

## CLINICAL EFFICACY OF AYURVEDIC TREATMENT IN VATARAKTA (GOUT): A CASE REPORT

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### Abstract

*Vatarakta* is a common metabolic disorder described in Ayurveda as a *Vatapradhana Tridoshaja* Vyadhi, resulting from vitiation of *Vata Dosha* and *Rakta Dhatu*. It presents as an inflammatory condition characterized by burning pain, swelling, and stiffness, typically affecting the metatarso-phalangeal joints, and may lead to difficulty in walking. In its early stage, the disease localizes in the extremities and gradually spreads to the entire body. Based on clinical features, *Vatarakta* is closely correlated with Gouty arthritis in modern medicine, which involves elevated serum uric acid levels and systemic inflammation.

This case report presents a patient diagnosed with *Vatarakta*, who was treated through a combination of Ayurvedic oral medications and *Panchakarma therapies*. The treatment protocol included *Guduchyadi Kashaya*, *Guduchi Ghana Vati*, *Kaishora Guggulu*, and *Eranda Taila* along with procedures like *Snehana* (oleation), *Swedana* (sudation), *Basti* (medicated enema), and *Jalaukavacharana* (leech therapy). The therapeutic approach focused on pacifying *Vata* and removing obstruction in *Raktavaha Srotas* through *Kaphamedoghna* (Kapha and Meda-reducing) actions.

After 35 days of consistent Ayurvedic management, the patient experienced significant symptomatic relief including reduced joint pain and swelling. Laboratory investigations also showed a notable reduction in serum uric acid levels, validating the efficacy of the intervention. This case highlights the potential of integrated Ayurvedic treatment in managing *Vatarakta* effectively, offering a safe and holistic alternative to conventional therapies.

**Keywords:** *Vata Dosha*, *Rakta Dushti*, Gouty Arthritis, Serum Uric Acid, Ayurvedic Medicine, *Panchakarma* Therapy, *Jalaukavacharana*

### Introduction

*Vatarakta*, commonly correlated with Gout in modern medicine, is a *Vatapradhana Tridoshaja* Vyadhi characterized by the vitiation of *Vata* and *Rakta*, which obstruct each other's natural functions. According to *Acharya Sushruta*, *Vatarakta* is a type of *Vataroga* that typically affects the hands, feet, fingers, and especially the great toe in its initial stage, later spreading throughout the body. Individuals of *Pitta Prakriti* are more susceptible due to their inherent *Sukumaratva*. The causative factors include an unhealthy lifestyle such as excess intake of salty, sour, spicy, oily, unprocessed, and high-protein foods, alcohol, untimely meals, day sleep, night vigil, and mental stress.

The pathogenesis (Samprapti) involves obstruction in *Raktavaha Srotas*, which impairs *Vata*'s movement, leading to inflammation and joint stiffness, pain, and swelling. In chronic cases, *Rakta Dushti* further complicates the condition, making it more difficult to manage. In modern terms, Gout is composed a group of joints or musculoskeletal disorder. It is an inflammatory response to monosodium urate (MSU) crystal deposition in joints<sup>1</sup>, commonly affecting middle-aged men and post-menopausal women. It typically involves the first metatarsophalangeal joint, knees, ankles, and tarsals, with symptoms of redness, swelling, tenderness, and pain and then spread all over the body. Laboratory markers like serum uric acid and C-reactive protein (CRP) assist in diagnosis and treatment monitoring.

While conventional medicine offers temporary relief through analgesics and steroids, Ayurvedic management offers a holistic alternative. Therapies such as *Snehana*, *Raktamokshana*, *Virechana*, and *Basti* are effective in alleviating symptoms and restoring balance. This paper presents a case report from **Bhojraj Bhondekar Ayurvedic Mahavidyalaya, Sirsi, Bhandara** showcasing successful Ayurvedic management of *Vatarakta*.

## Material And Methods:

A single clinical case study was conducted after obtaining informed written consent from the patient prior to initiating treatment. The subject was a 38-year-old male presenting with classical symptoms of *Vatarakta* (Gout) for the past three months, including joint pain, swelling, and stiffness.

The assessment criteria included both:

- **Subjective parameters:** Based on the gradation of signs and symptoms of *Vatarakta* such as pain, swelling, stiffness, and burning sensation.
- **Objective parameter:** Evaluation of serum uric acid levels as a biochemical marker.

The patient was treated with a combination of Ayurvedic oral medications and Panchakarma therapies. The treatment plan was designed to address the vitiation of Vata and Rakta, aiming to restore dosha balance and reduce inflammatory symptoms.

## Patient information and clinical findings:

A 38-year-old male patient presented to **Bhojraj Bhondekar Ayurvedic Mahavidyalaya, Sirsi , Bhandara** with complaints of throbbing pain in multiple small joints, swelling over the right foot, early morning stiffness (lasting less than 15 minutes), and burning sensation with pain in both lower limbs, persisting for the past two months.

Based on clinical evaluation and symptoms, the patient was diagnosed with *Vatarakta* —a condition associated with the vitiation of *Vata Dosha* and *Rakta Dushti*. **He was admitted on Feb 20, 2025**, and treated as an in-patient for 35 days. A comprehensive Ayurvedic treatment protocol, including oral medications and *Panchakarma* therapy, was administered to manage the condition and relieve symptoms effectively.

## History of Present Illness:

The patient was apparently healthy three months prior to admission. He then began experiencing bilateral lower limb pain with a burning sensation, throbbing pain in multiple small joints, and early morning stiffness (lasting less than 15 minutes). He also noticed progressive swelling over the right foot. Due to the worsening symptoms, he sought Ayurvedic treatment and was **admitted to Bhojraj Bhondekar Ayurvedic Mahavidyalaya, Sirsi , Bhandara**.

## Past Medical History:

- No history of any significant illness.
- No known drug allergies.
- No history of prior surgery or addiction.

## Family History:

- No family history of major illness.

## Personal History:

- Diet: Mixed (vegetarian and non-vegetarian)
- Sleep: Disturbed due to pain
- Bowel Habits: Irregular and unsatisfactory
- Micturition: 4–5 times during the day, 2–3 times at night
- Addiction: None

**Ashtavidha Pariksha (Eight-Fold Ayurvedic Examination)**

- Nadi (Pulse): Vata-predominant Pitta, 80/min
- Mala (Stool): Irregular and unsatisfactory
- Mutra (Urine): Normal frequency (3–4 times/day)
- Jivha (Tongue): Coated
- Shabda (Speech): Normal
- Sparsha (Touch/Skin): Normal
- Drik (Eyes): Normal
- Akrti (Build): Medium

**Vital Signs:**

- Blood Pressure: 130/80 mmHg
- Pulse: 80/min
- Respiratory Rate: 20/min
- Temperature: 98.6°F
- Weight: 55 kg

**Local Examination of Joints:**

- Swelling: Present over bilateral knee joints, right great toe, and ankle joint
- Tenderness: Present in bilateral knee joints
- Warmth: Present in bilateral knees
- Redness: Absent
- Crepitus: Intermittently present in bilateral knees
- Deformity: Absent

**Systemic Examination:**

- Cardiovascular System: S1 and S2 audible, no added sounds
- Central Nervous System: Conscious oriented
- Abdomen: Soft, non-tender
- Respiratory System: AE=BE

**Investigations:**

Investigations done before treatment as follows **21/02/2025-**

Cytology: Hb 12.9 mg/dl, WBC 7100/cu mm (N-58, L-38, E-02, M-02, B-00), ESR- 18, Platelet count-2.94 lakhs/cu mm,

Urine Examination: Nil

**21/02/2025-** Blood Chemistry: Blood Group- O Rh positive,

C- Reactive protein- Negative; RA factor - Negative,

Sr.Uric Acid- 9.5 mg/dl

Investigations done during and after treatment as follows

**01/03/2025-** Sr. Uric Acid- 8.2 mg/dl ; **13/03/2025-** Sr. Uric Acid- 5.4 mg/dl **10/03/2025-** USG Abdomen and Pelvis- No abnormalities detected.

**Table 1: Etiopathogenesis (Samprapti Ghatak) of Vatarakta (Gout)**

<i>Doshaj Prakruti</i>	<i>Vata Kapha</i>
<i>Manas prakruti</i>	<i>Rajas</i>
Behavioural etiological factors	Excess anger, day sleep, physical stress
<i>Agni</i>	<i>Jatharagni, Dhatvagni reduced</i>
Type of <i>Srotodushti</i>	<i>Sanga and Vimargamana</i>
Origin of disease	<i>Pakvashyayotha</i>
Dietary etiological factors	Improper diet habits, stale food
<i>Dosha</i>	<i>Vata predominant Pitta Dosha</i>
<i>Dushya</i>	<i>Rakta, Mamsa, Twak</i>
<i>Adhishtan</i>	<i>Sandhi specially Parva Sandhi, Twak, Mamsa</i>
<i>Rogamarga</i>	<i>Shakhagata Rogamarga</i>

**Table 2: Signs and Symptoms chart**

Sr. No.	Signs and symptoms	Gradations
1.	Bilateral lower limb pain with burning sensation	3
2.	Multiple small joint pain	3
3.	Early morning stiffness (Lasting for > 15 mins)	3
4.	Swelling	3

**Criteria for assessment:**

**Table 3: Subjective criteria - Assessment of subjective parameters according to gradation of signs and symptoms as mentioned below**

Subjective Parameter	Observation	Scale
Sandhishula	No Pain	0
	Mild Pain	1
	Moderate Pain	2
	Severe Pain	3
Daha	Absent	0
	Mild	1
	Moderate	2
	Severe	3
Sandhisotha	No Swelling	0
	Swelling but not apparent	1
	Swelling obvious on lesser than 2 joints	2
	Swelling obvious on greater than 2 joints	3
Sparshaasahatva	No tenderness	0
	Mild, deep touch causes sparshaasahatva	1

Twak lohita	Moderate, deep touch causes <i>sparshaasahatva</i>	2
	Severe	3
	Absent	0
	Present	1

The patient was diagnosed with Vatarakta (gout) based on the above criteria

**Table 4: Subjective and Objective Criteria on day 1<sup>st</sup> day 15<sup>th</sup> and day 35<sup>th</sup> as mentioned**

Sr. No.	Symptoms	1 <sup>st</sup> Day	15 <sup>th</sup> Day	35 <sup>th</sup> Day
1.	Daha	3	1	0
2.	Shandhishool	3	1	0
3.	Stambha	3	2	0
4.	Shoth	3	2	1

Follow up	Date -21/02/2025	Date -01/03/2025	Date -13/03/2025
Serum uric acid level	9.5 mg/dl	8.2 mg/dl	5.4 mg/dl

**DIAGNOSIS:** *Vatarakta*

### Principles of Management

According to all Ayurvedic texts Vatarakta (Gout) is treated as follows:

**Table 5: Treatment given for 35 days mention as below Oral Ayurvedic medications**

Sr.No.	Dravya	Dose	Duration	Anupana	Time
1.	Guduchyadi kashaya	40 ml	BD	-	Before meals
2.	Guduchi ghana vati	250 mg	BD	Lukewarm water	Before meals
3.	Kaishora guggulu vati	250 mg	BD	Lukewarm water	Before meals
4.	Shankha vati	250 mg	BD	Lukewarm water	Before meals
5.	Eranda tail	15 ml	HS	Lukewarm water	After meals

### Panchakarma given as follows:

The patient was managed using classical Ayurvedic Panchakarma and oral therapy over a 35-day treatment period as follows:

- **Local Oleation (Snehana):** Application of *Bala Taila* over affected joints was performed daily for 35 days to reduce pain and stiffness.
- **Local Sudation (Swedana):** *Nadi Sweda* (medicated steam fomentation) was administered locally for 35 days to alleviate inflammation and improve mobility.
- **Guduchyadi Ksheer Basti:** This medicated enema was administered for 16 consecutive days. The formulation included *Guduchi*, *Bala*, *Eranda*, *Manjishtha*, and *Nimba* powders (4 g each), boiled in 250 ml of milk (*Ksheerapaka*), to which *Madhu* (10 ml), *Bala Taila* (50 ml), and *Panchatikta Ghrta* (20 ml) were added. This basti aimed to pacify *Vata* and purify *Rakta Dhatu*.
- **Bloodletting (Raktamokshana):** *Jalaukavacharana* (leech therapy) was carried out to relieve local congestion, inflammation, and *Rakta Dushti*, providing symptomatic relief from joint pain and swelling.

This integrative Panchakarma approach was chosen based on the diagnosis of Vatarakta (Gout) and the principles of *Vata-Rakta Samprapti Vighatana*.

## Discussion

Vatarakta (Gout) is described in Ayurveda as an *Avarana* disorder where aggravated *Vata* is obstructed by vitiated *Rakta* and *Pitta*. This case showed classical signs like joint pain, swelling, stiffness, and burning sensation. Treatment aimed at removing *Avarana*, pacifying *Vata* and *Pitta*, and purifying *Rakta*. *Guduchi*, having *Tikta Rasa*, *Ushna Veerya*, and *Madhura Vipaka*, was selected for its *Vata-Pitta Shamak* and *Raktaprasadak* actions. Panchakarma therapies like *Snehana*, *Swedana*, *Guduchyadi Ksheer Basti*, and *Jalaukavacharana* were used. The integrative Ayurvedic approach led to *Samprapti Vighatana* (pathogenesis breakdown) and significant symptomatic relief.

## Mode of action of Ayurvedic medicine:

1. **Guduchyadi Kashaya & Guduchi Ghana Vati:** Both formulations are *Tridoshaghna*, *Agnideepan*, and excellent *Rasayana*. They exhibit antipyretic, anti-inflammatory, antiarthritic, antioxidant, and immunomodulatory effects. *Guduchi* is also known for its hepatoprotective, antiulcer, and rejuvenative actions, making it ideal for metabolic and inflammatory disorders like Vatarakta.
2. **Kaishor Guggulu:** Acts as an *Anaabhishyandi* and *Srotoshodhan* with *Vatashamak* and *Kaphamedonashak* properties. It helps reduce inflammation, purify channels, and pacify aggravated *Vata* and *Kapha*.
3. **Shankha Vati:** Supports *Deepan*, *Pachan*, and *Vatanulomana*, improving digestion and aiding in *Vata* regulation.
4. **Eranda Taila (Castor oil):** Known for its *Vatanulomana*, *Srotoshodhana*, and *Kaphahara* effects. It has NSAID-like action and demonstrates analgesic, anti-inflammatory, and antimicrobial properties—useful in relieving joint swelling and pain.

## Mode of action of Panchakarma therapy:

1. **Oleation Therapy (Snehan):** Acts as *Vataghna*, softens aggravated *Doshas*, purifies the *Koshtha*, improves digestive power (*Agnideepan*), and enhances body strength.
2. **Sudation Therapy (Swedan):** Reduces heaviness and stiffness by promoting sweat, eliminates coldness, and clears impurities from *Twak*, *Mamsa*, *Rasa*, *Rakta*, and *Meda Dhatu* through perspiration.
3. **Enema Therapy (Basti –Ksheera Basti):** Has *Vedanasthapana*, *Shothahara*, *Deepana*, *Pachana*, *Mutrala*, *Vatahara*, and *Rasayana* effects. *Ksheera Basti* is a mild *Niruha Basti* that pacifies *Vata* and provides nourishment to *Asti* and *Majja Dhatu*.
4. **Bloodletting Therapy (Jalaukavacharana):** Promotes skin healing, improves strength, sharpens sensory and mental functions, enhances *Agni*, reduces inflammation, and is especially beneficial in *Vatarakta*, *Shul*, and *Visarpa*.

## Conclusion

Noticeable improvement in signs and symptoms was observed by the 7th day of treatment. The selected Ayurvedic medicines effectively pacified *Vata Dosha* and removed obstruction in *Raktavaha Srotas* through *Kaphamedoghna* action. Panchakarma therapies like *Snehan*, *Swedan*, and *Basti* helped by mobilizing aggravated *Doshas* from peripheral tissues to the gut and facilitating their elimination, thereby correcting the underlying *Samprapti* of *Vatarakta*.

## Results

Symptomatic relief was observed in the patient following Ayurvedic medication and Panchakarma therapies. This case study highlights the effectiveness of Ayurvedic management in *Vatarakta* (Gout), both in terms of subjective improvement and objective parameters such as a significant reduction in serum uric acid levels. Although it is a single case report, the results are promising and demonstrate the potential of a holistic Ayurvedic approach,

including the use of Rasayana herbs and procedures like *Snehan*, *Swedan*, *Basti*, and *Jalaukavacharana*. These interventions collectively contribute to *Vata Shamana*, *Rakta Prasadana*, and correction of *Samprapti*, thereby offering an effective alternative treatment modality for Vatarakta.

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