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Assessment of serum uric acid level modulation and symptomatic gradation changes in Vatarakta (Gout) under Shamana therapy with lifestyle interventions: A case study

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Abstract

Vatarakta is an Ayurvedic condition resulting from the imbalance of Vata and Rakta doshas, causing severe joint pain and swelling. Gout, a common chronic inflammatory arthritis, is characterized by monosodium urate crystal deposition due to hyperuricemia. This case study evaluates the efficacy of Ayurvedic management on serum uric acid levels and symptom gradation in a patient with Vatarakta. A 45-year-old female patient with left toe edema and joint pain received treatment at YMT Ayurvedic Medical College, including Vasadi Kwatha, Kaishor Guggul, and a blend of Guduchi, Shunthi, and Musta over three months. Post-treatment, serum uric acid levels decreased from 9 mg/dL to 5.3 mg/dL. Ayurvedic management effectively reduces serum uric acid levels and alleviates symptoms of Vatarakta. These findings support the potential of Ayurveda as a safe and effective treatment for gout, indicating the need for further research in larger clinical trials.

Keywords: Vatarakta, Gout, Serum Uric Acid, Vasadi Kwatha, Shaman Chikitsa, Pathya-apathya

Introduction

In Ayurveda, the balance of Vata and Rakta is crucial for maintaining health, and its disruption can lead to significant conditions such as Vatarakta. Documented in classical texts under names like Adhyavata^[1] and Vatabalasa, this disorder is characterized by the obstruction of aggravated Vata by vitiated Rakta, often exacerbated by factors like injuries, fasting, strenuous travel, and heat exposure. Clinically, Vatarakta manifests as severe joint pain, burning sensations, swelling, and skin discoloration, significantly impacting the patient's quality of life^[2].

In modern medicine, gout is recognized as a prevalent form of chronic inflammatory arthritis, primarily due to the deposition of monosodium urate (MSU) crystals. Often referred to as the "disease of kings," gout can lead to acute flares, chronic arthropathy, and renal complications. Current treatment options, including NSAIDs and corticosteroids, frequently come with side effects and limitations^[3].

This case study explores the Ayurvedic management of Vatarakta, highlighting its potential as a safe and effective treatment strategy. By examining this case, we aim to provide valuable insights into the holistic management of gout and demonstrate how Ayurvedic practices can enhance modern healthcare outcomes.

Materials and Methods

Centre of Study: YMT Ayurvedic Medical College

Study Design: Simple random single case study.

Methodology: Daily treatment regimen documented

Assessment Criteria

The treatment effectiveness was measured using the following assessment criteria:

Subjective Criteria:

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Table 1: Showing gradation of symptoms according to WHO scoring pattern ^[4]

| Grade | Swelling | Discoloration | Burning Sensation | Pain | Itching |
|---------|-------------------|-------------------|------------------------|---|---|
| Grade 0 | No swelling | Normal skin color | No burning sensation | No pain | No itching |
| Grade 1 | Slight swelling | Near normal | Mild burning sensation | Mild pain | Occasional itching |
| Grade 2 | Moderate swelling | Reddish color | Moderate burning | Moderate pain but no difficulty in movement | Continuous itching affecting normal activity |
| Grade 3 | Severe swelling | Blackish-red | Severe burning | Difficulty in movement due to pain | Severe localized itching with skin desquamation |

Objective Criteria

Investigative grading for serum uric acid reduction Case

A 45-year-old female patient visited the OPD of the Kayachikitsa Department at YMT Ayurvedic Mahavidyalaya, Kharghar, Mumbai, with complaints of left toe edema, pain, and discoloration of the fingers of left leg and left toe. She also reported a burning sensation in both palms and hyperpigmented patches over the limbs. Additional symptoms included joint pain with difficulty in movement, joint stiffness and swelling since one year.

History of Illness

- **History of Present Illness:** The patient experienced hyperacidity, burning sensation, severe pain in the left leg joints, indigestion, acid reflux, anxiety, and anorexia for the past year.
- **Past Medical History:** Nil

Personal History

- **Aharaja:** Spicy food, fermented food, tamarind, besan, and dadhi-sevana (yogurt consumption).
- **Viharaja:** Overexertion, exposure to the sun due to her work making papad.
- **Manasik:** Stress and anxiety.
- **Drug History:** Nil
- **Family History:** Nil

General Examination

Table 2: General Examination

| Parameter | Details |
|------------------|-------------|
| Weight | 59 kg |
| BP | 120/90 mmHg |
| Pulse Rate | 87/min |
| Respiratory Rate | 26/min |
| Temperature | Afebrile |

Ashtavidha Parikshan

Table 3: Ashtavidh Parikshan

| Examination | Details |
|-------------|---|
| Koshtha | Madhyama |
| Nadi | Vata-pittaj |
| Mala | Sama, burning sensation during defecation |
| Mutra | Prakrit |
| Jivha | Saama |
| Shabda | Prakrit |
| Sparsha | Anushnasheeta |
| Drika | Prakrit |

Diagnosis

- Based on the clinical features and examination, the patient was diagnosed with Vatarakta, characterized by Vitiation of Vata and Rakta manifesting associated symptoms.

Table 4: Smprapti Ghataka

| Samprapti Ghataka | Details |
|-------------------|-------------------------|
| Dosha | Vata-Pitta |
| Dhatu | Rakta |
| Srotas | Raktavaha Srotas |
| Udbhava Sthana | Grahani |
| Vyakta Sthana | Padanguli Hraswa Sandhi |
| Panchamahabhuta | Agni, Jala, Vayu |

Treatment Plan

The patient was treated with both Shamana therapy focusing on improving digestion, pacifying aggravated vata dosha, and rejuvenating rakta dhatu.

Table 5: Treatment Plan

| Sr. No. | Drug | Formulation | Dosage | Anupana | Treatment Duration |
|---------|---------------------------|-------------|-----------------------|------------|--------------------|
| 1 | Vasadi Kwatha | Kwatha | 50 ml BD after food | Warm Water | 3 months |
| 2 | Kaishor Guggul | Tablet | 250 mg TDS after food | Warm Water | 3 months |
| 3 | Guduchi + Shunthi + Musta | Powder | 2 gm each | Sita | 3 months |

Pathya-Apathya (Lifestyle Modifications)

Table 6: Pathya-Apathya

| Don'ts | Dos |
|----------------------------|--------------------------------|
| Meats, seafood | Barley, wheat, shali rice |
| Sleep during daytime | Milk of cow, buffalo, and goat |
| Overexertion, sun exposure | Green leafy vegetables |
| Tamarind | |
| Dadhi-sevana | |

| Pranayama |
|------------------------------|
| Anuloma-Viloma (15 mins/day) |
| Dirgha Shwasana |

Results

After three months of therapy, the patient exhibited significant improvements in symptoms and overall health.

Table 7: Results

| Sr. No. | Before Treatment | After Treatment |
|-----------------------|------------------|-----------------------|
| Serum Uric Acid (mg%) | 9 mg/dl | 5.3 mg/dl |
| Swelling | 1 | 0 |
| Discoloration | 2 | 1 |
| Burning Sensation | 3 | 1 |
| Pain | 4 | 1 |
| Itching | 1 | 0 |
| Acid Reflux | Present | Significantly Reduced |
| Indigestion | Present | Significantly Reduced |
| Anorexia | Present | Significantly Reduced |

Discussion

The pathophysiology of the patient's condition reveals that her dietary habits significantly contributed to the development of Vatarakta. The regular intake of ushna (hot), tikshna (sharp),

amla (sour), and abhishyandi (obstructive) foods, combined with stress, led to mandagni (reduced digestive fire). This diminished digestive capacity resulted in the accumulation of ama (toxins)^[5] and the formation of vidagdha pitta in the grahani (the digestive site). Consequently, the patient experienced a range of symptoms, including anorexia, indigestion, acid reflux, and burning sensations during defecation. The presence of vidagdha pitta and excessive exposure to sun further compromised the quality of the rakta dhatu (blood tissue). Moreover, the stress and anxiety experienced by the patient, along with her physical overexertion, exacerbated the vitiation of Vata^[6]. This aggravated Vata transported the compromised rakta dhatu to the left toe, ultimately manifesting as the clinical symptoms of Vatarakta^[7].

In terms of treatment, the administration of Vasadi Kwatha, which includes Vasa, Guduchi, Aragwadha, and Erand, proved effective in alleviating the burning sensations, pain, and swelling in the affected joints^[8]. This formulation's synergistic properties supported the reduction of inflammation and promoted overall healing. Additionally, Kaishor Guggul played a vital role in relieving pain and mitigating the vitiation of rakta dhatu, contributing to the patient's recovery. The combination of Guduchi, Shunthi, and Musta facilitated aampachana (digestion of toxins) and enhanced agnivridhhi (digestive fire), further reinforcing the treatment's effectiveness^[9]. Modifications in dietary, behavioural and psychological lifestyles through advised pathya-apathya contribute in improving overall health. This case illustrates the importance of addressing both the underlying pathophysiology and clinical symptoms through a comprehensive Ayurvedic approach, resulting in significant improvements in the patient's condition.

Conclusion

This case study illustrates the effectiveness of Ayurvedic management in treating Vatarakta (gout) through a holistic approach. The use of herbal formulations such as Vasadi Kwatha, Kaishor Guggul, and Guduchi alongside dietary modifications led to significant reductions in pain and swelling. The results underscore Ayurveda's potential as a safe and effective treatment for gout, emphasizing the need for further research to validate these practices in clinical settings.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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