

MANAGEMENT OF GAMBHIR VATARAKTA WITH SHAMAN CHIKITSA: A CASE STUDY

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ABSTRACT

Life style disorder is the burning issue today for medical science. *Vatarakta* is one of them caused by vitiation of *Vata* and *Rakta* where *Sangatmak srotodushti* (Obstructive pathology) is there. Though not fatal but *Vatarakta* is a very painful condition with rapidly increasing prevalence. High altitude is also found one of the predisposing factors for this disease as the increase in Uric Acid levels appears to be caused by increased urate generation secondary to systemic hypoxia.^[1] In Sikkim also it was observed that, the beauty of the State situated at such a high altitude has to pay its cost in the form of such diseases. This case study is about a male patient of 28 years who approached at OPD of Regional Ayurveda Research Institute, Gangtok, Sikkim. He approached with chief complaints of Severe pain in multiple joints like Metacarpo-phalangeal, Metatarso- phalangeal, shoulder, elbow, knee,

wrist joint; stiffness++++, tenderness+++ , local temperature raised, fever, sleeplessness due to pain, blackish discoloration at swollen joints (on & off), dilation of vessels, pain, quivering and piercing pain complaint increases on coming in contact with cold. He was diagnosed as a case of *Gambhir Vataj Vatarakta*. In Classics *Chikitsa*(treatment) of *Vatarakta* includes *Shaman* (medicines only) and *Shodhan* chikitsa(includes *panchakarma* procedures) as *Raktamokshan*, *Virechan*, *Basti*. In this presenting case only *Shaman chikitsa* was given. Drugs indicated for *Vatarakta* were used i.e. *Kaishore Guggulu*, *Pinda tail*. Along with these medicines, *Vatavidhwansa Ras* and *Dashmula Kashaya* was also used as Acharya Charak

directed to control excessively vitiated *Vata* first in *Gambhir Vatarakta Chikitsa*.^[2] This patient is managed well with *Shaman chikitsa* and results obtained are discussed here.

KEYWORDS: *Vatarakta, Sandhishula, Kaishore Guggulu, Vatavidhvansan Ras.*

INTRODUCTION

Vatarakta is basically classified into two types as *Utthan* and *Gambhir*. Further according to the predominance of *dosha* it is classified into 8 types. Present case was diagnosed as *Gambhir Vataj Vatarakta* type. Though not fatal but it is a severe painful condition with sudden onset which starts from small joints of hand and feet then spreads all over the body. In Ashtanga Hridaya spread of the disease is mentioned as “*Akhoriv visham kruddham krutnam dehe vidhanti*”^[3] i.e. it spreads all over the body like rat poison spreads. In *Samprapti* of *Vatarakta Sangatmak srotodushti* i.e. obstructive pathology is there; where *Vata* is obstructed by *Rakta*. Due to subtleness (*Sukshma*) and pervasiveness (*Saratva*) of *Vata* and liquidity (*Dravatva*) and flowingness of blood it circulates all over the body. Being obstructed in joints due to zigzag way it gets located in there with agitation and in combination with *Pitta* etc. causes respective afflictions. Hence it produces pain mostly in those very joints and as such patients suffers from respective pain very difficult to tolerate.

It has been critically analyzed through various research works that symptoms of *Vatarakta* can be compared with those of Gout, some also correlate it with Burgers disease (Thromboangiitis obliterans).^[4] Globally, the incidence of gout has increased doubly in last two decades because of multiple factors like increased longevity, increased prevalence of hypertension and rampant use of diuretics, more use of low-dose aspirin, epidemic of obesity and metabolic syndrome, dietary trends, increased alcohol consumption, increased chronic kidney disease (CKD) and major organ transplantation with use of cyclosporine or tacrolimus. The prevalence is 0.12% as per International League of Nations Against Rheumatism, Community Oriented Program for Control of Rheumatic Diseases (ILAR COPCORD).^[5]

A study from Vellore revealed that 15.8% of the affected patients are less than 30 years of age; urban Indian population is involved more than the rural population and due to increased prevalence of metabolic syndrome in younger population, the first attack of gout occurs a decade earlier to them.^[6]

The classical clinical symptoms of acute gouty arthritis result from inflammation of involved

joints, usually the first metatarsophalangeal joint (but may involve lower extremities and arms), and include severe pain, erythema, warmth, and swelling.^[7,8] Even though an acute gout attack can occur at any time, some conditions precipitating an attack are stress, infection, alcohol consumption, and rapid changes in serum UA levels.^[9] Gout is a medical condition that shows a strong correlation with hyperuricemia and is characterized by deposition of monosodium urate crystals in the synovial fluid and tissues (tophi) in and around joints.^[10] Hyperuricemia is defined as a serum uric acid level of >7.0 mg/dL in men or >6.0 mg/dL in women.^[11] Gout occurs about 7 to 9 times more frequently in men than in women^[12] and has an increased prevalence in industrialized Western countries, where diet is considered the primary culprit.^[13]

CASE REPORT

A 30 year old person reported OPD of RARI, Gangtok in April 2018 with complaints as mentioned below. Case was studied and diagnosis was done on basis of Diagnostic Criteria which includes *Nidan panchapanchak* and lab investigations as below-

A. Dignosis: Nidan Panchapanchak

It was observed that prolong consumption of salty, sour, spicy food, *klinna* (moist food), *shushka* (ex. Dry preserved leafy vegetables, dry preserved fish called “*Sukuti*” in Sikkim), junk food; Excessive intake of non-vegetarian diet; excessive intake of pickle were the *Aharaj hetu* where as *Viharaj Hetu* were found to be bad sleeping habits (late night sleeping and sleeping during day time), *Vegavarodha* (Supression of natural urges), cold weather, *jalakreeda* (sweeming). *Purvarupa* were documented on the basis of case taking and were - *Aswedan* (Absence of perspiration), *Sandhishaihilya* (Laxity in joints), *Alasya* (lassitude), *Sadanam* (malaise), *Janu, jangha, uru, kati, ansa, hasta, pada sandhi todavat peeda* (pricking pain in knee, both legs, lumbar region, shoulder joint and joints of hand and foot), *gurutva* (heavyness), *Sandhishu rug bhutva bhutva nashyati* (Classical feature of vatarakta- unstable pain in joints).

Patient visited the OPD of RARI, Gangtok complaining severe pain in multiple joints like Metacarpo-phalangeal, Metatarso-phalangeal, shoulder, elbow, knee, wrist joint; stiffness++++, tenderness+++ , local temperature raised, fever, sleeplessness due to pain, blackish discoloration at swollen joints (on & off), complaints increases on coming in contact with cold, dilation of vessels, pain, quivering and piercing pain. Patient was feeling better in hot condition (*Ushnena Upashaya*).

Samprapti (Pathophysiology) of the disease includes *Vata Dosha, Dushya- Rakta, Tvaka, Mamsa, Adhishthan- Sandhi, Srotas- Rasavaha Srotas.*

B. Lab Investigations – CBC and Serum Uric Acid

Assessment Criteria

a. Clinical Assessment Criteria.

Sl.No.	Grade	Joint Pain	Stiffness	Tenderness	Local temp.
1	0	Normal	No Stiffness	Normal	Normal
2	1	Mild	Stiffness relieves in 5-10 minutes	Mild	Mild
3	2	Moderate	Stiffness relieves in 15-20 minutes	Moderate	Moderate
4	3	Severe Pain causing sleeplessness at night.	Stiffness lasts longer	Severe	Severe

b. Haematological – Serum Uric Acid

C. Intervention (Treatment received)

- | | | |
|--|---|--|
| <ol style="list-style-type: none"> 1. <i>Kaishor Guggulu</i>¹⁷-3 tab x 2 times a day for 2months 2. <i>Mahavatavidhvansa Rasa</i>¹⁸-2 tabx2 times a day for two months 3. <i>Dashmool Kwath</i>- 30 ml. x 2 times in empty stomach 4. <i>PindaTaila</i> - for local application. | } | <i>Amupan</i> –
Leuke warm
water |
|--|---|--|

All these medicines were continued for 3 months.

Pathyapathya (Do's & Dont's)

Dietary guidelines were advised to follow throughout the lifetime.

- ***Pathya*** (Do's)- Laghu, supachya ahar, Vegetables like Parval, turai etc. dinacharya palan, vyayam, Yogabhyas.
- ***Apathya*** (Dont's)- Spicy, food, junk food, alcohol, smoking, toor dal, udad dal, vegetables like Capsicum, potato, cabbage, spinach, tomato. Stop consuming pickle, curd, dry & Klinna food items, nonvegetarian food. Avoid awaking last night, *vegavarodha*, swimming, exposure to excessive cold.

D. OBSERVATIONS

On the basis of Assessment criteria observations are as follows

Clinical Observations				
Sl.No.	Symptoms	Before treatment	After 1 Month	After 3 months
1	Pain in joints (Metacarpophalangeal, Metatarsophalangeal, shoulder, elbow, knee, wrist)	3	1	0
2	Stiffness	3	2	0
3	Tenderness	3	1	0
4	Local temperature raised	3	1	0
Haematological findings				
CBC- Normal counts observed before and after treatment				
	Sr. Uric Acid	8.2mg/dl	-	6.7mg/dl

E. RESULTS

Total study period was 5 months; 3 months with medicine followed by 2 months follow-up without medicine. It was observed that almost 60% of his symptoms disappeared in 1 month and patient was free from complaints at the end of 3rd month. Lab investigations were repeated at the end of 3rd month and uric acid level was decreased from 8.2 to 6.7. During follow-up patient was observed every 15 days for recurrence of symptoms. It was observed that symptoms does not recur during this period.

F. DISCUSSION

Vatarakta being a trouble to the society is becoming the priority health issue because of its increasing prevalence This is manifested due to the vitiation of two body humours namely *Vata* and *Rakta*. Basis of the treatment is to control both the vitiated *Vata* and *Rakta* and to remove obstruction in their path to overcome the progression of disease. In this very case study, *Kaishor Guggulu*, *Mahavatavidhvansa Rasa*, *Dashmool Kashaya* and *Pinda Taila* were selected. Where, *Kaishore Guggulu* is indicated in a *Tridoshaj avastha* of *Vatarakta* i.e. it is useful in a severe condition also. *Pinda tail* is also a classical medicine of *Vatarakta*. Both these medicines act by *Vatashaman* and *Raktaprasadan kriya*. Further mentioned *Vatavidhvansa Ras* and *Dashmula Kashaya* are well established medicines to control vitiation of *Vata dosha* thereby it reduces pain, swelling, stiffness, tenderness at joints. These particular actions may be credited to the ingredients present in these medicines. Many research work is done on *Vatarakta* using *Shodhan Chikitsa* or *Shaman Chikitsa* using Single drug *Kaishor Guggulu*. But this combination of *Mahavatavidhwansan Ras* and *Dashmula Kashaya* with proven treatment of *Vatarakta* played an important role in treating *Margavarodhaj*

Gambhir Vatarakta.

CONCLUSION

Kaishore Guggulu is proven medicine to control *Vatarakta*, but from this study it is observed that this combined treatment can cure *Vataj Gambhir Vatarakta* very rapidly. Extensive studies are needed to develop such treatments for another type of *Vatarakta* i.e. *pittaj*, *kaphaj*, *raktaj* etc. as this disease is increasing day by day. Along with treatment "*Pathyapathya*", the core of Ayurvedic treatment should be kept in mind and needs hallmark for declaration. *Pathyapathya* is basically needed for cure as well as non recurrence of pathology of diseases especially in case of Life style disorder.

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