

## REVIEW ON VATARAKTA VYADHI

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### ABSTRACT

‘Vatarakta’ is a disease caused by both ‘Vata’ and ‘Rakta’ related with ‘Khavaigunya’, found in ‘Raktavaha Strotas’. Very attainment of the stage of the morbid transformation (Avasthantara Prapti) of vitiated Vayu and Rakta is called Vatarakta. This disease complex also includes different types of Arthritis, though it is generally interpreted as Gout. A certain form of inflammation of the small joints and swellings of the recurrent type occur in Gout. It occurs in acute attacks though it is chronic in nature. The main cause of Gout is the deposition of the uric acid crystals in the joint. The right treatment for it is avoiding the cause, Raktamokshan and Basti as a Shodhan Chikitsa and use of herbal supplements to correct the uric acid metabolism.

Keywords- Vatarakta, Gout, Raktamokshan, Basti, Shodhan Chikitsa, Shaman Chikitsa.

### INTRODUCTION

Vitiated Vata and Rakta causes Vatarakta, which is a Vatavyadi type. (1) Margavarodh (Obstruction of Channels) is the main pathology of the disease. By their own etiological factors, Vata and Rakta are aggravated and vitiated. Ultimately Vayu gets obstructed by vitiated Rakta.

Gout is very similar to Vatarakta in the etiology and symptomatology. It is a pathological reaction of joints or periarticular tissues. It results from deposition of monosodium urate monohydrate crystals in joints and tissues. Gout is an inflammatory joint disease where mainly small joints become swollen, tender, painful and stiff. (2)

### AIM

To review the concept of Vatarakta and its treatment.

### OBJECTIVE

To review the concept of Vatarakta and Gout and its treatment for health benefits.

### MATERIAL

Ayurvedic classical text, Allopathy Medicine text, different websites.

### METHODOLOGY

This is a literary and fundamental study regarding Vatarakta and Gout and its treatment.

### ETIOLOGY (3,4)

Generally, people of tender health who indulge in sweet food, leisurely eating and sedentary habits get afflicted by Vatarakta because of the following things-

1. Excessive intake of saline, sour, pungent, alkaline, unctuous, hot and uncooked food.
2. Intake of putrefied or dry meat of aquatic or marshy land inhabiting animals.
3. Excessive intake of oil, cake preparation or radish.
4. Excessive intake of Kulaltha, Masha, Nishpava, leafy vegetables etc, meat and sugarcane.
5. Excessive intake of curd, Aranala (Kanji), Souvira (sour preparation of dehusked barley, etc.), Sukta (vinegar), butter milk, alcohol and wine.
6. Intake of mutually contradictory food.
7. Intake of food before the previous meal is digested.
8. Resorting to anger in excess.
9. Sleeping during daytime and remaining awake at night.

In a person whose blood is vitiated by the above-mentioned causative factors, Vata gets aggravated because of the following-

10. Abhighata (Injury)
11. Ashuddhi (Omission of the purification of the body i.e. which are supposed to be done routinely during different seasons).

12. Excessive intake of Astringent, pungent, bitter and unctuous ingredients.
13. Intake of less food or obstinance from food.
14. Riding over horses, camels, or vehicles drawn by them.
15. Resorting to aquatic games, swimming and jumping.
16. Excessive warfaring in hot season which disturbs the equilibrium of the Vayu.
17. Indulgence in sexual intercourse, and
18. Suppression of the manifested natural urges.

### PATHOGENESIS (5)

Because of the aforesaid factors (listed in items 1-9 above), Vayu is aggravated. Being obstructed in its course by the vitiated blood (caused due to factors listed in item nos.1-9 above), the excessively aggravated Vayu vitiates the entire blood. The disease thus caused is called Vatarakta.

The item nos.1 to 9 above, vitiate blood and the other described in items 10 to 18 cause aggravation of Vayu. Description of these factors in two separate groups implies that the morbidities in both Vayu and Rakta take place independently to ultimately give rise to Vatarakta.

### PARTS OF BODY AFFECTED BY VATARAKTA (6)

The sites where Vatarakta is manifested are hands, feet, fingers including toes and all the joints. In the beginning, the hands and feet are afflicted. From this base, it

spread to all the other parts of the body because of the subtle pervasive nature of Vata and Rakta. Because of their fluidity and mobility, they (Vata and Rakta), while moving through the vessels, get obstructed in the joints which makes them further aggravated. Because of the tortuous nature of the course in the joints, the morbid matter gets lodged there.

Being localised in the joints, they get further associated with Pitta etc. (i.e. Kapha and Vayu aggravated because of other etiological factors) and produce different types of pain characterised by the nature of these elements. Therefore, in general, the disease gives rise to different types of pain which become excessively unbearable for the affected person.

### GENERAL MANIFESTATIONS (7)

In such cases of Vatarakta, the patient feels trouble with touch (of the afflicted part), pricking and piercing pain, emaciation and numbness of the part. If Pitta is associated, the patient feels severe burning sensation in the feet and the swelling is reddish, a little soft and feels too hot. If Kapha is vitiated along with Rakta, there is itch and white, cold, protruded and fixed swelling (in the feet). If all the three Doshas are vitiated simultaneously along with Rakta, features of all of those appear.

### TYPES OF VATARAKTA (8)

Vatarakta is of two types viz. 'Gambhira' (the deep) and 'Uttana' (protruded). The one involving skin and muscles is Uttana

and which involves internal parts is defined as Gambhira.

According to modern science, the disease Gout features two types, acute gout and chronic gout.

### CLINICAL FEATURES OF ACUTE GOUT (9)

In almost all first attacks a single distal joint is affected in over 50% of cases. 'Podagra' (seizing the foot), swelling, erythema and extreme pain and tenderness of first meta-tarso-phalangeal joint are to be found. Other common sites are, in order of decreasing frequency, the ankle, midfoot, knee, small joints of hands, wrist and elbow. The axial skeleton and large proximal joints are rarely involved and never as the first site.

Typical attacks have the following characteristics

- ❖ Extremely rapid onset, reaching maximum severity in just 2-6 hours, often waking the patient in the early morning.
- ❖ Severe pain, often described as the 'worst pain ever'.
- ❖ Extreme tenderness-the patient is unable to wear a sock or let bedding rest on the joint.
- ❖ Marked swelling with overlying red, shiny skin.
- ❖ Self-limiting over 5-14 days with complete return to normality.

Gout is a true crystal deposition disease and is defined as the pathological reaction of the joints or the periarticular tissues in

the presence of monosodium urate monohydrate (MSU) crystals. MSU crystals preferentially deposit in peripheral connective tissues, in and around synovial joints, initially favouring lower rather than upper limbs and especially targeting the first MTP joints and small joints of feet and hands.

### INVESTIGATIONS

Definitive diagnosis requires identification of MSU crystals in the aspirate from a joint, burs or tophus. In acute gout, synovial fluid shows increased turbidity due to greatly elevated cell count (790% of neutrophils).

Although hyperuricaemia is usually present, it does not confirm gout.

Measurement of 24-hour urinary uric acid excretion on a low purine diet will identify an over producer.

X-rays can assess the degree of joint damage.

### MANAGEMENT

A fast acting oral NSAID and colchicine can give effective pain relief and is the standard treatment together with local ice pack.

Joint aspiration can give instant relief and when combined with an intra-articular steroid injection to prevent fluid reaccumulation, often effectively aborts the attack.

### PRINCIPLES OF TREATMENT ACCORDING TO AYURVEDA (10)

The Uttana type of gout should be treated with Lepana (local application), Abhyang (anointing), Parishek (pouring of medicated decoction) and Avagahan (bathing in the tub filled with medicated decoction).

Gout with predominance of Vata should be treated with Sneha (unctuous therapies). In case of Vatarakta, predominance of Rakta, Raktamokshan (bloodletting) should be done, Virechana (purgation) in the cases of Pitta predominance and Vaman (emesis) should be administered in the cases of Kapha predominance. For Raktamokshan, needles, leeches, horn or alabu should be used.

Repeated basti with dry or mild substances should be administered. There is no better treatment for Vatarakta (Gout) than enema.

The decoction to be used are Vasadi kvath, Navkarshika kvath, Guducyadi kvath, Kokiladi kvath etc. The guggul preparation commonly used are Kaisora guggulu and Amruta guggulu.

The oil and ghrta which are generally use for anointing are Laghu marichadya taila, Brahamarichayadi taila, Pinda taila, Amrutadya ghrita, Mahatikta grita etc.

The juice, paste, powder or decoction of Guduchi, if taken for a long period cures Vatarakta.

## UNWHOLSOMES

An expert physician should never allow a patient of Vatarakta to enjoy sleeping during day time, heat of fire, exercise, exposure to sun, copulation, intake of masa, kulatha, nispava, kalaya, kshra, meat of oviparous and marshy beings, incompatible food, curd, ikshu, mulaka, wine, tambula, kanjika, tila, bitter and hot substances, heavy and abhisyanidi (moisture producing) food, salt and saktu (flour of parched grains).

## RESULT

For better result Ayurvedic Shaman and Shodhan chikitsa should be used.

## DISCUSSION

When Ayurvedic treatment is concerned, the etiological factors are as important as the medicine administered. This means factors responsible for the prognosis of the disease have to be ruled out in the history of the patient. It is as important as medicine given, that the patient be suggested with wholesome and unwholesome (pathyapathya) treatment approach so as to restrict disease and its recurrence.

Purine is an important by-product of incomplete protein metabolism. It leads

## REFERENCES

1) Sushruta samhita.vol. II (Chikitsa sthana and Kalpa sthana)

into the excess production of uric acid. Reduced renal clearance of uric acid and urate increases their level in the circulation. In the joint space, these crystals get deposited triggering an inflammatory response called 'Gouty Arthritis'. The fundamental biochemical hallmark of gout is hyperuricemia which results from increased production or decreased excretion of uric acid. (11)

Priorly what needs attention is the factors causing uric acid and urate crystals (MSU) deposition in the joint spaces are to be restricted. Shodhan chikitsa suggested in Vatarakta are Raktamokshan and Basti to normalise vitiated Vata and Rakta can be a superior treatment.

## CONCLUSION

According to Ayurveda due to inaccurate Aahar and Vihar, doshas are vitiated in the body. Then dosha gets accumulated in the 'kha-vaigunya'. As per etiology and prognosis of Vatarakta (gout), removal of doshas and symptomatic treatment to relieve pain are the treatments. These include Raktamokshan and Basti as a Shodhan chikitsa and Lapan Abhag, Parishek, Avgahan, different kvathas like navakarshika kvath, kokiladi kvath, etc. Guggula yog and Guduchi yog as a Shaman chikitsa.

Translator-Prof.K.R. Srikantha Murty.



Published-Choukhamba Orientalia  
Varanasi.

Chapter V/1 Pg. no. 64

2) [www.IAMJ.in](http://www.IAMJ.in).

3,4) Charak Samhita. vol. v (chikitsa  
sthan)

By-R.K. Sharma. and Bhagwan Dash

Published-Choukhamba Sanskrit series  
office Varanasi.

3)Chapter29/5-10, pg.no.88.

4)Chapter29/12-15, pg.no.90

4,5,7,8,10) Yogaratnakar (part-1)

Edited and translated by-Dr. Ashakumari  
and Dr. Premvati Tewari.

Published-Choukhamba Visvabharti I  
edition

4)Chapter26/2,3,4 pg.no.623

5)chapter26/5,6 pg. no.624

7)Chapter26/9,10 pg. no.624

8)Chapter26/27 pg. no.626

10)Chapter26/28-34 pg. no.627.

9)Davidson's Principles and practice of  
Medicine.

Edited by-Nicki R. Colledge, Brian R.  
Walker, Sturt H. Ralston

Chapter25/pg.no.1097.

11) <https://www.researchgate.net>