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# A Case Report of *Vatarakta* and Its Management through *Ayurveda*

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***Abstract:*** ***Ayurveda has mentioned various principles and treatment modalities. Also, it described various aspects and unique concepts of health in Ayurveda[1]. Now a days, everyone is more predisposed to disorders which occurs due to the lifestyle choices & faulty dietary habits. Vatarakta is one of such lifestyle diseases, which typically affects Marma-asthi-sandhi (vital part of the body, bone, & joint). Due to the numerous etiological factors, there is vitiation of the vata and derangement of the rakta. The vitiated rakta produces hindrances to the pathway of the vata. Thus, this obstruction to the vata in siras (blood vessels) by rakta causes further aggravation of the vata. Which again vitiates the rakta. That leads to the onset of the disease Vatarakta. The ailment is described by a number of synonyms, including Vatarakta, Khudavata, Vatabalasa, and Adhyavata. Vatarakta vyadhi has been thoroughly described by Acharya Charaka. Acharya Sushruta has outlined Vatarakta disease under the concept of Vatavyadhi Adhyaya, which is named as 'Vatashonita'. The distinctive example of Avarana janya vata vyadhi is Vatarakta. Thus, Samprapti vighatana (breaking the pathogenesis) can be attained by first alleviating Avarana (obstruction to the routeway of vata dosha by rakta dhatu), followed by pacifying the vitiated vata and pitta. Therefore, in this case report, Kokilaksha Ghanavati was given for about 14 days in the management of Vatarakta, and the evaluation centered on both subjective as well as objective metrics. Noteworthy improvement was seen.***

***Keywords : Vatarakta, Ayurveda, Kokilaksha Ghanavati.***

## I. INTRODUCTION

*Vatarakta* or *Vatashonita* is one of the most prevalent and commonly found lifestyle disorders in modern times. It is correlated with the Gouty arthritis or Gout in modern science, as the etiological factors and clinical characteristics of *Vatarakta* are much alike those of the Gout. *Vatarakta* has evolved due to consumption of *Vidahi-anna (*intake of irritable food items), *Viruddha-ahara* (incompatible meals), *jagarana* (vigil throughout the night), *abhighata* (trauma), etc. Nidanas (etiological causes)[2]. Numerous *Acharyas* have stated that *Sukumara* (delicate) persons are more inclined to develop *Vatarakta.* While *Vatarakta* can cause a wide range of signs & symptoms, *Ruka* (pain), *Stambha* (stiffness), *Shotha* (swelling), redness and warmth in the afflicted areas are the most typical ones. Pain is a chief symptom that interferes with the patient's activities of daily living. It is of 2 types; includes *Uthana* & *Gambhira Vatarakta*[3].

Gout is defined as an inflammatory condition in which uric acid builds up in the blood. It is an inflammatory response to the deposition of crystals of monosodium urate [MSU] in the joints. It has become more prevalent and widespread in today's era, with a prevalence rate of 2.0 to 2.6 per 1000 patients and rising day by day.

Gout is the most common inflammatory arthritis that strikes both men and elderly women, with a greater than 5:1 male predominance. The risk of developing Gout increases with the age and with serum uric acid levels, which are normally distributed in the general population[4].

According to Acharya Sushruta, the disease initially impacts feet, occasionally also affecting the hands at first (*anguli*, *tala*, *gulpha*, and *manibhanda*) and eventually advancing to other body parts. Which is pretty much the same manner in which rat poison spreads[6].

### *A. Objective*

To study the role of *Ayurveda* in the management of *Vatarakta*.

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## II. PATIENT INFORMATION

1) *Case Report:* A 27-year-old, college going male patient visited Dr. D. Y. Patil Ayurved College, Pimpri, Pune, with prime complaints of pain, swelling and tenderness at Right Metatarsophalangeal joint [MTP] accompanied by mild difficulty in movement that had persisted for 6 weeks.
2) *Past History:* No prior history of any significant major illness in the past.
3) *Family History:* There was no evidence of any family history.
4) *Personal history*

*a)* Gym: Workout 4 times a week for a year while taking protein supplements.
*b)* Weekly Intake of non-veg: one or two times.
*c)* Alcohol consumption: on occasion, once a month.

## III. CLINICAL FINDINGS

Redness and warmth over the joint [MTP]

### A. *General Examination of Patient*

The blood pressure (120/70 mm of Hg), pulse rate (80 bpm), along with body temperature (98.6 °F) were all within the range of normal.

### B. *Systemic Examination*

The respiratory, cardiovascular and central nervous systems did not exhibit any unusual findings corresponding to the systemic assessment.

## IV. DIAGNOSTIC CRITERIA OF ASSESSMENT[7]

Below is a list of each assessment parameter.

### A. *Subjective Criteria*

1) *Sandhi Shoola (Pain)*

| Grade | Description |
|---|---|
| 0 | No pain at all |
| 1 | Occasional, tolerable agony |
| 2 | More frequent, moderate form of pain |
| 3 | Everyday / intense agony that wakes you up at night / following after or along with every movement |

2) *Sandhi Shotha (Swelling)*

| Grade | Description |
|---|---|
| 0 | Absence of swelling |
| 1 | Swelling present but not obvious |
| 2 | Less than two joints have evident swelling |
| 3 | More than two joints exhibit visible swelling |

3) *Sankochan (Stiffness)*

| Grade | Description |
|---|---|
| 0 | No difficulty in movement |
| 1 | Mild impairment in movement |
| 2 | Difficulty in movement |
| 3 | Inability to move at all / absolute immobility |

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*4) Sparsha-asahatva (Tenderness)*

| Grade | Description |
|---|---|
| 0 | No tenderness at all |
| 1 | Mild degree of tenderness results from deep touch |
| 2 | Little touch causes a moderate type of tenderness |
| 3 | Severe form of tenderness caused by slightest touch |

*5) Daha [Burning Sensation]*

| Grade | Description |
|---|---|
| 0 | Absence of burning sensation |
| 1 | Transitory, no approach to prevent it |
| 2 | On frequent basis, self-approach for its aversion |
| 3 | Consistently, seeking medical guidance |

*6) Discoloration (Local color changes in the skin)*

| Grade | Description |
|---|---|
| 0 | No color change |
| 1 | Mild color change / Close to normal, which seems like normal to a certain extent |
| 2 | Reddish coloration of the afflicted part |
| 3 | Discoloration that is slight reddish black |
| 4 | Blackish coloration of the afflicted part |

Objective criteria: For the trial, objective parameters of assessment were serum uric acid level and VAS score.

## V. THERAPEUTIC INTERVENTION

Table Number 1

| Drug | Dose | Frequency | Time | Duration | Anupana |
|---|---|---|---|---|---|
| *Kokilaksha Ghanavati* | 250 mg | 2 - 0 - 2 | Before Meal | 14 Days<br><br>(With Follow-up on day 7$^{th}$) | Ushnodaka |

## VI. FOLLOW-UP AND OUTCOMES

In this case, follow-up revealed an obvious improvement, and the following observations occurred.

Table Number 2

| Symptoms | 0th day | 7th day | 14th day |
|---|---|---|---|
| Pain | 3 | 2 | 1 |
| Swelling | 2 | 2 | 1 |
| Stiffness | 1 | 1 | 0 |
| Tenderness | 2 | 1 | 1 |
| Burning sensation | 2 | 1 | 0 |
| Discoloration | 2 | 2 | 1 |

Table Number 3: VAS Score –

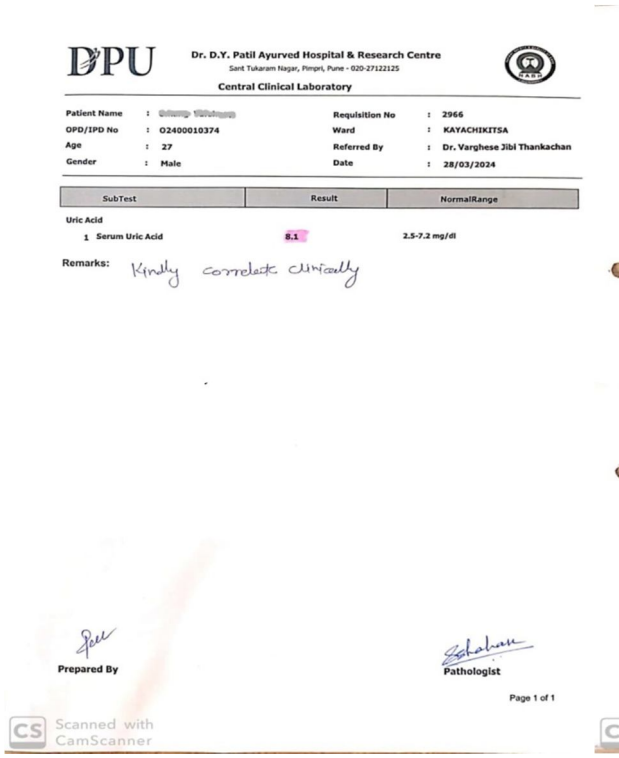
| VAS Score | 0th day | 7th day | 14th day |
|---|---|---|---|
| | 7 | 4 | 1 |

Table Number 4: The following outcomes were seen when serum uric acid was measured both before and after medicinal intervention.

| Serum Uric Acid | Before Intervention | After Intervention |
|---|---|---|
| | 8.1 mg/dl | 5.8 mg/dl |

Serum uric acid reports before and after the medical intervention are shown in Figures 1 & 2.

Figure 1 (Before Intervention)


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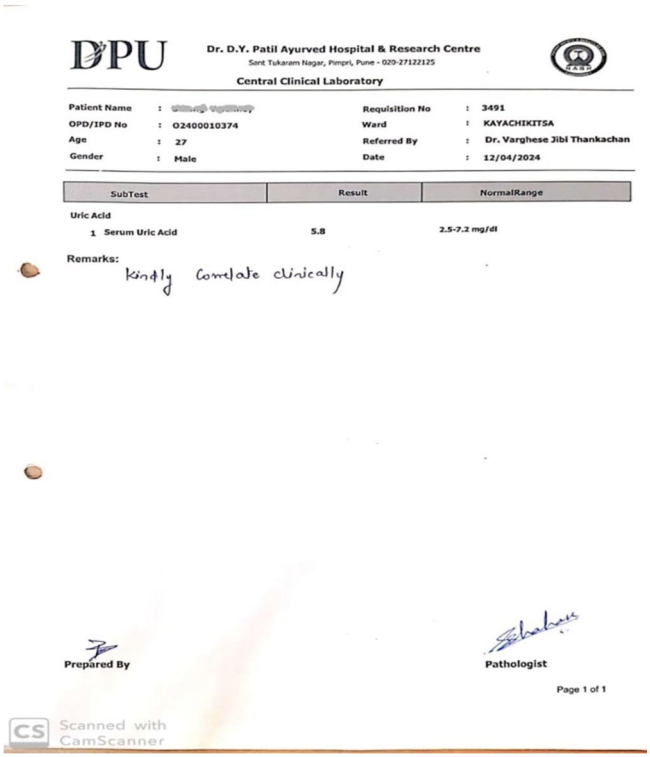
Patient Name : [redacted] Requisition No : 2966
OPD/IPD No : 02400010374 Ward : KAYACHIKITSA
Age : 27 Referred By : Dr. Varghese Jibi Thankachan
Gender : Male Date : 28/03/2024

| SubTest | Result | NormalRange |
|---|---|---|
| Uric Acid | | |
| 1 Serum Uric Acid | 8.1 | 2.5-7.2 mg/dl |

Remarks: Kindly correlate clinically

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Figure 2 (After Intervention)


DPU
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Central Clinical Laboratory

Patient Name : [redacted] Requisition No : 3491
OPD/IPD No : 02400010374 Ward : KAYACHIKITSA
Age : 27 Referred By : Dr. Varghese Jibi Thankachan
Gender : Male Date : 12/04/2024

| SubTest | Result | NormalRange |
|---|---|---|
| Uric Acid | | |
| 1 Serum Uric Acid | 5.8 | 2.5-7.2 mg/dl |

Remarks: Kindly Correlate clinically

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## VII. DISCUSSION

1) *Samprapti Vighatana* (disintegrating the pathogenesis) starts by clearing the obstruction created by aggravated and vitiated *rakta*. *Madhura rasa* is the predominant *rasa* and *Amla* and *Tikta rasa* are two of the *anurasas* found in *Kokilaksha*. *Pitta dosha* is calmed by *tikta* & *madhur rasa*. Applying the principle of *Ashraya-Ashrayi bhava*, as *tikta* & *madhura rasa* alleiviate the vitiated *pitta*, it as well pacifies the vitiated *rakta*. Hence, the vitiated *rakta* that was obstructing *Vata's* passage is eliminated.
2) *Kokilaksha* has *Madhura rasa*, *Madhura vipaka* and *Sheeta virya*. Thus, these properties make the drug *Vata-pitta shamak* (body humors) which are primary *dosha's* involved in etiopathogenesis of the disease.
3) It also has *Mutrala* (diuretic) and *Shotha-hara* (reduces oedema) characteristics[8]. *Shotha* over hand, feet and other part of body is often seen in *vatarakta* patient. Likewise, the nature of this drug is *guru* and *snigdha*.
4) The aforementioned properties contributed to treating the disease by lessening the signs and symptoms commonly seen, i.e., pain, swelling, burning sensation, and tenderness.
5) The study done on *kokilaksha*, confirms that the isolated compound from ethanolic extract of *Asteracantha longifolia* root, has anti-inflammatory property. possibly because B-sitosterol, a polyphenolic compound, is there[9]. The phytoconstituent lupeol was found in *Asteracantha longifolia*, and it demonstrated anti-arthritic properties[10]. These research studies suggest that *kokilaksha* may be able to relieve some signs and symptoms of gout, like joint pain, swelling, and discoloration, by reducing inflammation.

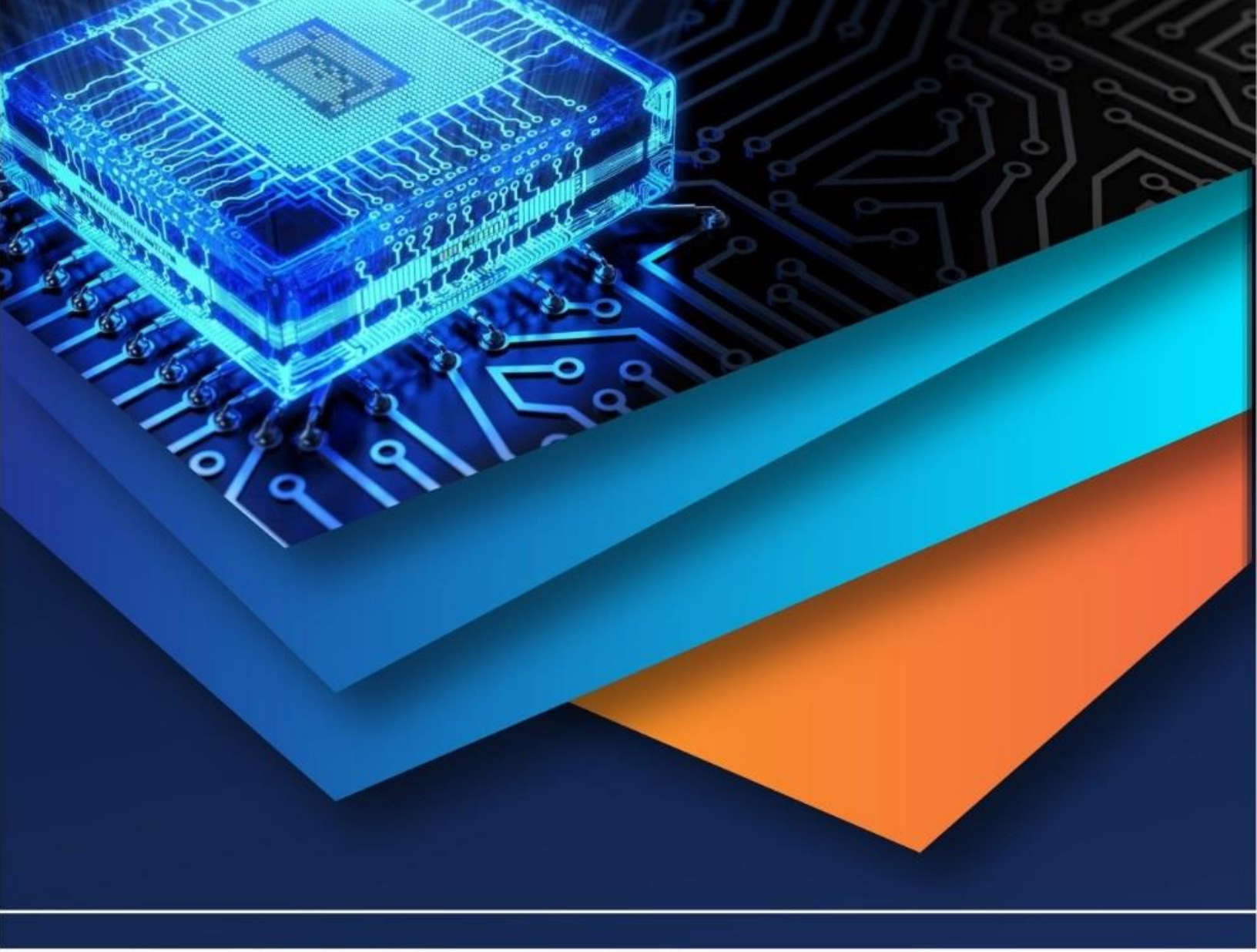
## VIII. CONCLUSION

The patient exhibited substantial positive outcomes by the time trial accomplished. As the subjective metrics considered for the study, i.e. pain, swelling, stiffness, etc., were lessened, Also, serum uric acid level measured post intervention was within the standard range. Therefore, in order to improve patient care, advance our knowledge of medicine, and to develop effective *Vatarakta* management strategies, this research work is essential; nevertheless, since this is a single case study, further exploration is required.

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