

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 10, Issue 14, 1878-1881.

Case Study

ISSN 2277-7105

AYURVEDIC MANAGEMENT OF VATARAKTA – A CASE STUDY

Dr. Sneha Gutakar*1 and Dr. Sandeep Kumar Bhagat2

¹Associate Professor, Babe Ke Ayurvedic Medical College and Hospital.

²Medical Officer Ayush.

Article Received on 21 October 2021,

Revised on 11 Nov. 2021, Accepted on 01 Dec. 2021,

DOI: 10.20959/wjpr202114-22962

*Corresponding Author Dr. Sneha Gutkar

Associate Professor, Babe Ke Ayurvedic Medical College and Hospital.

ABSTRACT

Modern era is an era of sedentary life style. The rapid modernization of living in the world makes fast food culture. Due to this altered life style and food habits, human beings are becoming more vulnerable to many disorders. Out of these, *Vatarakta* (Gouty arthritis) is a common presentation. It is a unique Clinical entity where thete is involvement of *Vata dosha* and *Rakta* leading to the manifestation of disease. *Vatarakta* is caused due to vitiation of *Vata* and *Rakta* (blood). On the basis of site of manifestation and signs & symptoms, *Vatarakta* can be co-related with Gouty arthritis in modern science. Gouty arthritis is a complex metabolic disorder of protein metabolism in which there is

deposition crystals of mono Sodium Urate Monohydrate (MSUM) in the joints giving rise to inflammatory arthritis. In this case study the patient was given *Ayurvedic* drugs *Kaishor Guggulu* and *Amritarishta*. The results obtained after the duration of treatment were satisfactory.

KEYWORDS: Vatarakta, Ayurveda, Gout.

INTRODUCTION

Vata Rakta is a combination of 2 words vata and rakta. It has been explained in great details in different Samhitas. It is caused when aggrevated vata doshas is blocked by vitiated rakta in turn leading to further aggravation of vata. This leads to vatarakta. The chief complaints are severe joint pain with onset at hasta, pada. Gouty Arthritis is a metabolic disorder which is characterized by hyperuriecimia which can cause depositions of crystals of MSUM and give rise to Inflammatory Arthritis. It is predominately a problem of post pubertal males and is seen in women before the menopause. The food in our body is broken down into small molecule for the absorption as well as excretion of wastes. Uric acid is produced during breakdown of the waste products called Purines. The Uric Acid thus formed is filtered by

Sneha et al.

kidneys. Excess formation or its abnormal filteration leads to the excessive accumulation in blood that leads to gout.

Ayurveda has answer for such ailments and provides guidance for healthy life styles. If we follow the regimen mentioned in *dincharya*, *ritucharya*, *achara rasayan and sadvrita* we can attain the healthy life style. *Ayurvedic* management includes both internal as well as external application of drugs. In *shodhana*, procedures like *raktamokshan*, *basti and virechan* are considered effective. *Shaman* also has major role in *Vatarakta*.

In allopathic treatment, anti-inflammatory drugs like cholchicine, NSAIDS are advised which can cause toxicity if used for longer duration, particularly in elderly subjects having renal insuffiency and gastrointestinal disorders.

CASE REPORTS

A 30 year old female patient came to the opd of Govt. Ayurvedic Medical College and Hospital, Akhnoor with the chief complaints of

- 1. Pain and swelling in ankle joint and knee joints since 5 months
- 2. Stiffness of joints
- 3. Mild discoloration of skin
- 4. Patient unable to walk due to severe pain.

History of Present Illness

Patient was apparently alright 5 months back suddenly she developed pain in both ankles and knee joint. Due to severe pain the patient was not able to walk. Patient was having stiffness and mild discoloration of skin also.

PAST HISTORY -No H/o HTN, DM, BA H/O TB present

FAMILY HISTORY- Not contributory

PERSONAL HISTORY- Age - 30yr

Marital status - married

Occupation - bank employee

P.R - 78/min

B.P - 110/70mm hg

Weight - 55kg

Height - 150cm

Bowel habbit – regular

Addiction - no

Sleep - inadequate

Bala - madhyama

Systemic Examination on examination

CNS - well oriented.

CVS - S1 and S2 heard, No Murmurs.

Respiratory system - Bilateral chest clear.

Digestive system - P/A soft, no tenderness, no organomegaly.

Treatment

Kaishor guggulu - 2BD [500mg] after food with luke warm water.

Amritaarishta - 15ml TDS with equal quantity of water after food.

Duration – patient was treated for 1 month, with follow up after every 10 day.

Pathya- Godhuma, shali, purana yava, kakmachi, ghrita, milk of cow, buffalo, and goat, mudga.

Apathya - sea food, meat, til tail, kanji, saktu, jack fruit, lavana, abhishyandi.

OBSERVATION AND RESULTS

The patient was given treatment for 30 days follow up on 10th, 20th day. The symptoms were graded as 0, 1, 2, 3 for none, mild, moderate and severe respectively.

Sr.no	symptoms	BT	Follow up (10 th day)	Follow up (20 th day)	AT
1	Pain	3	3	2	0
2	Swelling	2	2	1	0
3	Stiffness	3	2	2	1
4	Discoloration	2	1	1	0

Sr. uric acid

Before treatment - 8mg/dl

After treatment - 5.1 mg/dl

DISCUSSION

The drugs used in this study are *Kaishor guggulu* and *Amritaarishta. kaishor guggulu* mainly contains *guduchi* and *vatarakta* is the *rogadhikara* of *guduchi*. Along with *guduchi* other

ingridients are tryushana [shunti, pippali, marich], tiphala, vidanga, danti. Since guggulu is yogavahi in nature, it enhances the properties of guduchi also. Amritaarishta also contain Guduchi as main content. Guduchi has tikta rasa and madhura vipaka. This property eliminates ama and obstruction to the movement and eliminates inflammation of joints.

CONCLUSION

Hence it is concluded that the treatment protocol along with *pathya apathya* relieved the patient giving improvement in the signs and symptoms successfully. Further clinical trials on more patients can be done to establish the efficacy of drugs.

REFERENCES

- 1. Davidson's Principals & Practice of Medi-cine Editor, Nicholas A. Boon. Nicki R. Coledge, Brian R. Walker, John A.A. Hunter, editor, 18th ed., New York; Chur-chill Livingstone Elsevier, 1999; 6 Sept- 2020 | Vol. 08 | Issue: 5 trikamji. Varanasi Chaukhambha prakashan, Varanasi 29/128.
- 2. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chauk-hambha prakashan, Varanasi 25/128.
- Sharngadharacharya. sharngadhara Samhi-ta, with deepika commentary of Adhamal-la and Goodhartha Deepika of Kashirama, Varanasi: Krishnadas Academy; reprint 2000, Madyama kkhanda.
- 4. Bhaishajya ratnavali: Kaviraj Shri. Ambikadutta Shastri, Bhaishajya Ratnavali, Chaukhamba Sanskrit Sansthan (18¹ edition)2005.
- 5. API Textbook of medicine seventh edi tion-2003, Editor Siddharth N.Shah, chapter XIX Rheumatology pg no.1157.
- 6. Kaviraj Atrideo Gupta -A.Hr. Chapter 22/13, Fourteenth edition -2003 Editor Vd.Yadunandan upadhyay Publisher Chaukhambha Sanskrit Sansthan -Page no-423.
- 7. Bramhanand Tripathi-Charak Samhita Chikitsasthan Chapter 29/88, Publisher Chaukhambha Surbharati Prakashan Page no.998.
- 8. Bramhanand Tripathi-Charak Samhita Chikitsasthan Chapter 29/23, Publisher Chaukhambha Surbharati PrakasPage no.987.
- 9. Bramhanand Tripathi-Charak Samhita Chikitsasthan Chapter 29/121 Publisher Chaukhambha Surbharati PrakasPage no.1002.