

REVIEW AND MANAGEMENT OF GOUT IN ANCIENT AYURVEDIC TEXT

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ABSTRACT

The fundamental principle of *Ayurveda* states that "imbalances in the basic constituents of the body are the root cause of various diseases." This highlights the importance of maintaining balance among the body's fundamental elements (*Sharira*) as a key to achieving good health and remaining disease-free. *Ayurvedic* remedies and therapies are highly effective in maintaining and restoring this equilibrium. *Vatarakta*, a chronic condition, is marked by joint and body pain, stiffness, and swelling. It results from disturbances in *Vatadosha* and *Raktadhatu*, where aggravated *Vata* is obstructed by vitiated *Rakta*, leading to further aggravation of *Vata Dosha*. *Vatarakta* manifests in two stages: *Uttana* and *Gambhira*. *Uttana Vatarakta* primarily affects the *Twacha* (skin) and *Mamsadhatu* (muscle tissue), while *Gambhira Vatarakta* predominantly involves the *Asthi* (bones) and *Majja Dhatu* (bone marrow). *Nidan Panchak* is a comprehensive and essential method in *Ayurveda* for diagnosing diseases, identifying their causes, and determining prognosis. It comprises five components: *Nidan* (cause), *Purvarupa* (prodromal symptoms), *Rupa* (main symptoms), *Upshaya* (relieving factors), and *Samprapti* (pathogenesis). Each component provides critical insights for physicians to understand disease progression and enables early intervention. In modern times, lifestyle changes not only disrupt healthy dietary habits (*Aahar*) but also daily routines (*Vihara*). A sedentary lifestyle, mental stress, consumption of non-vegetarian and high-protein diets, excessive alcohol intake, and similar factors significantly contribute to the acute exacerbation of *Vatarakta*. The etiological factors, pathology, and clinical manifestations of gouty arthritis closely resemble those of *Vatarakta*.

KEYWORDS: Gout, *Vatarakta*, Lifestyle Disorder, *Ayurved*, *Nidan Panchak*.

INTRODUCTION

Ayurveda, an ancient medicine and healthcare system, focuses on managing chronic diseases and preserving overall health and vitality. It emphasizes adopting *Dinacharya* (daily routines) to lead a healthy lifestyle. According to *Ayurveda*'s core principle, "Diseases arise from imbalances in the basic components of the body." Achieving balance among these fundamental elements (*Sharira*) is considered essential for maintaining good health and preventing illnesses. This traditional practice is now recognized and utilized worldwide.

Furthermore, ongoing research and the revalidation of ancient *Ayurvedic* principles and concepts, as described in classical *Ayurvedic* texts, are gaining renewed global recognition. In modern times, individuals are increasingly prone to metabolic disorders due to unhealthy dietary habits and sedentary lifestyles. These conditions can lead to functional impairments or debilitating diseases. Among these, the combination of aggravated *Vata* and *Rakta* is known to result in various

health issues, the most notable being *Vatarakta*.^[1] This condition, as explained in *Ayurveda*, arises from an imbalance in *Vatadosha* and primarily affects the *Raktadhatu*.

Gout is a disorder of purine metabolism caused by hyperuricemia, characterized by pain and swelling initially in the *IMTP* (inter metatarsophalangeal) joint, which may then spread to other joints. This condition leads to significant disruption in the daily activities of patients.^[2]

Classical *Ayurvedic* texts provide extensive references and detailed descriptions of this disease, referring to it by names such as *Vatarakta*, *Adhyavata*, *Vatabalasa*, and *Khuddavata*.

Acharya Charaka describes *Vatarakta* as *Adhyavata*, a term indicating its higher occurrence among wealthy individuals (*Adhya*). The condition develops when aggravated *Vata* becomes obstructed by aggravated

Rakta, creating a cycle where the obstructed *Vata* further intensifies the *Rakta*. This interaction ultimately affects the entire *Rakta* system and can be triggered by factors such as injuries, prolonged fasting, exhausting journeys, or walking in hot climates. *Vatarakta* is also referred to as *Khudaroga* and *Vatashra*.^[3-5]

Acharya Charaka emphasizes the importance of accurate diagnosis before planning any treatment. He outlines five key diagnostic tools, known as *Nidana Panchak*, which include: *Nidana* (cause or etiology), *Purva-Roopa* (prodromal or premonitory symptoms), *Roopa* (specific signs and symptoms or clinical features), *Upashaya* (relieving and aggravating factors), and *Samprapti* (pathogenesis). These five components collectively aid in making an accurate diagnosis. By utilizing the concept of *Nidana Panchak*, a physician can diagnose a disease at an early stage, enabling effective management and the prevention of further complications.

AIMS AND OBJECTIVES

To study the conceptual aspects of *Vatarakta*.

To explore the *Nidana Panchak* diagnosis of *Vatarakta*.

To conduct an analysis between *Vatarakta* and gout.

This conceptual study, along with the *Nidana Panchak* diagnosis and analysis, will aid in understanding the pathogenesis of *Vatarakta* at various stages.

MATERIALS AND METHODS

Various *Ayurvedic* texts, journals, research papers, and articles have been reviewed to study the concept of *Vatarakta* and its role in the manifestation and progression of the disease. These references were used to gather information before preparing the manuscript titled "Review and Management of Gout in Ancient *Ayurvedic* Text".

INCIDENCE

The global prevalence of gout is between 1% and 4%, with an incidence rate of 0.1% to 0.3%.^[6] Epidemiological studies have indicated that both the prevalence and incidence of gout rise with age.

Gout is uncommon in children and premenopausal women in India. Among the affected population, males are more frequently affected, while postmenopausal women are at a higher risk.^[7]

NIDAN (CAUSATIVE FACTOR)

In *Ayurveda*, the *Nidan* (causes) of *Vatarakta* are described under the categories of *Aaharaj* (dietary causes) and *Viharaja* (lifestyle causes).

Aaharaj Nidan^[8]

Excessive intake of foods with specific qualities can contribute to *Vatarakta*. These include:

- Rasa (taste): Foods that are *Katu* (pungent), *Tikta* (bitter), *Kshaya* (astringent), *Amla* (acidic), *Lavana* (salty), and *Kshara* (alkaline).

- Guna (qualities): Excessive intake of foods that are *Snighda* (unctuous), *Ushna* (hot), *Ruksha* (dry), *Klina* (sodden), *Shushka* (dry), and *Aanupa Mamsa* (flesh from marshy land).
- Specific foods: *Pindyaka* (paste of oil seeds after oil extraction), *Mulaka* (radish), *Kulattha* (red gram), *Masha* (black gram), *Shakadi* (green leafy vegetables), *Palala* (grated flesh), *Ikshu* (sugarcane), *Dadhi* (curd), *Aarnala*, *Souvier* (fermented liquid from dehusked barley), *Shukta* (acidic preparations from fermented tubers/fruits), *Takra* (buttermilk), *Sura* (wines), and *Asava* (alcoholic medicinal preparations).

Dietary patterns that exacerbate *Vatarakta* include:

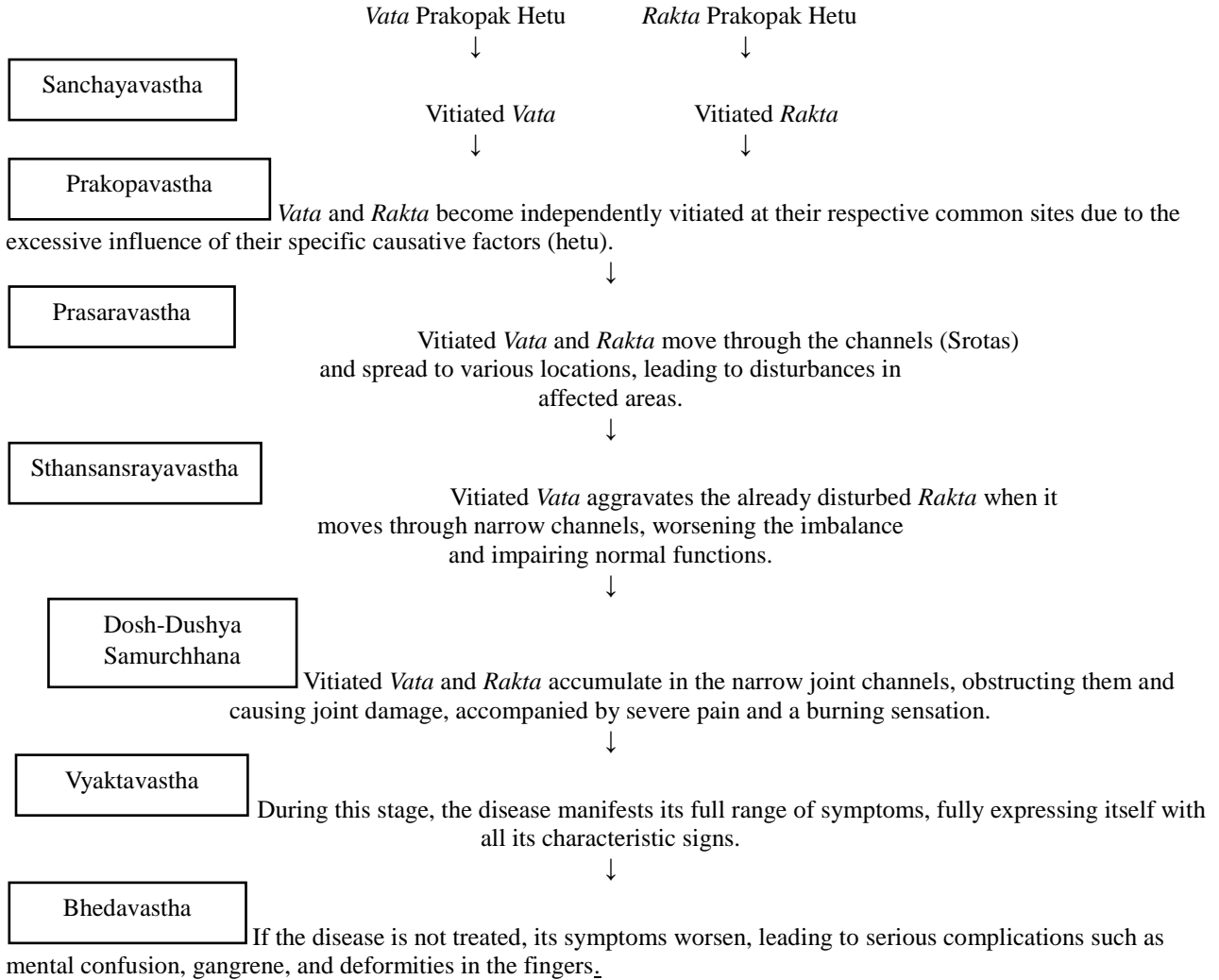
- Adhyashana (eating before the previous meal is properly digested)
- Vriudhashana (incompatible food combinations)
- Abhojana (excessive fasting)
- Misthana (excessive sweets)
- Sukbhोजना (eating foods too rich or heavy for digestion).

Viharaja Nidan^[9]

Several lifestyle factors contribute to the aggravation of *Vata* dosha and vitiation of *Rakta Dhatu*, ultimately leading to the development of the pathology of *Vatarakta*:

- Ativyayama (excessive exercise)
- Krodha (anger)
- Divaswapna (sleep during the day)
- Raatrijagrana (staying awake at night)
- Achankramansheela (lack of physical activity)
- Abhighata (trauma)
- Ambukrida (activities in water)
- Plavan (swimming)
- Veganigraha (suppression of natural urges)
- Travelling on *Hasti* (elephant), *Ashva* (horse), *Usthra* (camel)

These factors lead to the aggravation of *Vata* dosha and the vitiation of *Rakta Dhatu*, causing the *Samprapti* (pathology) of *Vatarakta*. Generally, individuals who are *Sukumar* (delicate in nature), indulge in sweet and rich foods, and are not accustomed to physical activity, are more prone to developing *Vatarakta*.

VISHISHTA SAMPRAPTI OF VATARAKTA**Flow chart of Vishishta Samprapti of Vatarakta****SAMPRAPTI GHATAKA**^[10]Dosha - *Vata Pradhan Tridosha*Dushya - *Rakta*Updhatu - *sira, snayu, kandra.*Agni - *Jatharagni and Dhatavagni dushti**Shrotasa - Rasavaha, Raktavaha, asthivaha and majjawaha.**Shrotodushti - Sanga (stasis of dosha), atipravritti**Adhithana - Twaka, Mamsa, Sandhi,**Vyadhi - Pakwashayotha and Chirkari**Rogmarga -vatarakta***Purvarupa of Vatarakta in samhita Grantha and Nighantu**^[11]

| Purvarupa | Ch.S | Su.S | A.S | A.H | M.N | G.N | B.P | Y.R |
|---|------|------|-----|-----|-----|-----|-----|-----|
| <i>Atisweda</i> (hydrosis) | + | - | + | + | + | + | + | + |
| <i>Asweda</i> (anhidrosis) | + | - | + | + | + | + | + | + |
| <i>Karshnyata</i> (blackish discoloration) | + | - | - | - | + | + | + | + |
| <i>Sparshgatwa</i> (parasthesia) | + | - | - | - | + | + | + | + |
| <i>Kshate-atiruk</i> (Increased pain on touch/injury) | + | - | - | - | + | + | + | + |
| <i>Sandhi shaithilya</i> (looseness of the joints) | + | + | + | + | + | + | + | + |
| <i>Alasya</i> (laziness) | + | - | - | - | + | + | + | + |
| <i>Sadana</i> (fatigue of the foot) | + | - | + | + | + | + | + | + |
| <i>Pidikaudgama</i> (formation of papules) | + | - | - | - | + | + | + | + |
| <i>Nistoda</i> (fatigue) | + | + | + | + | + | + | + | + |
| <i>Sphurana</i> (throbbing sensation) | + | - | + | + | + | + | + | + |
| <i>Bhedana</i> (Splitting type of pain) | + | - | + | + | + | + | + | + |
| <i>Gurutwa</i> (heaviness) | + | + | + | + | + | + | + | + |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| <i>Supti</i> (numbness) | + | + | + | + | + | + | + | + |
| <i>Kandu</i> (itching) | + | - | + | + | + | + | + | + |
| <i>Sandhiruk</i> (pain in joints) | + | - | - | - | + | + | + | + |
| <i>Mandaloutpatti</i> (formation of rounded patches) | - | + | + | + | + | + | + | + |
| <i>Sheetalata</i> (Coldness of the limbs) | - | + | - | - | - | - | - | - |
| <i>Osha</i> (burning sensation with restlessness) | - | + | - | - | - | - | - | - |
| <i>Daha</i> (burning sensation) | - | + | + | + | + | + | + | + |
| <i>Sopha</i> (swelling) | - | + | - | - | - | - | - | - |
| <i>Twak parushya</i> (roughness of the skin) | - | + | - | - | - | - | - | - |
| <i>Sira dhamni spandana</i> (increased pulsatile vessels) | - | + | - | - | - | - | - | - |
| <i>Sakthi daurbalya</i> (decreased strength in thigh) | - | + | - | - | - | - | - | - |
| <i>Ati slakshana sparsha</i> (Hard on touch) | - | - | + | + | + | - | + | + |
| <i>Khara Sparsha</i> (hard on touch) | - | - | + | + | + | - | + | + |
| <i>Srama</i> (Increased exertion) | - | - | + | + | + | - | - | - |
| <i>Vrana adika sula</i> (excessive wound pain) | - | - | + | + | + | - | - | - |

CLASSIFICATION

Charaka has categorized *Vatarakta* into two types, based on the pathogenesis location and the doshas' predominance.

Depend on site of pathogenesis^[12]

1. **Uttana Vatarakta** - In this type, the Twak and Mamsa are affected.
2. **Gambhira Vatarakta** - This type involves the involvement of all other tissues (Dhatus) in the pathogenesis.
3. **Ubhayashrita Vatarakta** - This type presents with signs and symptoms from both of the previous types.
4. According to Sushruta, there is only one type of *Vatarakta*. He explains Uttana and Gambhira *Vatarakta* based on the chronicity of the disease, not

as separate classifications. Initially, *Vatarakta* presents as Uttana, and over time, it progresses into Gambhira. Therefore, Sushruta rejects the classification of *Vatarakta* based on the site of pathogenesis.

Classification according to *Doshik* predominance^[13]

Vatadhika
Pittaadhik
Kaphadhika
Raktadhika
Samsargaja
Sannipataja

Types of vaatrakta

| Types | Ch.S | Su.S | A.S | A.H | M.N | G.N | B.P | Y.R |
|--------------------|------|------|-----|-----|-----|-----|-----|-----|
| Uttana Vatarakta | + | - | + | + | - | + | + | + |
| Gambhira Vatarakta | + | - | + | + | - | + | + | + |

Symptoms of Uttana Vaatrakta in Samhita Grantha and Texts^[14]

| <i>Uttana vatarakta Rupa</i> | Ch.S | Su.S | A.S | A.H | M.N | G.N | B.P | Y.R |
|------------------------------|------|------|-----|-----|-----|-----|-----|-----|
| <i>Kandu</i> | + | - | + | + | - | + | + | + |
| <i>Daha</i> | + | - | + | + | - | + | + | + |
| <i>Ruja</i> | + | - | - | - | - | - | - | - |
| <i>Ayama</i> | + | - | + | + | - | + | + | + |
| <i>Toda</i> | + | - | + | + | - | + | + | + |
| <i>Sphurana</i> | + | - | + | + | - | + | + | + |
| <i>Kunchana</i> | + | - | - | - | - | - | - | - |
| <i>Shyava twak</i> | + | - | + | + | - | + | + | + |
| <i>Rakta Twak</i> | + | - | + | + | - | + | + | + |
| <i>Bheda</i> | - | - | + | + | - | + | + | + |
| <i>Gourava</i> | - | - | + | + | - | + | + | + |
| <i>Suptata</i> | - | - | + | + | - | + | + | + |

Symptoms of Gambhira Vaatrakta in Samhita Grantha and Texts^[15]

| <i>Gambhira vatrakta Rupa</i> | Ch.Sa. | Su.Sa. | A.S. | A.H. | M.N. | G.N. | B.P. | Y.R. |
|---|--------|--------|------|------|------|------|------|------|
| <i>Svathu stabdhata</i> | + | - | - | - | - | + | + | - |
| <i>Svathu Kathinya</i> | + | - | - | - | - | + | + | - |
| <i>Bhrishartha</i> | + | - | - | - | - | + | + | - |
| <i>Shyavata</i> | + | - | - | - | - | + | + | - |
| <i>Tamra twak</i> | + | - | - | - | - | + | + | - |
| <i>Daha</i> | + | - | - | - | - | + | + | - |
| <i>Toda</i> | + | - | + | + | - | + | + | + |
| <i>Sphurana</i> | + | - | - | - | - | + | + | - |
| <i>Paka</i> | + | - | - | - | - | + | + | - |
| <i>Ruja</i> | + | - | - | - | - | + | + | - |
| <i>Vidaha</i> | + | - | + | + | - | + | - | - |
| <i>Vatasya sandhyasthi Majjasu chindanniva charanam</i> | + | - | - | - | - | + | - | - |
| <i>Khanjatwa</i> | + | - | + | + | - | + | - | - |
| <i>Pangutwa</i> | + | - | + | + | - | + | - | - |
| <i>Adhika purvraka</i> | - | - | + | + | - | - | - | - |
| <i>Svayathu grathita</i> | - | - | + | + | - | - | - | - |
| <i>Vatasya sarva Shareera charana</i> | + | - | + | + | - | - | - | - |
| <i>Angasya vakrikarana</i> | + | - | + | + | - | - | - | - |

Symptoms of Vatadhika Vaatrakta in Samhita Grantha and Texts^[16]

| <i>Vatadhika Vatrakta Rupa</i> | Ch.Sa. | Su.Sa. | A.S. | A.H. | M.N. | G.N. | B.P. | Y.R. |
|--------------------------------------|--------|--------|------|------|------|------|------|------|
| <i>Sirayama</i> | + | - | - | - | - | - | + | - |
| <i>Sula</i> | + | - | + | + | + | + | + | - |
| <i>Sphuran</i> | + | - | + | + | + | + | + | - |
| <i>Toda</i> | + | - | + | + | + | + | + | - |
| <i>Shothesya Karshanya</i> | + | - | + | + | + | + | + | - |
| <i>Shothesya Roukshya</i> | + | - | + | + | + | + | + | - |
| <i>Shothesya Syavata</i> | + | - | + | + | + | + | + | - |
| <i>Shothesya Vriddhi/hani</i> | + | - | + | + | + | + | + | - |
| <i>Dhamani anguli Sandhi sankoch</i> | + | - | + | + | + | + | + | - |
| <i>Anga graha</i> | + | - | + | + | + | + | + | - |
| <i>Ati ruja</i> | + | - | + | + | + | + | + | - |
| <i>Kunchana</i> | + | - | - | - | - | - | + | - |
| <i>Stambhana</i> | + | - | + | + | + | + | + | - |
| <i>Sheet pradvesa</i> | + | - | + | + | + | + | + | - |
| <i>Sparshodwigna</i> | - | + | - | - | - | - | - | + |
| <i>Bheda</i> | - | + | + | + | + | + | - | + |
| <i>Prashosha</i> | - | + | - | - | - | - | - | + |
| <i>Swapa</i> | - | + | + | + | + | + | - | + |
| <i>Sheetanupashaya</i> | - | - | + | + | + | + | - | - |
| <i>Vepathu</i> | - | - | + | + | + | + | - | - |

Symptoms of Pittaadhik Vaatrakta in Samhita Grantha and Texts^[17]

| <i>Pittaadhik Vaatrakta Rupa</i> | Ch.Sa. | Su.Sa. | A.S. | A.H. | M.N. | G.N. | B.P. | Y.R. |
|----------------------------------|--------|--------|------|------|------|------|------|------|
| <i>Vidaha</i> | + | - | + | + | + | + | + | - |
| <i>Vedana</i> | + | - | + | + | + | + | + | - |
| <i>Murcha</i> | + | - | + | + | + | + | + | - |
| <i>Sweda</i> | + | - | + | + | + | + | + | - |
| <i>Trishna</i> | + | - | + | + | + | + | + | - |
| <i>Mada</i> | + | - | + | + | + | + | + | - |
| <i>Bhrama</i> | + | - | + | + | + | + | + | - |
| <i>Paka</i> | + | - | + | + | + | + | + | - |

| | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|
| Raga | + | + | + | + | + | + | + | + |
| Bheda | + | - | - | - | - | + | - | - |
| Shosha | + | - | - | - | - | + | - | - |
| Ugra daha | - | + | - | - | - | - | - | + |
| Atiushnta | - | + | + | + | + | - | + | + |
| Sophatsya Mridutwa | - | + | - | - | - | - | - | + |
| Sammoha | - | - | + | + | + | - | + | - |
| Sparsh akshamatwa | - | - | + | + | + | - | + | - |

Symptoms of Kaphadhika Vaatrakta in Samhita Grantha and Texts^[18]

| Rupa | Ch.Sa. | Su.Sa. | A.S. | A.H. | M.N. | G.N. | B.P. | Y.R. |
|------------|--------|--------|------|------|------|------|------|------|
| Staimitya | + | - | + | + | + | + | + | - |
| Gaurava | + | - | + | + | + | + | + | - |
| Snehatwa | + | - | + | + | + | + | + | - |
| Supti | + | - | + | + | + | + | + | - |
| Manda ruja | + | - | + | + | + | + | + | - |
| Kandu | - | + | + | + | + | + | + | + |
| Swetata | - | + | - | - | - | - | - | + |
| sheetata | - | + | + | + | + | + | + | + |
| Sopha | - | + | - | - | - | - | - | + |
| Peenatwa | - | + | - | - | - | - | - | + |
| stabdatwa | - | + | - | - | - | - | - | + |

Raktadhika vatarakta^[19]

- Sotha- swelling
- Ati ruk -severe pain
- Toda -pricking pain
- Tamra varna- coppery discoloration
- Chimichimaya- tingling sensation
- Snigdha rukshakshamam naiti -not subsiding by either unctuous or rough applications
- Kandu- itching exudation

Dwandaja vaatrakta^[20] - Such vaatrakta in which two of the aggravated doshas is characterized by the etiological factors are *dwandaja vaatrakta*. In this case, signs of two or three doshas are found together.

Sannipataja vaatrakta^[21] - Such vaatrakta in which more than two of the aggravated doshas are characterized by the etiological factors are *Sannipataja vaatrakta*. In this case, signs of more than two doshas are found together.

DIFFERENTIAL DIAGNOSIS OF VATARAKTA WITH OTHER DISEASES^[22]

| S.No | Features | Vata Rakta | Amavata | Sandhi Vata | Kroshtuka Shrishha | Sandhi Gatta Sannipat |
|------|-------------------------------|------------------------------|----------------------------|--|---|--|
| 1. | Usually first affected joints | First affects big toe | First affects small joints | First affect big weight bearing joints | Only the knee are affected | First both big and small joints were affected. |
| 2. | Fever | Present | Mild present | Absent | Absent | Present |
| 3. | Swelling area | Over Affected joints | Over Affected joints | Absent | Over the knee Joint typical jackal's head | Absent |
| 4. | Hritgaurava | Absent | Present | Absent | Absent | Absent |
| 5. | Dosha | Tridosha mainly vaata, rakta | Tridoshaja | Predominantly vaata dosha | Tridosha mainly vaat | Tridosha mainly kapha |
| 6. | Dushya | Mainly Rasa | Mainly Rakta | Mainly Rasa | Mainly Rasa, rakta | Mainly Rasa |
| 7. | Relief by blood letting | Yes | No | No | Yes | No |

List of Upadrava According to charak samhita^[23], sushrut Samhita^[24], Bhavaprakash^[25], yogratnakar^[26] etc.

| UPDRAVA | Ch.Sa. | Su .Sa. | As .S | As .H | M.N | G.N | B.P. | Y.R. |
|-------------|--------|---------|-------|-------|-----|-----|------|------|
| Aswapna | + | - | + | + | + | + | - | + |
| Arochaka | + | + | + | + | + | + | + | + |
| Swasa | + | + | + | + | + | + | + | + |
| Mansa kotha | + | - | + | + | + | + | + | + |
| Siro graha | + | - | + | + | + | + | + | + |
| Murcha | + | + | + | + | + | + | + | + |
| Mada | + | - | + | + | + | + | + | + |

| | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|
| Ruja | + | - | + | + | + | + | + | + |
| Trishna | + | + | + | + | + | + | + | + |
| Jwara | + | + | + | + | + | + | + | + |
| Moha | + | - | + | + | + | + | + | + |
| Pralepaka | + | - | + | + | + | + | + | + |
| Hikka | + | - | + | + | + | + | + | + |
| Pangulya | + | - | + | + | + | + | + | + |
| Visarpa | + | - | + | + | + | + | + | + |
| Paka | + | - | + | + | + | + | + | + |
| Toda | + | - | + | + | + | + | + | + |
| Bhrama | + | - | + | + | + | + | + | + |
| Klama | + | - | + | + | + | + | + | + |
| Angulivakrata | + | - | + | + | + | + | + | + |
| Sphota | + | - | + | + | + | + | + | + |
| Daha | + | - | + | + | + | + | + | + |
| Marmagraha | + | - | + | + | + | + | + | + |
| Arbuda | + | - | + | + | + | + | + | + |
| Pranakshaya | - | + | + | + | + | - | + | - |
| Mansa kshaya | - | + | + | + | + | - | + | - |
| Kasa | - | + | + | + | + | - | + | - |
| Stbdta | - | + | + | + | + | - | + | - |
| Avipaka | - | + | + | + | + | - | + | - |
| Visarana | - | + | + | + | + | - | + | - |
| Sankocha | - | + | + | + | + | - | + | - |

SADHYA- ASADHYTA^[27]

The Sadhya-Asadhyatva of Vata Rakta is divided based on following 3 categories:

- 1) based on vitiated *Doshas*.
- 2) based on the presence or absence of *Upadravas*.
- 3) based on *Kala* (time)

SADHYA

- If *Vata Rakta* is caused by only one *Dosha*
- No *Upadravas*
- Freshly occurred
- If the patient is strong, and has good willpower & proper availability of medicaments.

YAPYA

- If caused by two *Doshas*
- Without *Upadravas*
- Which is of one-year duration
- If the patient is strong, self-controlled & with sufficient means.

ASADHYA

- If caused by all three *Doshas*
- Associated with complications
- Having complications like *Ajanusputitha* etc

PATHYA-APATHYA

List Showing Pathya in Vaatrakta according to Samhita Grantha and Texts

| S.no. | PATHYA | CS ^[28] | SS ^[29] | YR ^[30] | BP ^[31] | BR ^[33] | VS ^[34] |
|-------|---------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1. | Purana yava | + | - | + | + | + | + |
| 2. | Godhuma | + | - | + | + | + | + |
| 3. | Nivar | + | - | + | + | + | + |
| 4. | Shalidhanya | + | - | + | + | + | + |
| 5. | Shashikdhanya | + | - | + | + | + | + |
| 6. | Adhaka | + | - | + | + | + | + |
| 7. | Chana | + | - | + | + | + | + |
| 8. | Mudaga | + | - | + | + | + | + |
| 9. | Kulthi | - | - | - | - | - | - |
| 10. | Masur | + | - | - | - | - | + |
| 11. | Makushathka | + | - | + | + | + | + |
| 12. | Sunishnaka | + | - | + | + | + | + |
| 13. | Vetagra | + | - | + | + | + | + |
| 14. | Kakmachi | + | - | + | + | + | + |
| 15. | Shatavari | + | - | + | - | - | + |
| 16. | Vashtuk | + | - | + | - | - | + |

| | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 17. | <i>Brahmi</i> | - | - | + | + | + | + |
| 18. | <i>Karvellak</i> | - | - | + | + | + | - |
| 19. | <i>Tandulanna</i> | - | - | + | + | + | - |
| 20. | <i>Prasharni</i> | - | - | - | + | + | - |
| 21. | <i>Shalichya</i> | - | - | - | + | + | - |
| 22. | <i>Kushmand</i> | - | - | - | + | + | - |
| 23. | <i>Suran</i> | - | - | - | - | - | - |
| 24. | <i>Patol</i> | - | - | - | + | + | - |
| 25. | <i>Amaltash</i> | - | - | - | + | + | - |
| 26. | <i>Dhatri phala</i> | - | - | - | - | - | - |
| 27. | <i>Shinshpa</i> | - | - | - | + | - | - |
| 28. | <i>Aguru</i> | - | - | + | - | + | - |
| 29. | <i>Saral</i> | - | - | + | - | + | - |
| 30. | <i>Somavalli</i> | - | - | - | - | + | - |
| 31. | <i>Mridvika</i> | - | - | + | - | + | - |
| 32. | <i>Sweta sarkara</i> | - | - | + | - | + | - |
| 33. | <i>Eranda taila</i> | - | - | - | - | + | - |
| 34. | <i>Karpura</i> | - | - | + | - | - | - |
| 35. | <i>Kasturi</i> | - | - | - | - | + | - |
| 36. | <i>Sweta chandana</i> | - | - | - | - | + | - |
| 37. | <i>Aja dugdha</i> | - | - | - | + | + | - |
| 38. | <i>Mahish dugdha</i> | + | - | - | - | + | - |
| 39. | <i>Gau dugdha</i> | + | - | - | - | + | - |
| 40. | <i>Avi dugdha</i> | - | - | + | - | - | - |
| 41. | <i>Ghrita</i> | + | - | + | + | + | - |
| 42. | <i>Navneet</i> | - | - | + | - | + | + |
| 43. | <i>Vishikar mansha</i> | + | - | + | + | + | - |
| 44. | <i>Pratuda mansha</i> | - | - | + | + | + | + |
| 45. | <i>Lawa</i> | - | - | + | - | + | + |
| 46. | <i>Titar</i> | - | - | + | - | + | - |
| 47. | <i>Kukkuta</i> | - | - | + | - | + | - |
| 48. | <i>Mayur, Tota, Dathya, Kapot, Chatak, Battakha</i> | - | - | + | + | + | - |
| 49. | <i>Mridu samvahana</i> | - | + | - | - | - | - |
| 50. | <i>Upnaha</i> | - | + | - | - | + | + |
| 51. | <i>Parishek, Pradeha, Abhyang, Avgahana</i> | - | + | + | + | + | + |
| 52. | <i>Na Atiartha Langhanam</i> | - | + | - | - | - | - |
| 53. | <i>Snehpana, Raktamokshan, Virechana, Vasti, Mridu Vamana</i> | - | + | + | + | + | + |
| 54. | <i>Masha, kulthi, Nishpava, Kalaya</i> | - | + | - | - | - | - |
| 55. | <i>Muli, Ikshu, Pinyak, Tambul</i> | - | + | - | - | - | - |
| 56. | <i>Tila, madya, Dadhi, Sattu, Kanji.</i> | - | - | + | - | - | - |
| 57. | <i>Ambuj mansha</i> | - | - | + | - | - | - |
| 58. | <i>Anup mansha</i> | - | - | + | - | - | - |

List Showing *Apathya* in *Vaatrakta* according to *Samhita* and *Texts*

| S.NO. | APATHYA | CS ^[35] | SS ^[36] | YR ^[37] | BP ^[38] | BR ^[39] | VS ^[40] |
|-------|---------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1. | <i>Amla rasa</i> | + | + | - | + | + | + |
| 2. | <i>Lavan rasa</i> | + | + | + | + | + | + |
| 3. | <i>Katu rasa</i> | + | - | + | + | + | + |
| 4. | <i>Guru, Ushna, Abhishyandi</i> | + | + | + | + | + | + |
| 5. | <i>Virrudha Aahar</i> | - | - | + | - | - | - |
| 6. | <i>Diwaswapana,</i> | + | + | + | + | + | + |
| 7. | <i>Vyayam</i> | + | - | + | + | - | + |
| 8. | <i>Aatop</i> | + | + | + | + | + | + |
| 9. | <i>Maithun</i> | - | - | + | - | + | - |
| 10. | <i>Shram</i> | - | - | - | - | + | - |
| 11. | <i>Kopa</i> | - | + | - | + | - | - |

MANAGEMENT OF VAATRAKTA

Ayurvedic Samhitas explains the detailed management of *vatarakta*. Acharya Charaka described two approaches of treating *vatarakta*.

(A) SAMANYA CHIKITSHA- The following methods are discussed under samanya chikitsa:

1. Rakta mokshana
2. Shodhana chikitsa
3. Shamana chikitsa
4. Lepa karma, etc.

(B) VISHESHYA CHIKITSHA - keeping in mind the Doshik predominance and the location of the ailment

(1) **Uttana vatarakta** - hen dosha is restricted to Twaka and Mamsa. Lepa, abhyanga, parisheka, and upnaha are the options for external local applications.

Ushna lepa application for Kaphaja and Vataja *vatarakta*, sheetala lepa application for *Raktaja vatarakta*.

(2) **Gambhira vatarakta** - occurs when doshas are deeply seated in the sandhis. The therapeutic option is Shodhana chikitsa.

(3) **Vata pradhana vatarakta** - ghrita, tail, vasa, and majja should be administered as snehpaan and abhyanga.

(4) **Pitta pradhana vatarakta** - mridu Virechana, sheetala pralepa, ghritapana, and dugdhapana. Parisheka should be given with a decoction of vaat shamaka dravyas and anuvasna basti.

(5) **Kapha pradhana vatarakta** - snehana, swedana, mridu vamaana, and langhana should be the primary therapy options. Lukeworm pralepa may also be given.

PRINCIPLES OF VATARAKTA TREATMENT

तत्रमुञ्चेदसृक्शृङ्गजलौकःसूच्यलाबुभिः।

प्रच्छनैर्वा सिराभिर्वा यथादोषं यथाबलम् || CH.CHI 29/36

Depending on the patient's morbidity and strength, the blood should be drained using shringa (horn), jalauka (leech application), suchi (needle), alabu (hollow bitter gourd), pracchana (scratching), or siravyadha (venesection).

GENERAL PRINCIPLES OF VATARAKTA MANAGEMENT

‘विरेच्यः स्नेहयित्वाऽऽदौ स्नेहयुक्तैर्विरेचनैः |

रूक्षैर्वा मृदुभिः शस्तमसकृद्वस्तिकर्म च

सेकाभ्यङ्गप्रदेहान्नस्नेहाः प्रायोऽविदाहिनः |

वातरक्ते प्रशस्यन्त ...’

CH.CHI.29/41-42

After adequate oleation, a *Vatarakta* patient should undergo gentle therapeutic purgation using unctuous substances or dry substances in cases of excessive oleation. Post-purgation, frequent *basti* (medicated enemas) should be administered, including *anuvasana basti* (unctuous enema) and *niruha basti* (decoction-

based enema). Additionally, the patient should receive fomentation, massage, ointments, and a diet incorporating *sneha* (unctuous substances) that do not produce a burning sensation.

Importance of Basti in vatarakta treatment

‘न हि बस्तिसमं किञ्चिद्वातरक्तचिकित्सितम्’||

(Ch.Chi.29/89)

If the patient is experiencing pain in the pelvis, groin, flanks, thighs, minor joints, bones, or upper abdomen, as well as udavarta, niruha basti (enema of a therapeutic herb decoction) and anuvasna basti (unctuous enema) are recommended.

DISCUSSION

Vatarakta is a condition that affects individuals worldwide, regardless of race, gender, age, or climate. It is often equated with gouty arthritis in modern medicine. The disorder arises from the imbalance of both *Vata* and *Rakta*. When *Vata* becomes obstructed by the vitiated *Rakta*, it results in further aggravation of *Vata*, leading to the manifestation of the condition.

Aggravated *Vata* disrupts the entire *Rakta*, causing complex joint-related effects and resulting in the condition known as *Vatarakta*. *Ayurveda* attributes its causes (*Nidanas*) to factors such as consuming pungent (*Katu*), sour (*Amla*), hot (*Ushna*), and irritating (*Vidahi*) foods, along with activities like riding elephants (*Gaja*) or camels (*Ustrayaana*).

Vatarakta progresses through two stages:

1. Uttana (Superficial Stage): Primarily impacts the skin (*Twaka*) and muscles (*Mamsa*).
2. Gambhira (Deep Stage): Affects the bones (*Asthidhatu*) and results in pain (*Ruja*) that spreads like *Aakhuvisha*.

Vatarakta is extensively detailed in the *Charaka Samhita* as an independent disease. The primary causative factors include excessive consumption of heavy (*Guru*), salty (*Lavana*), and astringent foods, overuse of pulses, alcohol, and meat, as well as a sedentary lifestyle. Psychological factors like excessive anger and emotional distress also contribute, particularly in individuals with delicate constitutions (*Sukumar*).

Aggravated *Rakta* obstructs the pathways of already aggravated *Vata*. This obstruction disrupts the natural movement (*Gati*) of *Vata*, leading to its further aggravation and contributing to the progression of the disease.

The vitiation of the entire *Rakta* leads to the manifestation of *Vatarakta*. Acharya Charaka highlights various *Pathya* (beneficial) and *Apathya* (harmful) guidelines, which play a crucial role in preventing the condition. Faulty, sedentary lifestyles and improper dietary habits are primary causative factors for

Vatarakta. Therefore, adhering to *Dinacharya* (daily regimen) and *Ritucharya* (seasonal regimen), as outlined in *Ayurveda*, is essential for maintaining good health.

Additionally, *Yoga*, by enhancing physical, emotional, mental, and spiritual well-being, plays a key role in both preventing and managing *Vatarakta*.

CONCLUSION

Vatarakta is a type of *Vatavyadhi* and is associated with gouty arthritis. Lifestyle-related disorders and poor dietary habits distinguish it from other diseases, as they are preventable and can be managed by adopting healthy eating habits and a proper lifestyle, which is also applicable to *Vatarakta*. *Hetus* are the causative factors for specific diseases, and Acharyas have outlined various types of *Hetus* for different conditions.

The causative factors for *Vatarakta* are included in the *Nidanpanchak*. By avoiding the factors responsible for the disease and following the *Pathya* and *Apathya* guidelines prescribed by *Ayurvedic* Acharyas, one can overcome *Vatarakta* and lead a healthy life. *Vatarakta* is a unique example of *Avarana Janya Vata Vyadhi* (a type of *Vata* disorder caused by obstruction). In *Vatarakta*, *Vata* and *Rakta* are the primary *Dosha* and *Dushya* involved.

Vatarakta is primarily characterized by pain in the metatarsophalangeal joint, similar to gouty arthritis, and is clinically diagnosed by elevated serum uric acid levels. Due to these similarities in clinical presentation, *Vatarakta* is often correlated with gouty arthritis.

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