



Research Article

AYURVED MANAGEMENT OF VATARAKTA WITH SPECIAL REFERENCE TO TOPHACEOUS GOUT- A CASE STUDY

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ABSTRACT

Gout is a metabolic disease which occurs as a result of pathological reaction of the joint or periarticular tissues due to the presence of Monosodium Urate (MSU) and Monohydrate crystals in the body. MSU crystals mostly deposited in connective tissues in and around joints or in soft tissues like cartilages at various parts of the body. Hyperuricemia is the cardinal abnormality leading to Gout. These days its prevalence is increasing due to changes in life style and therefore it has a noteworthy impact on the working population, their work, productivity and physical function. Gouty arthritis is conventionally managed by analgesics, anti-inflammatory drugs, Glucocorticoids, Uric Acid lowering therapy, Xanthine oxidase inhibitor and Uricosurics drugs. These drugs may be poorly tolerated and dangerous in the elderly and in the presence of renal insufficiency and gastrointestinal disorders. Based on the symptomatology, Gouty Arthritis can be well correlated to *Vata-Pitthadhika Vatarakta*. *Vata* and *Rakta* are the main factors involved in this disease and *Sandhi* or joints are the main site of manifestation. The patient was treated with *Snehana* (oleation), *Mridu Swedana* (mild sudation) followed by *Anuvasana Vasti* with *Sahachar Tail* and *Niruha* with *Panchatikta Ksheera Vasthi* (enema with medicated milk) in 7 days schedule. *Upanaha Sweda* (poultice) for 7 days and *Samana Aushadhi* like *Kaishor Guggul*, *Kokilaksha Kashaya*, *Poonarnava Guggulu* (oral Ayurved drugs) for one month. Substantial clinical improvement was reported in quality of life after 30 days of the treatment. This case report provides guidelines that Gouty arthritis with a very high serum uric acid can be treated as per *Vataraktha Chikitsa Siddhanta* in *Ayurveda*.

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INTRODUCTION

Gout is a heterogeneous group of diseases characterized by hyperuricemia. Acute synovitis, chronic erosive and deforming arthritis, tophi, nephrolithiasis and interstitial nephritis are the major clinical presentations. Mean serum uric acid (urate) concentrations are age and sex related. The term hyperuricaemia denotes values above 7.0 mg/dl in males and 6.0 mg/dl in females. Gout is seen in only one-tenth of patients of hyperuricaemia. The big toe i.e. first metatarsophalangeal joint (MTP) is the classic site for gout. One-third of patients may get their first attack at another site such as the in-step of the foot, ankle, knee or hand joints. Sydenham's classic description lists the important clinical characteristics used to diagnose a typical attack. The attack is acute, it starts in the night, the joint and surrounding tissues are red, hot, swollen and extremely painful. This may be associated with fever and other constitutional disturbances.

Gout is found to have increased prevalence in recent years. Gout is seen predominantly in men during middle life. The

male female ratio is 7:1 to 9:1.<sup>[1]</sup> Conventional treatment of the disease includes analgesics, anti-inflammatory drugs such as non-steroidal anti-inflammatory drugs (NSAIDs), Colchicines, Uric Acid lowering therapy, Xanthine oxidase inhibitor, and Uricosurics drugs.

Gouty Arthritis of contemporary medical science, by its similarity in symptoms and etiological factors, can be correlated to *Vatapittadhika Vatarakta*<sup>[2]</sup>, characterized by the symptoms like *Sandhi Shula* (joint pain), *Sopha* (swelling), *Raga* (erythema), *Sparshasahatva* (extreme tenderness in affected joints) and *Stambha* (joint stiffness). So, it can be correlated to Gouty Arthritis. Various modalities of treatment for *Vatarakta* have good outcome. Highly praised treatment modality includes *Vasti karma* in *Vatarakta*. According to *Charakacharya* there is no therapeutic measure comparable to *Vasti* for the cure of *Vatarakta*. Still *Vasti Karma* treatment has got some edge over all other modalities in terms of relieving the symptoms early, modifying the underlying pathology and also reducing the duration of treatment. Importantly it can bring down the disease severity. So *Vasti*

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Karma especially *Ksheera Vasti* is said to be a drugless therapy which is a simple, specialized technique, yet not popular. In varied degrees, it is curative but more stressed on relieving the symptomatology. The major objectives in gout management are to keep the serum uric acid level towards normal and to prevent joint damage due to hyperuricemia. So, in order to find a better Ayurvedic management with a combination of *Snehana* in the form of *Sarvanga Abhyanga* with *Bala Guduchyadi taila* [3], *Swedana Bashpa Sweda* [4], *Ksheera Vasthi* [5] and *Samana Aushadhi* (*Kaishor Guggulu* and *Punarnava Guggulu* [7], *Kokilaksa Kashay* is taken up as a line of management.

### CASE REPORT

The case study discussed here is about a 50 years old, moderately fit, male patient consulted the *Kayachikitsa* (OPD) of our hospital, in Hadapsar on 8 March 2023 with complaints of *Sandhi Vedana* (multiple joint pain), *Sandhi Sopha* (joint swelling), *Raga* and *Daha in sandhi* (redness and warmth over joints) for 3-4 years and with associated complaints of *Daurbalya* (weakness), *Ushnabitaapa* (heat intolerance), *Nidraalpata* (reduced sleep), *Chakramana Kashtata* (difficulty in walking), *Sandhi Granthi* for 2-3 years.

During the examination, the patient revealed that he was absolutely normal 3 years back and some time back he started experiencing pain and swelling in joints of the different parts of the body. The pain on joints gradually developed to an unbearable stage and that forced her to consult their family physician on urgent basis. The physician had given suggested her to go for medication and which could give her a temporary relief of 3 months. Severe pain characterized by recurrent attacks of red, tender, hot and swollen joint was noticed. General weakness and reduced sleep were the associated symptoms, for which the patient again consulted her family physician, and was treated for 8 months, but did not get relief. Hence, the patient consulted a Rheumatologist, where the patient was diagnosed with “Acute Gouty Arthritis” through hematological and clinical examinations. The patient was on conservative treatment for 6 months, and found symptomatic relief.

#### Patient History

Patient is vegetarian with reduced appetite even though he had a regular habit of intake of homemade food. His bowel movements were normal and frequency of micturition 5–6 times per day and had disturbed sleep. No allergies, addictions – tobacco chewer were reported.

**Observed data:** Pulse rate: 84/min, Respiratory rate: 20/min, Blood pressure: 130/80 mm of Hg and body weight: 68kg.



#### Diagnosis

Patient is diagnosed as per 2015 ACR/EULAR Gout Classification Criteria [8].

Based on the clinical presentation (pain and swelling she developed difficulty in walking) with an increased ESR level and serum uric acid level the patient was diagnosed as a case of Acute Gouty Arthritis.

In consideration with the findings of clinical examinations and investigations following treatments was given as table No:1

Sr. No.	Treatment	Dose	Duration
1	<i>Poonarnava Guggulu</i>	250 mg BD	30 days
2	<i>Kaishor Guggulu</i>	250 mg BD	30 days
3	<i>Kokilaksh Kashay</i>	20 ml BD	30 days
4	<i>Sarvanga Snehana – Bala Guduchyadi Taila</i>	100 ml	7 days
5	<i>Sarvanga Swedana – Bashpa Sweda Vasti – Anuvasana – Sahachara Taila</i>	100 ml	7 days
6	<i>Niruha – Panchatikta Ksheer Vasti</i>	500 ml	7 days

The patient was advised to continue oral medicines for one month at the time of discharge.

No concomitant medication was given during whole treatment period. For assessment, symptoms of *Vatapittadhika Vatarakta* and core sets of Assessment of Arthritis were used.

#### Criteria for assessment-Subjective and Objective

**Table 2** Tenderness

Grade	Tenderness
0	No tenderness
1	Mild tenderness on palpation
2	Mild tenderness with grimace
3	Severe tenderness with withdrawal

**Table 3** Visual analogue scale (0-10 Scale)

Grade	
0	No pain
1-3	Mild pain
4-7	Moderate pain
8-10	Severe pain

**Table 4** Criteria for assessment-objective

Objective Criteria
Hb
ESR
Sr Uric Acid



## RESULTS

### Follow up and outcomes

Follow-up was taken after 1 month.

Hematological parameters were reinvestigated. Very good response was noted after the completion of therapeutic interventions. Reduction in symptoms like severe joint pain, stiffness, fatigue along with (ESR) and Serum Uric Acid level were noticed. Overall functional capacity and general condition of the patient were improved with medication.

### Criteria for assessment-Subjective & Objective

**Table 5** Criteria for assessment-Objective

Objective Criteria	Before Treatment	After Treatment
Sr Uric Acid	9.8	3.2
ESR	52	25
Hb	10	13

**Table No 6**

Subjective Criteria (Joint Symptoms Assessment)	Before Treatment	After 7 days of IP Treatment	After 30 days of Treatment
Joint Pain	Severe Joint Pain	Moderate Pain (Grade 4-7)	No Pain (Grade 0)
Tenderness	Severe tenderness with withdrawal	Mild tenderness on palpation (Grade 1)	No Tenderness (Grade 0)
Erythema	Present	Reduced	Absent
Swelling	Present	Reduced	Absent
Stiffness	Present	Reduced	Absent
Restricted Range of movements	Possible with severe pain	Possible with mild pain	Possible with normal limit

## DISCUSSION

This particular case was treated based on the *Vatarakta* line of management. *Snehana* (oleation), *Swedana* (sudation) followed by *Ksheera Vasti* (medicated enema) which was given for seven days along with *Samana Aushadhi* (oral medicines). *Panchatikta Ksheera Vasti* is having *Tikta* and *Madhura Rasa* (bitter and sweet taste) are indicated in *Vatapittadhika Vatarakta*.

*Acharya Charaka* and *Vagbhata* documented, “*Na hi vasti samam kincit Vatarakta chikitsitam*”<sup>[9]</sup> (there is no other therapeutic measures equivalent to *Vasti* in treating *Vatarakta*). *Vasti* is considered as *Agreya Aushadha* for *Vata*. So *Vasti* in the form of *Ksheera vasti* can be adopted as a line of management.

*Swedana* is the treatment modality widely used in the management of inflammatory Arthritis, which is having *Tridoshahara* especially *Vata-Pitta Samaka* property and specially indicated for *Sopha, Daha, Sula* condition.

Most of the *Aushadhis* is having *Guduchi* as their Main ingredient. *Guduchi* (*Tinospora cordifolia*) is said as the *Agreya* (best) *Aushadhi*<sup>[10]</sup> for *Vatarakta*. It is proved to have anti-inflammatory<sup>[11]</sup> and anti-arthritic action<sup>[12]</sup>. *Tinosporin* (chemical constituent) is a natural diuretic agent which aid in the excretion of Serum Uric Acid. *Tinosporin* also possesses gastro protective activity which is a beneficial property while using it as an analgesic<sup>[13]</sup>.

*Punarnava Guggulu* is selected in this study as one among the *Samanaushadhi*. The drugs mentioned in this yoga includes *Vibhitaki*, *Danti* and *Trivrit* having *Pitta-Kaphahara* properties while *Vidanga* and *Sunti* are *Vata kapha hara* and

the remaining *Haritaki*, *Pippali*, *Marica*, *Amrita*, *Amalaki* all are *Tridosha shamaka*.

Most of the drugs shows a characteristic of *Ushna Virya* (hot potency) *Laghu* (easily digestible), *Ruksha* (dry) and *Tikshna Guna*, which helps in easy assimilation of drug in the body, whereas *Sunthi* and *Guduchi* are *Guru* and *Snigdha* (oily), it is further desirable in this disease due to *Vatahara* action. The *Vipaka* of *Haritaki*, *Bibhitaki*, *Amalaki*, *Amrita*, *Shunti* and *Pippali* are *Madhura Vipaka* which have *Vata-Pitta Shamaka* properties. Which helps in *Samprapti Vighatana* in *Vatarakta*.

Drugs like *-Haritaki* is having a wide spectrum of pharmacological and medicinal activities like Anti-Inflammatory, Anti-Arthritic, Anti-Oxidant and free radical scavenging, Hepatoprotective, Gastrointestinal motility improving and anti-ulcerogenic, Antispasmodic and Immunomodulatory actions<sup>[14]</sup>. *Poonarnava* is having Anti-inflammatory and Diuretic action<sup>[15]</sup>. *Poonarnava* speeds up the filtration process of kidney and flushes out the excessive fluids and other waste products. *Trivrit*<sup>[16]</sup> and *Danti* possess anti-inflammatory properties<sup>[17]</sup>. *Vidanga* with its antioxidant property<sup>[18]</sup> brings out the regenerative changes in the deformed joints due to hyperuricemia induced Gout. *Triphala* works as a Xanthine Oxidase inhibitor<sup>[19]</sup> like Allopurinol which suppresses the production of Uric Acid. *Bibitaki* has Nephro-protective function<sup>[20]</sup> which retards the Urolithiasis and dissolves already formed stones in kidney while *Amalaki* has anti-inflammatory, analgesic, antipyretic, Gastroprotective, Hepatoprotective, Immunomodulatory and anti-oxidant properties<sup>[21]</sup> which help reducing the local and systemic inflammatory effects of Gout.

## CONCLUSION

This case showed significant improvement during and after the combined therapeutic intervention. From the above case, it can be clearly concluded that *Chikitsa* mentioned in *Vatarakta* by *Acharyas* can clearly bring down the Symptoms as well as the serum uric acid level.

### Declaration of patient consent Authors

This is to certify that they have obtained patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

## References

1. API Textbook of Medicine; Tenth Edition (2015); Volume 2, Editor-in-Chief Yash Pal Munjal; Published by: DR Yash Pal Munjal for and on behalf of The Association of Physicians of India; Mumbai 400 011. (Chapter -5 Gout and Other Crystal Arthritides; Page No: 2483).
2. Agnivesha Charaka Samhita English translation and critical exposition by Dr. Ram Karan Sharma & Vaidya Bagavan Dash vol 5, Chikitsa Sthana 29th chapter, page

- 1146, 26th edition, Chaukhambha Sanskrit Series, 2000.
3. Cakradatta (Sanskrit text with English translation) by P.V Sharma; Chaukhambha Orientaliya, edited & translated by Priya Vrat Sharma, edition-2013,23 chapter of Vatarakta Chikitsa, page number 223;73-78th sloka.
  4. Dr. Ramanivas Sharma, Sahasrayogam: Chaukhamba Sanskrit pratishtan, 2007.
  5. Charaka Samhita by Agnivesa; Revised by Charaka and Dridhabala with the Ayurveda Deepika commentary of Chakrapanidatta; Edited by Vaidya Yadavji Trikamji Acharya; Publisher: Chaukhambha Publications; Edition: Reprint-2016; siddhithana, 8th Chapter, 4th Sloka.
  6. Cakradatta (Sanskrit text with English translation) by P.V Sharma; Chaukhambha Orientaliya, edited & translated by Priya Vrat Sharma, edition-2013,23 chapter of Vatarakta Chikitsa, page number 222; 61-66th sloka.
  7. Charaka Samhita of Agnivesa; Elaborated by Caraka and Drdhabala with the Ayurvedadeepika commentary by Sri Cakrapaanidatta; Edited by Vaidya Yadavji Trikamji Acharya; Prolongued by Prof. R.H. Singh; Published by Chaukhamba Surbharati Prakashan;29 chapter of Vatarakta Chikitsa, page number 631;88th sloka.
  8. Astanga Sangraha of Vagbhata Sutrasthana, Translated & edited by B. Rama Rao, chapter-13 (Agrasangrahaneeeya Adhyaya), Volume I, First edition-2006.
  9. 2015 Gout Classification Criteria: An American College of Rheumatology/ European League Against Rheumatism Collaborative Initiative. Published by the BMJ Publishing Group Limited. Annals of the Rheumatic Diseases 2015; doi:10.1136/annrheumdis-2015-208237.
  10. Patgiri B, Umretia BL, Vaishnav PU, Prajapati PK, Shukla VJ, Ravishankar B. Anti-inflammatory activity of Guduchi Ghana (aqueous extract of *Tinospora Cordifolia* Miers.). *Ayu*. 2014;35(1):108.
  11. Upadhyay AK, Kumar K, Kumar A, Mishra HS. *Tinospora cordifolia* (Willd.) Hook. f. and Thoms.(Guduchi)–validation of the Ayurvedic pharmacology through experimental and clinical studies. *International journal of Ayurveda research*. 2010;1(2):112.
  12. Goel B, Pathak N, Nim DK, Singh SK, Dixit RK, Chaurasia R. Clinical evaluation of analgesic activity of guduchi (*Tinospora cordifolia*) using animal model. *Journal of clinical and diagnostic research: JCDR*. 2014;8(8):HC01.
  13. Bag A, Bhattacharyya SK, Chattopadhyay RR. The development of *Terminalia chebula* Retz.(Combretaceae) in clinical research. *Asian Pacific journal of tropical biomedicine*. 2013;3(3):244.
  14. Mishra S, Aeri V, Gaur PK, Jachak SM. Phytochemical, therapeutic, and ethnopharmacological overview for a traditionally important herb: *Boerhavia diffusa* Linn. *BioMed research international*. 2014;2014.
  15. Kohli KR, Nipanikar SU, Kadhbane KP. A comprehensive review on Trivrit [*Operculina turpethum* syn. *Ipomoea turpethum*]. *International Journal of Pharma and Bio Sciences*. 2010;1(4):443-52.
  16. Wadekar RR, Agrawal SV, Tewari KM, Shinde RD, Mate S, Patil K. Effect of *Baliospermum montanum* root extract on phagocytosis by human neutrophils. *International Journal of Green Pharmacy*. 2008;2(1): 46-49.
  17. Bhandari U, Ansari MN, Islam F, Tripathi CD. The effect of aqueous extract of *Embelia ribes* Burm on serum homocysteine, lipids and oxidative enzymes in methionine induced hyperhomocysteinemia. *Indian journal of pharmacology*. 2008;40(4):152.
  18. Peterson CT, Denniston K, Chopra D. Therapeutic uses of Triphala in Ayurvedic medicine. *The Journal of Alternative and Complementary Medicine*. 2017;23(8):607-14.
  19. Jadon A, Bhadauria M, Shukla S. Protective effect of *Terminalia bellerica* Roxb. and gallic acid against carbon tetrachloride induced damage in albino rats. *Journal of ethnopharmacology*. 2007; 109(2):214-8.
  20. Das SK, Das A, Das B, Panda P, Bhuyan GC, Khuntia BB. Important uses of Amalaki (*Embllica officinalis*) in Indian system of Medicine with Pharmacological Evidence. *Research Journal of Pharmacology and Pharmacodynamics*. 2017;9(4):202-6.

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