# WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 10, Issue 3, 1579-1584.

Case Study

ISSN 2277- 7105

# ROLE OF SHAMANA CHIKITSA IN VATA RAKTA: A CASE STUDY

Dr. Waquar Akbar<sup>1\*</sup>, Dr. Md. Moniruzzaman<sup>2</sup> and Dr. P. B. Kar Mahapatra<sup>3</sup>

<sup>1,2</sup>P.G. Scholar, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal.

<sup>3</sup>MD(Ayu), Ph.D (CU), Reader, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal.

Article Received on 02 Jan. 2021,

Revised on 23 Jan. 2021, Accepted on 12 Feb. 2021

DOI: 10.20959/wjpr20213-19886

# \*Corresponding Author Dr. Waquar Akbar

P.G. Scholar, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, West Bengal.

#### ABSTRACT

The era in which the technology is getting advanced day by day, leading to many inventions which makes our life easier, but at the same time it has a dark side of sedentary lifestyle, rising pollution, and unhealthy food habits. Due to these conditions, the number of cases of chronic metabolic disorders like Diabetes, Dyslipidemia, Obesity, Gout, etc are increasing day by day. Vata rakta, a disorder involving vata and rakta, presenting with pain, swelling, and stiffness in small joints of limbs along with discoloration of the skin over the joints. On the basis of sign and symptoms the disease may be co related with Gout of modern system of medicine. This case deals with a male patient aged 40 years suffering from complaints such as severe pain in both ankles, reddish discoloration over the affected joints and burning

sensation in soles of both feet for last three months. The patient was managed with group of shamana ausadhis by following the principles mentioned for vata rakta chikitsa along with guidance of pathya apathya, for three consecutive months, and the changes in sign symptoms as well as serum uric acid levels were noted.

**KEYWORDS:** Vata rakta, Gout, Shamana chikitsa, Hyperuricemia.

#### INTRODUCTION

In the period of 21<sup>st</sup> century, where the technological advancement is at increment day by day, at one side it facilitates us with posh lifestyles but on another there is an adverse effect of sedentary activities and indulgence in unhealthy food habits filled with simple carbohydrates, saturated fats and others. These reasons becomes the major cause for the

rising number of chronic metabolic diseases like Diabetes, Gout, Dyslipidemia etc. According to a recent epidemiological study of the prevalence of gout, it was found that the number of gout cases per thousand person was increased from 26.4 in 1988 to 37.6 in 2010.<sup>[1]</sup> These numbers are not much today but at this increasing rate it will be at an alarming rate, if proper measurements are not taken into consideration. Gout is a true crystal deposition disease, and is defined as the pathological reaction of joint or peri articular tissues to the presence of monosodium urate (MSU) crystals.<sup>[2]</sup> The deposition favors lower limbs instead of upper limbs. The prevalence of gout shows a strong male predominance (>5:1).<sup>[3]</sup> On the basis of symptoms like pain, swelling, redness of joints etc, there is a significant resemblance with Vata rakta.

In modern system of medicine there are various drugs for the treatment of gout like colchicine, allopurinol, NSAIDS, etc but these drugs have their own adverse effects like nausea, vomiting, oedema and in rare cases renal toxicity. Acharya Charak had mentioned a specific chapter for vata rakta chikitsa, in which various drugs and measures are mentioned for the management of vata rakta along with proper guidance of pathya apathya. So as an ayurvedic physician it is our duty to provide relief to the patients of vata rakta by following the principles of Ayurveda, hence the treatment was carried out.

#### MATERIALS AND METHOD

Material: The details of drugs are given below (Table 01).

Table 01					
Drug	Dose	Anupana			
Patolamuladi kashayam <sup>[5]</sup>					
Patola					
Triphala		Luke warm water			
Vishala	15 ml twice daily before				
Katurohini	meal				
Nagara					
Trayamana					
Amritadi Guggulu <sup>[6]</sup>					
Guduchi					
Guggulu					
Triphala					
Danti	500 mg twice daily after	Luke warm water			
Maricha	meal				
Pippali					
Shunti					
Trivrit					

#### **METHOD**

- a. Centre of study: Institute of post graduate ayurvedic education and research at S.V.S.P
- **b. Type of study:** Simple random single case study.
- **c. Plan of treatment:** The treatment was done on OPD basis, the drug mentioned in table 01 was prescribed along with a guidance of pathya and apathya to the patient(Table 02). The patient was observed on a monthly basis for three consecutive months, the changes in complaints were noted and a serum uric acid level was done after the visit.

Table 02				
Pathya	Apathya			
Old yava, Godhuma, Sali rice, Arhar,	Katu rasa yukta ushna, guru, kapha karak			
Satavari, Bathua, Guduchi etc	ahara, amla ahara, excess sweet products,			
Abhyanga, Pariseka, Upanaha, Pralepa,	masha, kulattha, Anup mamsa, dadhi, etc. <sup>[7]</sup>			
following dinacharya and ritucharya. <sup>[7]</sup>	Diwaswapna, Dhuma sevan, ati vyayama,			
	maithun, etc. <sup>[8]</sup>			

#### d. Case report

A 40 years old male patient visited the OPD of our hospital with complaints such as pain, swelling, and redness over both ankle joints along with burning sensation in sole of both feet.

## 1. H/O present illness

The patient was suffering from such complaints for last two months, but he decided to visit the OPD of our hospital when the pain made him difficult to walk.

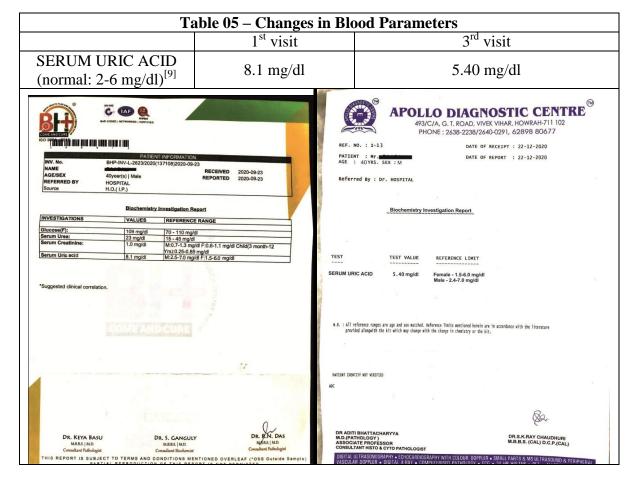
**2. Clinical examination:** At the first visit to OPD, following examinations were done. (Table 03)

Table 03				
Physical Examinations	<b>Blood Examinations</b>			
Blood pressure – 130/90	Serum Uric acid – 8.1 mg/dl			
mm of Hg	Fasting Blood glucose- 109 mg/dl			
Heart Rate -76/min	Serum urea – 23 mg/dl			
Height -174 cm	Serum creatine – 1.0 mg/dl			
Weight -78 kg				
Oedema – mild over both ankle joints				
Tenderness- severe				

#### **OBSERVATION AND RESULTS**

The patient was observed for three months and the changes in complaints and blood parameter (uric acid) were noted. The changes are mentioned in table 04 & 05.

Table 04 – Changes in complaints					
Symptoms	1 <sup>st</sup> visit	2 <sup>nd</sup> visit (after 1 month)	3 <sup>rd</sup> visit (after 3		
Symptoms			months)		
Pain over ankle	+++ (severe pain, not allowing	++	0		
joints	to touch)	(moderate pain)	(no such complaint)		
Oedema	+ (mild swelling over both	0	0		
	ankle joints)	(swelling subsided)			
Reddish	+++ (skin was red and warm to	++ ( mild	0		
discoloration	touch)	improvement)	(no such complaint)		
Burning sensation	++ (burning sensation in both	0 (complaint subsided)	0		
	soles)	o (complaint subsided)			



### **DISCUSSION**

Vata rakta according to various acharyas, is a disease in which there is basic involvement of vata dosa as well as rakta dhatu<sup>[10]</sup>, commonly presenting with pain, swelling, deformities in joints along with discoloration over the skin of joints. The conglomerated pathogenic elements vata and rakta gets deposited in the twak and mamsa (Uttan vata rakta)<sup>[11]</sup> producing symptoms like daha (burning sensation), twaka syavata (discoloration of skin), toda (pricking type of pain), twak ruja (superficial pain)<sup>[12]</sup> etc and sometimes it gets lodged in the small joints of limbs (Gambhira vata rakta)<sup>[13]</sup> presenting with sotha (oedema), stabdhata (stiffness),

daha (burning sensation), sphurana (twitching) paka ( (inflammation) in joints.<sup>[14]</sup> In case of rakta vikara it is advised to do a pitta shamana chikitsa because of the similarities between rakta and pitta. So as per the pathogenic events of the disease, the first line of treatment is to do nidana parivarjan (avoidance of causative factors) and then vata pitta shaman chikitsa along with sroto sodhan chikitsa to clear the conglomerated vata and rakta from the joints, should be done. After proper literature review the drug Patolamuladi kashayam and Amritadi guggulu has been taken into consideration. The drug patolamuladi contains ingredients like triphala<sup>[15]</sup> which have tri dosa shamak and agni deepan properties as well, and rest of ingredients like patola, katurohini, trayamana, vishala are potent pitta shamak as well as rakta sodhak ausadhis<sup>[16]</sup>, helping in reducing the symptoms associated with rakta dhatu and pitta dosa. Simultaneously the drug Amritadi guggulu contains guduchi<sup>[17]</sup> a tridosa shamak, guggulu<sup>[18]</sup> having sroto sodhak sula hara vata shamak properties, maricha, pippali, sunthi<sup>[19]</sup>, etc, have sula hara property and finally trivit<sup>[20]</sup> is a potent pitta shamak ausadhis as well as it performs kostha suddhi, which is indicated in vata rakta.

So after prescribing the above drugs, a combined effect of vata pitta shaman, rakta sodhan, sula hara, agni deepan and sroto sodhak activity was achieved, which is necessary for the management of Vata rakta. Fortunately, after the treatment schedule of three months, there was significant relief in the sign and sympotms as well as reduction in the serum uric acid level from 8.1 to 5.4 mg/dl.

#### **CONCLUSION**

After reviewing the observation and results, it may be concluded that patolamuladi kashayam and amritadi guggulu along with guidance of pathya apathya is a potent remedy for the management of Vata rakta. During the treatment schedule no such adverse effects were noted.

### **REFERENCES**

- 1. Edward Roddy, Hyon Choi, Epidemiology of Gout, Rheum Dis Clin North Am, 2014; 40(2): 155-175.
- 2. Colledge Nicki R, Walker, Brian R and Ralston Stuart H, Davidson's Principles and Practice of Medicine, Churchill Livingstone Elsevier, 21<sup>st</sup> edition, ch-16, p-1097.
- 3. Colledge Nicki R, Walker, Brian R and Ralston Stuart H, Davidson's Principles and Practice of Medicine, Churchill Livingstone Elsevier, 21<sup>st</sup> edition, ch-16, p-1098.

- 4. Tripathi KD, Essentials of Medical Pharmacology, Jaypee Brothers Medical Publishers, 7<sup>th</sup> edition, ch-45, p-214-217.
- 5. Murthy K.R Srikantha, Vagbhata's Astanga Hrdayam, Chikitsa sthan-19/28-30, Chowkhamba Krishnadas Academy, Varanasi, Reprint ed-2012. p-477.
- 6. Dr. Sitaram Bulusu, BHAVAPRAKASA OF BHAVAMISRA, Madhyam khanda, Chaukhambha Orientalia, Varanasi, vol-II, Reprint ed- 2014, p-351.
- 7. Dr. Rao G. Prabhakara, BHAISAJYA RATNAVALI, Chaukhambha Orientalia, Varanasi, 1<sup>st</sup> edition-2014. p-811.
- 8. Sharma R.K, Charak Samhita, Vol. V, Chikita sthan-29/49, Varanasi; Chowkhamba Sanskrit Series Office, Reprint ed, 2012; 102.
- 9. Das PC, Das PK, Text book of Medicine, Current book international, 6<sup>th</sup> edition-2016, p-537.
- 10. Sharma R.K, Charak Samhita, Vol. V, Chikita sthan-29/8-10, Varanasi; Chowkhamba Sanskrit Series Office, Reprint ed.-2012, p-88.
- 11. Sharma R.K, Charak Samhita, Vol. V, Chikita sthan-29/19, Varanasi ; Chowkhamba Sanskrit Series Office, Reprint ed.-2012, p-92.
- 12. Sharma R.K, Charak Samhita, Vol. V, Chikita sthan-29/20, Varanasi ; Chowkhamba Sanskrit Series Office, Reprint ed.-2012, p-92.
- 13. Sharma R.K, Charak Samhita, Vol. V, Chikita sthan-29/19, Varanasi; Chowkhamba Sanskrit Series Office, Reprint ed.-2012, p-92.
- 14. Sharma R.K, Charak Samhita, Vol. V, Chikita sthan-29/21, Varanasi; Chowkhamba Sanskrit Series Office, Reprint ed.-2012, p-93.
- 15. Dr. Sastry J.L.N, Dravyaguna Vijnana, vol. I, Chaukhambha Orientalia, Varanasi, Reprint ed- 2012, p-278.
- Dr. Sastry J.L.N, Dravyaguna Vijnana, vol. II, Chaukhambha Orientalia, Varanasi, Reprint ed- 2012, p-490.
- 17. Dr. Sastry J.L.N, Dravyaguna Vijnana, vol. II, Chaukhambha Orientalia, Varanasi, Reprint ed- 2012, p-40
- 18. Dr. Sastry J.L.N, Dravyaguna Vijnana, vol. II, Chaukhambha Orientalia, Varanasi, Reprint ed- 2012, p-115.
- Dr. Sastry J.L.N, Dravyaguna Vijnana, vol. II, Chaukhambha Orientalia, Varanasi, Reprint ed- 2012, p-872
- 20. Dr. Sastry J.L.N, Dravyaguna Vijnana, vol. II, Chaukhambha Orientalia, Varanasi, Reprint ed- 2012, p-364.