



AYURVEDIC MANAGEMENT OF VATARAKTA (GOUT) BY MANAGING URIC ACID LEVEL– A CASE REPORT

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ABSTRACT

Even though Gout is generally grouped under Arthritis, it is a metabolic disorder of Uric Acid. Extensive description of Vatarakta in ayurvedic classics shows that it was prevalent widely in that era too. In present era changes in lifestyle & food habits leads to recognizable increase in incidence of Vatarakta in common people. Patient completed the course of treatment. Study was Interventional and Single arm clinical trial for the duration of 30 days (4 week). Patient was given Mahamanjishtadi kwatha – 30ml and Punarnavadi Guggulu 2 tablets (500 mg) each twice a day with lukewarm water. And local application of Pinda taila. Patient was followed 2-week interval i.e. on 2nd, 4th week of treatment period. The effects of treatment on subjective and objective parameter evaluated. Results obtained shows encouraging results in the management of Vatarakta (Gout) with no side effects observed so far.

KEYWORDS: Gout, Vatarakta, Uric acid, Mahamanjishtadi kwatha, Punarnavadi guggulu, Pinda taila.

INTRODUCTION

Non-communicable diseases and chronic diseases/disorders get favor from the faulty life style of modern society. The factors contributing to the life style disorders includes faulty food and drink habits like irregular eating, fast food eating, alcohol, smoking, tobacco chewing, drugs addiction, and sedentary life, irregular sleeping pattern & stress. Non-communicable diseases are different because they are preventable and their incidence can be lowered by adopting healthy dietary habits and life style. Vatarakta also known as Adhayavatai emerges from inappropriate dietary regime, occupation and environment. The term Adhayavata is self-explanatory that it is more prevalent among Adhya (Rich people). The causative factors of Vatarakta mentioned in Charak samhita are closely related to faulty eating habits and sedentary life style. The symptomatology of Vatarakta like Shool, Shotha, Sparshasahatvam etc. mimics the symptoms of Gout. Purines metabolism (found in many foods and in human tissue) result into production into uric acid. Gout is caused by hyperuricemia (serum uric acid >7mg/dL), which leads to the deposition of monosodium urate (MSU) crystals in tissue. An imbalance in the production and excretion of urate, i.e., overproduction, under excretion or both leads into hyperuricemia.

Asymptomatic hyperuricemia (serum uric acid up to 8mg/dL) does not need to be treated. Risk factors for gout include being (Adhya) obese, having insulin resistance, hypertension (obesity, insulin resistance & hypertension collectively called Metabolic X Syndrome), congestive heart failure, alcohol (Sura-Asava) intake (beer and spirits more than wine), diuretic use, a diet rich in meat and seafood (Kllin-Shuksha- Ambuj-Anoop Mansa), and poor kidney function.

AIM AND OBJECTIVE

To study combined clinical efficacy of Mahamanjishtadi Kwatha and Punarnavadi Guggulu and Pinda Taila in the management of Vatarakta (Gout) by managing uric acid level.

MATERIAL AND METHODS

Present study was Interventional, Single arm clinical trial for the duration of 30 days.

Subjective parameters for Assessment

Sandhishula (Pain in Joints), Toda (Piercing pain), Sandhi shotha (Swelling), Tenderness, Daha (Burning sensation), Ushma (Warmth), Stabdhta (Stiffness).

Objective parameters for assessment

Serum Uric Acid.

Intervention

Mahamanjishtadi kwatha and Punarnavadi Guggulu 2 tablets (500 mg) each twice a day with lukewarm water after meals. And local application of Pinda taila. Patient was followed every 2- week interval i.e. on 15th day, 30th day of treatment period.

CASE PRESENTATION

A 52 years old male patient presented with a history of swelling on B/L foot from 15-20 days, which initially started as a small swelling, then increased and complain of Sandhishula (Pain in Joints), Toda (Piercing pain), Sandhi shotha (Swelling), Tenderness, Daha (Burning sensation), Ushma (Warmth) on B/L ankle joint & wrist joint. He had to treatment from orthopedic but he noted temporary relief along with use of long-term painkiller.

Local examination

On examination there was a Sandhishula (Pain in Joints), Toda (Piercing pain), Sandhi shotha (Swelling), Tenderness, Daha (Burning sensation), Ushma (Warmth) on B/L ankle joint & wrist joint.

Ashtavidh Pariksha (Eight-fold Ayurvedic examination)

Nadi (pulse) –Kapha predominant Pitta, 85/min, Mala(stool) - irregular unsatisfactory, Mutra (urine)-

Normal 4-5 time per day, Jiwha (tongue)- Coated, Shabda (speech)- Normal; Sparsha (touch)- Normal, Drik (eyes)- Normal, Akrti (Built)- Medium.

Vital examination

Blood Pressure (B.P.) -130/80 mmHg, Pulse (P) - 80/min, Weight -85 kg, Temperature- 98.1F.

Personal History

DIET- Mixed type, Sleep - Disturbed due to pain, Bowel habit- irregular/unsatisfactory, Micturition- Day- 4-5 times, Night- 2-3 times, Addiction- No any addiction.

Therapeutic intervention

1. Mahamanjishtadi kwatha – 30ml twice a day with lukewarm water
2. Punarnavadi Guggulu -2 tablets (500 mg) twice a day with lukewarm water
3. Pinda taila- Local application twice a day.

Dietary management

- Sugars and fruit high in fructose, Sugary beverages, Processed foods, Red meat and organ meat, Certain fish and shellfish, Alcohol, Yeasts should be avoid.
- Eat more Fruit, Vegetables, Whole Grain, Nuts.

Progress of treatment

Day	Sandhishula	Toda	Sandhi shotha	Tenderness	Daha	Ushma
Day 0	3	1	2	1	1	2
After 15 days	1	1	1	0	0	1
After 30 days	0	0	0	0	0	0

Subjective Parameter	Observation	Scale
Sandhishula (Joint Pain)	No Pain	0
	Mild Pain	1
	Moderate Pain	2
	Severe Pain	3
Daha (Burning sensation)	Absent	0
	Mild	1
	Moderate	2
	Severe	3
Sandhisotha (Joint Swelling)	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 (Tenderness)	No tenderness	0

	Mild, deep touch causes sparshaasahatva	1
	Moderate, deep touch causes sparshaasahatva	2
	Severe	3
Toda (Piercing pain)	Absent	0
	Present	1
Ushma	Absent	0
	Present	1

Investigations

Investigations done before treatment as follows:

- 03/04/2024: Sr. Uric Acid- 7.9 mg/dl

Investigations done during and after treatment as follows:

- 05/05/2024- Sr. Uric Acid- 5.1mg/dl

RESULT

Tenderness and Daha were reduced within 15 days, Sandhishula, Sandhi shotha, Ushma, Stabdhta at end of 30 days of treatment plan. And uric acid level Markley reduced from 7.9 to 5.1. patient was completely recovered at the end of 1 month treatment.

DISCUSSION

Uric acid production and metabolism are complex processes involving various factors that regulate hepatic production, as well as renal and gut excretion of this compound. Uric acid is the end product of an exogenous pool of purines and endogenous purine metabolism. The exogenous pool varies significantly with diet, and animal proteins contribute significantly to this purine pool. The endogenous production of uric acid is mainly from the liver, intestines and other tissues like muscles, kidneys and the vascular endothelium.

When purines are broken down to uric acid in the blood, the body gets rid of it when urinate or have a bowel movement. But if body makes too much uric acid, or if kidneys aren't working well, uric acid can build up in the blood.

Uric acid levels can also increase when eat too many high- purine foods. Then crystals of uric acid can form and collect in the joints. This causes painful inflammation. This condition is called gout.

Mahamanjsthadi Kwatha

Uses make it as one of the recommended Ayurvedic medicines to help maintain blood circulation. Helps in maintaining healthy blood circulation. It is also known as an immune-modulator. The Mahamanjsthadi Kwatha ingredients help to strengthen the working of the immune system. This helps ensure improved functioning of the liver and kidney. This helps ensure blood purification happens in a natural way. Manjistha is one of the ingredients in this medicine that has a helpful effect on the liver and the lymphatic system. This helps the body purify blood in a natural way by helping expel toxins from the body.

The ingredients in Mahamanjsthadi Kwath include

- Manjistha (*Rubia cordifolia*): To help reduce toxins from blood to help purify it.
- Triphala: It helps detoxify the blood and the lymph tissues. It can help balance vitiation in all the three Doshas. It helps to maintain complexion. It is antioxidant and anti- inflammatory in nature.
- Tikta (*Solanum indicum*): This is an antioxidant herb that helps in the detoxification of the blood.
- Vacha (*Acorus calamus*): It is used to help reduce

Ama or toxins from the body.

- Nisa (*Curcuma longa*): It is very helpful in reducing toxin levels in the body.

Punarnavadi Guggulu

Punarnavadi Guggulu is a powerful herbal diuretic formulation primarily indicated for the treatment of oedema (abnormal accumulation of fluid in the body) and other inflammatory conditions. This herbal concoction extensively helps boost blood circulation, diminishes body inflammation and exerts a positive impact on the heart, kidneys, and liver. Additionally, it also assists in lessening the fluid accumulation in the cells, tissues, and serous cavities all over the body. Therefore, it maintains a healthy fluid level in the body and averts any anomalies that involve fluid retention like gout or oedema.

Pinda taila

Pinda Taila is unique formulations designed by our Acharyas for the management of symptoms of Vatarakta. Pinda Taila can be prepared using Aranala as it is having Sukshma Srotogami Guna which can penetrate into deep tissues very easily. Comprises exquisite ingredients like Manjishta, Sarjarasa and Sariva along with Natural bee wax processed in Tila Thaila. The product helps in managing Gout and other types of Arthritis and aids relief from generalised ache and pain.

CONCLUSION

Combine therapy with Mahamanjishtadi kwatha and Punarnavadi Guggulu and Pinad taila in Vatarakta (Gout) shows marked improvement in various parameters with no apparent adverse effects observed so far.

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