



AYURVEDIC MANAGEMENT OF VATARAKTA: A CASE REPORT

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ABSTRACT

Vatarakta is a disease caused by faulty diet (Ahara) and lifestyle (Vihar). It is a chronic and progressive form of disease. It is characterized by sudden, severe attacks of pain, swelling, redness and tenderness in the joints, often the joint at the base of the big toe. We present a case of Vatarakta which was treated for two months with combination of Panchakarma procedure & Ayurvedic drugs. Ayurvedic treatments, in this case, were directed toward alleviating symptoms and to reduce severe disability. The patient was considered suffering from Vatarakta and was treated with sarvanga abhyanga by Pinda taila, pinda sweda, upanaha and yapan basti of guduchi, ashwagandha, shunthi and ksheera as per schedule along with oral ayurvedic drugs for two months. Patient's condition was assessed for symptoms of vatarakta showed substantial improvement. This study shows the cases of vatarakta may be successfully managed with Ayurvedic treatment.

KEY WORDS: Vatarakta, yavana basti, Pinda faila.

INTRODUCTION

Vatarakta is more distressing and common metabolic disorder in present era due to changes in diet and lifestyle. It is caused by vitiation of Vata and Rakta. It is related with Kha-Vaigunya of Raktavaha Srotas, the vitiated Rakta gravitates and accumulates in the feet. In the initial stage, the hands and feet are affected. The illness then spreads all over the body like rat poison. It is articular disease, characterised by severe joint pain, tenderness, inflammation, and burning sensation in the affected joint. These symptoms are similar to gout.^[2] Gouty Arthritis is a complex metabolic disorder of protein metabolism which results from deposition of monosodium urate monohydrate crystals in the joint space causing inflammatory arthritis. The big toe [first metatarsophalangeal joint (MTP)] is the classic site for gout. One-third of patients may get their first attack at another site such as the in-step of the foot, ankle, knee or hand joints.

The attack is acute, it starts in the night, the joint and surrounding tissues are red, hot, swollen and extremely painful. This may be associated with fever and other constitutional disturbances. Gout is found to have increased prevalence in recent years. Gout is seen predominantly in men during middle life. The male female ratio is 7:1 to 9:1.^[1] Analgesics, anti-inflammatory drugs such as non-steroidal anti-inflammatory drugs (NSAIDs), Colchicines, Uric Acid lowering therapy, Xanthine oxidase inhibitor, and

Uricosurics drugs are used to treat or manage the disease. However, these treatments are of limited benefit. It is a need of the hour to explore satisfactory treatment modalities available in other medical system for the benefit of those affected.

Ayurvedic intervention in early stages of illness reported to be highly beneficial, in managing the symptoms as well as preventing further progression. Selected Panchakarma procedures are mentioned for the management in such conditions by the Ayurvedic scholars. Here we are reporting a case of Vatarakta.

CASE DESCRIPTION

A 23 yr old female patient came to our care with the complaints of Vaam paadangushta moola shool (pain at left great toe) Vaam prapad shoth (swelling over left foot).

Ubhay gulpha sandhi shool (Bilateral ankle joint pain) daha (Burning sensation) graha (Stiffness) Vaam janusandhi shool, daha, graha (left knee joint pain, burning sensation and stiffness). The pain became persistent and gradually progressive since last 10 months. Patient has been taking 'Non-steroidal anti-inflammatory drugs' and various 'Disease modifying anti-rheumatic drugs'. Patient didn't get satisfactory and sustained relief with these medicines and came for Ayurvedic treatment. All these factors affected the patient's general well being.

During examination patient revealed that she was normal before 10 months. Then she had traumatic injury over left great toe and after that pain had started over left toe. She took conservative management for that by her family physician and get symptomatic relief. Then in the last 8 months pain became severe and recurrent attacks of red, hot, swollen joints was noticed. Generalised weakness and disturbed sleep were the associated symptoms. For that patient again consulted to the physician but did not get relief.

Patient history:

Patient was non-vegetarian with reduced appetite even though she had a regular habit of intake of homemade food. Her bowel movements were normal and frequency of micturition 3-4 times per day and had disturbed sleep. No allergies or addictions were reported.

The menstrual history is 30-day regular cycle for 4-5 days of heavy flow.

The general examination of the patient showed pallor in conjunctiva and nails.

Observed data: Pulse rate: 88/min, Respiratory rate: 16/min, Blood pressure: 110/70mm of Hg and body weight: 37.1kg.

Musculoskeletal examinations showed restricted range of movements.

MATERIAL AND METHOD

Method

Simple random single case study.

Material

Clinical examination of the patients revealed regression of symptom due to our Ayurvedic management.

Table 1: showing internal medicine used in study.

Sr. No	Dravya	Dose	Anupana	Duration
1.	Shataputi Abhrak bhasma	10 mg	Mahakalyanaka Ghrita 5 ml	Morning 7 am and evening 5 pm
2.	Shatputi loha bhasma	5 mg		
3.	Ashwagandha churna	1 gm		
4.	Shunthi churna	500mg		
5.	Guduchi churna	500mg		
6.	Mahayograj guggul ^[4]	250 mg	Dhanwantara Kashaya ^[6] 20 ml with 20 ml Lukewarm water	After taking food twice a day
7.	Laxmivilas rasa ^[5]	250mg		

Table 2: showing Panchakarma procedures used in the study.

Treatment	No.of days	Medicine
Sarvanga Abhyanga	30	Pinda Taila ^[7]
Pinda Sweda	30	Devdar, Ashwagandha
Yapana Basti	28	Guduchi 5 gm, Shunthi 5 gm, Ashwagandha 5 gm, Ksheera 120 ml
Dhara	28	Pinda Taila
Upanaha	15	Godhuma, Atasi, Devdar, Saindhav, Tila taila

Criteria for assessment- Table 3 (a, b):

3(a): Tenderness:

Grade	Tenderness
0	No tenderness
1	Mild tenderness on palpation
2	Mild tenderness with grimace
3	Severe tenderness with withdrawal

3(b): Visual analogue scale (0-10 Scale)

Grade	Pain
0	No pain
1-3	Mild pain
4-7	Moderate pain
8-10	Severe pain

DISCUSSION

Hetu of Vatarakta are as

A. Ahara

Paryusheeta Ahara

Ruksha and Vidahi Ahara

Anupamatsyamamsa sevana

Dadhi

Lawana, amla, kshara food (Over spicy food)

B. Vihara
Diwaswap
Bharavahana
Long standing work daily
Ratro jagarana

C. Manasika Nidana
Chinta
Bhaya

Sanprapti Ghataka
a) Dosha : Vata, Pitta
b) Dushya : Rasa, Rakta. Mamsa, Asthi
c) Adhishtana : Twaka
d) Udbhavasthana : Vaam Paadangushta moola, Vaam Gulpha and Vaam Janu Sandhi
e) Sadhyasadyatva : Kruchhrasadya
f) Rogamarga : Madhyam

Action of Drugs and other procedures on Vatarakta

Sr. No.	Dravya and Panchakarma	Action
1.	Shataputi Abhrak Bhasma	Dhatuposhak, Balya, Rasayana, Yogavahi, vrishya
2.	Shataputi Loha Bhasma	Tridoshaghna, Shulapham, Balya, Rasayana
3.	Ashwagandha Churna	Vatakaphahara, Shothaghna, Shulahara, Balya, Vrishya, Rasayana
4.	Shunthi Churna	Deepana, Pachana, Kaphavatahara, Shulahara
5.	Guduchi Churna	Agrya Aushadhi for Vatarakta, Tridoshaghna, shulahara, Deepana, Balya, Rasayana
6.	Mahakalyanaka Ghrita	Tridoshaghna, Bruhana
7.	Mahayograj Guggula ^[4]	Tridoshaghna, Deepana, Pachana, Dhatuposhak, bruhan, Amadosahar, best in all Vata vyadhis.
8.	Laxmivilas Rasa ^[5]	Tridoshaghna, Shulahara, Stambhahara.
9.	Dhanwantara Kashaya ^[6]	Vataghna, Shulahara, Shothahara, Dhatuposhak, Balya.
10.	Sarvanga Abhyanga	Shulahara, Stambhahara, Dahahara, Balya
11.	Pinda Sweda	Shulahara, stambhahara, Balya, Bruhana
12.	Upanaha	Vataghna, Stambhahara, Deepana, Doshadravikarana, Sandhicheshtakara, Twaka mardava and Prasadana. ^[8]
13.	Taila Dhara	Snehana, Vatahara, Shulahara, Stambhahara, Twaka Mardava and Prasadana
14.	Yapana Basti	Dhatuposhak, Bruhana

RESULTS

Follow up and outcomes

Follow-up was taken after 1 month.

SCREENING ASSESSMENT

Criteria	Before treatment	After 7 days	After treatment
Joint pain	Severe pain	Moderate Pain	Mild pain
Tenderness	Severe tenderness	Mild tenderness on palpation	No tenderness
Erythema	Present	Reduced	Absent
Swelling	Present	Reduced	Absent
Stiffness	Present	Reduced	Absent
Restricted Range of movements	Can possible with severe pain	Possible with mild pain	Possible with normal limits

Very good response was noted after the completion of therapeutic intervention. It showed that there is marked relief in pain, stiffness and fatigue, also patient was comfortable on doing his daily activities.

CONCLUSION

The Ayurvedic diagnosis of 'Vatarakta' is made for the present case. Various Ayurvedic Panchakarma procedures and internal medicines have provided promising results especially in reducing pain, stiffness, decreasing the severity of deformities and also improving quality of life within short time and without causing any adverse effects in present case.

Present study findings can't be generalized and further long term follow up studies with large sample size are required to substantiate these claims.

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