ISSN2456-432X SJIF:5.986 JIF:1.91

IJOOAR

INDIAN JOURNAL OF ODYSSEY OF AYURVED RESEARCH

A Clinical Case Study on Vatarakta Chikitsa with Reference to Gout

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ABSTRACT

Vatarakta, a classical disease entity described in the Charaka Samhita, is characterized by the vitiation of Vata Dosha and Rakta Dhatu, leading to a clinical presentation comparable to gout. Gout is a chronic metabolic disorder marked by hyperuricemia and deposition of monosodium urate crystals, resulting in recurrent inflammatory arthritis. Despite effective pharmacological options, long-term management stays challenging due to recurrence and adverse effects, needing exploration of alternative approaches.

This study presents a single-case clinical evaluation of Ayurvedic management in Vatarakta with reference to gout. A 42-year-old male presented with acute onset pain, swelling, redness, and tenderness in the first metatarsophalangeal joint, with elevated serum uric acid (8.9 mg/dL), ESR, and positive C-reactive protein. The condition was diagnosed as Gambhira Vatarakta based on Ayurvedic assessment. The patient was treated with Guduchi Kwath, Kaishore Guggulu, Simhanada Guggulu, and Dashanga Lepa, along with dietary and lifestyle modifications, for 28 days.

Post-intervention, significant clinical improvement was seen, with reduction in pain, inflammation, and restoration of joint function. Biochemical parameters showed marked improvement, with serum uric acid reduced to 5.6 mg/dL, normalization of ESR, and negative CRP. The observed effects may be attributed to the correction of Agni, Ama Pachana, Vata-Rakta Shamana, and potential anti-inflammatory and xanthine oxidase inhibitory actions of the drugs.

This case highlights the potential of Ayurvedic management as a safe and comprehensive approach in gout. Further controlled studies are needed to confirm these findings.

Keywords - Vatarakta ,Gout, Hyperuricemia, Ayurved, Integrative Medicine

INTRODUCTION

Vatarakta is a distinct clinical entity described in classical Ayurvedic literature, characterized by the simultaneous vitiation of Vata Dosha and Rakta Dhatu, resulting in a chronic, painful, and disabling condition[1,2]. It is elaborately discussed in foundational Ayurvedic texts such as the Charaka Samhita[1] and Sushruta Samhita[2], where it is classified under Vatavyadhi and Raktapradoshaja Vikara. The term "Vatarakta" itself signifies the pathological interaction between aggravated Vata and vitiated Rakta, leading to obstruction (Avarana) of Vata and later localization of disease, particularly in peripheral joints.

The etiological factors (Nidana) of Vatarakta include dietary and lifestyle practices that vitiate Rakta and Vata[3]. Excessive intake of Lavana (salty), Amla (sour), and Katu (pungent) foods, along with Madyapana (alcohol consumption) and heavy meat consumption, are Primarily dietary contributors. Sedentary habits, lack of physical activity, indulgence in day sleep (Divaswapna), and suppression of natural urges (Vegadharana) further aggravate the condition. These factors lead to Rakta Dushti, which obstructs the normal movement of Vata, starting the disease process.

The Samprapti (pathogenesis) of Vatarakta[3,6] involves the obstruction of Vata by vitiated Rakta (Margavarana), resulting in impaired circulation and localization of aggravated Vata in joints and extremities.

This leads to classical clinical features such as Shoola (severe pain), Daha (burning sensation), Raga (redness), Shotha (swelling), and Sparsha-asahyata (tenderness). The disease is broadly classified into Uttana Vatarakta, involving superficial tissues like Twak and Mamsa, and Gambhira Vatarakta, affecting deeper structures such as Asthi and Majja, often presenting with severe pain and restricted joint movement. If left untreated, Vatarakta may progress to complications (Upadrava) including joint deformities, chronic disability, and functional impairment[6].

From a modern medical perspective, Vatarakta closely resembles gout, a metabolic disorder characterized by hyperuricemia and deposition of monosodium urate crystals in joints and soft tissues. Gout[12] is one of the most common forms of inflammatory arthritis, with a global prevalence ranging from 1% to 4%, and an increasing incidence attributed to sedentary lifestyles, dietary changes, obesity, and metabolic syndrome. It affects middle-aged men and postmenopausal women. The pathophysiology involves elevated serum uric acid levels leading to crystal deposition in joints, which triggers an intense inflammatory response mediated by neutrophils and inflammatory cytokines.

Clinically, gout presents with sudden onset of severe pain, redness, swelling, and tenderness, most commonly affecting the first metatarsophalangeal joint (podagra). Recurrent attacks may lead to chronic tophaceous gout, joint destruction, and renal complications such as nephrolithiasis and urate nephropathy. the striking similarity between the clinical features of Vatarakta and gout—including joint involvement, inflammatory manifestations, and chronic relapsing nature—suggests a strong correlation between the two conditions[12,13].

Despite the availability of effective pharmacological treatments such as xanthine oxidase inhibitors and antiinflammatory drugs, the long-term management of gout stays challenging due to adverse effects, recurrence

of symptoms, and poor adherence to lifestyle modifications. In this context, Ayurveda offers an integrated approach encompassing Shodhana (bio-purificatory therapies), Shamana (palliative treatment), and strict dietary and lifestyle regulation, which may provide sustained relief and improved quality of life. Therefore, the present case study aims to evaluate the clinical efficacy of Ayurvedic management in Vatarakta with reference to gout using both subjective and objective parameters.

MATERIALS AND METHODS

This study is a single-case clinical study conducted to evaluate the effect of Ayurvedic management in a diagnosed case of Vatarakta (Gout). The patient was assessed using both Ayurvedic and modern clinical parameters, and outcomes were evaluated before and after intervention.

Case Description

A 42-year-old male patient presented to the OPD with complaints of:

- Severe pain in the right first metatarsophalangeal joint (big toe)
- Swelling and redness for 5 days
- Burning sensation and tenderness
- Difficulty in walking

History of Present Illness:

- Recurrent episodes for 1 year (3–4 attacks/year)
- Aggravation after intake of alcohol and non-vegetarian diet

History:

- No history of diabetes or hypertension
- No major systemic illness

Personal History:

- Mixed diet (high protein, red meat)
- Alcohol consumption: occasional
- Sedentary lifestyle

General Examination:

- Pulse: 78/min
- BP: 126/82 mmHg

- BMI: 27 kg/m² (Overweight)

Ayurvedic Assessment

- **Prakriti:** Vata-Pitta dominant
- **Vikriti:** Vata + Rakta Dushti
- **Sara:** Madhyama
- **Samhanana:** Madhyama
- **Agni:** Vishamagni
- **Srotas involved:** Raktavaha, Asthivaha

Roga Nidana:- Vatarakta

Type: Gambhira Vatarakta

Diagnosis: Gout

Investigations:

- Serum Uric Acid: 8.9 mg/dL
- ESR: 32 mm/hr
- CRP: Positive

Treatment

1. Shamana Chikitsa:

- *Guduchi Kwath* – 40 ml twice daily *Kaishore Guggulu* – 500 mg BID *Simhanada Guggulu* – 500 mg BID

2. External Therapy:

- *Dashanga Lepa* – local application over affected joint

3. Diet & Lifestyle (Pathya):

- Low purine diet
- Avoid alcohol, red meat, fermented foods. Increase water intake.
- Mild exercise advised

Duration of Treatment

- Total duration: 28 Days
- Follow-up: Weekly **Assessment Criteria**

Subjective Parameters (Graded)

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Pain (Shoola)	No pain	Mild	Moderate	Severe
Swelling (Shotha)	None	Mild	Moderate	Severe
Burning (Daha)	None	Mild	Moderate	Severe
Tenderness	None	Mild	Moderate	Severe

Objective Parameters

- Serum uric acid
- ESR
- CRP

RESULTS

Laboratory Parameters

Parameter	Before Treatment	After Treatment
Serum Uric Acid	8.9 mg/dL	5.6 mg/dL
ESR	32 mm/hr	18 mm/hr
CRP	Positive	Negative

Clinical Symptoms

Symptom	Before Treatment	After Treatment
Pain	Grade 3	Grade 1
Swelling	Grade 2	Grade 0
Burning	Grade 2	Grade 0
Tenderness	Grade 3	Grade 1

Overall Outcome

- Significant reduction in pain and inflammation Improved joint mobility.
- No recurrence during study period

DISCUSSION

Vatarakta is a complex disorder described in Ayurved, involving the simultaneous vitiation of Vata Dosha and Rakta Dhatu, leading to obstruction (Avarana) of Vata and later manifestation of pain, inflammation, and functional impairment in joints. The clinical presentation of the present case—characterized by severe pain (Shoola), redness (Raga), swelling (Shotha), burning sensation (Daha), and tenderness, particularly in the first

metatarsophalangeal joint—closely resembles gout described in modern medicine. This supports the classical correlation of Vatarakta with gout, as described in texts like the Charaka Samhita[1] and Ashtanga Hridaya[3,4].

From an Ayurvedic perspective, the patient's history of high-protein diet, alcohol consumption, and sedentary lifestyle contributed to Rakta Dushti and Vata Prakopa, leading to Margavarana of Vata. The localization of vitiated Dosha in peripheral joints, especially the big toe, shows Gambhira Vatarakta, which involves deeper Dhatus such as Asthi and Majja. The presence of recurrent episodes further supports chronicity and DoshaDushya Sammurchana.

From a modern standpoint, gout is caused by hyperuricemia leading to deposition of monosodium urate crystals in joints, which triggers an intense inflammatory response mediated by neutrophils and cytokines such as interleukin-1β (IL-1β). The elevated serum uric acid levels (8.9 mg/dL) and raised inflammatory markers (ESR, CRP) in this case are consistent with acute gouty arthritis. The reduction of these parameters following treatment shows effective control of both metabolic and inflammatory components of the disease. **Probable Mode of Action of Interventions**

Guduchi Kwath

In Ayurved, Guduchi is described as Tridoshaghna, Rasayana, and Rakta Prasadaka, making it highly effective in conditions involving Rakta Dushti and inflammation. It helps in correcting Agni, detoxifying Rakta, and reducing Pitta and Vata aggravation[14,17].

From a modern perspective, Guduchi has proved:

- Anti-inflammatory activity (inhibition of cytokines like IL-1β, TNF-α)
- Antioxidant effects
- Xanthine oxidase inhibitory action, contributing to reduced uric acid levels.

Thus, it plays a dual role in reducing inflammation and metabolic imbalance.

Kaishore Guggulu

Kaishore Guggulu is a classical formulation shown in Vatarakta and inflammatory disorders. It has ingredients like Guduchi, Triphala, and Guggulu, which act synergistically.
Ayurvedic action:

- Rakta Shodhana (blood purification)
- Vata-Pitta Shamana
- Reduction of inflammation and Ama

Modern pharmacological actions:

- Anti-inflammatory (inhibition of prostaglandins)
- Anti-hyperuricemic potential
- Immunomodulatory effects

It helps in reducing both local inflammation and systemic metabolic derangement. **Simhanada**

Guggulu

Simhanada Guggulu is specifically shown in Amavata and Vatarakta, especially when Ama is involved.

Ayurvedic action:

- Deepana-Pachana (enhances digestion and metabolism)
- Ama Pachana (removes metabolic toxins)
- Vata Anulomana

Modern correlation:

- Improves metabolic clearance.
- Anti-inflammatory activity
- May indirectly reduce uric acid by improving metabolism.

It is particularly useful in chronic and recurrent cases.

Dashanga Lepa (External Application) Ayurvedic

action:

- Shothahara (anti-inflammatory)
- Dahashamana (relieves burning)
- Local Vata-Pitta pacification

Modern view:

- Local anti-inflammatory effect
- Improves circulation.
- Reduces edema and pain.

Integrated Interpretation of Results

The significant reduction in serum uric acid (8.9 → 5.6 mg/dL), along with normalization of ESR and CRP, shows that the Ayurvedic intervention not only provided symptomatic relief but also addressed the underlying metabolic pathology. The improvement in clinical parameters such as pain, swelling, and tenderness suggests effective control of inflammation.

From an Ayurvedic standpoint, the treatment successfully:

- Removed Avarana of Vata
- Corrected Rakta Dushti
- Improved Agni and metabolism
- Prevented further Dosha aggravation.

From a modern perspective, the drugs acted through:

- Anti-inflammatory pathways (cytokine inhibition)
- Antioxidant mechanisms
- Reduction in uric acid synthesis or improved excretion

This case is unique in showing **simultaneous clinical and biochemical improvement** with Ayurvedic management, highlighting its potential role in targeting both **metabolic (hyperuricemia)** and **inflammatory (cytokine-mediated)** pathways in gout. The integration of classical Ayurvedic principles with objective biomedical outcomes strengthens the evidence for Ayurveda as a complementary approach in chronic inflammatory disorders.

CONCLUSION

The present case study highlights that Vatarakta (gout), a disorder involving the complex interplay of Vata Dosha and Rakta Dhatu, can be effectively managed through a structured Ayurvedic approach. The observed reduction in serum uric acid levels, inflammatory markers, and clinical symptoms proves that Ayurvedic interventions not only provide symptomatic relief but also address the underlying metabolic and inflammatory pathology.

The combination of Shamana therapy, dietary regulation, and lifestyle modification played a crucial role in breaking the pathogenesis (Samprapti), particularly by relieving Avarana of Vata and correcting Rakta Dushti. From a modern perspective, the therapeutic outcomes suggest potential anti-inflammatory, antioxidant, and uric acid-lowering effects of the selected formulations.

This case emphasizes the scope of Ayurveda as a holistic, safe, and effective alternative or complementary approach in the management of gout, especially in chronic and recurrent cases. However, further welldesigned studies with larger sample sizes and longer follow-up are needed to confirm these findings and set up stronger clinical evidence.

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ISSN2456-432X SJIF:5.986 JIF:1.91