

**“ETIOPATHOGENESIS OF VATARAKTA W.S.R TO GOUT IN AYURVEDA-A
CRITICAL REVIEW”**

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Abstract

Introduction-The disease known as Vatarakta is brought on by the vitiation of both Vata and Rakta. Vatarakta, also known as Vatashonita, was described by AcharyaSushruta under Vatavyadhi. Aggravated Vata is blocked by vitiated Rakta, which leads to further aggravation of Vata Dosha. Vatarakta is the result of exacerbated Vata vitiating complete Rakta, which has complex repercussions (Ruja spreads as Aakhu-visha). So, Vatarakta is a disease which is manifested due to derangement of Vata and Rakta. Now a time in our culture, the prevalence of lifestyle problems is rapidly increasing. The overindulgence in unhealthy foods, alcohol, and soft drinks sweetened with fructose, coupled with a sedentary lifestyle, has led to a rise in the prevalence of visceral obesity, metabolic syndrome, and gout across all social strata, including the upper and middle classes. Gout is among the most prevalent lifestyle diseases.The etiological factors responsible for Gouty arthritis, pathology and clinical features are quite similar toVatarakta.

Material & Method-The Brihatrayi and its commentaries, the Laghutrayi, as well as other Ayurvedic and contemporary texts, provided information on Vatarakta (Gout).

Result-Vatarakta may be correlated to gouty arthritis. It is a disorder of defective purine metabolism, which is characterized by hyperuricemia and deposition of monosodium urate crystals (MSU) in joints due to its affinity for elastic tissue. It is a chronic metabolic disorder of the musculoskeletal system. Severe pain, tenderness, inflammation and burning sensation in affected joints are the clinical features of it. It has been called "The disease of Kings" due to its association with people having sedentary lifestyles.

Conclusion-Due to severe morbidity, chronicity, and incurability with associated complications, management of Vatarakta always remain a challenge for the Ayurveda physician as there is no exact treatment in the Allopathic system also. So, it is very much necessary to know the concept of Vatarakta before its management.

Key words-Vatarakta,Gout, Hyperuricemia, Tridosha

INTRODUCTION

An individual's diet and lifestyle are the only factors that affect his or her health. Humans are increasingly susceptible to metabolic problems these days because of their indulgence in unhealthy eating practices. These conditions could be contributing to functional impairment or debilitating conditions such as Vatarakta. Vatarakta's clinical characteristics are similar to those of gout as it is defined in modern science. The condition, also known as Aadhyavata, primarily affects the wealthy and sensitive, which have ample resources. Since the condition primarily affects the body's smallest joints, it is known as Khuddavata, which means small joint.²The primary causes of Vatarakta are Vatadosha and Raktadhatu, each of which vitiates through a distinct Nidana that contributes to the disease's Samprapti. In Sushruta Samhita it is described in Vatavyadhi Adhyaya (Su. Ni.1/40-48).

Raktadhatu becomes vitiated when someone chooses not to follow purifying procedures like Vamana and Virechana, or because of trauma and other factors. When this person takes Vataprakopakaahara and Vihara, they become more susceptible to Vatavridhi. The path of VridhhaVata, which the Vata must flow through, is hindered by already-vitiated Rakta dhatu. This vitiated Vata then becomes Aavrit with vitiated Rakta dhatu, Vridha, and obstructed Vata, which in turn vitiates the entire Rakta and takes the form of Vatarakta.³Sandhies become home to Doshas. Padamula, the first meta-tarso-phlangeal joint, is the primary site of manifestation. From there, it spreads upward to hasta and pada. There are two phases to it: Uthana and Gambhira. The primary effect of GambhiraVatarakta is Ruja and the manner in which the manifestations spread is comparable to that of Akhorvisha (rat poison).⁴Prevalence of gout is significant worldwide and appears to be rising in certain regions of the world in the current period. Numerous researches indicate that gout cases may have increased in the last few years. Gout primarily affects postmenopausal women and men in their middle to late years with an estimated ratio of 10:1, men are more likely than women to experience it.⁵Gout is the most prevalent kind of inflammatory arthropathy. Numerous factors are known to increase the chance of developing gout, such as diet, alcohol consumption, heredity, metabolic syndrome, hypertension, obesity, usage of diuretics, and

chronic kidney disease. Gout can develop in the context of hyperuricaemia or high serum uric acid levels.⁶

AIMS & OBJECTIVE

- The aim of this study is to understand the basic concepts of Vatarakta, described in Ayurvedic Samhita Granthas.
- Comparative analysis on Vatarakta and Gout.

MATERIAL &METHOD

- The causes, patho-physiology, and treatments of Vatarakta were reviewed in a variety of Ayurvedic literatures, including the Brihatrayi (Charaka, Sushruta, Vagabhata), Laghutrayi (Kashyapa, Bhavaprakasha& Madhav Nidan), Modern Medicine Books, the Internet, and Articles.

REVIEW OF LITRETURE

AYURVEDA ASPECT:- Vatarakta,Khuddavata,Vatabalasa and Adhyavata etc. different Synonyms were describedd by Acharya Charaka.⁷

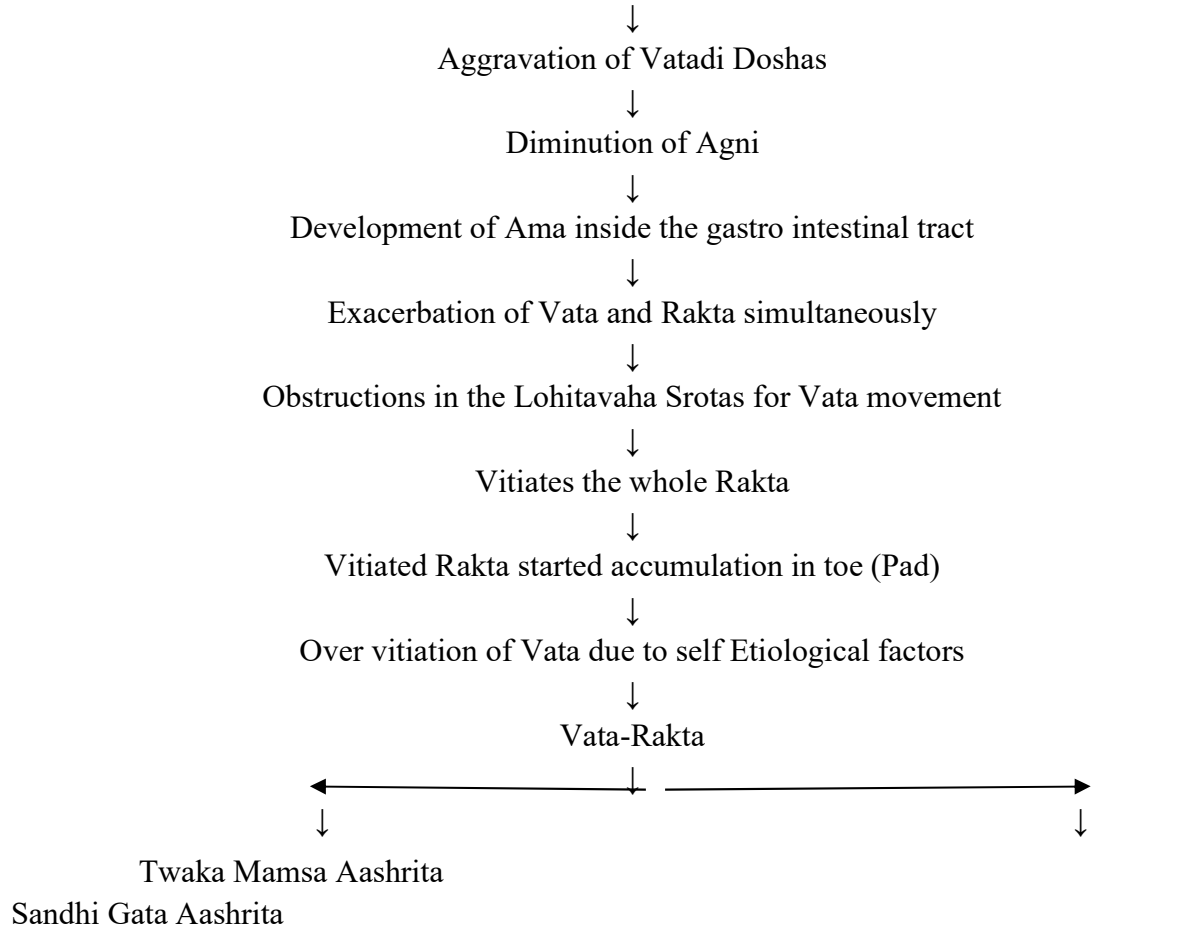
Hetu (Aetiology):

Excess intake of salty, sour, pungent, alkalise and fatty substances, hot food, consumption of rotten and dried flesh, fleshs of aquatic animals like fish, animals living in the area where there are dense forest and heavy rainfall, cake of oil seeds after extraction of oil (Pindyaka), radish (Raphanus Sativus), red gram, black gram, green vegetables, Palala (grated flesh), sugarcane, curd, sour gruel, Sauvira and Shukta (vinegar), butter milk, Sura and Asava (alcohol and medicinal preparations having high concentration of alcohol), intake of food inspite of indigestion (Ajirna), incompatible food Viruddhahara), eating food before proper digestion of previous one (Adhyashana), anger, sleeping in daytime and vigil during the night; in general the delicate persons who are indulged in sweet and delicious food substances and are not in habit of physical activities, the Vata and Shonita vitiates.Vata is vitiated due to injury, lack of purification (by Shodhanakarma), consumption of astringent, pungent, bitter, Ruksha food items (low-nutrient grains), starvation, riding horses, camels, and carts, sports in the water, jumping, leaping, excessive walking in the summer, excessive sexual relations, and suppression of natural urges. Owing to the previously mentioned etiological reasons and block in passage caused by a vitiated Rakta, the Vata aggravates and vitiates theRakta once more. This condition is known as Vatashonita, which is also referred to as Khuda, Vatabalasa, and Adhyavata.⁸

SAMPRAPTI (PATHOGENESIS) OF VATARAKTA: -Generally, Vatarakta arises in persons of tender and delicate physique, who indulge in unhealthy food and activities which are mentioned earlier in etiological factor. From these etiological factors Vata and Rakta aggravated from their aggravating factors. Aggravated vitiated Rakta quickly obstructs the path of already aggravated Vata. On obstruction of passage of Vata its Gati is hindered making it greatly aggravated. This

vitiates the whole Rakta and manifest as Vatarakta. Because of the above-mentioned factors which cause mainly aggravation of Vayu being obstructed in its course by vitiated Rakta. The excessively aggravated Vayu vitiated the entire Rakta (blood). The disease is thus called Vatarakta.⁹

Nidan Sevana (Consumption Etiological factors to vitiation of Vata and Rakta)



Uttana

Gambhira

Vata and Rakta exacerbate concurrently as a result of the underlying etiological causes. Affected blood vitiates all blood because it prevents the passage of exacerbated Vata. This is known as Vatarakta. Additionally, it goes by the synonyms Khuda, Vata-Balasa, and Adhya-Vata.

PURVARUPA (PREMONITORY SYMPTOMS) OF VATARAKTA¹⁰:-Purvarupa, also known as the symptom complex or group of premonitory symptoms, is the set of symptoms that indicate an impending sickness that cannot be attributed to a particular Dosha. These are the signs and symptoms that the body produces prior to an illness developing. They aid in the disease's diagnosis.

The different Purvarupa of Vatarakta are-

- Atisweda/Asweda(Hydrosis / anhidrosis)

- Karshnyata(Blackish discoloration)
- Sparshgnatwa(Paraesthesia)
- KshateAtiruk(Increased pain on touch/injury)
- SandhiShaithilya(Looseness of the joints)
- Alasya(Laziness)
- Sadana(Fatigue of the foot)
- Pidakodgama(Formation of papules)
- Nisthoda(Fatigue)
- Spurana(Throbbing sensation)
- Bhedana(Splitting type of pain)
- Gurutwa(Heaviness)
- Supti(Numbness)
- Kandu(Itching)
- Sandi Ruka (Pain in joints) etc.

RUPA (CLINICAL MANIFESTATIONS) OF VATARAKTA: - The symptoms known as "Rupa" are those that manifest after to the disease's Purvarupa. The symptoms are discrete expressions that surface as the disease worsens. Rupa is essential to the diagnosis of illness. Vatarakta is a medical condition with specific symptoms. The cause of this is that an aggravated Vayu that causes pain and burning sensation at the site of inflammation moves through the joints at a high speed, producing cutting pain, curving the joints inward, and eventually leaving the person paraplegic and lame.¹¹Modern medicine's version of gouty arthritis shares similarities with Vatapittadhika Vatarakta. Symptoms of gouty arthritis such as Sandhishula (joint pain), Sopha (swelling), Raga (erythema), Sparshasahatva (extreme tenderness in affected joints), and Stambha (joint stiffness).¹²

TYPES OF VATA RAKTA

➤ **According to predominance of Dosha**¹²⁻¹⁵

1. Vata- Sira Aayam Shula Bhanjanam Shothasya Karshnyam, Raukshyam Shyavata, Kunchan Stambhane Sheeta Pradvesha (Contracture & stiffness, aversion to cold).

2. Pitta- Vidaho (Burning after meals), Vedana (Pain), Murchha (Fainting), Swed (Sweating), Trishna (Thirst), Mada (Narcosis), Bhrama (Giddiness), Raga (Redness), Pakashcha (Inflammation), Bhedascha (Tearing), Shoshashcha (Dryness).

3. Khapha- Staymityam (Feeling of wetness), Gauravam (Heaviness), Sneha (Unctuousness), Supti (Numbness), Manda Ruk (Mild Pain).

4. Rakta- Shwayatu Brisha Ruka Toda Tamrashcha Chim Chimayate (Swelling with severe distress Piercing pain coppering with pricking sensation) Snigdha Rukshaiya Shaman Na Ati Kandu Kledanvito (Not subsiding by either unctuous or rough applications and associated with itching & moistening).

➤ Based on the disease's symptoms, state, and complications, following two types of Vatarakta

are described by Acharya Charaka.¹⁶

❖ **UttanaVatarakta (Superficial):**—This kind of Vatarakta is identified by skin that is reddish-brown, blackish, or coppery-brown. In addition, these hues are connected to quirking, contraction, piercing pain, stretching, and scorching sensations.

❖ **Gambhira Vata-Rakta (Deep):**— These Vatarakta kinds are characterised by quirking, inflammation linked to anguish, burning in the stomach, blackish and coppery skin with a burning feeling, swelling, stiffness, and hardness with intense pain inside.

UPDRAVA: Insomnia, anorexia, asthma, headache stiffness, sloughing of the muscles, fainting, intoxication, pain, fever, severe thirst, unconsciousness, trembling, hiccups, lameness, suppuration, prickling pain, erysipelas, mental exhaustion, curvature of the toes and fingers, and pustule eruptions are among the complications linked to Vatarakta. Treatment for tumours, vital component diseases, and burning sensations should be avoided. Even if the only issue found is Moha (unconsciousness), the Vatarakta patient is incurable.¹⁷

PATHYAPATHYAOFVATARAKTA:-¹⁸

Pathya :-Intake of Shasti ka rice, Barley, Wheat, Nillana, Sali, and Meats up of pecking birds, Vegetable of Sunisannaka fried with ghee and meat soup in milk, take of cows or goats milk, Application of Pultis, Parisheka, Pradeha, residing chamber devoid of breeze and use of soft pillows, mild massaging.

Apathya :-Apathy includes: sleeping throughout the day, being in the heat, exercising excessively, eating hot, spicy food, and preventing acidic and sour foods. Anger and spicy, potent foods might make you feel wet inside and make digestion more challenging.

MANAGEMENT (CHIKITSA) OFVATARAKTA:-

Samanya Chikitsa (General line of treatment).¹⁹

First, Snehana should be administered. If the patient is not promiscuous, Virechana should be given with Sneha Dravyas or, if not, with Ruksha Virechana. Virechana should have a gentle disposition. The patient should next receive repeated doses of Dnuvasana Vasti and Niruha. Next, nourishment, unctuous substances that don't burn, massage, thick ointment application, and seka (affusion) should be administered to him. The patient needs to be given RaktaMokshana, Upanaha, Parisheka, Lepa, and Abhyanga.

VishishtaChikitsa(Specificlineoftreatment)²⁰

S.N	VataraktaVyadhi	Management
1.	UttanaVatarakta	Alepa,Abhyanga,Parisheka and Upanaha.
2.	Gambheera Vatarakta	Purgation, Asthapana and Snehapana.

3.	VatadhikaVatarakta	Abhyanga, Basti and UpanahawithGhritha, Taila, Vasa, Majja,
4.	Pittadhika&RaktadhikaVatarakta	Purgation, Parisheka, Vasti, and Sheetala Nirvapana.
5.	KaphadhikaVatarakta	Mridu Vaman, Langhanaand Lepa. Snehana and Parisheka should be avoided
6.	KaphavatadhikaVatarakta	Sheeta Upanaha should be avoided

CONTEMPORARY VIEW: -Monosodium urate (MSU) crystals depositing in tissues causes gout, it is a systemic disease. The development of uric acid crystals requires elevated serum uric acid (SUA) over a particular threshold. Many persons with hyperuricemia do not develop gout or even create UA crystals, despite the fact that hyperuricemia is the primary pathogenic defect in gout. Actually, gout only develops in 5% of patients with hyperuricemia above 9 mg/dL. Consequently, it is believed that gout incidence is influenced by a number of other factors, including genetic predisposition.^{21,22}MSU crystals can create Tophi in many tissues, but they are most commonly found in and surrounding joints. The primary method for diagnosing gout is to identify the patho-gnomonic MSU crystals through joint fluid aspiration or Tophi aspirate. Acute joint inflammation is the early manifestation of gout and can be promptly treated with colchicine or NSAIDs. Tophi and renal stones are late appearances. The basic objective of gout care is to drop SUA levels below the deposition threshold, which can be achieved through food modification or medication to lower blood uric acid.^{23,24}

PREVALENCE RATE: -In the general community, gout affects 1-4% of people. It affects 1% to 2% of women and 3-6% of men in western nations. The prevalence may rise by up to 10% in some nations. In males and women over 80, the prevalence increases to 10% and 6%, respectively. Gout occurs in 2.68 out of every 1000 people annually. Men are twice as likely as women to experience it. Poor eating habits, such as consuming fast food, inactivity, rising rates of obesity, and metabolic syndrome are all contributing factors to the progressive increase in the global incidence of gout.²⁵

PATHOGENESIS:-The ionised form of uric acid that is found in the body is called ureate. With a pH of 5.8, uric acid is a weak acid. When serum uric acid levels climb over the usual threshold, urea crystal deposition begins to occur in tissues. 6.8 mg/dL is the pathological threshold for hyperuricemia.²⁶Solubility of uric acid in the joint may be impacted by certain circumstances. These include the pH of the synovial fluid, the amount of water in it, the electrolyte level, and other synovial constituents like collagen and proteoglycans. The equilibrium between the body's endogenous generation of SUA through cellular turnover or purine intake in the diet and its excretion by the kidneys and GIT establishes the amount of SUA in the body. Just 10% of gout cases are caused by increased UA production; the other 90% are brought on by renal under-excretion of UA.²⁷Two main factors influencing SUA levels are gender and age. Children have a low SUA. SUA levels begin to rise after puberty in order to return to normal. Compared to women,

levels are higher in men. Nonetheless, postmenopausal women's SUA levels rise to match those of males. This explains why postmenopausal women and men in their middle and later years are typically affected by gout. In rare cases, it may occur in young adults and children due to inborn abnormalities in purine metabolism. Due to these enzymatic flaws, SUA is elevated, which causes the kidneys and joints to produce UA crystals.

DISCUSSION: -Vatarakta, a social problem, is rising in importance as a health concern due to its rising incidence. This is a result of the vitiation of the Vata and Rakta bodily humours. The primary causes of Vatarakta include excessive alcohol consumption, a high purine diet, a non-vegetarian diet, acidic and astringent foods, a sedentary lifestyle, excessive anger, and emotional distress. The pathophysiology of Vatarakta involves both Vata and Rakta. The vitiated Raktadhatu obstructs the passage of Vidhivayu, through which the Vayu flows. The vitiation of the complete Rakta by an obstructed Vata in turn causes Vatarakta, which is this Doshadushyasammurchhana in joints. hyperuricemia (serum urate > 6.8 mg/dL [> 0.4 mmol/L]) causes gout, which is characterized by the formation of monosodium urate crystals in and around joints, resulting in recurring acute or chronic arthritis. Gout's initial attack (flare) is usually monoarticular, affecting the first metatarsophalangeal joint. Acute, intense pain, soreness, warmth, redness, and swelling are all symptoms of gout. Identification of crystals in synovial fluid is required for a definitive diagnosis. Anti-inflammatory medications are used to treat acute flares. Regular use of nonsteroidal anti-inflammatory medicines (NSAIDs), colchicine, or both, as well as chronically decreasing serum urate levels with allopurinol, febuxostat, or uricosuric pharmaceuticals such as probenecid, might reduce the frequency of flares.

CONCLUSION:-The prevalence of diseases related to lifestyle is continuously rising. In the present circumstances, preventing the problem rather than treating it is the wisest course of action. Another illness associated with modern living is Vatarakta. A sedentary lifestyle combined with an excess of purine in the diet is the aetiology of the illness. Certain lifestyle changes, like drinking lots of water, cutting weight, and adhering to a low-purine diet, can help manage disease. Herbal remedies might be necessary in some cases to help the body get rid of extra uric acid and reduce the symptoms of a condition.

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