused by the combination of imbalanced Vata and Rakta, resulting in illnesses. Among them is Vatarakta, a condition where the aggravation of Vata and impurity of Rakta play a central role. The disease's pathology starts in the blood, spreads through blood vessels and nerves, and eventually settles in the joints. This disorder is being studied urgently to discover a safe, effective, and permanent cure. This review provides an overview of the historical aspects of Vatarakta (Gout), tracing its origins from the Vedic era to the present century. It covers the etymology of Vatarakta, including its causes (Nidana), disease process (Samprapti), preliminary symptoms (Purva-rupa), clinical features (Rupa), prognosis (Sadhyata-Asadhyata), associated factors (Sapeksha Nidana), complications (Upadrava), treatment (Chikitsa), and dietary regimen (Pathya-Apathya).

KEYWORDS: Vatarakta, Upadrava, Asadhyata, Nidana, Pathya-Apathya.**INTRODUCTION**

Vatarakta, also known as gout, is a condition in Ayurveda that is named based on the involvement of the vata dosha (one of the three biological energies) and the rakta dhatu (blood tissue). The name "Vatarakta" is derived from the combination of "vata" and "rakta."

According to Ayurveda, when vata dosha disturbs the rakta dhatu, it leads to the manifestation of a disease called "vatashonitha," in which both vata and rakta are involved. Vatarakta is the specific term used to describe the illness that arises from the vitiation of vata dosha and rakta dhatu, following a particular pathological process known as "samprapti."

Vatarakta is considered a progressive disease that evolves over time. Historical references provide insights into its etiology, clinical presentation, treatment, and complications, which can be categorized into four distinct periods:

Vedic kaal (Ancient period): This refers to the time when the ancient Ayurvedic texts, such as the Vedas, were composed. These texts mention the concepts and early understandings of Vatarakta.

Samhita kaal (Classical period): This period corresponds to the era when classical Ayurvedic texts, such as Charaka Samhita and Sushruta Samhita, were

written. These texts provide detailed descriptions of Vatarakta, including its etiology, symptoms, and management.

Sangraha kaal (Medieval period): During this medieval period, Ayurvedic compendiums and commentaries were written, expanding on the knowledge of Vatarakta found in the classical texts. These works further elucidated various aspects of the condition.

Adhunik kaal (Modern period): This refers to the modern era, where Ayurvedic literature and research continue to contribute to our understanding of Vatarakta. With advancements in medical knowledge and scientific research, new insights, treatment approaches, and management strategies have emerged.

By categorizing the historical information into these four periods, it becomes possible to trace the evolution of knowledge and perspectives on Vatarakta throughout the ages. This division helps in understanding the development of diagnostic techniques, treatment methods, and the overall progression of Ayurvedic understanding of this condition.

During the **Vedic period**, there were only scattered references to joint disorders, without a specific mention of Vatarakta. However, the Puranic period provided more extensive information on Vatarakta in texts like **Garuda**

Purana and Agni Purana. The classical texts of the Samhita period, such as **Charaka Samhita, Sushruta Samhita, Bhela Samhita, Harita Samhita, Ashtanga Samgraha, and Ashtanga Hridaya**, offer detailed descriptions of Vatarakta, including its various aspects like Nidana (etiology), Samprapti (pathogenesis), Bheda (classification), Upadrava (complications), Sadhya-asadhyatva (prognosis), Pathya-apathya (dietary guidelines), and Chikitsa (treatment).

In the subsequent **Samgraha period, Madhava Nidana, Chakradatta, Sharangdhar Samhita, Bhava Prakasha, Yoga Ratnakara, and Bhaishajya Ratnavali** provided further insights into Vatarakta, focusing on its diagnosis, treatment, and subtypes.

Etiological factors (Nidana)

According to the descriptions in the *Charaka Samhita and Sushruta Samhita*, the **etiological factors**, or causes, of *Vata-Rakta* (a type of joint disorder associated with gout) can be categorized as follows:

Dietary factors

- Excessive consumption of salty, sour, astringent, pungent, alkaline, and unctuous foods.
- Consumption of hot and spicy foods.
- Eating before the digestion of the previous meal.
- Excessive consumption of aquatic or marshy land animals, or dry foods from desert regions.
- Consumption of specific food items such as tilpishta (A type of preparation), radish, horse gram, black gram, leafy vegetables, mutton, sugarcane, curd, fermented drinks (such as arnala, souviraka, shukta, sura, asava).

Lifestyle factors

- Incompatible diet (Virudhaahara).
- Intake of food before the digestion of a previous meal (Adhyashana).
- Anger (Krodha).
- Sleeping during the day (Diva swapana).
- Nocturnal awakening (Prajagarana).
- Excessive grief.
- Overindulgence in sexual activity.
- Excessive physical exertion.
- Regular and excessive consumption of wine or alcohol.
- Disobeying dietary and seasonal regimens.

Constitutional factors

- Individuals with a tender constitution (Sukumara prakriti).
- Individuals who are not accustomed to hard work and engage in improper diet and lifestyle practices.

The comparison of etiology between Vatarakta (a type of joint disorder in Ayurveda) and gouty arthritis from a modern perspective reveals several similarities. Here is a breakdown of the comparison:

Lavana rasa (Salty taste): Both Vatarakta and gouty arthritis are influenced by excessive consumption of salty foods. Salt contributes to dehydration, which can lead to gout attacks by hindering water excretion and preventing the flushing out of uric acid from the body.

Mulak, Kulath, Masha, Nishpaav: These Ayurvedic terms refer to pulses, radish, and legumes, which are rich in purines. In both Vatarakta and gouty arthritis, the metabolism of purines leads to the production of uric acid, which can accumulate and trigger symptoms.

Shaak (High purine vegetables): Consumption of high purine vegetables like spinach or asparagus is associated with gout attacks in both Vatarakta and gouty arthritis.

Anoop Deshiya Mansa, Ambuja mansa (Non-vegetarian diet): Seafood, such as salmon, mackerel, and red meat, which are rich in purines, can contribute to both Vatarakta and gouty arthritis.

Arnala, Souvira, Shukta, Sura, Asava (Fermented drinks): Alcohol consumption is considered a significant risk factor for both Vatarakta and gouty arthritis. It reduces urate excretion and increases urate production in the blood.

Dadhi, Takra (Dairy products): While these Ayurvedic preparations are rich in protein content, recent research suggests that dairy products may help in reducing serum uric acid levels, contradicting the assumption that they would increase uric acid levels.

Mithyahara, Virudhhashan (Incompatible diet): Ingestion of certain foods or drinks stored or handled in lead-lined containers, as well as excessive intake of certain drugs like aspirin or diuretics, can contribute to gout attacks in both Vatarakta and Gouty arthritis.

Annashana, Langhana (Starvation): Starvation can lead to the body metabolizing its own purine-rich tissues, resulting in increased production of uric acid. Starvation also impairs kidney function, affecting uric acid excretion.

Shushkaahara (Dehydration): Excess dehydration can lead to the retention of uric acid and other acidic wastes in the blood, contributing to hyperuricemia and gout attacks.

Ikshu, Mishthanna bhojana (Fructose-Rich diet): Consumption of fructose-rich foods and beverages, such as fruit juices and sweetened sodas, can increase uric acid production and contribute to gout attacks in both conditions.

Achankramana (Sedentary lifestyle): Vatarakta and gouty arthritis are more prevalent among individuals with sedentary lifestyles, although the disease can affect anyone.

Ativyayam, ativyavaya (Excessive muscle exertion): Excessive muscle exertion, particularly heavy work, can increase the degradation of ATP into AMP, leading to elevated uric acid levels and triggering gout attacks.

Abhigataj (Trauma): Trauma or physical injury is a known trigger for gout attacks.

Sthoulya (Obesity): Obesity is a significant risk factor for both Vatarakta and Gouty arthritis. Body Mass Index (BMI) has been identified as a predictor for the development of Gout.

Samprapti / Pathogenesis

According to Acharya Charaka, the pathogenesis of Vatarakta can be understood through two perspectives: **samana samprapti** (General pathogenesis) and **vishishta samprapti** (Specific pathogenesis).

In **samana samprapti**, the general causative factors responsible for the vitiation of Vata and Rakta dosha are specified. Vatarakta tends to occur in individuals with a tender and delicate physique who engage in unhealthy dietary and lifestyle practices, as mentioned earlier in the etiological factors. These factors lead to the aggravation of Vata and Rakta dosha.

In this process, the aggravated and vitiated Rakta quickly obstructs the path of the already aggravated Vata. This obstruction hinders the normal movement (gati) of Vata, causing it to become significantly aggravated. As a result, the entire Rakta (blood) becomes vitiated and manifests as Vatarakta.

The specific term "Vatarakta" is used because the vitiated Vata, which is excessively aggravated due to the obstruction caused by the vitiated Rakta, further aggravates the entire Rakta (blood). This interplay between Vata and Rakta gives rise to the disease known as Vatarakta.

Vishishta samprapti, on the other hand, provides a more detailed understanding of the pathogenesis of Vatarakta, including the nature of Vata dosha, Rakta dhatu, and the channels (srotas) involved in the disease.

In the pathology of Vatarakta, both Vata and Rakta dosha play significant roles, but Vata is considered more predominant. This is because Vata is a dosha (**bioenergetic force**) and doshas are considered independent entities in Ayurveda. Therefore, due to the predominance of Vata in the disease process, it is named Vatarakta rather than Raktavata.

According to Sushruta, the vitiated Rakta (blood) combines with greatly aggravated Vata, which is highly predominant, leading to the manifestation of Vatarakta.

To explain the specific pathogenesis (vishishta samprapti) of Vatarakta, Acharya Charaka puts forth the theory that Vata is **sukshma** (subtle) in nature and has the capacity to move in all the joints and channels (srotas) of the body. On the other hand, Rakta is **Drava** (liquid) in nature and has the quality to flow in all the srotas of the body.

Due to these inherent qualities, vitiated Vata and Rakta move swiftly through the circulatory channels (sira marga) throughout the body. However, when they encounter joints, they face obstructions due to the complex anatomical structure of the joints. As a result, the vitiated or aggravated Vata and Rakta tend to accumulate in the joints, causing various types of pain sensations.

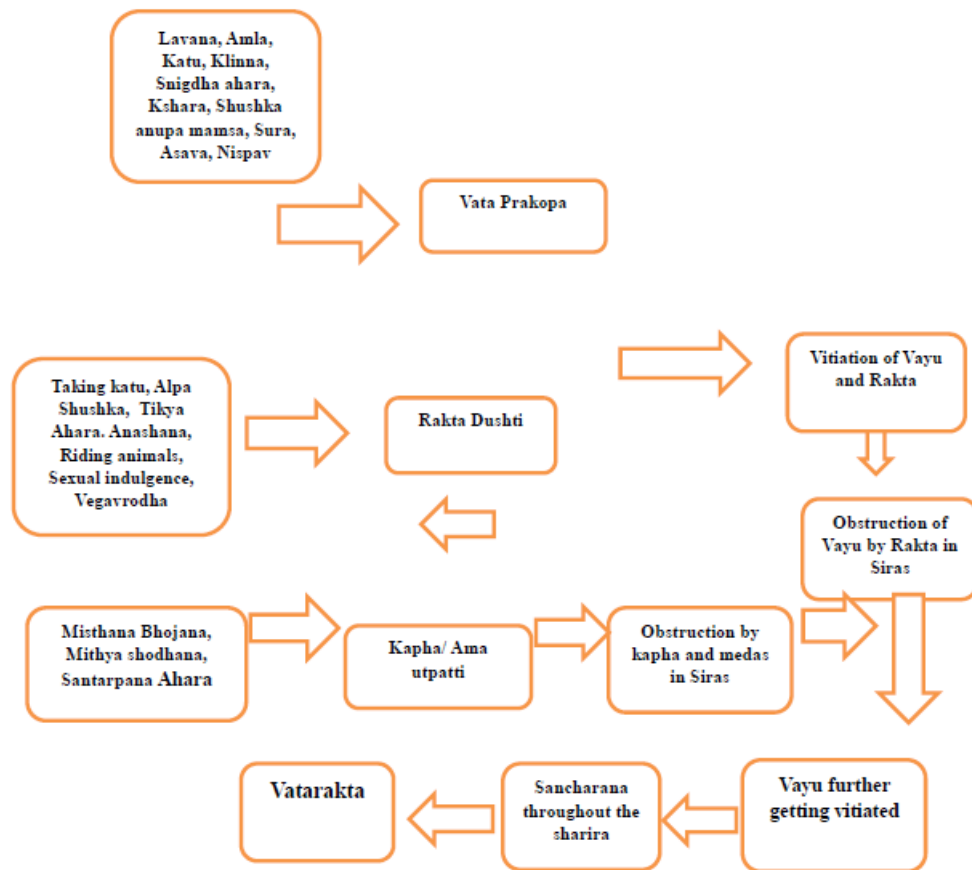
The different types of pain sensations experienced in Vatarakta are attributed to the association of Vata and Rakta with either Pitta or Kapha dosha. These doshas influence the qualities and characteristics of the pain experienced in the joints affected by Vatarakta

According to Acharya Charaka and Acharya Sushruta, Vatarakta (Gout) primarily affects the joints of the hands, feet, fingers, and other joints. The disease typically starts with an attack on the hands and feet and gradually spreads to other parts of the body.

Acharya Charaka mentions that vitiated Vata (one of the three doshas in Ayurveda responsible for movement and bodily functions) and rakta (blood) are involved in the development of vatarakta. The joints are affected slowly over time, and initially, the hands and feet are the sites of the first attack. However, as the disease progresses, it can affect the entire body.

On the other hand, Acharya Sushruta describes that vatarakta usually begins in the feet, although sometimes it may start in the hands as well. The disease then spreads from these initial sites to other parts of the body, similar to how the venom of a mice spreads throughout the body ("Akhora Vishamiva").

Samprapti



Purva-rupa (Premonitory symptoms): In the following table purva-rupa mentioned by different Acharya are tabulated below-

Table 1: Showing purva-rupa of vatarakta.

Types	C.S.	S.S	A.H.	A.S.	M.N	G.N.	B.P	Y.R.
Atisweda	+		-	+	+		+	+
Asweda	+		-	+	+		+	+
Karhnyata	+		-	-	-		+	+
Sparshgnata	+		-	-	-		+	+
Ksateatiruk	+		-	-	-		+	+
Sandhi shaithily	+		+	+	+		+	+
Alasya	+		-	-	-		+	+
Sadana	+		-	+	+		+	+
Pidakodgama	+		-	-	-		+	+
Nistoda	+		+	+	+		+	+
Spurana	+		-	+	+		+	+
Bheda	+		-	+	+		+	+
Gourava	+		+	+	+		+	+
Supti	+		+	+	+		+	+
Kandu	+		-	+	+		+	+
Sandhi ruk	+		-	-	-		+	+
Vaivarnya	+		+	+	+		+	+
Mandalotpatti	-		+	+	+		+	+
Sheetalata	-		+	-	-		-	-
Osha	-		+	-	-		-	-
Daha	-		+	+	+		+	+
Shopha	-		+	-	-		-	-

TwakParushya	-		+	-	-		-	-
Sira dourbalya	-		+	-	-		-	-
Atislakshnasparsh	-		-	+	+		+	-
Kharasparsha	-		-	+	+		+	-
Shrama	-		-	+	+		+	-
Vranaadikasula	-		-	+	+		+	-
Vranachirasthiti	-		-	+	+		+	-
Roma harsha	-		-	+	+		+	-
Asrijakshaya	-		-	+	+		+	-
Shram	-		-	+	+		+	-

+ Denotes description available

- Denotes description not available

Bheda and Rupa of vatarakta: In Ayurvedic literature, Vatarakta is classified on the basis of doshaja variation and site of affection and further, description of rupa of vatarakta is given according to the classification of the disease:

According to the site of origin

According to the predominance of dosha

According to the site of origin – In Charaka Samhita, Vatarakta has been classified on the basis of dhatu affected in two forms-

Uttana Vatarakta (Superficial)

Gambhira Vatarakta (Deep)

Acharya Sushruta disagrees and put forth an explanation that these are not the types but different stages like Kushtha. In the beginning, it affects superficial structures like tvaka and mamsa but later on, it becomes Gambhira affecting deep structures.

According to the predominance of dosha-

On the basis of doshic variations, Vatarakta can be classified as follows:

Table 2: Showing classification of vata-rakta (Gout).

S. N	Types of vatarakta	C.S	S S	AH	AS	MN	HS	Bh.P	YR
A	According to site of Origin-								
1.	UttanaVatarakta	+	-	+	+	+	-	-	-
2.	GambhiraVatarakta	+	-	+	+	+	-	-	-
3.	UbhayashritaVatarakta	+	-	-	-	+	-	-	-
B	Acc. To Dosha-								
1.	VatajaVatarakta	+	+	+	+	+	-	+	+
2.	PittajaVatarakta	+	+	+	+	+	-	+	+
3.	KaphajaVatarakta	+	+	+	+	+	-	+	+
4.	Vata-PittajaVatarakta	+	+	+	+	+	-	+	+
5.	Pitta- KaphajaVatarakta	+	+	+	+	+	-	+	+
6.	Vata- KaphajaVatarakta	+	+	+	+	+	-	+	+
7.	RaktajaVatarakta	+	+	+	+	+	-	+	+
8.	SannipatajaVatarakta	+	+	+	+	+	-	+	+

Various rupa (signs and symptoms) of Vata-Rakta according to different classical texts are given in the Table 3.

Table 3: Showing rupa of vatarakta.

S. No.	Rupa	C S	S S	AS	A H	M N	H S	B P	Y R
A-I	On the basis of affected site uttana vatarakta								
	Kandu	+	-	+	+	+	-	-	-
	Daha	+	-	+	+	+	-	-	-
	Ruka (Pain)	+	-	-	-	+	-	-	-
	Ayama	+	-	+	+	+	-	-	-
	Toda (Pricking pain)	+	-	+	+	-	-	-	-
	Sphurana	+	-	+	+	-	-	-	-
	Akunchana	+	-	-	-	-	-	-	-
	Anvita	+	-	-	-	-	-	-	-

	Vivarnata	+	-	+	+	+	-	-	-
	TamraTvaka	+	-	+	+	+	-	-	-
	Osha	-	-	+	+	-	-	-	-
2.	Gambhira vatarakta								
	Svathu	+	-	+	+	+	-	-	-
	Stabdhatta (Stiffness)	+	-	-	-	-	-	-	-
	Arti (Pain)	+	-	-	-	+	-	-	-
	Tamratwak vivarnata	+	-	-	-	+	-	-	-
	Shyavata	+	-	-	-	+	-	-	-
	Daha	+	-	+	+	+	-	-	-
	Toda	+	-	-	-	+	-	-	-
	Sphurana	+	-	-	-	+	-	-	-
	Paka	+	-	+	+	+	-	-	-
	Granthi	-	-	+	+	-	-	-	-
	Chhedanvat Peeda in Sandhi, Asthi	-	-	+	+	+	-	-	-
	Khanjata	-	-	+	+	+	-	-	-
	Pangulya	-	-	+	+	+	-	-	-
B.	According to dosha predominance								
1.	Vataja vatarakta								
	Ayama (Mainly in sira)	+	-	-	-	-	-	+	+
	Shoola	+	+	+	+	+	+	+	+
	Sphurana	+	-	+	+	+	+	+	+
	Toda (Pricking pain)	+	+	+	+	+	+	+	+
	Shohta of Shyava /bluish colour	+	-	+	+	-	+	+	+
	Change in colour of Shohta and vridhhi or hani	-	+	+	+	+	-	+	+
	Ruksha	+	-	+	+	+	-	+	+
	AnguliDhamni Sandhi sankocha	+	-	+	+	+	-	+	+
	Angagraha (Stiffness in body)	+	-	+	+	+	-	+	+
	ShitaDvesha	+	-	+	+	+	-	+	+
	Kunchana	+	-	-	-	-	-	-	-
	Stambhana	+	-	+	+	+	-	+	+
	Vepathuavinas	-	-	+	+	+	-	+	+
	Supti (Numbness)	-	-	+	+	+	-	+	+
	Shosha (Wasting)	-	+	-	-	-	+	-	-
	Vaivarnya (Discolouration)	-	-	-	-	-	+	-	-
	Mandaloutpatti	-	-	-	-	-	+	-	-
	SparshaAsahyata (Tenderness)	-	-	+	-	-	-	-	-
	Sparshajanya Harsha	-	-	+	-	-	-	-	-
2.	Pittaja vatarakta								
	Vidaha	+	+	+	+	+	+	+	+
	Vedana	+	+	+	+	+	-	+	+
	Murchha	+	-	+	+	+	-	+	+
	SvedaAdhikya (Excessive sweating)	+	-	+	+	+	-	+	+
	TrishnaAdhikya	+	-	+	+	+	-	+	+
	Mada (Narcosis)	+	-	+	+	+	-	+	+
	Bhrama (Giddiness)	-	+	-	-	-	-	-	-
	Raga (Redness)	+	+	-	-	-	-	+	+
	Paka	+	+	+	+	+	-	+	+
	Bheda	+	-	-	-	-	-	+	+
	Shosha	+	-	+	+	-	-	-	-

	Osha	-	+	-	-	-	-	+	+
	Sammoha	-	-	+	+	+	-	+	+
	SparshaAkshmatvama	-	+	+	+	+	-	+	+
	Ubhaya Pada Mriduta	-	+	-	-	-	-	-	-
3.	Kaphaja vatarakta								
	Staimitya	+	-	+	+	+	-	+	+
	Gauravama	+	-	+	+	+	-	+	+
	Sneha Snigdha	+	-	+	+	+	-	+	+
	Supti	+	-	+	+	+	-	+	+
	Manda Vedana	+	-	+	+	+	-	+	-
	Shitalta	+	+	+	+	-	-	+	+
	Kandu	+	+	+	+	+	+	+	+
	Shwetata	+	-	-	-	-	-	-	-
	Stabdha	+	-	-	-	-	-	-	-
4.	Raktaja vatarakta								
	Shwayathu	-	+	-	-	+	+	+	+
	Atiruka	-	+	+	+	+	+	+	+
	Toda	-	+	+	+	+	+	+	+
	Tamra Varna	-	+	+	+	+	+	+	+
	Chimchimayata	+	+	+	+	+	-	+	+
	Snigdha Ruksha Sama Abhava	+	-	+	+	+	-	+	+
	Kandu	+	-	+	+	+	-	+	+
	Kledata	+	-	+	+	+	-	+	+
5.	Dvandaja vatarakta								
	I. Vata-Pittaja	+	-	+	+	+	-	+	+
	II. Pitta-Kaphaja	+	-	+	+	+	-	+	+
	III. Vata-Kaphaja	+	-	+	+	+	-	+	+
6.	Sannipataja Vatarakta								
	Sannipataja Vatarakta	+	-	+	+	+	-	+	+

(Ref: Ch.Chi. 29/21-29, Su.Ni.1/45, AS.Ni.16/11-18, AH.Ni.16/9-16, MN.V/R/N 23, HS.Tritiyasthan 23/8-12, Bh.P.M/KVRA 29/9-14, YR.Purvaardh V/R/N 29)

Updrava / Complications:

In the context of Vatarakta (gout), anyonya avarana occurs when Vata dosha and Rakta dhatu (blood tissue)

become vitiated and obstruct each other, leading to the formation of "upadravas" or complications.

Table 4: Showing updrava (Complications).

S. No.	Updrava ⁸²⁻⁸⁶	CS	SS	AS	AH	MN	HS	BP	YR
1.	Aswapna	+	-	-	-	+	-	+	+
2.	Arochaka	+	+	-	-	+	-	+	+
3.	Shwasa	+	+	-	-	+	-	+	+
4.	Mamsakotha	+	-	-	-	+	-	+	+
5.	Shirograha	+	-	-	-	+	-	+	+
6.	Murchha	+	-	-	-	+	-	+	+
7.	Mada	+	-	-	-	+	-	+	+
8.	Ruka	+	-	-	-	+	-	+	+
9.	Trishna	+	+	-	-	+	-	+	+
10.	Jwara	+	+	-	-	+	-	+	+
11.	Moha	+	-	-	-	+	-	+	+
12.	Klama	+	-	-	-	+	-	+	+
13.	Pravepaka	+	-	-	-	+	-	+	+
14.	Hikka	+	-	-	-	+	-	+	+
15.	Sphota	+	-	-	-	+	-	+	+
16.	Daha	+	-	-	-	+	-	+	+
17.	Paka	+	-	-	-	+	-	+	+
18.	Toda	+	-	-	-	+	-	+	+
19.	Bhrama	+	-	-	-	+	-	+	+

20.	Angulivakrata	+	-	-	-	+	-	+	+
21.	Pangulya	+	-	-	-	+	-	+	+
22.	Marmagraha	+	-	-	-	+	-	+	+
23.	Visarpa	+	-	-	-	+	-	+	+
24.	Arbuda	+	-	-	-	+	-	+	+
25.	Mamsakshaya	+	-	-	-	+	-	+	+
26.	Kasashwasa	-	+	-	-	+	-	-	-
27.	Stambha	-	+	-	-	-	-	-	-
28.	Avipaka	-	+	-	-	-	-	-	-
29.	Prana kshaya	-	+	-	-	-	-	-	-
30.	Visarana	-	+	-	-	-	-	-	-
31.	Sankocha	-	+	-	-	-	-	-	-

(Ref.: Ch.Chi. 29/31-32, Su.Chi. 5/6, M.N. V/R/N 23/15-16, Bh.P. M.K. V/R/A 29/15-16, Y.R. Purvardha V/R/N 29)

Sadhya – asadhyata

The prognosis or "sadhya-asadhyata" of a disease refers to the treatability or curability of the condition. The prognosis of Vatarakta (gout) is divided into three categories based on different factors:

1. On the basis of presence or absence of upadravas
2. On the basis of kaal (time)
3. On the basis of vitiated doshas

Table 5: Showing Sadhya – Asadhyata of vatarakta.

S.No	Sadhya– Asadhyata	C.S.	S.S.	A.S.	A.H.	M.N.	BP.	YR
1.	Sadhya (curable)							
A)	Nirupdrava	+	+	-	-	+	+	+
B)	Ekadoshaja	+	-	+	+	+	+	+
C)	Nava	+	-	+	+	+	+	+
2.	Yapya							
A)	Dvidoshaja	+	-	+	+	+	+	+
B)	Akritisnoupdrava	+	-	-	-	+	+	+
C)	Samvatsarothitta	-	+	-	-	+	-	-
3.	Asadhya (incurable)							
A)	Tridoshaja	+	-	+	+	+	+	+
B)	Upadravayukta	+	+	+	+	+	+	+
C)	Sravi	+	+	+	+	+	+	+
D)	Vaivarnya	+	-	-	-	-	-	-
E)	Stabdhata	+	-	+	+	-	+	-
F)	Arbuda	+	-	+	+	+	+	-
G)	Samkocha	+	-	-	-	-	-	-
H)	IndriyaSantapa	+	-	-	-	-	-	-
I)	AjanuSphutitama	-	+	-	-	+	+	-
J)	Prabhinna	-	+	-	-	+	+	-
K)	Prana- Kshaya	-	+	-	-	+	-	-
L)	Mamsa- Kshaya	-	+	-	-	+	-	-
M)	Moha	-	+	-	-	+	-	-

(Ref.: Ch. Chi. 29/30 – 34, Su. Ni. 1/49, Su. Chi. 5/6, A.H. Ni. 16/17, A.S. Ni. 16/19, M.N. V/R/N 23/14-18, Bh.P. M/K VRA 29/17-19, Y.R. Purvardha V/R N 29)

Under the principles of management for Vatarakta (gout) described by Acharya Charaka, there are two types: **Samanya Chikitsa** (general treatment) and **Vishishta Chikitsa** (specific treatment). Here's a breakdown of the procedures and therapies explained under each category:

A) Samanya chikitsa:

Rakta mokshana (Bloodletting):

Methods include shringi (horn), jalouka (leeches), suchi (needle), Alabu (cupping), etc.

Specific indications are considered depending on the predominant symptoms, such as pain, burning sensation, numbness, pruritus, tingling sensation, and severity of pain.

Shodhana karma (Purification therapies):

Snehana (Oleation): Administration of medicated oils or ghee to the patient before Virechana.

Virechana (Purgation): Use of specific herbal purgatives based on the patient's body type (snigdha or ruksha) to eliminate vitiated doshas.

Basti chikitsa (Enema therapy): Administering herbal decoctions or oils through enema after Virechana.

Shamana karma (Palliative therapies):

Aimed at pacifying and restoring the balance of vitiated doshas.

Lepa (External applications):

Specific in patients with *uttana* or *ubhaya shruta* vatarakta.

Application of herbal pastes, poultices, or oils to alleviate burning sensation.

Other techniques like *parisheka* (sprinkling) and *abhyanga* (massage) are also mentioned in Charaka Samhita.

B) Vishishta chikitsa:

Acharya Charaka provides specific treatment guidelines based on doshic predominance and the site of the disease.

Uttana vatarakta: External applications like *lepa* (pastes), *abhyanga* (massage), *parisheka* (sprinkling), and *upanaha* (bandages) are recommended when doshas are confined to *twak* (skin) and *mamsa* (muscles).

Contraindications are mentioned for specific types of *lepa* based on the predominance of doshas.

Gambhir vatarakta: When doshas are deep-seated, involving the *sandhis* (joints), *shodhana chikitsa* (purification therapies) including *Snehana*, *Virechana*, and *Basti* are the treatment of choice.

Vata pradhan vatarakta: *Sneha* (oils or ghee) and *abhyanga* (massage) with *Ghrita* (ghee), *Taila* (oil), *Vasa* (muscle fat), and *Majja* (bone marrow) are recommended. Lukewarm fomentation is also suggested.

Rakta and Pitta pradhan vatarakta: *Ghrita* (ghee) and *Dugdha* (milk) consumption, along with *Mridu Virechana* (mild purgation), is advised. *Parisheka* (sprinkling) with *Vata-shamaka* (pacifying Vata) herbs and *Anuvasana Basti* (oil enema) are also recommended. *Sheetala pralepa* (cooling poultices) can be beneficial.

Kapha pradhan vatarakta: *Mridu Vamana* (mild emesis) is considered an ideal treatment. *Snehana* (oleation), *swedana* (sudation), and *langhana* (lightening therapies) are used appropriately. Lukewarm *pralepa* (poultices) can be helpful, avoiding extremely hot or cold applications.

DISCUSSION

Discussion and interpretation of research studies based on the principles of the *Shastra* (ancient texts and teachings) are essential in establishing the concepts and knowledge in Ayurveda, as well as in any scientific field. This process of critical analysis and debate helps to refine and validate the findings, ensuring that they are placed on a scientific platform.

The concept of Vatarakta according to Ayurvedic texts draws a comparison with Gout, a condition recognized in modern science. Vatarakta is believed to be caused by the obstruction of *Raktavaha Srotas* (blood-carrying channels), which leads to the accumulation of toxins and impurities (uric acid) in the joints, particularly in the extremities. The condition shares some similarities with connective tissue disorders and peripheral vascular diseases in conventional medicine.

Dietary habits and lifestyle choices are considered significant factors in the development of Vatarakta. The accumulation of *Kapha* and *Medas* (fat) can also contribute to various other serious diseases in different systems.

The concept of *margavarana* (obstruction of channels) plays a crucial role in the manifestation of clinical signs and symptoms in Vatarakta. To treat Vatarakta, Ayurveda offers various therapeutic approaches like *shodhana* (purification), *shamana* (pacification), *bahir parimarjana* (external cleansing), and *rasayana* (rejuvenation) *chikitsa* (treatments), all of which aim to correct the underlying channel blockage.

Various Ayurvedic classics, including the *Brihatrayi* and *Laghutrayi*, describe Vatarakta. While Acharya Sushruta mentions it along with other *Vatavyadhies* (Vata disorders), Acharya Charaka provides a separate description of Vatarakta due to its specific causes (*Nidana*), pathological process (*Samprapti*), and treatment (*Chikitsa*).

CONCLUSION

The understanding of Vatarakta (gout) through Ayurvedic principles offers valuable insights into the etiopathology, causative factors, disease progression, and management strategies for this common inflammatory arthritis. Ayurveda views Vatarakta as primarily a Vata disorder involving the vitiation of Vata dosha and the *Rakta dhatu* (blood tissue). The concept of *Anyonya avarana*, or mutual obstruction, plays a significant role in the formation of *upadravas* (complications) in Vatarakta.

The etiopathological study of Vatarakta reveals that dietary habits, lifestyle choices, and seasonal influences contribute to its development. Imbalanced Vata dosha and the accumulation of *ama* (toxins) and uric acid crystals in the joints are pivotal in the pathogenesis of this condition. These factors lead to inflammation, pain, swelling, and redness in the joints, characteristic features of Vatarakta.

Ayurvedic management of Vatarakta emphasizes the balance of Vata dosha and the purification of *Rakta dhatu*. Therapeutic approaches include dietary modifications, lifestyle changes, *Panchakarma* therapies, and the use of herbal remedies with anti-inflammatory and uric acid-reducing properties.

The prognosis of Vatarakta is divided into categories based on the vitiated doshas, presence of upadrasvas, and the duration of the disease. Early diagnosis and timely treatment can significantly impact the outcomes.

An integrative approach that combines the best of Ayurvedic and modern medical practices can lead to optimal outcomes in the management of Vatarakta, paving the way for a healthier and pain-free life for individuals suffering from gout.

REFERENCES

- Devaraja Radhakanta Shabdhalpadruma; Varanasi: Chaukhambha Sanskrit Series Office, 1967; 3.
- Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
- Singh R.H. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhbala with the ayurveda dipika commentary by Sri Chakarpanidatta (Reprint); Varanasi: Chaukhambha Surbharati Prakashan. Chikitsa Sthana.ch, 2011; 29.
- Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan. Ch, 2012; 23.
- Garuda Purana; Acharakhanda, 167.
- Pandeya V. Agnipurana ki Ayurvediya anusandhanata Samiksha; Delhi: Satguru publications, 1997; 279.
- Shodala's V. Gadanigraha; Varanasi: Chaukhambha Sanskrit Sansthana, 1999; II: 20.
- Vangasena's. Vangasena Samhita; Mumbai: Khemaraj Krishnaraja Prakashan, 1996.
- Tripathi B. Charaka Samhita; Varanasi: Chaukhambha Prakashan, 2011; II: 29
- Singh R.H. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhbala with the ayurveda dipika commentary by Sri Chakarpanidatta (reprint); Varanasi: Chaukhambha Surbharati Prakashan. Chikitsa Sthana, 2011; 29.
- Shastri A.D. Sushruta Samhita with Ayurveda Tattva Sandipika- Hindi Commentary (Reprint); Varanasi: Chaukhambha Sanskrit Sansthana, 2007; I: 21.
- Tripathi B. Charaka Samhita; Varanasi: Chaukhambha Prakashan, 2011; II: 29.
- Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
- Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan, 2012; 23.
- Shastri A.D. Sushruta Samhita with Ayurveda Tattva Sandipika- Hindi Commentary (Reprint); Varanasi: Chaukhambha Sanskrit Sansthana, 2007; I: 1.
- Tripathi B. Charaka Samhita (Reprint); Varanasi: Chaukhambha Prakashan, 2005; II, 29, 985: 13-15.
- Sharma A., Jain A. Kayachikitsa; Delhi: Chaukhambha Orientalia, 2011; 2: 63.
- Shastri K., Chaturvedi G. Charaka Samhita (Reprint); Varanasi: Chaukhambha Bharti Academy, 2013; II: 29.
- Shastri A.D. Sushruta Samhita with Ayurveda Tattva Sandipika- Hindi Commentary (Reprint); Varanasi: Chaukhambha Sanskrit Sansthana, 2007; I: 1.
- Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
- Gupta A. Ashtanga Samgraha with Hindi Commentary; (Reprint) Varanasi: Chaukhambha Sanskrit Sansthana, 1993; I: 1.
- Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan, 2012; 23.
- Pandeya S. G. Gagnigraha of Sri Vaidya Sodhala with the Vidyotini Hindi Commentary by Sri Indradeva Tripathi; Varanasi: Chaukhambha Sanskrit Sansthana. Kayachikitsa Khanda; Vataraktachikitsa, 1969; 1: 2.
- Bhavmishra Bhavaparkash Vidyotini Hindi Commentary; Varanasi: Chaukhambha Sanskrit Sansthana, 2005; 9, II: 29.
- Tewari P., Kumari A. Yogratnakar; Edn. Varanasi: Chaukhambha Vishvabharti, 2010; I: 26.
- Trikamji J. A. Sushruta Samhita Nibhandhasangraha commentary by Dalhana. (Reprint) Varanasi: Chaukhambha Surbharati Prakashan. Chikitsa Sthana, 2008; 5.
- Shastri K., Chaturvedi G. Charaka Samhita (Reprint); Varanasi: Chaukhambha Bharti Academy. Vol.-II; Chikitsa Sthana, 2013; 29.
- 30 Shastri A.D. Sushruta Samhita with Ayurveda Tattva Sandipika- Hindi Commentary (Reprint); Varanasi: Chaukhambha Sanskrit Sansthana, 2007; I: 1.
- Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
- Gupta A. Ashtanga Samgraha with Hindi Commentary; (Reprint) Varanasi: Chaukhambha Sanskrit Sansthana. Nidana Sthana, 1993; 1: 16.
- Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan, 2012; 23.
- Bhavmishra Bhavaparkash Vidyotini Hindi Commentary; Varanasi: Chaukhambha Sanskrit Sansthana. Madhyamkhanda, 2005; 9, 2: 29.
- Tewari P., Kumari A. Yogratnakar; Edn. Varanasi: Chaukhambha Vishvabharti, 2010; I: 26.
- Shastri K., Chaturvedi G. Charaka Samhita (Reprint); Varanasi: Chaukhambha Bharti Academy. Chikitsa Sthana, 2013; 2: 29.
- Gupta A. Ashtanga Samgraha with Hindi Commentary; (Reprint) Varanasi: Chaukhambha Sanskrit Sansthana, 1993; I: 16.
- Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
- Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan. Ch, 2012; 23.
- Shastri K., Chaturvedi G. Charaka Samhita (Reprint); Varanasi: Chaukhambha Bharti Academy. Chikitsa Sthana, 2013; 2: 29.
- Gupta A. Ashtanga Samgraha with Hindi Commentary; (Reprint) Varanasi: Chaukhambha Sanskrit Sansthana, 1993; I: 16.
- Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
- Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan, 2012; 23.

42. Shastri K., Chaturvedi G. Charaka Samhita (Reprint); Varanasi: Chaukhambha Bharti Academy. Chikitsa Sthana, 2013; 2: 29.
43. Shastri A.D. Sushruta Samhita with Ayurveda Tattva Sandipika- Hindi Commentary (Reprint); Varanasi: Chaukhambha Sanskrit Sansthana, 2007; I: 1.
44. Gupta A. Ashtanga Samgraha with Hindi Commentary; (Reprint) Varanasi: Chaukhambha Sanskrit Sansthana, 1993; I: 16.
45. Tripathi B. Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia, 2011; 1: 16.
46. Upadhyaya Y. Madhavanidana (Reprint); Varanasi: Chaukhambha Prakashan, 2012; 1: 23.
47. Pandey J. Harita Samhita Text with Nirmala Hindi Commentary. Varanasi: Chaukhambha Bharti Academy. Tritiyasthan, 2010; 1: 23.
48. Bhavmishra Bhavaparkash vidyotini hindi Commentary; Edn. 9th. Varanasi: Chaukhambha Sanskrit Sansthana, 2005; II: 29.