

AYURVEDIC MANAGEMENT OF VATA RAKTA W.S.R. HYPERURICAEMIA: A CASE REPORT

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ABSTRACT

Hyperuricemia is a widespread metabolic condition seen in individuals of all age groups and genders. Uric acid, which is the end product of purine metabolism, may accumulate in the body, and its deposition as monosodium urate and monohydrate crystals in joints and surrounding tissues leads to the development of gout. The presence of elevated serum uric acid levels along with crystal deposition is a key feature of gout and is responsible for severe joint pain and inflammation. Conventional treatment options include analgesics, glucocorticoids, and urate-lowering medications such as xanthine oxidase inhibitors and uricosuric agents; however, achieving effective and sustained disease control often remains difficult. According to Ayurveda, the clinical features of gout closely resemble *Vata-Rakta*, a disorder caused by the simultaneous aggravation of *Vata* and *Rakta Dosha* affecting

multiple joints. This article reports a case study of a 46-year-old male who presented with pain in left knee and left great toe associated with restriction of movement since 8 months and elevated serum uric acid levels. Ayurvedic intervention included *Shamana Chikitsa* with oral medication along with administration of *Niruha Basti* & *Anuvasana Basti* in *Kala* regimen for 16 days. Notable improvement was observed, with serum uric acid levels reducing from 10.2 mg/dL to 6.4 mg/dL, along with significant relief in pain, swelling,

burning sensation. The treatment was carried out with dietary modifications, and no adverse effects were reported during or after therapy.

KEYWORDS: *Hyperuricemia, Gout, Vatarakta, Ayurveda, Basti.*

INTRODUCTION

Gout is a long-standing inflammatory disorder categorized under metabolic diseases and is chiefly caused by hyperuricemia, a condition in which serum uric acid levels remain abnormally high. When excess uric acid accumulates in the body, it leads to the formation and deposition of monosodium urate (MSU) crystals in joints and surrounding tissues, giving rise to gouty arthritis.^[1] Clinically, the disease is marked by sudden episodes of severe joint pain along with swelling, redness, tenderness, and stiffness. Over time, it may advance to chronic deforming arthritis, kidney stone formation, and crystal deposition in various tissues. Hyperuricemia is generally defined as serum uric acid levels above 6.0 mg/dL in women and 7.0 mg/dL in men.^[2]

Epidemiological evidence suggests that the global prevalence of gout ranges from less than 1% to 6.8%, with an incidence of approximately 0.58–2.89 cases per 1,000 person-years. The condition occurs more frequently in males and is strongly associated with lifestyle factors such as obesity, metabolic syndrome, and consumption of processed foods.^[3] Conventional treatment includes non-steroidal anti-inflammatory drugs (NSAIDs), colchicine, corticosteroids, uricosuric drugs, and urate-lowering agents. Although these therapies are effective, long-term use can result in adverse effects like gastric irritation, liver damage, and renal dysfunction.^[4]

From an *Ayurvedic* perspective, the clinical presentation of gout closely resembles *Vata-Rakta*, a disorder caused by the simultaneous aggravation of *Vata* and *Rakta Doshas*. Classical *Ayurvedic* literature describes its initial manifestation in the smaller joints of the hands and feet, with gradual spread throughout the body.^[5] Symptoms such as *Sandhi Shula* (joint pain), *Sopha* (swelling), *Raga* (redness), *Sparshasahatva* (tenderness), and *Stambha* (stiffness) closely mirror those seen in gouty arthritis.^[6]

In the present era, factors such as occupational stress, altered dietary patterns, and sedentary lifestyles have led to a steady increase in *Vata* and *Rakta Duṣti* related disorders. As a result, early onset degenerative joint conditions associated with *Rakta Duṣti* are increasingly seen.

According to the classical teachings of the *Acharays*, *Yapana Basti* is an effective therapeutic modality for managing such conditions. In cases of *Asthigata Vata*, where *Vata* affects the *Asthi Dhatus*, *Tikta Kseera Basti* is described as the most appropriate line of treatment. In *Vatadhika Vatarakta*, *Ksheerabasti* is the best line of management told by *Acharyas*.^[7]

CASE REPORT

A 46-Year old male belonging to middle economic status, with no known history of any co-morbidities came to *Panchkarma* OPD at Dayanand Ayurvedic College, Jalandhar with chief complaint of Pain in left knee and left great toe associated with restriction of Range of motion since 8 months. Pain increases after waking up in morning. On further enquiry patient told that he feels burning sensation over left great toe.

He had previously sought treatment from allopathic practitioners, where he was prescribed analgesics and anti-inflammatory medications. While these provided temporary relief, the symptoms subsequently recurred and worsened over time. The patient followed a non-vegetarian diet and had a normal appetite. His bowel movements and urination were regular, and he reported no allergies or addictions.

History of Present Illness

The patient had no significant complaints until about eight months ago. Since then, he has gradually developed pain in left knee and left great toe, associated with restriction of movement. Upon detailed questioning, he also reported that he feels burning sensation over left great toe. With these ongoing symptoms, the patient visited the *Panchakarma* OPD at Dayanand Ayurvedic College, Jalandhar, seeking further assessment and treatment.

History of Past illness: Not Significant

Family History: Not Significant

Personal History

Bowel	Regular
Bladder	Normal
Appetite	Normal
Sleep	Normal
Built	Lean
Height	5'6"
Weight	60Kg
Habit	Addiction to alcohol

Ashtavidh Pariksha

Assessment of general condition of patient.

1. Nadi	<i>Kapha(78Min</i>
2. Mutra	<i>Samanaya</i>
3. Mala	<i>Samanaya</i>
4. Jihva	<i>Swachha</i>
5. Shabda	<i>Spashta</i>
6. Sparsha	<i>Mrudu</i>
7. Drika	<i>Shweta</i>
8. Akriti	<i>Krusha</i>

Localized examination: Left knee and great toe of left foot elicited tenderness, swelling, redness and restricted rotation of motion.

Treatment protocol**Table 1: Shows treatment procedures.**

Procedure	Duration	Drug	Dose	Time
<i>Basti</i> <i>Karma-</i> <i>Kala Basti</i> regimen for 16 days	<i>Niruha</i> For 6 days	<i>Guduchyadi</i> <i>Ksheer</i>	660 ml	Empty Stomach in the morning
	<i>Anuvasana</i> For 10 days	<i>Dhanwantram</i> <i>taila</i>	80 ml	After meals

Shaman Aushadhi: Kaishor guggulu was given for 30 days twice a day after meals.

Ingredients of *Niruha Basti*.

Table 2: Ingredients of Kashaya Dravya: quantity 480ml.

Sanskrit name	Botanical name	Part used	Quantity
<i>Guduchi</i> [9]	<i>Tinospora cordifolia</i>	<i>Kanda</i>	1 Part

Table 3: Ingredients of Kalka (herbal paste): quantity 40 gms.

Sanskrit name	Botanical name	Part used	Quantity
<i>Madnaphala</i>	<i>Randia Spinosa</i>	<i>Madanphalippali</i>	1 Part
<i>Shatpushpa</i>	<i>Anethum graveolens</i>	<i>Patra Choorna</i>	1 Part

Table 4: Remaining ingredients.

Sanskrit Name	English name	Proportion
<i>Moorchit tila tail</i>	Sesame oil	80 ML
<i>Saidhava</i>	Rock Salt	5 GM
<i>Madhu</i> [10]	Honey	80 ML

Total amount of *Ksheera Basti Dravya* is 660 ml.

Ksheerapaka Vidhi^[11]

Ksheera Paka was prepared as per description available in classics. The usual dose of *Ksheera Paka* is 200ml. In the present study to equalize the quantity of drug administered *Guduchi* 50 gms + 200 ml milk + 1600 ml water was added and heated up to 200 ml.

Methodology: Intervention and dosage pattern

Abhyanga with *Murchita Tila Taila*, *Nadi Swedana* with plain steam.

Guduchyadi Ksheerabasti (660 ml) and *Anuvasana Basti* (80 ml) on alternate days following the *Kala Basti* schedule (16days).

Duration of the therapy

16 days (*Kala Basti*) - *Niruha Basti* and *Anuvanasa Basti* was given on alternate days.

Follow-up: After 15 days

Dietary modifications: Patient was instructed to follow *Pathya-Apathaya*.

RESULTS**Table 5: Assessment of S. Uric acid.**

Assessment Parameter	Before treatment	After Treatment
Serum Uric acid	10.2 mg/dL	6.4 mg/dL

Table 6: Assessment of ESR.

Before Treatment	After treatment
30mm/1 st hr	25mm/1 st hr

Table 7: Assessment of Subjective Parameters.

Subjective Parameter	Before Treatment	After Treatment
Pain in left knee	VAS: 08	VAS: 04
Pain in left great toe	VAS: 09	VAS: 02
Burning sensation over toe	Moderate	Normal
Rotation of Motion	Restricted	Restricted

DISCUSSION

Classical Ayurvedic texts by *Acharya Charaka* and *Acharya Vaghbhata* have highlighted *Guduchyadi Ksheera Basti* as beneficial in the management of *Vatarakta*, and *Guduchi*^[12] is described as the primary drug of choice. *Guduchyadi Ksheera Basti* helps normalize elevated serum uric acid by correcting the *Samprapti* of *Vatarakta*, rather than directly targeting uric acid as a biochemical entity. *Vatarakta* is caused by the mutual vitiation of *Vata Dosha* and *Rakta Dhatu*, often with *Margavarana* by *Kapha* and *Medas*. *Guduchyadi Ksheera Basti*

clears *Margavarana*, allowing the normal movement of *Vata* and purification of *Rakta*, thereby correcting the underlying pathology.

Guduchi has *Medohara* and *Kapha Shamaka* properties, which help reduce pathological *Medas* and *Kapha* responsible for obstruction *Avarana*. Removal of this obstruction improves tissue metabolism (*Dhatu Agni*), preventing further accumulation of metabolic waste products.

The use of *Ksheera* in the *Basti* formulation provides a *Brimhana* and cooling effect, pacifying *Vata* and *Pitta* while preventing excessive dryness or depletion. This supports *Asthi* and *Majja Dhatus*, which are commonly affected in chronic *Vatarakta*.

Widely recommended in the management of *Vatarakta*, *Kaishor Guggulu*^[13] is a conventional polyherbal formulation consisting of 11 components with anti-inflammatory, antibacterial, antiallergic, and *Rakta-shodhaka* (blood-purifying) activities. The therapeutic effectiveness of the formulation is ascribed to the cooperative actions of its main components

- The foundation is *Guggulu* (*Commiphora mukul*), known for its strong anti-inflammatory and lipid-lowering properties.
- Comprising *Haritaki* (*Terminalia chebula*), *Bibhitaki*^[14] (*Terminalia bellerica*), and *Amalaki* (*Emblica officinalis*), *Triphala* provides a mix of analgesic, rejuvenative, and antioxidant effects. With its immunomodulating, antipyretic, and anti inflammatory effects, *Guduchi* (*Tinospora cordifolia*) makes a major contribution.
- *Trikatu*, a combination of *Shunthi* (*Zingiber officinale*), *Maricha* (*Piper nigrum*), and *Pippali* (*Piper longum*)—enhances absorption of the formulation and delivers efficient pain-relieving and *Deepana-Pachana* (digestive stimulant) activities.

Other ingredients with detoxifying, laxative, and nephroprotective properties include *Vidanga* (*Embelia ribes*), *Trivrit* (*Operculina turpethum*), and *Danti* (*Baliospermum montanum*), thereby helping to clear accumulated toxins and lower the likelihood of uric acid stone development. Pharmacologically, *Guggulu*, *Guduchi*, *Shunthi*, and *Trivrit*'s anti-inflammatory properties help to lower joint swelling and pain. While *Bibhitaki* improves renal protection, which is vital in patients with raised serum uric acid levels, *Amalaki* and *Shunthi* are especially helpful in treating *Toda* (pricking pain), *Sparsha Asahyata* (tenderness), and *Sandhi Shula* (joint pain). *Pippali*'s immunomodulating action helps to strengthen systemic

immunity even more.^[15]

CONCLUSION

It has been evident that *Guduchyadi Ksheera Basti & kaishor guggulu* offers significant therapeutic potential in the treatment of hyperuricemia. *Basti* is especially effective in managing *Vataja* and *Vata-Pittaja* varieties of *Vatarakta*. However, in individuals with *Pitta* dominance, there may be an exacerbation of symptoms owing to the *Ushna Virya* of the drugs used. In such situations, *Yapana Basti* can be considered a better alternative to classical *Niruha Bastis* like *Dvadasha Prasriti*, which are often not well tolerated by the physically weak or sensitive patients of the present era. Additionally, the need for only minimal dietary and lifestyle restrictions makes this treatment highly appropriate for individuals living in today's fast-paced society.

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