

A Case Study for Management of Vatarakta with Ayurveda

Vd. Reena. Shivasgar Mishra

PhD Scholar, M. D [kayachikitsa], B. A. M. S

HOD & Professor, Department Kayachikitsa

Corresponding Author Email: reena.m1972[at]gmail.com

Abstract: Vatarakta refers to the sickness induced by abnormally inflamed Vayu (Vata) and vitiated blood (Rakta). In modern medicine, it is more closely related to the term "gout". The current case study sought to identify an effective and widely recognised treatment for this awful joint illness known as "Rajadhya - the disease of kings" or "rich man's disease". In the current study, Virechana (Shodhana) with Eranda Taila, Guduchi kwath, Patoladi kwath, Amrithadi Guggulu (Shaman), and Kaishoradi guggulu are used to treat acute attacks of pain and swelling for 40 days. The results are outstanding, with fewer acute attacks, fewer symptoms, and hyperuricaemia. More clinical trials can be conducted to prove the efficacy.

Keywords: gout, Vatarakta, treatment, herbal remedies, clinical trials, hyperuricemia, chikitsa

1. Introduction

Vatarakta is an intestinal disorder in which pain is the major symptom, disrupting the patients' daily lives. Vatarakta is a sore disorder. The illness appears unexpectedly and reoccurs after treatment. When exacerbated Vata becomes obstructed by aggravated Rakta, the obstructed Vata further vitiates the Rakta. This diseased state is referred to as Vataashonitam or Vatarakta. Vatarakta is detailed in length in Charak Samhita and other Samhitas. Vatarakta is detailed in Vata Vyadhi adhyaya by Sushrut Samhita. Vatarakta primarily affects the tiny joints of the foot and hands. Gout is an anomaly of uric acid metabolism that causes hyperuricemia and the deposition of urea crystals in joints, soft tissue, and renal tubules.1

Gouty Arthritis is an inflammatory response to the MSUM (Monosodium Urate Monohydrate) crystals, which formed subsequent to hyperuricemia.

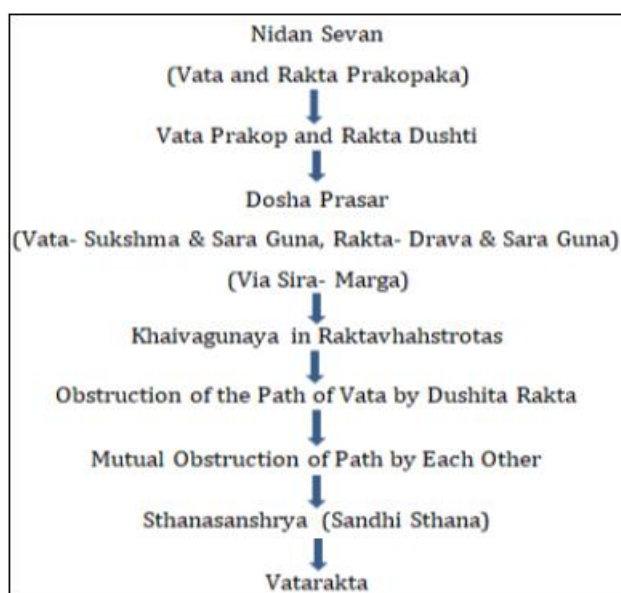


Figure 1: Samprapti Ghatak

In Ayurveda also samprapti of vaatrakta shown in figure.1 with their dosha dushya ghatak are respectively.2

Table 1: Samprapti Ghataka (an - ayurvedic - approach - in - management - of - vatarakta)

Dosha	Vata Pradhan Tridosha - Janya Vyadhi
Dushya	Rakta, Twak, Mamsa
Agni	Mandagni
Udhbhava - Sthana	Pakvashya
Sanchara - Sthana	Sarava Sharira
Vyakta Sthana	Sandhi (Visheshata Kara Pada Sandhi)
Srotas	Raktavaha, Asthivaha, Majjavaha
Srotodushthi Prakara	Sanga, Vimargagaman
Rogamarga	Madhyam

Vatarakta is of 2 types based on its location
Uttana Vatarakta

The disease pathology afflicts the superficial tissues i. e. skin and muscles, the symptoms are also limited to the skin. In this type, the symptoms moreover look like a skin disease or Kushta with skin lesions and muscle pain.

Gambhira Vatarakta

The disease pathology involves blood and other deeper tissues like bone and joints and also the internal viscera. This is moreover a systemic illness and the symptoms are more complicated. This moreover looks like a joint pathology because the joint symptoms are more than the skin presentation.

Roopa of uttan and gambhir vatarakta are as follows: -

Table 2: Uttana Vatrakta (an - ayurvedic - approach - in - management - of - vatarakta) Ch. Ch.29/20, Su. Ni.1, A. S. Ni.16/6, A. H. Ni.16/ - 9)

LAKSHAN	C. S	S. s	A. s	A. h
Kandu	+	-	+	+
Daha	+	-	+	+
Ruja	+	-	-	-
Ayama	+	-	+	+
Toda	+	-	+	+
Spurana	+	-	+	+

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Kunchana	+	-	-	-
Shyava twaka	+	-	+	+
Rakta twaka	+	-	+	+
Bheda	-	-	+	+
Gourava	-	-	+	+
Suptata	-	-	+	+

Table 3: Gambira Vatrakta (an - ayurvedic - approach - in - management - of - vatarakta)
(Ch. Ch.29/21, Su. Ni.1, A. S. Ni.16/7, A. H. Ni.16/10 - 11)

Roopa	C. s	S. s	A. s	A. h
Svathu stabdhata	+	-	-	-
Svathu Kathinya	+	-	-	-
Brusharti	+	-	-	-
Shyavatha	+	-	-	-
Tamra twaka	+	-	-	-
Daha	+	-	-	-
Todha	+	-	+	+
Spurana	+	-	-	-
Paka	+	-	-	-
Ruja	+	-	-	-
Vidhaha	+	-	+	+
Kanjatwa	+	-	+	+
Pangutwa	+	-	+	+
Svayathu grathitha	-	-	+	+
Angasya vakrikarana	+	-	+	+
Vatasy sandyasthimajjasu chindanniva charanam	+	-	-	-

In modern medicine, the first line of treatment is NSAIDs/Colchicine/Glucocorticoids, which do not change the course of the condition or treat it and frequently cause side effects. In Ayurveda, a full explanation of Vatarakta chikitsa is described in all sources, as well as the therapeutic options of Shodhana, Shaman, and Bahyachikitsa. Our ancient Acharyas specify many therapeutic techniques and preparations for Shamana, Shodhana³ and the Bahyachikitsa, which can effectively treat the disease and are urgently needed to manage such a situation. So, the current study aims to assess the efficacy of Ayurvedic care of gouty arthritis in one particular study.

2. Material and Method

Method:

Simple Random Single Case Study

Material with daily Treatment and Prognosis

Clinical examination of the patient revealed regression of symptoms due to our Ayurvedic Management.

Place of study:

Case Report: The present case study is about Ayurvedic management of a case of Vatarakta w. s. r to gout. A 45 year old female patient came to OPD of Dept of kayachikitsa, with chief complaints of

Sandhi soola: Severe pain slight difficulty in flexion and extension

- *Sandhi Graha:* Stiffness lasting more than 1 hour
- *Sandhi Sotha:* Swelling obvious greater than 2 joints
- *Vaivarnya:* Moderate discoloration of skin (shiny overlying skin) Moderate redness
- *Sparsha asahatva:* winces and withdraws the affected part

- *Daha:* burning sensation - Frequent, self approach for its aversion

Associated Symptoms are mild constipation, loss of appetite. Patient had the above complaints since one year

History taking

A History of Personal Illness

The patient was normal 1year before. She developed swelling in b/l great toe along with discoloration and feet swelling along with it b/l sole burning sensation and lumbar pain. Patient was under multiple treatment one after another. After prolonged treatment without getting any relief she came to our opd for further treatment

Table 4: Personal History

Name: XYZ	Bala: Madhyama	Prakriti: pittavata
Age: 45 years	Sleep: Inadequate	BP: 140/80 mm of Hg
Sex: F	Addiction: None	Weight: 64 kg
Marital Status: married	Bowel Habit: mild constipated	Height: 154 cm
Occupation: housewife	Appetite: lost	

B. Personal History

- Occupation - housewife
- Bad habits - nil
- Akriti - madhyam
- Bala - madhyam

C. On examination -

- BP - 140/80,
 - P - 86/min,
 - SPO₂ - 98%,
 - RS - B/l clear
 - CVS - S1S2 normal
 - P/A - soft & non tender
- No Abnormality Detected
 - Respiratory system: lungs – clear, No abnormality detected.
 - Digestive system: poor appetite, constipated stools
 - Joint - swelling, redness & stiffness in right great toe, ankle & wrist joint

Table 5: Ashta Vidha Pariksha

Nadi: 82/min	Sabda: clear
Mala: mild constipation	Sparsa: normal
Mutra: normal	Drk: normal
Jihva: Saama (coated)	Akriti: madhyama

D. Investigations

- Hb - 10.4gm%
- ESR - 58mm/hr
- CRP - 48
- RA Factor - negative
- ASO Titer - negative
- Serum Uric Acid - 9.1
- Chest XRay (PA) - Normal
- 2D echo cardiogram - Normal

E) Past History: hypertensive from last 1yrs

Treatment History

- 1) Colochicine 0.5 mg BD
- 2) Febustat 40 mg BD
- 3) tab satmlo 5mg bd

Treatment plan

Patient was treated on IPD basis *Sodhana: Nitya Virechana* with *Eranda taila* mixed with *guduchi kwath*.

Samana: Selected internal *Ayurvedic* Drugs: oral administration

- 1) *patoladi kwath* 20 ml with thrice the quantity of water twice a day
- 2) *Amrithadi Guggulu* 500 mg tab with lukewarm water thrice a day
- 3) *kaishore Guggulu* 500mg with luke warm water twice a day

It is also advised whenever necessary on the onset of an attack.

- a) *Shodhan*
- b) *Abhyanga*: External application of pinda tailam
- c) *Basti*: yogbasti is given with in
 - *niruh basti - dashmool kwath &*
 - *anuvasan -dashmool tail*
- d) *Nitya virechan* – with *eranda tail* with *guduchi kwath*
- e) *Raktakoshana* – *raktamokshana* done in b/l calf muscle on 11th, 13th and 15th day of admission

Duration: 40 days

Follow up: 8th days after discharge

Table 6: Pathyapathya of Vatarakta

Pathya	Apathya
<ul style="list-style-type: none"> • Intake of barley, wheat, <i>Nillana</i>, <i>Sali</i> and Shastika rice. • Meat soup of pecking birds. • Vegetable of <i>Sunisannaka</i> fried with ghee and meat soup in milk. • Intake of cows or goats milk. • Application of Pultis, Parisheka, Pradeha, residing chamber devoid of breeze. Use of soft pillows, mild massaging. 	<ul style="list-style-type: none"> • Day sleep, exposure to heat, physical exertion coitus, eating of pungent, hot, heavy, salty and sour things. • Anger. • Foods, which are hot in potency, Foods, which creates more moisture inside and difficult for digestion.

Diagnostic criteria:

Patient with classical sign and symptom of Vatarakta (Gout) with uric Acid level more than 7 mg/dl.

Subjective Parameters

Signs and symptoms of the patient are assessed after each follow up and results are drawn after the last follow up.

Table 7: Showing grading of signs and symptoms ⁴

Signs & Symptoms	Normal 0	Mild1	Moderate2	Severe3
<i>Sandhi soola</i>	No pain	Pain complained but tolerable	Pain complained, taking analgesic once a day.	Pain complained, Analgesic > once a day
<i>Sandhi soola</i>	No pain	Pain complained but tolerable	Pain complained, taking analgesic once a day.	Pain complained, Analgesic > once a day
<i>Sandhi Graha</i>	0 - 25% impairment in the range of movement of joints not affecting daily routine work	25 - 50% impairment in the range of movement of joints not affecting daily routine work with difficulty	50 - 75% impairment in the range of movement of joints not affecting daily routine work	More than 75% impairment in the range of movement of joints not affecting daily routine work
<i>Sandhi Sotha</i>	No Swelling	Swelling Complained but not apparent	Swelling obvious on 2 joints	Obvious Swelling on >2 joints
<i>Vaivarnya</i>	No discoloration of skin	Mild discoloration of skin	Moderate discoloration of skin (shiny overlying skin)	Severe discoloration of skin (coppery discoloration)
<i>Sparsha asahatva</i>	No tenderness	Patient says the joint is tender	Patient winces	Patient winces and withdraws the affected part
<i>Daha</i>	No Burning sensation	Transient, no approach for its	Frequent, Self approach for its	Regular, Seeking medical advice
<i>Interval of manifestation of symptoms</i>	Occasional	Only in morning	Only at night	Irregular with short intervals

Table 8: Showing gradation of symptoms according to WHO scoring pattern⁴

Table 1: Showing gradation of symptoms according to WHO scoring pattern [2] Symptoms	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Swelling	No swelling	Slight swelling	Moderate swelling	Severe swelling	
Discoloration	Normal coloration	Near to normal which looks like normal to distant observer	Reddish coloration	Slight reddish black discoloration	Blackish discoloration
Burning Sensation	No burning	Mild burning	Moderate burning	Severe burning	
Pain	No pain	Mild pain	Moderate pain but no difficulty in moving	Slightly difficulty in moving due to pain	Much difficulty

3. Discussion

It is emphasised in the *Ayurvedic* classic *Charaka Samhita* that certain etiological causes contribute to the morbidity of the *Vata dosha* and *Rakta dhatus*. This vitiated *Vata*, along with deranged *Rakta*, circulates very quickly throughout the body due to the *Sukshma* (minuteness) and *Drava* (liquid state) *Guna* (characters) of *Vata* and *Rakta*, respectively, and undergoes *Dosha dushyasammurchana* (pathogenesis) in *Sandhi sthana* (joints), specifically *Pada* and *Angula sandhi* (metatarso - phalangeal joint). *Sheeta guna* (coldness) is associated with *Kapha dosha*, and *Sandhi* (joints) is regarded its *Sthana*. Thus, tiny joints that are not straight increase the buildup of circulating vitiated *Vata* and *Rakta* whenever the patient consumes *Teekshna - ushna kshara ahara*.⁵

In the treatment of *Vatarakta*, both *Samsodhana* and *Samsamana Chikitsa* are mentioned. Vitiated *Dosha* is evacuated from the body using *Samsodhana Chikitsa* (*Raktamokshana, Virechana, and Basti Karma*), and then *Samsamana Chikitsa* is given to the patients to maintain homeostasis, thereby alleviating the signs and symptoms of *Vatarakta*⁶ (an ayurvedic approach)

It was advised that the patient take the medications in accordance with the prescribed course of care. With full use of the only prescribed *Ayurvedic* medications, the patient was asked to discontinue all anti - gout medication and to progressively reduce the dosage of NSAIDs and other anti - gout treatments.

After determining the patient's *Kosta*, *Eranda taila* and *guduchi kwath* were utilized for *Nitya virechana*. It functions as *Vata anulomaka, Ama pachana, and Rechana*. *Vatarakta's* preferred medication is *Amruta*, according to *Caraka Agrya aushadha* [7] and *Bhavaprakasha Nighantu*.

- **Guduchi kwath** - *Guduchi* (tinosporine) contains uricosuric, diuretic, anti - inflammatory, and analgesic properties. *Vatarakta* is a *Raktavahasroto vyadhi*, hence the *Rakta - vahasrotogami* characteristic of *Guduchi* may be useful here. *Guduchi's tikta* rasa reduces *rakta*, while *Madhura vipaka* reduces *vata*.⁸
- **Patoladi kwath** - *Patoladi kwath* acts as *Raktashodhak* and *Pitta shamak* in *Vatarakta* by removing the obstruction of *Vata* by *dushit rakta, kapha and medas* and helps in minimising the severity of signs and symptoms in

patients by its mutral, *vednasthapak, rasayana* and *dahaprashaamana* properties.

- **Amrutadi guggulu** - Healthy connective tissue and joints can be supported by *Amrutadi guggulu*. *Amrutadi guggulu* is the medicine of choice for gout. The main cause of gout or elevated uric acid is excess uric acid generation in the body and a decrease in uric acid excretion through the kidneys. In both circumstances, *Amrutadi Guggulu* and *Patoladi Kwatha* are effective. It regulates metabolism and monitors for uric acid generation. Furthermore, it improves the kidneys' uric acid removal function. It promotes kidney function and aids in the removal of various toxins through it. It contains *Tikshna* and *Ushna* medications such as *Pippali, Shunthi, Maricha, Vidanga, Danti, Guggulu*, and others, which aid in the pacification of *Vata* and, as a result, reduces the morbidity of symptoms. [9, 10]
- **Kaishoradi guggulu** - *Kaishoradi Guggulu* Tablet is specially formulated to help purify the blood, remove toxins that may be present in it. It helps in bringing balance to the production of uric acid in the body. It has anti - inflammatory properties. It is a powerful detoxifying and rejuvenating combination that has a special affinity for the musculoskeletal system*. Its main ingredients, *guduchi, triphala, and trikatu* are combined with *guggulu* to remove deep - seated pitta from the tissues. They also act to nourish and strengthen the system, supporting the overall health and proper function of the joints and muscles.

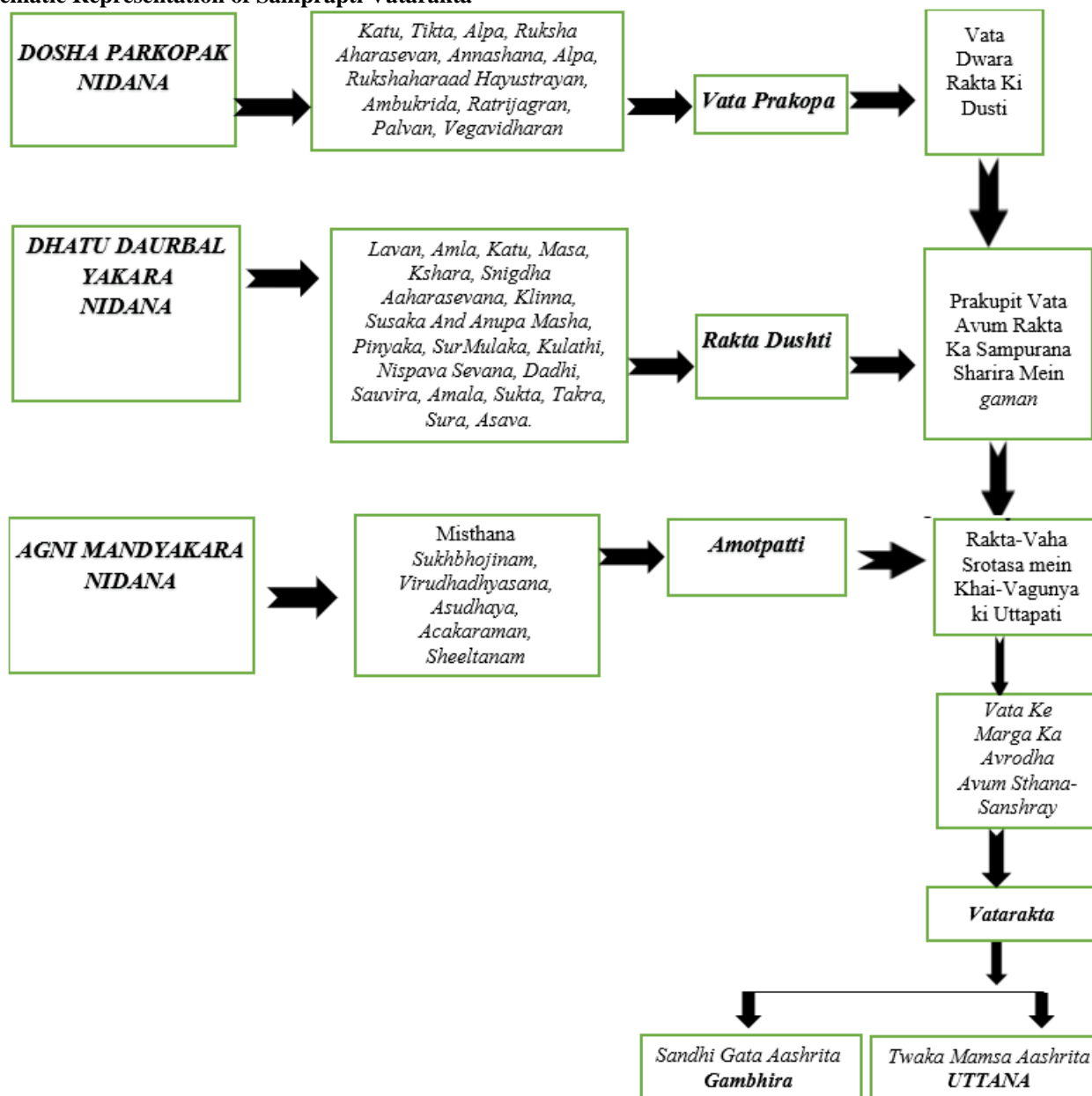
Action of panchakarma on vaatrakta –

Mode of action of nitya virechan – *Nitya virechan* helps and acts as *Ama pachana, Rechana* and *Vata anulomaka*. *Amruta* is the drug of choice for *Vatarakta*.

Mode of action of *Snehana* [13]: *Snehana* removes the *Srothorodha*, brings *Gatra Mardavata*, and assists in the appropriate *Gati of Vata*. *Rukshatha* is defeated by *Snigdha's Snigdha* property, and the *Sanga* is straightened.

Mode of action of Swedana [14]: *Swedana's Ushna guna* performs *Srothoshuddi* and *Ama pachana*, relieving stiffness and achieving lightness by eliminating *Kelda*. The symptoms of *Vatarakta* include *Stamba, Gaurav, and Swayathu*, which *Swedana* can help alleviate.

Schematic Representation of Samprapti Vatarakta^{11, 12}



Mode of action of Basti: The most effective treatment for Vata control also balances Pitta and Kapha. This is called basti. Similar to how the sun in the sky absorbs rain from the soil, the provided Basti, when entering the Pakvasaya through its Virya, drags the vitiated Doshas deposited in the entered body from the foot to the head. [15] The Sroto Dushti brought on by Sanga is surmounted with the aid of the Tikshna Guna of Basti. Due to the action of Laghu, Ushna, Tikshna, and Ruksha Guna of the Dravyas, Basti Dravya is absorbed after reaching the large and small intestine, causing the obstruction to be broken and the morbid material to be expelled from the body. [16]

Mode of action of Raktamokshana [17]: Raktamarga is obstructed in Vatarakta due to the worsened Vata in the joints and Shakha. The Vayu and blood centres then impede each other, causing discomfort and maybe death. Thus, Jalauka -vacharan and Sira vedha were used for bloodletting, based on the Doshas involved and the patient's strength.

4. Observation

Table 9: Showing Grading of signs and symptoms of the patient

Sign and symptoms	Before treatment	Follow up	After treatment
Sandhi soola	3	2	0
Sandhi Graha	3	2	0
Sandhi Sotha	2	1	1
Vaivarnya	2	2	1
Sparsha asahatva	1	1	0
Daha	2	0	0
Interval of manifestation of symptoms	3	2	0

5. Conclusion

Ayurvedic treatment for chronic Vatarakta can be beneficial as conventional medicine has limitations when treating the condition and its complications in other people. One can effectively treat Vata Vyadhi and keep it under the umbrella

of *Vata Vyadhi* by comprehending the correct *Nidan*, *Lakshana*, and *Samprapti* of *Vatarakta* and doing *Panchkarma* treatment. By comprehending *Dosha*, *Dushya*, and *Vyadhi Awastha* correctly, we can control *Vatarakta*. In addition to *Shoola* and *Shothagna* karma, the patient was prescribed medications primarily belonging to the following categories: *Tikta kashay rasa*, *Laghu rooksha guna*, *Ushna veerya*, and either *Kaphavata hara* or *Pittavata hara*. These medications are primarily used for *Deepan paachan* and *Rakta prasadana* and have anti-inflammatory, antioxidant, analgesic, and anti-rheumatic properties. They are also effective in the management of *Vatarakta* and Gouty arthritis, especially in terms of lowering the frequency and severity of attacks after they begin. The patient had 90% relief and the laboratory findings of Serum Uric acid had lowered significantly. Therefore the given *Ayurvedic* treatment was successfully in curing the disease without landing into further complications. The primary *Dosha - Dushya* in *Vatarakta* are *Vata* and *Rakta*. It is typically characterised by pain in the metatarsophalangeal joint and is clinically diagnosed by high serum uric acid levels. *Vatarakta* has a similar clinical presentation to gouty arthritis.

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Table 10: Vatarakta according to Doshas

SN	Predominance of	Features
1.	<i>Rakta</i>	<i>Shwayatu Brisha Ruka Toda Tamrashcha Chim Chimayate</i> (Swelling with severe distress Piercing pain coppering with pricking sensation) <i>Snigdha Rukshaiya Shaman Na Ati Kandu Kledanvito</i> (Not subsiding by either unctuous or rough applications and associated with itching & moistening).
2.	<i>Vata</i>	Sira Aayam Shula Bhanjanam Shothasya Karshnyam, Raukshyam Shyavata, Kunchan Stambhane Sheeta Pradvesha (Contracture & stiffness, aversion to cold).
3.	<i>Pitta</i>	<i>Vidaho</i> (Burning after meals), <i>Vedana</i> (Pain), <i>Murchha</i> (Fainting), <i>Swed</i> (Sweating), <i>Trishna</i> (Thirst), <i>Mada</i> (Narcosis). <i>Bhrama</i> (Giddiness), <i>Raga</i> (Redness), <i>Pakashcha</i> (Inflammation). <i>Bhedascha</i> (Tearing), <i>Shoshashcha</i> (Dryness).
4.	<i>Khapha</i>	<i>Staymityam</i> (Feeling of wetness), <i>Gauravam</i> (Heaviness), <i>Sneha</i> (Unctuousness), <i>Supti</i> (Numbness), <i>Manda Ruk</i> (Mild Pain).

Table 11: Symptoms shown in Vatarakta and Gout

SN	Uttana Vatarakta	Gambhira Vatarakta	Gouty Arthritis
1.	<i>Kandu</i>	<i>Shotha</i>	inflammation of Joint
2.	<i>Daha</i>	<i>Sihambhata</i>	warmth in Joint
3.	<i>Ruja</i>	<i>Kathinyata</i>	stiffness in Joint
4.	<i>Toda</i>	<i>Shyava Tamra Twak</i>	Restricted movement in joint
5.	<i>Sphuran</i>	<i>Daha</i>	Very reddish - purplish skin
6.	<i>Shyava Rakta</i>	<i>Toda</i>	tenderness in Joint
7.	<i>Tamravarnya Twak</i>	<i>Sphuran</i>	Thrombing and crushing pain
8.	-	<i>Paka in Sandhi Sthana</i>	Infection in joint

BIOCHEMISTRY		
TEST DONE	RESULT	NORMAL RANGE
Serum Uric Acid	9.2	2.5 - 6.2 mg/dl

Before treatment - picture 1

Renal Function Tests		
TEST DONE	RESULT	NORMAL RANGE
Blood Urea Nitrogen Method: Kinetic	20.0	7 - 18 mg/dl
Serum Creatinine Method: Jaffe's without deproteinization	1.20	0.5 - 1.4 mg/dl
Serum Urea Method: Kinetic	43	13 - 45 mg/dl
Serum Uric Acid	5.4	2.5 - 6.2 mg/dl
Serum Calcium	8.9	8.4 - 10.4 mg/dl
Serum Phosphorus	4.1	2.5 - 4.5 mg/dl
Serum Sodium	136	133 - 149 meq/lit
Serum Potassium	4.8	3.5 - 5.4 meq/lit
Serum Chloride	103	96 - 108 meq/dl
Total Protein	7.4	6 - 8.3 gms/dl
Serum Albumin Method: BCG	3.6	3.2 - 5.5 gms/dl
Serum Globulin	3.8	1.5 - 3.5 gms/dl
A/G Ratio	0.9:1	1.2 - 2.2
Serum Cholesterol	219	

Interpretation :
 < 200 : Desirable
 200 - 239 : Borderline high
 > 240 : High

After treatment - picture 2