

Ayurvedic Management of Vatarakta Review Article

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Abstract— The illnesses produced by the conjugation of vitiated Vata and Rakta cause several health ailments. Vatarakta is one of them; Vata prakopa, rakta dushti and obstruction in the path of vata is the core pathology in the disease. The pathology of this disease originates in blood, spreads through blood vessels and nerves and then finally get settled in the joints. The disorder has been considered for the study keeping in mind the dire need of the hour to find some safe, sure and permanent cure effective for the disease. The present review deals with glimpses of historical aspect of vatarakta (Gout) extending from vedic era to the present century, etymology of vatarakta with its Nidana, samprapti, purva-rupa, rupa, sadhyata-asadhyata, sapeksha nidana, updrava, chikitsa and pathya apathya.

Index Terms- Vatarakta, Chikitsa, Ayurved

I. INTRODUCTION

Vatarakta is a Santarpana-Janya Vyadhi hence Aam-Dosha is dominant initially. It shows much resemblance with "gouty arthritis" in modern medical science. It is a disorder of purine metabolism secondary to hyperuricemia, which is characterized by pain and swelling of IMTP (inter metatarsophalangeal joint) initially followed by other Joints, that leads to disturbance in day-to-day life of patients. **INCIDENCE:** Incidence of gouty arthritis is 0.2-2.5 per 1000. overall prevalence is 2-26 per 1000. Gout is rare in children and premenopausal women in India. Out of the affected population, males are more common while female of post menopausal age are on more risk. Vata and Rakta are the Dosha and Dushya respectively which are invariably involved in the pathology of the illness Vatarakta. The description of Vatarakta is found in Brihatrayi and other classical texts. Charaka Samhita and Sushruta Samhita explain its complete etiology, epidemiology, types and sites of manifestation, clinical features, prognosis and management. Acharya Charaka includes Vatarakta in Raktaja Roga in Charaka Samhita Vidhishonita Adhyaya (Ch. Su. 24/12) and devoted one full chapter

in Chikitsa Sthana 29 where it has been described as a separate disease entity. The reason being both Vata and Rakta play equal and important role in causation of the disease. In Sushruta Samhita it is described in Vatavyadhi Adhyaya (Su. Ni.1/40-48)

NIDAN (CAUSATIVE FACTOR)

In Ayurveda Nidan of Vatarakta described under the heading of Aaharaj (dietary causes) and Viharaja Nidan. Aaharaj Nidan-Excessive Intake of Rasa such as- Katu (pungent), Tikta (bitter), Kshaya (astringent), Amla (acidic), Lavana (salty) and Kshara (alkaline). Excessive intake of Ahara(diet) which is Snighda (unctuous), Ushna (hot) and Ruksha (dry in nature) in Guna and Klina (sodden),

SAMPRAPTI GHATAKA: Dosha - Vata Pradhan Tridosha-Janya Vyadhi Dushya – Rakta, Twak, Mamsa Agni – Mandagni Udhbhavasthana – Pakvashya Sancharasthana- Sarva Sharira Vyaktasthana – Sandhi(Visheshata Kara Pada Sandhi) Srotus - Raktavaha, Asthivaha, Majjavaha Srotodushti Prakara – Sanga, Vimargagaman Rogamarga – Madhyam

CHIKITSA: Charaka has described two types of principle of management for Vatarakta:¹

A) Samanya Chikitsa

B) Vishishta Chikitsa

A) **SAMANYA CHIKITSA:** -Various procedures explained under samanya chikitsa are as follows:-

1) **Rakta Mokshana-** Almost all the classical texts have advocated raktamokshana for management of vatarakta.

Acc. to Vagabhatta, snehan should be given to the patient before raktamokshana.² Then the procedure should be performed but the state of vatadosha must be assessed carefully while Acharya Charak has advocated use of raktamokshan in the treatment of vatarakta by means of shringi, jalouka, suchi, Alabu, prachchanorsiravedha according to the degree of

vitiating of doshas and strength of disease.³ Specific Indication- Procedure is applied according to the predominance of doshas. If prevalent features are pain, burning sensation, cutting and pricking type of pain then jalukashould be applied. Shring or Tumbi should be applied if predominant features are numbness, pruritus and tingling sensation.^{4,5} According to severity of pain where it moves from one place to another, Acharya Charaka has indicated siravedha/prachchhan.⁶) Shodhana

Karma- In management of Vatarakta, Shodhana Chikitsa is of utmost importance:

1-Snehana: Snehana or oleation therapy is advocated to patients of Vatarakta before administration of Virechana: After oleation, virechana should be administered to the patient. Snigdha virechana dravyas should be advised to the patient with ruksha sharir. Similarly ruksha mridu virechana dravyas should be advised to the patients having snigdha sharir. There is specific indication for mridu virechana as tikshna virechana may cause aggravation of Vata.⁷

3-Basti Chikitsa: According to Charaka, Basti is par excellence in management of Vatarakta⁸. It has been advised to administer Basti after giving virechana. Anuvasana and Niruha Basti should be given frequently.⁹

3)Shamana Karma- Principle of Shamana Chikitsa is to establish the state of homeostasis of doshas by pacifying the vridha doshas & bringing the vitiated doshas to the normal level.

4)Lepa: Bahiparimarjan Chikitsa or Lepa Chikitsa is used specifically in patients suffering from uttana or ubhaya shruta vatarakta. Decoction of drugs capable of alleviating daha (burning sensation) should be used. Other than alepa; parisheka and abhyanga has also been described in charak samhita.¹⁰

B) VISHISHTA CHIKITSA- Acharya Charaka has given specific line of treatment for all types of Vatarakta keeping in view the doshic predominance and the site of the disease.

1)Uttana Vatarakta: In Uttana Vatarakta when doshas remain confined to twaka and mamsa, external local applications are the choice. Drugs can be applied in the form of lepa, abhyanga, parisheka and upanaha.¹¹Ushnalepa application has contraindicated in Rakta Pradhan Vatarakta,

similarly in Kapha and Vatapradhan Vata-Rakta, sheetala lepa has contraindicated as sheetala lepa in these situations brings about stambhana of doshas.¹²

2)Gambhir Vatarakta: When doshas are deep seated i.e. seated in the sandhi's, treatment of choice is shodhana chikitsa involving Snehana, Virechana and Basti.¹³

3)Vata Pradhan Vatarakta: In Vata pradhan Ghrita, Tail, Vasa and Majja should be administered in the form of snehapana and abhyang. The same should be used for Basti. Lukewarm fomentation should be applied.¹⁴

4) Rakta and Pitta Pradhan Vatarakta: In such a setting Ghrita pana, Dugdha pana and Mridu Virechana should be administered. Parisheka with decoction of Vata shamaka dravyas and Anuvasan Basti should be used. Sheetala pralepa are also advocated by Acharya Charaka in this condition.¹⁵

5) Kapha Pradhan Vatarakta: In this type of Vatarakta, Mridu Vamana is ideal treatment. Snehana, swedana and langhana should be used judiciously. Lukewarm pralepa may be helpful. Too cold or too hot pralepas must not be applied.¹⁶

DISCUSSION

According to Ayurvedic texts, Vata is the most significant among tridosha due to its six-fold distinguishing features like Vibhu (spreading), Aashukari (quick action), Balli (powerful), Anaya-Kopanata (capability to vitiating other doshas, Savtantratva (acting independently), and Bahurogtva (the power to produce the many of diseases).¹⁰⁷ At the same time, Rakta being the foremost body tissue also plays an important role in sustaining the health and life of a person.¹⁰⁸ In Vatarakta, the symptom which disturbs day-today life of the patients i.e. severe joint pain, which primarily seen in Hasta-Pada-Mulagata sandhi¹⁰⁹ and then migrates to other joints in a way similar to Akhuvisha.¹¹⁰ Vatarakta is described in almost all Ayurvedic classics like Brihatrayi and Laghutrayi. Acharya Sushruta has described it along with other Vatavyadhies but due to its specific Nidana, Samprapti and Chikitsa, Acharya Charaka has described it separately.

CONCLUSION

Morbid vata dosha when obstructed by vitiated rakta dhatu, further becomes virulent and once again adds to the abnormality of rakta dhatu, this illness is called as vata shonita. Vatarakta as mentioned in Ayurvedic texts have very close resemblance with Gout available in modern science.

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