

MANAGEMENT OF VATARAKTA (GOUT) THROUGH AYURVEDIC INTERVENTION - A CASE REPORT

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ABSTRACT

Vatarakta (Gout) is a disease explained in *Ayurveda* involving *Vata Dosha* imbalance affecting *Rakta Dhatu*. In the IPD, a 59-year-old female presented with complaints of *Ubhaya Hasta Parvasandhi Shopha* and Erythema, *Ubhaya Hasta Osha*, *Ubhaya Pada Osha*, *Ubhaya Hasta Parvasandhi Chosha*, *Ubhaya Janusandhishola Chosha*, *Skashta Utthapan* and *Utkatasan*, *Samanya Daurbalya* in the last 4 months, diagnosed as a case of *Vatarakta* (Gout), was treated with *Ayurvedic* management. *Raktamokshana* by *Siravedha* (Bloodletting), *Virechana Karma* (Therapeutic Purgation), *Kokilaksha Kashaya*, *Asthimajjapachaka Kashaya*, and *Kaishora Guggulu* were administered. Symptoms were assessed as per the grading system for pain (Visual Analog Scale), tenderness, edema, and erythema. Improvement was seen in tenderness, edema, and erythema, which came down to grade zero at the end of treatment, while the pain was reduced to grade 2 on the Visual Analog Scale from 10. The patient

felt a significant decrease in serum uric acid from 9.5 mg% to 6.3 mg% after the treatment. Hence, this study was taken to prove that *Ayurvedic* management has remarkable results in *Vatarakta* (Gout). However, large-scale randomized controlled trials are required to further validate the same.

KEYWORDS: *Vatarakta*, Gout, *Ayurveda*, *Virechana Karma*.

INTRODUCTION

Vatarakta (Gout) is a painful condition. When the aggravated *Vata* is obstructed by the aggravated *Rakta*, this aggravated *Vata* vitiates the *Rakta*. This pathological state is called *Vata Shonitam*, or *Vatarakta*. Depending on the aetiology and symptoms, Gout is similar to *Vatarakta*. Gout is also known as metabolic arthritis. Gout is an abnormality in the metabolism of uric acid, leading to hyperuricemia and the accumulation of monosodium urea crystals in joints, soft tissue, and renal tubes.^[1] There are 2 types of *Vatarakta* i.e., *Utthana Vatarakta* (Superficial) and *Gambhira Vatarakta* (Deeper tissue type).^[2]

PATIENT INFORMATION

A 59-year-old female having 52 kg body weight, a Housewife, of *Vata-Pittaja Prakriti*, came to IPD, with complaints of *Ubhaya Hasta Parvasandhi Shopha*, and Erythema, *Ubhaya Hasta Osha*, *Ubhaya Pada Osha*, *Ubhaya Hasta Parvasandhi Chosha*, *Ubhaya Janusandhishola Chosha*, *Skashta Utthapan* and *Utkatasan*, *Samanya Daurbalya* in the last 4 months. The patient had no history of DM, HTN, BA, IHD, or any surgical illness. No addiction history. No history of trauma or accidental injury. There is no significant family history. *Ashtasthana Pariksha* (eightfold examination), [Table 3] and, *Dashvidha Pareeksha* (Tenfold examination), [Table 4] were performed at the time of admission. The condition was provisionally diagnosed as *Vatarakta* (Gout) according to the signs and symptoms presented by the patient. She underwent *Ayurvedic* treatment for the same and was discharged after remarkable improvement.

Table 3: Ashtasthana Pariksha (Eightfold examination).

Pariksha (examination)	Observations
<i>Nadi</i> (Pulse)	80/min, <i>Niyamita</i>
<i>Mala</i> (Stool)	<i>Vibhandata</i>
<i>Mutra</i> (Urine)	<i>Samyaka</i>
<i>Jivha</i> (Tongue)	<i>Saama</i>
<i>Shabda</i> (Speech)	<i>Spashta Vak Avum Shruti</i>
<i>Sparsha</i> (Tactilation)	<i>Samashitoshna</i>
<i>Druk</i> (Eyes)	<i>Arakta Netrata present</i> ; No <i>Netra Panduta & Pittata</i>
<i>Akriti</i> (Anthropometry)	<i>Madhyama</i>

Table 4: Showing the Dashvidha Pareeksha (Tenfold examination).

Sr.	Parameters	Observations
1	<i>Prakriti</i> (Constitution)	<i>Vata-Pittaja</i>
2	<i>Sara</i> (Proper Nourishment of Tissue)	<i>Rasa, Rakta Sara</i>

3	<i>Samhnana</i> (Body Compactness)	<i>Madhyama</i>
4	<i>Pramana</i> (Body Proportion)	<i>Madhyama</i>
5	<i>Satyma</i> (Compatibility)	<i>Shad Rasa Satmya</i>
6	<i>Ahara Shakti</i> (Digestive Capacity)	<i>Abhyavarana shakti: Madhyama</i> <i>Jarana Shakti: Avar</i>
7	<i>Vyayama Shakti</i> (Physical Strength)	<i>Madhyama</i>
8	<i>Satva</i> (Psychological Strength)	<i>Madhyama</i>
9	<i>Vaya</i> (Age)	<i>Madhyama</i>
10	<i>Vikriti</i> (Abnormal State)	<i>Vata- Shula, Pitta- Daha,</i> <i>Kapha- Sthambha</i>

CLINICAL FINDINGS

The patient was examined based on a general examination, [Table 1] systemic examination, [Table 2] and *Sandhi Parikahana* (local examination of joints). [Table 5]

Table 1: Showing the General Examination.

Sr.	General Examination	Observations
1	Weight (kg)	52
2	Height (m)	1.52
3	BMI (kg/m ²)	22.5
4	Body temperature (degree Fahrenheit)	97.3
5	BP (mm Hg)	110/70
6	Pulse rate (per minute)	80
7	Respiratory rate (breaths per minute)	18
8	SpO ₂ (percentage)	98

Table 2: Systemic Examination.

System	Observations	
Respiratory system	On auscultation, normal sounds were heard, and no abnormality was detected.	
Cardiovascular system	S1 S2 heard, and no abnormality was detected.	
Gastrointestinal system	Soft, non-tender, no organomegaly detected	
Central nervous system	Consciousness	Fully conscious
	Orientation	Fully oriented to time, place, and person
	Memory	Intact
	Behavior	friendly

Table 5: *Sandhi Parikahana* (local examination of the joints).

<i>Pidanasatva</i> (Tenderness)	+++
<i>Shotha</i> (Swelling)	+++
<i>Ushana Sparsha</i> (Raised Temperature)	+++

TIMELINE

The timeline of the events in the case is presented in [Table 6].

Table 6: Timeline of events for the case.

Date	Event
23/12/2022	The onset of symptomatology i.e., tenderness, pain, erythema, and Edema
23/03/2023	The patient was diagnosed as a <i>Vatarakta</i> (Gout)
	<i>Ayurvedic</i> treatment started
	<i>Raktamokshana</i> by <i>Siravedha</i> (Bloodletting)
30/03/2023	<i>Virechana Karma</i> (Therapeutic purgation)
05/04/2023	Discharge from hospital with significant results
15/04/2023	1 st Follow-up
25/04/2023	2 nd Follow-up
05/05/2023	3 rd Follow-up
05/06/2023	4 th Follow-up
05/07/2023	1 st Follow-up
No evidence of the disease recurrence was noticed.	

DIAGNOSTIC ASSESSMENT

Symptoms were assessed as per the grading system for pain (visual analogue scale), tenderness, edema, and erythema were used.^[3] The diagnosis was confirmed by performing some specific investigations, such as serum uric acid. [Figure 1]

THERAPEUTIC INTERVENTIONS

The treatment provided consists of *Raktamokshana* by *Siravedha* (Bloodletting) on admission, *Shamana Chikitsa* (Palliative Therapy), [Table 7], and *Shodhana Chikitsa* (Purificatory Therapy). The patient underwent *Virechana Karma* (Therapeutic Purgation) as per the indication mentioned in the classics of *Vatarakta*. The patient underwent *Virechana Karma* in March 2023. [Table 8] The *Snehapana* was started with an initial dose of 30 ml of *Tiktaka Ghruta* (Medicated Ghee) once a day, followed by a light diet after proper digestion of the ghee. The amount of ghee was increased by 30 ml daily up to 120 ml on the 4th day as per the protocol of *Snehana*. *Swedana Karma* was started on the 5th day for 3 consecutive days after the appearance of symptoms of *Snehana* on the 4th day. *Sarvanga Swedana* was done once daily in the morning by performing whole-body fomentation after *Tila Taila Abhyanga* (body massage). *Virechana Karma* was done by the administration of *Trivrutta Avaleha* (30 g) and *Abhayadi Modak* (250 mg) with *Koshnaja* (lukewarm water) at 10 a.m. (*Pitta Kala*) on the 8th day. About 3 hours later, *Virechana Vega* was started, and a total of 11 *Vega* (passed stool) were observed till the evening. From the 9th day onward, *Sansarjana Krama* (the process of resuming a normal diet) was started by prescribing *Peya* (the

preparation of rice and water) and *Vilepi* (the preparation of rice), and so on successively for 3 days. From the 4th day onward, a diet with the fewest spices was suggested. After completion of the *Sansarjana Krama*, the patient was put on a routine diet. *Ayurvedic* medications were prescribed at the time of discharge for 10 days. [Table 9]

Table 7: Shamana Chikitsa (Ayurvedic Internal Medications) and Timeline.

Sr.	Name of medicine	Matra (Dose)	Time	Anupana	Date	Number of Days
1	<i>Kokilaksha Kashaya</i>	20 ml	2 times Before the food	<i>Koshnajala</i> (lukewarm water)	03/04/2023 to 05/04/2023	03
2	<i>Asthimajjapachaka kashaya</i>	20 ml	2 times Before the food	<i>Koshnajala</i> (lukewarm water)	03/04/2023 to 05/04/2023	03
3	<i>Kaishora Guggulu</i>	250 mg	2 times After the food	<i>Koshnajala</i> (lukewarm water)	03/04/2023 to 05/04/2023	03

Table 8: Details of Virechana Karma (Therapeutic purgation) and Timeline.

Sr.	Date	Procedure
1	24/03/2023	<i>Shodhanartha Snehapana- Tiktaka Ghruta</i> 30 ml
2	25/03/2023	<i>Shodhanartha Snehapana- Tiktaka Ghruta</i> 60 ml
3	26/03/2023	<i>Shodhanartha Snehapana- Tiktaka Ghruta</i> 90 ml
4	27/03/2023	<i>Shodhanartha Snehapana- Tiktaka Ghruta</i> 120 ml
5	28/03/2023 And 28/03/2023	<i>Sarvanga Snehana</i> with <i>Til Taila</i> and <i>Sarvanga Swedana</i>
6	30/03/2023	Virechana Karma: Purvakarma – <i>Sarvanga Snehana</i> with <i>Til Taila</i> and <i>Sarvanga Swedana</i> Pradhankarama – <i>Trivruttaavaleha</i> 30 gm + <i>Abhayadi Modaka</i> 250 mg with <i>Koshnajala</i> (lukewarm water)
7	31/03/2023 To 02/04/2023	Pashyatkarma – <i>Sansarjanakrama</i> Started by prescribing <i>Peya</i> (preparation of rice and water) and <i>Vilepi</i> (preparation of rice) and so on successively for 3 days. From the 4 th day onward, a diet with the least spices was suggested.

Table 9: Ayurvedic Medication prescribed on discharge for 10 days.

Sr.	Name of Medicine	Dose	Time	Anupana
1	<i>Kokilaksha kashaya</i>	20 ml	2 times Before the food	<i>Koshnajala</i> (lukewarm water)
2	<i>Asthimajjapachaka kashaya</i>	20 ml	2 times Before the food	<i>Koshnajala</i> (lukewarm water)
3	<i>Kaishora Guggulu</i>	250 mg	2 times After the food	<i>Koshnajala</i> (lukewarm water)

FOLLOW-UP AND OUTCOMES

Considerable relief in signs and symptoms was noted after 14 days of treatment. After completion of *Virechana Karma*, the patient felt a significant decrease in serum uric acid. [Table 10] At the time of admission, her serum uric acid was 9.5 mg%, [Figure 1], and after treatment, it was 6.3 mg%. [Figure 2] Symptoms were assessed as per the grading system for pain (visual analog scale), tenderness, edema, and erythema, [Table 11], and improvement was seen in symptoms. [Table 12] Tenderness, edema, and erythema came down to grade zero at the end of treatment, while the pain was reduced to grade 2 on the VAS scale from 10. The patient was asked to report at an interval of 10 days for 1 month, and then every month for another 2 months to observe the recurrence of the symptoms. After a follow-up of 2 months, the patient was found free from almost all signs and symptoms of *Vatarakta* (Gout).

Table 10: Hematological investigations before and after treatment.

Hematological Investigations	Before treatment (23 rd March 2023)	After treatment (5 th April 2023)
Sr. Uric Acid	9.5 mg%	6.3 mg%

Table 11: Subjective criteria of assessment.

Symptoms	Observation	Grade
Tenderness	No tenderness	0
	Mild tenderness on palpation	1
	Mild tenderness with a grimace	2
	Severe tenderness with withdrawal	3
Pain (Visual Analog Scale)	No pain	0
	Mild pain	1-3
	Moderate pain	4-7
	Severe pain	8-10
Edema	No swelling	0
	Slight swelling	1
	Moderate swelling	2
	Gross swelling	3
Erythema (Local color changes in the skin)	No color change	0
	Mild color change	1
	Moderate color change	2
	Severe color change	3

Table 12: Improvement in symptoms.

Symptoms	Grade BT	Grade AT
Tenderness	3	0
Pain (Visual Analog Scale)	10	2
Edema	3	0

Erythema (Local color changes in the skin)	3	0
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PATHOLOGY LABORATORY
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Date: 23-Mar-23

Patient's Name: [REDACTED]

BIOCHEMICAL INVESTIGATIONS

	Normal Value
Blood Urea	10-50 mg%
Serum Creatinine	0.7-1.4 mg%
B.U.N	15-45 mg%
Sr.Uric Acid	2.6-7.2 mg%
Sodium	135-145 meq/L
Potassium	3.5-5.1 meq/L
Chloride	98-108 meq/L
Sr.Phosphorus	2.5-4.5 mg%

[REDACTED]

U/C Medical Officer

Figure 1: Before Treatment.

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Date: 8-Apr-23

Patient's Name: [REDACTED]

BIOCHEMICAL INVESTIGATIONS

	Normal Value
Blood Urea	10-50 mg%
Serum Creatinine	0.7-1.4 mg%
B.U.N	15-45 mg%
Sr.Uric Acid	2.6-7.2 mg%
Sodium	135-145 meq/L
Potassium	3.5-5.1 meq/L
Chloride	98-108 meq/L
Sr.Phosphorus	2.5-4.5 mg%

[REDACTED]

U/C Medical Officer

Figure 2: After Treatment.

DISCUSSION

Snehana helps the *Gati* of *Vata*, *Gaatra Mardavata*, and remove *Srothorodha*.^[4] *Swedana* helps for *Srothoshuddhi* and *Ama Pachana*, which relieve stiffness, eliminate *Kleda*, and achieve lightness.^[5] *Amashaya* (*Kapha Pitta Sthana*) and *Pakwashaya* (*Vata Sthana*) are the *Udbhava Sthana* of *Vatarakta*. Therefore, the catabolic toxins can be eliminated if they are cleaned via the *Virechana Karma*.^[6] In *Vatarakta*, *Raktamarga* is obstructed by the inflamed *Vata* in the joints and *Shakha*. Next, the *Vayu* and blood centers impede one another, resulting in discomfort and potential fatality. Bloodletting using *Jalaaukavacharan* or *Siravedha* was therefore performed based on the *Dosha* involved and the patient's strength.^[7] The anti-inflammatory, antioxidant, and diuretic qualities of *Kokilaksha*, *Guduchi*, and *Pippali* improve the effectiveness of *Kokilaksha Kashaya* in treating the symptoms of *Vatarakta* (Gout) and cause uricosuric effects.^[8] Treatment for *Vatarakta* involves *Kaishora Guggulu*, which consists of 11 medications. Some of the benefits of *Kaishora Guggulu*

include its antibacterial, antiallergic, and blood-purifying qualities.^[9] The remarkable medication *Guggulu* has the properties of *Snigdha*, *Anabhishtandhi*, and *Sroto Shuhdhikaraka*. It's regarded as the greatest medication for treating *Meda Avruta Anila*. It has been demonstrated that this medication has a promising effect on counteracting the incriminating effects of both the morbid *Kapha Dosha* and the *Medo Dhatu*, making it the best medication to be used in this circumstance. In this case, uric acid was reduced by using *Shamana Chikitsa* (Palliative Therapy) and *Shodhana Chikitsa* (Purificatory Therapy), and symptoms were found to be improved. Hence, this case report is valuable for conducting large-scale clinical studies.

CONCLUSION

Vatarakta (Gout) can be treated by understanding the *Vyadhi Awastha*, *Dosha*, and *Dushya* involved in the pathogenesis of the disease. *Raktamokshana* by *Siravedha* (Bloodletting), *Virechana* (Therapeutic Purgation) with *Trivruttaavaleha*, and *Abhayadi Modaka* provide satisfactory outcomes in terms of signs and symptoms. *Kokilaksha Kashaya*, *Asthimajjapachaka Kashaya*, and *Kaishora Guggulu* have all been shown to be effective in the treatment of illness. Hence, *Ayurvedic* management can be a better choice in the management of the disease. No adverse drug reactions were observed during the treatment period. Further studies with a greater number of cases can be done to evaluate and establish the usefulness of *Ayurveda* treatment regimens in cases of *Vatarakta* (Gout).

PATIENT PERSPECTIVE: The patient was happy with the treatment; the quality of her life was improved considerably. She enjoys a normal and healthy life.

INFORMED CONSENT

Authors certify that they have obtained the 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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CONFLICTS OF INTEREST: There are no conflicts of interest.

REFERENCES

1. T Mahesh Babu, A. Vijayalakshmi, V Narasimha, Ayurvedic Management of Vatarakta w.s.r to gout- A case study, International Ayurvedic Medical Journal, April 2017; 5(4).
2. Yadavaji Trikamaji, editor, commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Chikithsasthana, chapter 29, verse no. 19, Varanasi; Chowkhambha Krishnadas Academy; p.628.
3. Ramachandran AP, Prasad SM, Prasad UN, Jonah S. A comparative study of Kaishora Guggulu and Amrita Guggulu in the management of Utthana Vatarakta. Ayu., 2010 Oct; 31(4): 410-6.
4. Kaviraj Ambika Dutta Shastri(editor). Sushruta Samhita, Vol. I Sushruta. Chikitsa Sthana, Chapter 31, pg. 335.
5. Bhavaprakasha of Bhava Mishra the vidyotini Hindi, Commentary Notes, Introduction, editor Shri Brahma Shankara Mishra, Chaukhambha Sankrit Sansthan Varanasi Chap.29/72, 306.
6. Shasirekha H K, Bargale Sushant Sukumar. Caraka Samhita of Agnivesha Kalpa Stana. 1st edition. New Delhi; Chaukhambha Publications; 2020. 4p.
7. Acharya JT (editor). Charaka Samhita with Ayurveda Dipika Commentary. Agnivesha, Charaka, Dridhabala. In: Reprint 2014 edition. New Delhi: Chaukhambha Publications. 2014 Chikitsa Sthana, Chapter 29 verse 36; p.629.
8. Mehta Chetan, Bhardwaj Anil, Bhatia Yogesh, Tripathy B. P, A Comparative Study of Siravyadha and Kokilakshadi Kshayama in Vaatarakta W.S.R to GOUT, Research and Rzviews: A Journal of Ayurvedic Science, Yoga and Naturopathy, 2017; 6-10.
9. Ramachandran AP, Prasad SM, Prasad UN, Jonah S. A comparative study of Kaishora Guggulu and Amrita Guggulu in the management of Utthana Vatarakta. Ayu., 2010 Oct; 31(4): 410-6.