

ETIOLOGICAL CORRELATION BETWEEN VATARAKTA AND GOUT: AN
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ABSTRACT

Vatarakta, is compared to gout in modern medicine. It a metabolic disorder caused by an imbalance of *Vata* and *Rakta*, leading to severe joint pain, inflammation, and skin discoloration. The term *Vatarakta* combines "*Vata*," which governs movement, and "*Rakta*," a vital tissue responsible for nourishment and detoxification. Similarly, gout is a condition caused by high uric acid levels, leading to painful joint inflammation, particularly in smaller joints. Both conditions share symptoms such as swelling, redness, and restricted mobility, typically starting in smaller joints before progressing. Ayurvedic texts gives understanding of *Vatarakta*, explaining its causes, symptoms, and treatment approaches. This article explores *Vatarakta* in detail, drawing parallels with gout

KEYWORDS: *Vatarakta*, *Vata*, *Rakta*, *Ayurveda*, *Tridosha*, gout, uric acid.

INTRODUCTION

In *Samhitas* there is wide description of *Vatarakta* than any other joint diseases.. When aggravated *Vata* is obstructed by aggravated *Rakta*, this obstructed *Vata* again vitiates the *Rakta*. This pathological state is known as *Vatshonitam* or *Vatarakta*. (*Charak Samhita/ Chikitsa Sthanam* 29/ 11)

The primary symptom of *Vatarakta* is intense joint pain, initially affecting the joints of the hands, feet, and major joints (*Mulagata Sandhi*), before progressively spreading to other joints. Additional symptoms include burning sensation, itching, throbbing pain, stiffness, and skin discoloration. This condition is also referred to by other names such as *Khuda Roga*, *Vata-Balasa*, *Vatshonitam*, and *Adhya Vata*.

The aetiology and symptomatology of Gout is very much similar to that of *Vatarakta*. Gout (also called metabolic arthritis, Greek name: podagra, from pod - foot and agra

- trap) describes a number of disorders in which crystals of monosodium urate monohydrate derived from hyperuricaemic body fluids give rise to inflammatory arthritis, tenosynovitis, bursitis or cellulitis, tophaceous deposits, urolithiasis and renal disease. The fundamental biochemical hallmark of gout is hyperuricaemia.

Gout is prompted by rising uric acid levels in the blood, which results from metabolic processes. This can happen due to making excess uric acid or not getting rid of it effectively through the kidneys. Over time, these crystals can lead to swelling, redness, and acute pain. Contributing factors include excessive purine intake, impaired renal excretion, and lifestyle habits such as high protein diets, alcohol consumption, and obesity.

Modern Medical Perspective on Gout

Gout is caused by increased levels of uric acid in the blood. uric acid is a by product of purine metabolism in body. These increased levels are either because of excess

uric acid production or decreased excretion because of any renal pathology. This persistent increase leads to supersaturation of monosodium urate crystals in joints. These crystals cause direct damage and trigger an inflammatory response, resulting in release of cytokines, causing swelling, redness, and pain. Chronic inflammation overtime can cause joint damage over time.

Factors contributing to high urate levels are High-purine foods (red meat, seafood, alcohol) also Impaired kidney function reduces uric acid clearance, worsening hyperuricemia. Lifestyle Factors like Obesity, dehydration, and sedentary habits increase the risk of gout.

Ayurvedic Perspective on Vatarakta

लवणाम्लकटुक्षारस्निग्धोष्णाजीर्णभोजनैः ।

किलन्नशुष्काम्बुजानूपमांसपिण्याकमूलकैः ॥५॥

कुलत्थमाषनिष्पावशाकादिपललेक्षुभिः ।

दध्यारनालसौवीरशुक्ततक्रसुरासवैः ॥६॥

विरुद्धाध्यशनक्रोधदिवास्वप्नप्रजागरैः ।

प्रायशः सुकुमाराणां मिष्टान्नसुखभोजनाम् ॥७॥

अचङ्क्रमणशीलानां कुप्यते वातशोणितम् ।

अभिघातादशुद्ध्या च प्रदुष्टे शोणिते नृणाम् ॥८॥

कषायकटुतिक्ताल्परूक्षाहारादभोजनात् ।

हयोष्ट्रयानयानाम्बुक्रीडाप्लवनलङ्घनैः ॥

उष्णे चात्यध्ववैषम्याद् व्यवायाद्वेगनिग्रहात् ॥

(चरक चिकित्सा ch . 29 (5-10)

Various *Nidanas* mentioned above results in vitiation and imbalance of *Vata* and *Rakta* dosha in body. *Acharya Charaka* highlights specific causative factors that aggravate *Vata* and vitiate *Rakta* By excessive intake of salty (*Lavana*), sour (*Amla*), irritant (*Katu*), alkaline (*Kshar*) food items, exposure to too much heat *Rakta Dhatu* gets vitiated and if the same individual with vitiated *Rakta Dhatu* starts taking *Vata Prakopak Ahara* and *Vihara*, it will cause vitiation of *Vata Dosha*. Already vitiated *Rakta Dhatu* obstructs the path of Vitiated *Vata*. Aggravated and obstructed *Vata Dosha* in turn vitiates the *Rakta Dhatu* and manifests as *Vatarakta* which affects small joints specifically. Small joints, being structurally complex, are vulnerable to *Vata* and *Rakta* accumulation.

Nidana (etiological factors) of *Vatarakta* and their comparison through modern perspective in causing *Vatarakta* correlated with gout

1. *Lavana* (Salty Foods)

- Reduces uric acid excretion by impairing kidney function.
- Increases blood pressure, which worsens renal function.

- Causes dehydration and acidity, promoting urate crystal formation in joints.

2. *Amla* (Sour Foods)

- Fermented foods, citrus fruits, and vinegar increase dietary acid load, influencing purine metabolism.

3. *Kshara* (Alkaline Foods)

- Excess alkalinity increases metabolic acid load, altering purine metabolism and increasing uric acid levels.

4. *Ambuja Mamsa* (Meat of Aquatic Animals)

- Organ meats and seafood are rich in purines, leading to hyperuricemia.

5. *Shaka* (Green Leafy Vegetables)

- Foods like spinach, asparagus, and cauliflower contain high purine content.

6. *Ikshu* (Sugarcane)

- Rich in fructose, which increases uric acid levels.

7. Alcoholic Drinks (*Aranala*, *Sauveera*, *Shukta*, *Sura*, *Asava*)

- Beer and wine increase uric acid production and promote dehydration, reducing uric acid excretion.

8. Obesity and Sedentary Lifestyle

- Excess weight and lack of physical activity contribute to metabolic imbalances, increasing the risk of hyperuricemia.

CONCLUSION

Vatarakta, or gout, is a metabolic disorder with many similarities. Ayurvedic texts offer a profound understanding of the disease, emphasizing treatment strategies that target the root cause rather than just symptom relief. As mentioned in *Samhitas* that first line of treatment is *Nidana Parivarjan* hence better understanding of *nidanas* is needed to be done.

Ayurveda provides a complementary approach by adding dietary modifications, herbal formulations, and purification therapies in treating *Vatarakta* effectively.

Combining Ayurvedic and modern wisdom together could improve treatment outcomes, offering a more sustainable and holistic approach to managing gout. Future clinical studies should aim to validate role of various *Nidanas* and role of Ayurvedic therapies in controlling hyperuricemia and gouty arthritis.

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