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AN ETIOPATHOLOGICAL STUDY OF VATARAKTA W.S.R. TO GOUT & THERAPEUTICEFFECT (UPSHAYATMAKA PARIKSHANA) OF ANSHUMATI KWATHA

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ABSTRACT

India's rapid modernization, fast food culture, pressure and rapid life prevailing in urban areas are also spreading in remote villages. Now people are prone to many diseases due to changes in lifestyle and eating habits. Vatarakta is one of these metabolic disorders. Vatarakta is a more stressful metabolic disorder that is now commonplace. It is characterized by severe pain, tenderness, inflammation, and burning sensations in the affected joints. It is Vatapradhana Tridoshaja Vyadhi, of which Rakta is the main dushya. Vatarakta is a disease in which Vata and Rakta are affected by different causes. A sedentary lifestyle, psychological stress, non-vegetarian and high-protein diets, and excessive alcohol consumption are some of the triggers for acute exacerbations of Vatrakta. The etiology, pathology and clinical features of gouty arthritis are very similar in Vatarakta. Due to extreme pain, inflammation, joint deformities and restricted joint movement, there is a risk of various complications such as urate nephropathy and urate nephropathy. Therefore, all aspects of the disease must be fully understood during treatment. The treatment of Vatarakta is challenging because it is a serious morbidity and chronic disease, which is incurable to some extent, and has related complications. Through certain lifestyle changes, such as low-protein diets, etc., as well as certain Ayurvedic therapies, ie. Shodhana and Shamana.

KEYWORDS: Vatarakta, Gout, Pathya-Apathya, Anshumati Kwath.

INTRODUCTION

Ayurveda can be said to be a true life science, which emphasizes health rather than curing diseases. It is a treasure trove of results and data obtained through long-term invasive research programs. It is not just a medical system, it is also a culture or lifestyle of many people. Based on the extraordinary theory that assumes that humans are copies of the universe, science has designed its own unique protocol to make the world healthy and happy.

The pathogenesis of Avarana disease is unique to Vatavyadhi. Many diseases are understood and recognized by the place of origin and the place of suffering. This is a well-observed fact. It is mentioned that many vatavyadhi treatments only revolve around correcting avarana. Avarana from Vata is characteristic of Vatarakta disease. The foundation of Samprapti includes the margavarana of Kapha and Vayu of Medas. In principle, Vata, which is prevalent in tridoshas, is likely to cause more serious and long-term diseases than the other two doshas. Classic text attaches great importance to the functions and characteristics of Vata.

At the same time, as the most important body tissue, Rakta also plays an important role in maintaining human health and life. Diseases caused by the combination of impaired Vata and Rakta can produce a variety of health diseases, which are widely referred to as Vatarakta. Developing countries such as India are currently rapidly modernizing, and the culture of fast food, junk food, standing eating, smoking, drinking, and drug use is spreading even in remote villages. Excessive indulgence of Viruddhaahara, especially Lavana, Amla, Katu, Kshara, Ajirnabhojana, Suskambu, Anupamamsa sevana, and Anupamamsa sevana and vihara from Sukumara like to travel in bastards and cause Vyadhi to call

Vatarakta. Factors such as Virudha Ahara and Mithya Vihar, including Ati Gamana, Jala Krida and Plawana. This led to the destruction of Vayu and Rakta that produced Vatarakta. In addition, excessive walking, genetic tendencies, pregnancy, and standing activities are all causes of varicose veins.

Here, the Dushtavastha of Raktadhatu in Vatarakta is judged with the help of serum uric acid.

In traditional medicine, Vatarakta includes a variety of diseases, including arterial and venous diseases, which are collectively referred to as peripheral vascular diseases. These diseases show opposite differences in symptoms. Due to an unbalanced lifestyle and improper intake of vegetarian and non-vegetarian diets, protein metabolism may be disturbed, which can lead to irregular purine metabolism and eventually form the final product uric acid. In this era, gout is one of the most common diseases.

Gout affects many people in our country. Gout is a metabolic disease that cannot be cured permanently. After stopping the drug and taking preventive measures, it may relapse again. Therefore, choosing this topic for research, I hope to see the therapeutic effect of Anshumati Kwath preparation on patients with gout, because it has the characteristics of Angmardprashman, Shoolprashaman, Deepan, Vedanahar, etc., and should be beneficial to patients with gout.

AIMS AND OBJECTIVE
1. To study the literature pertaining to Vatarakta and Gout in different Ayurvedic Samhitas and modern literatures.
2. To evaluate the therapeutic effect of Anshumati Kwath in remission of the symptoms/ illness in the patients suffering from Vatarakta.
3. To evaluate the efficacy of Anshumati Kwath in hyperuricemia.

MATERIAL AND METHODS
Selection of Patients
For the study, total 40 patients which were fulfilling the clinical criteria for the diagnosis of Vatrakta were selected from OPD and IPD of RAC Chaukaghat Varanasi.

Criteria for Diagnosis
The patients were diagnosed on the basis of Ayurvedic and modern parameters. Clinical sign and symptoms as described in classical texts were considerd for the diagonosis of Vatarakta.

Inclusion Criteria
Patients presenting with classical sign and symptoms of Vatrakta.
Patients of hyperuricemia with gouty arthritis.
Patient between age group 18 to 70 yrs of either sex .

Exclusion Criteria
1-Patients associated with metabolic disorder and systemic disease.
2- Patients of autoimmune joint disorder except R.A.

Etymology
Vyadhi Namakarana Siddhanta is one of the contributions of Acharya Charaka in the context of Trishothiya Adhyaya. Here he clearly pointed out that there are countless diseases and their nomenclature is based on Ruja, Varna, Samuthana and Samsthana. Vatarakta is a disease whose name is based on the participation of Dosha and Dushya.

In addition to Vatarakta, many other diseases such as Amavata and Raktapitta are named after the Dosha and Dushya involved. It is understood that the word Vatarakta is derived from two words, Vata and Rakta. More precisely, it is the involvement of Vata Dosha and Rakta Dhatu that determines the manifestations and prognosis of this disease.

Synonyms
[kqM+ ns'k çkIr; [kqM+A [kqM+'kCnsu la/kh:PprsA (pdzikf.k)
Khud – Khuda means Sandhi and the condition involving Khuda by vitiated Vata is called as Khudavata.

okRkL; vkojusu cye vfLeu 'kksf.krs bfr okrcykLke~A (pdzikf.k)
Vata Balas – Balas means powerful, the disease where vata becomes all powerful is termed as vatabalas.

vk<;kuke çk;ks Hkofr bfr vk<; jksx% A (pdzikf.k)
Adyaroga – 'Adya' means rich the incidence of the disease is more in rich people and hence called as Adyaroga.

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Criteria of Assessment
The results were assessed with regard to improvement recorded in clinical findings & laboratory investigations. Changes observed in sign & symptoms were assessed by adopting suitable scoring methods & objective signs by using appropriate clinical tools. The indoor patients were examined daily & outdoor patients weekly. The detailed assessment of cardinal signs and symptoms are discussed below: to establish the results, each sign and symptom was given score as.

Design of group
Total 45 patients were registered for the clinical study. Out of which 5 patients were dropped out. Hence the trial was performed on 40 patients, as follows:
- Number of patients registered: 45
- Left against medical advise: 5
- Patients completed course: 40
- Course: Anshumati Kwath
- Dose: 50 ml BD after meals.

Grading of Assessment for Subjective Criteria
1- Sandhisula

Grading Criteria	Symptoms
0	No Pain
1	Mild Pain
2	Moderate Pain
3	Severe Pain

1- Daha (Burning sensation)

Grading Criteria	Symptoms
0	Absent
1	Mild
2	Moderate
3	Severe

2- Shotha (Swelling)

Grading Criteria	Symptoms
0	No Swelling
1	Slight Swelling
2	ModerateSwelling
3	Severe swelling

3- Sparshasahatwa

Grading Criteria	Symptoms
0	Absent
1	Mild
2	Moderate
3	Severe

4- Tenderness In Peripheral Joint

Grading Criteria	Symptoms
0	Absent
1	Mild

5-Jointdeformity

Grading Criteria	Symptoms
0	Absent
1	In one part
2	More than one
3	Many parts

6-Typhus Formation

Grading Criteria	Symptoms
0	NO
1	YES

8	**Symptoms**
9	Kandu
10	Raga
11	Toda
12	Aakunchana
13	Shyawata
14	Stabdhata
15	Paka

Laboratory Investigations
Serum Uric Acid level- Serum uric acid test is done before treatment and after every 15 days interval of treatment.

Samprapti Ghatak
Dosha**:** Vata PradanaTridosha
Vata**:** Vyana vata and Samana vataPitta**:** Bhrajaka Pitta
Kapha**:** Shleshaka
Dooshya**:** Uthhana- Tvak, Rakta, Mamsa, Gambheera-Meda, Asthi, Majja
Upadhatu**:** Sira, Snayu, KandaraMala**:** Sweda
Srotas**:** Rasavaha, Raktavaha, Mamsavaha, Medavaha, Asthivaha,Majjavaha, Svedavaha
Srotodusti**:** Sanga Udbhavasthana**:** Pakvashaya
Sancharasthana**:** SarvashariraAdhistana**:** Adhahshaka
Vyadhimarga**:** Bahya and Madhyamarogamarga

Drug Review
Anshumati Kwath
The drug has been described as one of the three main constituents necessary for the treatment of disease. The drug are selected for the study on their description in the ayurvedic text.

In the present clinical work Anshumati Kwath is an herbal preparation is taken to conduct its trial in patients of Vatarakta. This drug is described in Ayurvedic text i.e. in the chapter Vatashonitadhayaya in Charak Chikitsa (29/80).
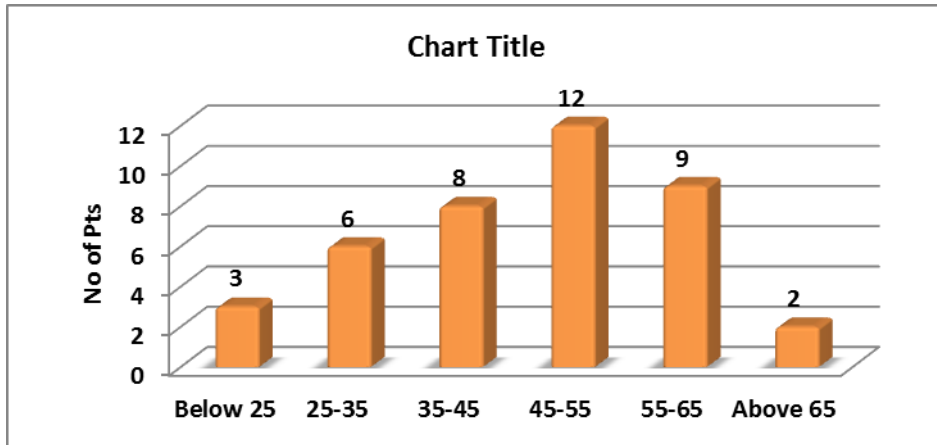
Main contituents of this drugs are-
1. Shalparni
2. Shunthi
3. Pippali

अंशुमत्या शृतः प्रस्थः पयसो द्विसितोपलः|

पाने प्रशस्यते तद्वत् पिप्पलीनागरैः शृतः||८०||

OBSERVATIONS AND RESULTS
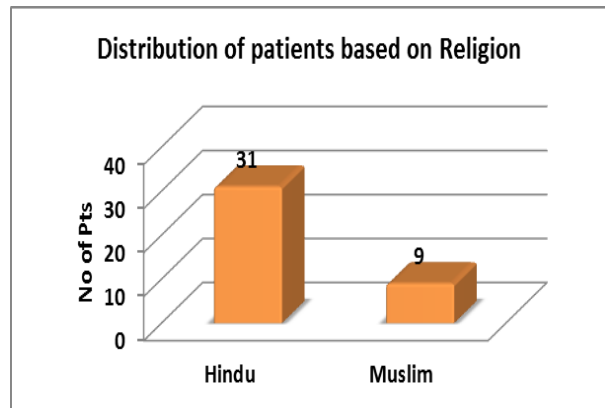**Distribution of Patients based on Age**

Age	Frequency	Percent
Below 25	3	7.5
25-35	6	15.0
35-45	8	20.0
45-55	12	30.0
55-65	9	22.5
Above 65	2	5.0
Total	40	100.0

Chart Title

No of Pts

- Below 25: 3
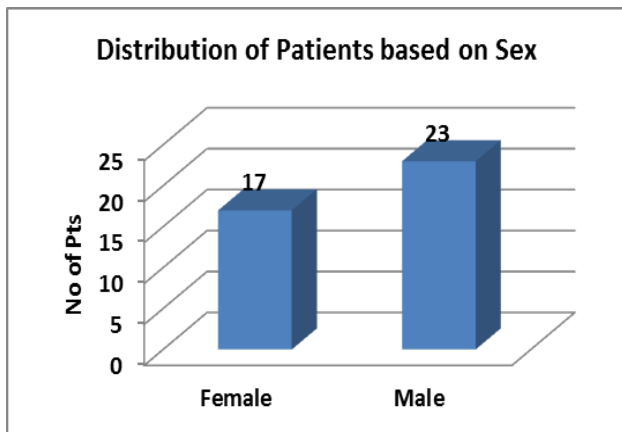- 25-35: 6
- 35-45: 8
- 45-55: 12
- 55-65: 9
- Above 65: 2

Patients selected for the study were in the age group between 20-70yrs,In present study maximum no. of patients i.e 30% belonged to the age group of 45-50yrs followed by 22.5% belonged to the age group of 55-65yrs,20% patients belonged to 35-45yrs,15% patients belonged to 25-35yrs, 7.5% patients belong to the age group below 25 yrs and 5% patients belong to age group above 65 years

Distribution of Patients based on Sex

Gender	Frequency	Percent
Female	17	42.5
Male	23	57.5
Total	40	100.0

Distribution of Patients based on Sex

No of Pts

- Female: 17
- Male: 23

In present study out of 40 patients 57.5% patients are male and 42.5% patients are female.

Distribution of patients based on Religion

Religion	Frequency	Percent
Hindu	31	77.5
Muslim	9	22.5
Total	40	100.0

Distribution of patients based on Religion

No of Pts

- Hindu: 31
- Muslim: 9

In present study Maximum no. of patients i.e 77.5% belonge to Hindu religion and 22.5% patients belonged to Muslim religion.

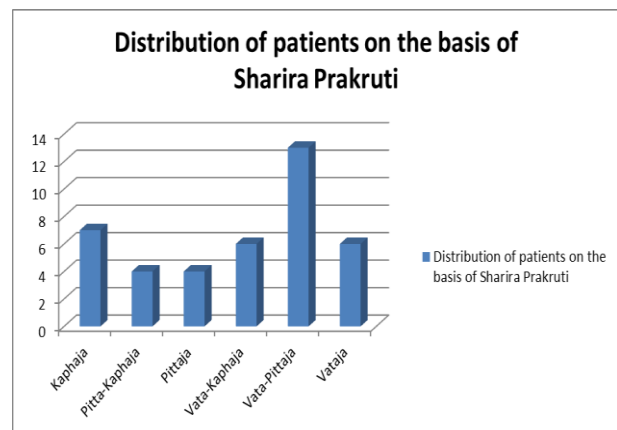**Distribution of patients based on Sharira Prakruti**

Sharira Prakruti	Frequency	Percent
Kaphaja	7	17.5
Pitta-Kaphaja	4	10
Pittaja	4	10
Vata-kaphaja	6	15
Vata-pittaja	13	32.5
Vataja	6	15
Total	40	100

Distribution of patients on the basis of Sharira Prakruti

- Kaphaja
- Pitta-Kaphaja
- Pittaja
- Vata-Kaphaja
- Vata-Pittaja
- Vataja

■ Distribution of patients on the basis of Sharira Prakruti

In present study maximum no. of patients i.e 32.5% were

Vataja-pittaja Prakruti, 17.5 % Patients were Kaphaja Prakrutti, 15% patients were comes Vataja Prakrutti, 15%wereVata-kaphaja prakruti 10% were Pittaja Prakruti, 10% were pitta-kaphaja prakruti.

Assessment criteria	n	BT Mean score	AT Mean score	Mean Difference	Relief %	Z	P	Significance
Sandhishula	40	2.18	0.30	1.875	86.21	-5.47	<0.001	HS
Daha(Burning sensation)	40	0.30	0.03	0.275	91.67	-3.05	0.002	S
Shotha(Swelling)	40	0.98	0.10	0.875	89.74	-4.52	<0.001	HS
Sparshasahatwa	40	0.60	0.08	0.525	87.50	-4	<0.001	HS

Effect of therapy on Sandhishula
Before the treatment Mean initial symptoms score for Sandhishula (joint pain) was 2.18 which reduced to 0.30 after the treatment. The statistical analysis showed that improvement was highly significant (P<0.001).

Effect of therapy on Daha (Burning sensation)
The initial mean score of Daha(Burning sensation) was 0.30 which reduced to 0.03 after the treatment. The statistical analysis showed that improvement was significant (0.002).
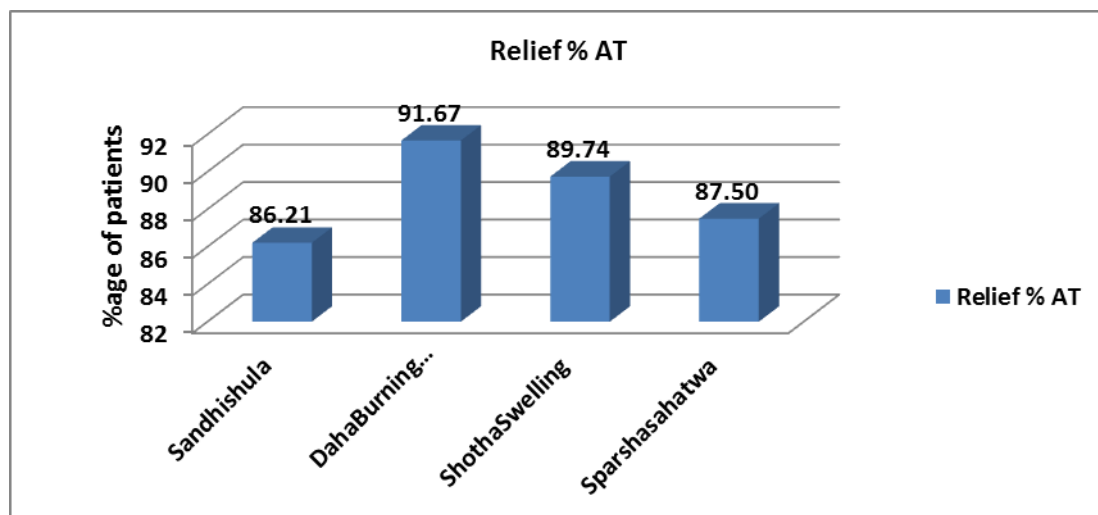
Effect of therapy on Shotha (Swelling)
The mean score for Sandhi Shotha before treatment was 0.98 which reduced to 0.10 after the treatment. The statistical analysis showed that improvement was highly significant (P<0.001).

Effect of therapy on Sparshasahwata
The mean score of Sparshasahtwa before treatment was 0.60 which reduced to 0.08 after treatment. The statistical analysis showed that improvement was highly significant (P<0.001).

Assessment criteria	n	BT Mean score	AT Mean score	Mean Difference	Relief %	Z	P	Significance
Tenderness	40	1.70	0.55	1.150	67.65	-5.39	<0.001	HS
Joint deformity	40	0.20	0.15	0.050	25.00	-1.41	0.157	NS
Typhus formation	40	0.20	0.20	0.000	0.00	0	1.000	NS
Kandu	40	0.20	0.00	0.200	100.00	-2.82	0.005	S
Raga	40	0.25	0.08	0.175	70.00	-2.64	0.008	S

Effect of therapy on Tenderness
The mean score of Tenderness before treatment was 1.70 which reduced to 0.55 after treatment. The statistical analysis showed that impeovement was highly significant (P<0.001).

Effect of therapy on Joint deformity
The mean score of joint deformity before treatment was 0.20 which reduced to 0.15 after treatment. The statistical analysis showed that improvement was not significant (P=0.157).
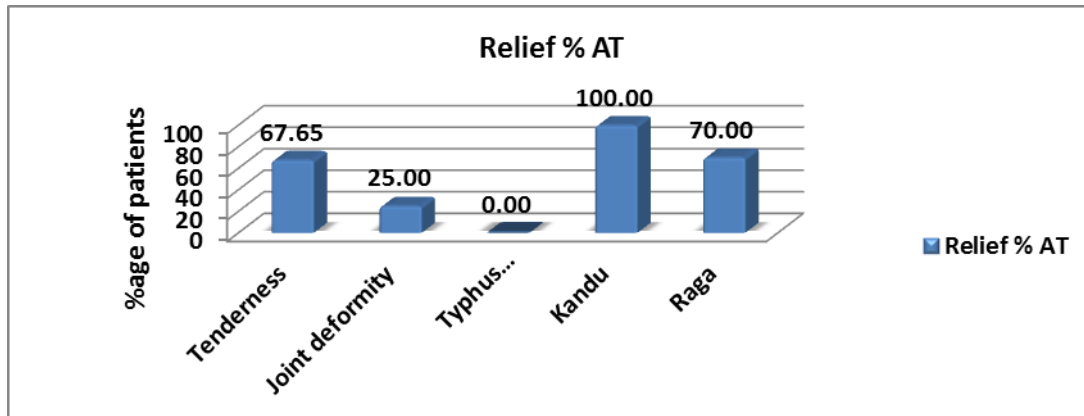
Effect of therapy on Typhus formation
The mean score of Typhus formation before treatment was 0.20 which is constant after treatment and not significant (P=1).

Effect of therapy on Kandu
The mean score of Kandu before treatment was 0.20 which is reduced to 0.00 after treatment. The statistical analysis showed that improvement was significant (P=0.005).

Effect of therapy on Raga

The mean score of Raga before treatment was 0.20 which is reduced to 0.08 after treatment. The statistical analysis showed that improvement was significant (P=0.008).

Assessment criteria	n	BT Mean score	AT Mean score	Mean Difference	Relief %	Z	P	Significance
Toda	40	0.73	0.23	0.500	68.97	-3.87	<0.001	HS
Aakunchana	40	0.75	0.30	0.450	60.00	-4.02	<0.001	HS
Shyawata	40	0.50	0.25	0.250	50.00	-2.67	0.008	S
Stabdhata	40	1.85	0.65	1.200	64.86	-5.38	<0.001	HS
Uric acid	40	1.65	0.40	1.250	75.76	-5.33	<0.001	HS

Effect of therapy on Toda

The mean score of Toda before treatment was 0.70 which is reduced to 0.23 after the treatment. The statistical analysis showed that improvement was highaly significant (P<0.001).

Effect of therapy on Akunchana

The mean score of Aakunchana before treatment was 0.75 which is reduced 0.30 after the treatment. The statistical analysis showed that improvement was highly significant ((P<0.001).

Effect of therapy on Shyawata

The mean score of Shyawata before the treatment was 0.50 which is reduced 0.25 after the treatment. The statistical analysis showed that improvement was significant (P=0.008).

Effect of therapy on Stabdhata

The mean score of Stabdhata before the treatment was 1.85 which is reduced 0.65 after the treatment. The statistical analysis showed that improvement is highaly significant (P<0.001).

Effect of therapy on the level of Serum Uric acid

The mean score of S.Uric acid after the treatment was 1.65 which is reduced to 0.40 after the treatment. The statistical analysis showed the improvement is highaly significant (P<0.001)

Pathya-apathya
Pathya ahara
Suka dhanya varga: Shashtika shali (Oryza sativa grown in 60 days), Yava (Hordeum vulgara), Laja (Puffed rice), Godhuma (Trictum vulgarae)

Shami dhanya varga: Mudga (Phoseolus trilobus), Kulatha (Dolichos biflorae), Masha(Phaseolus mungo)

Mamsa rasa varga: Gramya mamsa (meat of domestic animals), Jangala mamsa (Meat of wild animals), Bileshaya mamsa (meat of subterranean cave animals or burrowing animals)

Gorasa varga: Kshira (milk), Gritha (Ghee), Takra (Butter milk)

Jalavarga: Ushnajala (Hot water)

Phalavarga: Bimbi (Coccinia Indica), Bijapura (Citrus medica)

Madhuvarga: Madhu (Honey)

Ikshu varga: Dishes prepared out of sugar

Taila varga: Tila taila (sesaman oil), Sarshapa taila (mustard oil), Bilva taila (taila extracted from aegle marmilos)

Harita varga: Jivanthi (Lepta denia reticulata), Gostani (vitis vinefera), Maricha (Piper nigrum), Pippali (piper longum), Shunti (Zingiber officinale), Mulaka (Raphanu sativus), Balamula (root of cida cordifol, Vataraktamardha (Cassia occidentalis), Yusha (soup) prepared with pippali and kshara (alkali), Yusha (soup) prepared with kulatha & mulaka,

Food habit: Laghvanna (light diet)

Pathya Vihara: Sound sleep during night, Warm weather, Pollutant free environment

Apathya Ahara
Suka dhanya varga: Tila(Terustroemia sylvatica), Saktu etc.

Shami dhanya varga: Masha (Vigna mungo), Nishpava(Lablab purpurens), Kalaya, Kulattha(Vigna unquiculata) Etc.

Mamsa rasa varga: Matsya(Fish), Andaja and Anupa mamsa.
Gorasa varga: - Dadhi.
Phalavarga: Amlaphala.
Ikshu varga: Ikshu.
Taila varga: Tilataila.
Harita varga: Mulaka.
Food habit: Madhura rasa (sweet), guru ahara, Snigdha (unctious) guru (Heavy) Picchila (slimy) Pistanna (Dishes prepared out of flour of cereals) Payasa (food prepared with milk)

Apathya Vihara
Maithuna (sexual intercourse), Dhumasevana (Smoking), Dushta Pavana Rajo Marga Nishevana (Walking on polluted roads), Vegavarodha.

This is about the pathya and apathy to be followed in a usual case of Vatarakta whereas in case of margavarana due to kapha and medas the pathya and apathya of sthoulya has to befollowed.

DISCUSSION
The etiological factors lead to the prevalent incidence of *vata dosa* and *rakta dhatu*. To be more distinct, the obstruction of *rakthamarga*, or the *raktha- vaha srothas* is the leading pathology. The gamp of *vatarakta* parlance with conventional medicine includes many conditions related to extremities and to mention a few are connective tissue disorder and well as peripheral vascular diseases.

Dietary habits and life style modalities plays a major role in cause of *vatarakta*. Also the morbidity of *kapha* and *medas* can cause different other serious diseases in different systems. The pathology of *mar- gavarana* leads to the establishment of clinical signs and symptoms in *vatarakta*. Further to add *shod- hana*, *shamana*, *bahirparmarjana* and *rasayana chikitsa* all are aimed at the rectification of *margaavarana* in this disease. Discussion improves the knowledge and discussion on the basis of the *Shastra*, becomes the root of establishment of the concept. Hence the discussion and interpretation of the research study becomes an essential and important thing for research scholars to put their study on the scientific platform and then only it can be granted to be considered as a true study. Each and every study, it may be either conceptual or clinical, is always required to be proved on the basis of logic, correct reasoning, supported by achieved practical data as *Pramana* and then only it can be taken as a principal of that science. Following and fulfilling the same requirement, here also an attempt has been made to critically discuss and interpret the same.

SUMMARY AND CONLUSION
The present clinical trial was planned to compare the An etiopathological study of Vatarakta w.s.r. to Gout and therapeutic (Upshayatamaka prikshana) of Anshumati Kwath. Due to its diverse pathogenesis, *Vatarakta* presents varied and contrasting features in both its *Purvaroopa* and its *Roopavastha*. Hence, *Vatarakta* when viewed through under the light of conventional medicine can be correlated with multiple of disorders.

The first objective was to study the Etiopathogenesis of *Vatarakta* from the classics of *Ayurveda*. Two distinct set of etiological factors take part in the causation of the illness. These distinct sets of etiological factors may be related to *Aahara, Vihara* and/or the one influencing the *Manas*. One set of aetiology leads to the vitiation of *Vatadosha* and the other set separately causes morbidity in *Rakta Dhatu* leading to Anyonyavarana of both.

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