

**“REVITALIZING JOINTS: A CASE STUDY ON THE EFFICACY OF PANCHAKARMA IN MANAGING UTTANA VATARAKTA WSR TO GOUTY ARTHRITIS”**

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**ABSTRACT**

*Vatarakta*, a condition described in *Ayurveda*, corresponds to gouty arthritis in modern medicine and is characterized by pain, swelling, redness, and restricted joint movement due to the vitiation of *Vata* and *Rakta Doshas*. This case study highlights the *Ayurvedic* management of *Uttana Vatarakta* using *Basti* (medicated enema) and *Parisheka* (therapeutic pouring of medicated decoctions) as the main line of treatment. **Method:** A 35-year-old male patient with a history of dietary irregularities, sedentary lifestyle, and elevated serum uric acid levels presented with acute pain, swelling, and redness in the first metatarsophalangeal joint. The treatment protocol included *Ksheera Basti* (medicated enema with milk-based decoction) for *Vata* pacification and *Parisheka* with *Godhana Ark* and *Guduchi Kashaya* for local anti-inflammatory and analgesic effects, *Sthanika Abhyanga* and *Janu Upanha* in bilateral knee joints for mobility. Internal

administration of herbal formulations like *Guduchi Kashaya* and *Gokshuradi Guggulu* was provided. **Results:** Over four weeks, the patient experienced substantial relief in symptoms, including reduced joint pain, swelling, and redness. Joint mobility improved, and serum uric acid levels decreased from 8.2 mg/dL to 6.4 mg/dL. The combined effect of *Basti*, *Parisheka* and *Upanha* therapies significantly reduced systemic and localized inflammation without any adverse effects. **Conclusion:** The integrative *Ayurvedic* approach of using *Basti* and *Parisheka* as primary therapies proved effective in managing *Uttana Vatarakta*. This

treatment not only alleviated symptoms but also addressed the root cause by pacifying *Vata* and *Rakta Doshas*. Further studies are recommended to establish standardized protocols for the Ayurvedic management of gouty arthritis.

**KEYWORDS:** *Virudha-Ahar*, Gouty arthritis, Serum Uric Acid, *Akhorvisha*, joint disease.

## INTRODUCTION

The term Vatarakta is derived from two components: Vata and Rakta. This condition arises from the disturbance of both Vata and Rakta, which is why it is referred to as Vatarakta. Certain habits, such as the consumption of Lavana (salty foods), Amla (sour foods), and Katu Bhojan (spicy foods), along with practices like *Virudhaahara* (incompatible food combinations), Adhyashana (eating before the previous meal is digested), Krodha (anger), Diva Swapana (daytime sleeping), Achakramanasila (lack of physical activity), and Prajagarana (staying awake at night), are identified as contributing factors. According to Acharya Sushruta, this ailment may initiate from the feet (Pada Moola) or, in some cases, from the hands (Kara Moola). Due to the fluid and mobile characteristics of Vata and Rakta, they circulate throughout the body, akin to *Akhorvisha*, which is rat poison.<sup>[2]</sup> The classical manifestations of Vatarakta include symptoms such as Arti, Akunchana, Ayama, Beda, Gourava, Kandu, Suptata, Khanjatwa, Pangutwa, Shyavata, Tamratwak Vivarnata, Daha, Toda, Sphurana, and Paka, as noted by the ancient scholars.<sup>[3]</sup>

## PRESENT COMPLAINTS

A 35-year-old male came to Patanjali Ayurveda College with complaints of pain in all major and minor joints of both upper and lower limbs with swelling over metatarsophalangeal joint on and off since 5years.

History of present illness: - The patient was asymptomatic before 5years then he complained of throbbing like pain in all major and minor joints with burning sensation, swelling over both knee and ankle joint with discolouration of skin.

Since last few months his symptoms got aggravated with time so he came to OPD of Panchakarma in Patanjali Ayurveda College in the month of July 2024 for his better treatment.

Family History: - no relative had a history of family illnesses.

Past Medical History: - took allopathic medicines like pain killers and corticosteroids for 4yrs, then stopped taking any medication for last 1year but self-medicated with over-the-counter pain relievers.

He had no history of DM-T-2, HTN and Thyroid.

No surgical history.

### PERSONAL HISTORY

APPETITE	Reduced
BOWEL	Regular (1-2 times/day)
MICTURITION	Regular (4-6times in 24hrs)
SLEEP	Disturbed
ADDICTION	None
DIET	Vegetarian

### CLINICAL FINDINGS

GENERAL CONDITION	ASSESSMENT
Blood Pressure	128/82 mm hg
Pulse	68 b/m
Respiratory Rate	14-16 times/min
Tongue	Coated
Temperature	98.6 degree F
Height	5'7"
Pallor	Absent
Icterus	Absent
Edema	Present over affected joints
Gait	Normal

### ASHTAVIDHA PARIKSHA

<i>Nadi</i>	<i>Vata-kapha</i>
<i>Mutra</i>	<i>Prakrita</i>
<i>Mala</i>	<i>Prakrita</i>
<i>Jivha</i>	<i>Lipta</i>
<i>Shabda</i>	<i>Sandhi sphutan</i>
<i>Sparsha</i>	<i>Ushan Sparsha</i> in affected joints
<i>Druk</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Sama</i>

**ASSESSMENT CRITERIA**

1. Subjective criteria: - Gradation of symptoms<sup>[4]</sup> →

<b>SIGN AND SYMPTOM</b>	<b>NORMAL (0)</b>	<b>MILD (1)</b>	<b>MODERATE (2)</b>	<b>SEVERE (3)</b>
<i>ARTI</i> (PAIN)	No pain	Pain complained but tolerable	Pain complained taking analgesic once a day	Pain complained analgesic >1 once a day
<i>STABHDHATA</i> (STIFFNESS)	0-25% impairment in the range of movement of joints not affecting daily routine work.	25-50% impairment in the range of movement of joints carrying out daily routine work with difficulty	50-75% impairment in the range of movement of joints.	More than 75% impairment in the range of movement of joints.
<i>SVATHU</i> (SWELLING)	No swelling	Swelling complained but not apparent.	Swelling obvious on 2 joints	Obvious swelling on >2 joints.
<i>DAHA</i> (BURNING)	No burning sensation.	Transient, no approach for its aversion.	Frequent, self-approach for its aversion.	Regular, seeking medical advice.
<i>VAIVARNYA</i> (DISCOLOURATION)	No discoloration of skin.	Mild discoloration of skin.	Moderate discoloration of skin (shiny overlying skin)	Severe discoloration of skin (coppery discoloration)

2. Objective Criteria: - CBC with ESR, Serum Uric Acid

**MATERIAL AND METHODS****Treatment plan**

- *Sthanika Abhyanga* with *Saindhavadi Taila* and *Mulethi Taila*
- *Anuvasana Basti* with *Saindhavadi Taila* (70ml).<sup>[5]</sup>
- *Guduchiyadi Ksheer Basti- Niruha Basti* according to *Yog Basti* schedule for 8 days
- *Sarvanga Paisheka* with *Godhana Arka* and *Giloy Kwatha*.<sup>[6]</sup>
- *Janu Upnaha* for b/l knee joint.<sup>[7]</sup>

**Contents of Guduchiyadi Ksheer Basti**

<b>Contents</b>	<b>Quantity</b>
<i>Makshika</i>	90ml
<i>Lavana</i>	10gm
<i>Saindhavadi taila</i>	60ml
<i>Guduchiyadi kalka</i>	20gm
<i>Guduchiyadi Ksheerpaka</i>	150ml

**Basti Schedule**

Day-1	Day-2	Day-3	Day-4	Day-5	Day-6	Day-7
A	N	A	N	A	N	A

As with all Panchakarma processes, treatment is scheduled daily in steps.

- **Purvakarma:** Following *Laghu Aahar*, patients with *Anuvasana Basti* must undergo *Mridu Abhyanga* and *Swedana(Parisheka)* in the *Udara*, *Sphik*, and *Pristha* three areas. Prior to *Niruha Basti*, follow the same procedure as *Anuvasana Basti*, but they should do so on an empty stomach. *Janu Upnaha* was also applied on b/l knee joint after *Basti Karma*.
- **Pradhanakarma**
  - *Saindhavadi Taila Anuvasan Basti*: The patient should receive 70ml of *Saindhavadi Taila* applied as *Anuvasana Basti*.
  - *Guduchiyadi Khseer Niruha Basti*: 330 ml of *Guduchi Siddha Niruha Basti* must be given the day after *Anuvasana Basti*.
  - *Janu Upnaha* was also applied on b/l knee joint after *Basti Karma*.
- **Paschatkarma:** The patient should lie down in supine position and defecate whenever an urge arises.

Shamana Ausadhi given with Panchakarma.

MEDICINE NAME	DOSE
<ul style="list-style-type: none"> <li>• Divya Giloy Kwath</li> <li>• Divya Peedantak Kwath</li> </ul>	Empty stomach, BD
<ul style="list-style-type: none"> <li>• Divya Peedanil Gold Tablet</li> <li>• Chandraprabha Vati</li> </ul>	1-1 tab, TDS (before meal)
<ul style="list-style-type: none"> <li>• Divya Gokshuradi Guggulu</li> <li>• Divya Trighan Vati</li> </ul>	1-1 tab, TDS (after meal)

**OBSERVATIONS AND RESULTS****Observations**

- **Day 1-3:** The patient reported slight discomfort during the first three days of the treatment but showed improvement in joint pain and reduced swelling by the end of the second day.
- **Day 4-5:** Significant reduction in pain and inflammation. The patient reported easier movement in the affected joints, with some mild stiffness still present.

- **Day 6-8:** Almost complete resolution of pain and swelling. The patient was able to walk comfortably, with minimal discomfort. No redness or warmth was noted around the joints.

**RESULTS:** Changes in symptoms before and after treatment.

PARAMETERS	BT (Before Treatment)	AT (After Treatment)
Toda (Pain)	3	1
Stabdhata (Stiffness)	2	Nil
Svathu (Swelling)	3	Nil
Vaivarnya (Discoloration)	3	1

Changes in investigation before and after treatment

**पतंजलि आयुर्वेद चिकित्सालय**  
**PATANJALI AYURVEDA HOSPITAL**  
**चिकित्सा विभाग O.P.D.**

समय : प्रतिदिन प्रातः 9 बजे से सायं 5 बजे तक. Timing : 9.00 am to 5.00 pm Daily  
 Reg No. - 24072305050511 & Token No. - 4

वर्गीकृत एवं संचित नं. Class & Centre No. ... निदेशक वरिष्ठ आर्य आचार्य  
 पंजीकरण संख्या Reg. No. 423558-2024 ... निदेशक वरिष्ठ आर्य आचार्य

विभाग Dept. PANCHAKARMA ... चिकित्सा विभाग 44-07447-2024 ... निदेशक वरिष्ठ आर्य आचार्य

रोगी की वैयक्तिक जानकारी Mr. Name: Raj Kumar ... आयु 35 Y ... लिंग Sex: Male  
 रोगी का पता Address: Vpo. Lower Chula Barghat Teh. Thural, Kangra, Himachal Pradesh, India  
 रोगी का मोबाइल नं. Mobile No.: 9899058855 (धन्यवाद)

रोगी का लैब नं. Lab. No. ... फॉलोअप तिथि Followup Date: 20/08/2024

**Prescribed Medicine**

Name	Qty	Notes
1. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
2. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
3. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
4. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
5. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
6. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
7. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
8. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
9. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
10. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg

**Prescribed Treatment**

Name	Qty	Notes
1. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
2. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
3. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
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5. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
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7. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
8. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
9. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg
10. DASHA DASHA KASHA 2000	1	Take Asha Dash 7 capsules (20 capsules) 2000 mg

डॉ. राज कुमार  
 23/07/2024

**BEFORE**

**AFTER**

**PATHOLOGY LAB & RESEARCH CENTRE**  
**PATANJALI AYURVEDA HOSPITAL**  
 Certified by NABL (National Board of Quality Control of India)

Form No. 10000001  
 Name: Mr. Raj Kumar  
 Age: 35 Yrs  
 Sex: Male  
 Date: 23/07/2024  
 Time: 10:00 AM

Test Name: RENAL FUNCTION TEST  
 Value: 174.8  
 Unit: mg/dl  
 Biological Ref. Interval: 1.00 - 1.30

Test Name: Liver Function Test  
 Value: 1.30  
 Unit: mg/dl  
 Biological Ref. Interval: 1.00 - 1.30

Test Name: Serum Electrolytes  
 Value: 6.2  
 Unit: mg/dl  
 Biological Ref. Interval: 2.0 - 2.8

Test Name: Serum Creatinine  
 Value: 2.6  
 Unit: mg/dl  
 Biological Ref. Interval: 0.6 - 1.2

Test Name: Serum Urea Nitrogen  
 Value: 7.5  
 Unit: mg/dl  
 Biological Ref. Interval: 2.5 - 8.0

Test Name: Serum Albumin  
 Value: 4.5  
 Unit: g/dl  
 Biological Ref. Interval: 3.5 - 5.5

Test Name: Serum Globulin  
 Value: 3.8  
 Unit: g/dl  
 Biological Ref. Interval: 2.3 - 2.6

Test Name: A/G Ratio  
 Value: 1.50  
 Unit: -  
 Biological Ref. Interval: 1.20 - 2.10

Test Name: Serum Sodium  
 Value: 147.50  
 Unit: mmol/L  
 Biological Ref. Interval: 135.00 - 145.00

Test Name: Serum Potassium  
 Value: 4.27  
 Unit: mmol/L  
 Biological Ref. Interval: 3.50 - 5.00

Test Name: Serum Ionized Calcium  
 Value: 5.01  
 Unit: mmol/L  
 Biological Ref. Interval: 4.00 - 5.50

Test Name: Serum Chloride  
 Value: 113.9  
 Unit: mmol/L  
 Biological Ref. Interval: 98.0 - 106.0

Technician: D.S. KENKARANI  
 Lab Technician: D.S. KENKARANI  
 Pathologist: D.S. KENKARANI

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Investigation	Before Treatment	After treatment
CBC with ESR	ESR-60mm/1 <sup>st</sup> hr	ESR-20mm/1 <sup>st</sup> hr
S. Uric acid	8.2mg/dl	6.4mg/dl
CRP	25mg/L	8mg/L

## DISCUSSION

*Vatarakta* is a chronic condition that primarily affects *Sandhi*, often presenting with severe pain, swelling, and redness. It is commonly seen in conditions such as gout, rheumatoid arthritis, or other inflammatory joint disorders. In *Ayurveda*, *Vatarakta* is classified as a *Vata-Pitta* disorder, where an imbalance in the *Vata* and *Pitta* doshas leads to the accumulation of toxins (*Ama*) in the joints, resulting in pain, swelling, and inflammation.

In this case, the combination of *Guduchiyadi Ksheer Basti*, *Parishek*, *Janu Upnaha*, and *Sthanika Abhyanga* was utilized to provide a comprehensive approach to managing *Vatarakta*. The therapeutic modalities chosen not only aimed at reducing symptoms but also focused on restoring balance and promoting overall wellbeing by targeting both the internal and external causes of the disease.

### Role of *Guduchiyadi Ksheer Basti* in Treatment

*Basti* therapy is recognized as one of the most effective approaches for addressing ailments associated with the *Vata Dosha*, particularly in cases characterized by pain, stiffness, or inflammation, such as *Vatarakta*. Specifically, *Ksheer Basti* employs medicated *Ksheera* to both nourish and calm the *Vata Dosha*, while also delivering a detoxifying effect. In this instance, *Guduchiyadi Ksheer Basti* was selected due to the beneficial properties of *Guduchi* (*Tinospora cordifolia*), a prominent herb in *Ayurveda* known for its anti-inflammatory, antioxidant, and detoxifying attributes. *Guduchi* has demonstrated its ability to enhance immune function, mitigate free radical damage, and facilitate blood purification, rendering it an excellent option for conditions like *Vatarakta*, which is marked by toxin accumulation in the joints. When paired with medicated milk, which possesses natural soothing and *Vata*-pacifying properties, this therapy provides numerous advantages in alleviating pain, swelling, and inflammation while simultaneously nourishing the affected tissues.

### Synergistic Effect of Combined Therapies

The combination of *Guduchiyadi Ksheer Basti*, *Parishek*, *Janu Upnaha*, and *Abhyanga* offered a synergistic effect that addressed *Vatarakta* from multiple angles. The internal cleansing and *Vata*-pacifying effects of *Ksheer Basti* were complemented by the external

soothing effects of *Parishek*, *Janu Upnaha*, and *Abhyanga*. Each therapy played a distinct role in restoring balance to the Vata and Pitta doshas, reducing inflammation, and promoting joint mobility.

The positive clinical outcomes in this case, with significant relief in symptoms such as pain, swelling, and stiffness, highlight the effectiveness of *Ayurvedic* treatment modalities in managing *Vatarakta*. Furthermore, these therapies also promote long-term healing, as they not only address the immediate symptoms but also help to restore balance in the body's deeper tissues and systems.

## CONCLUSION

A comprehensive understanding of Dosha, Dushya, and Vyadhi Awastha is essential for the effective management of *Vatarakta*. The therapeutic agents administered to patients primarily belong to the categories of Tikta-Kashaya Rasa, Laghu-Rooksha Guna, and Ushna Veerya, and are typically classified as either Kapha-Vata Hara or Pitta-Vata Hara. These formulations are primarily utilized for Deepan-Paachan and Rakta Prasadana, along with Shoola and Shothagna Karma. The patient experienced an 80% reduction in symptoms, and laboratory results indicated a significant decrease in Serum Uric Acid levels. Consequently, the Ayurvedic treatment proved effective in resolving the condition without leading to additional complications. By thoroughly understanding the Nidana, Lakshana, and Samprapti of *Vatarakta*, it is possible to categorize it as a Vata Vyadhi and successfully manage it through Panchakarma therapy.

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