

A SYSTEMIC REVIEW OF VATARAKTA AND ITS MANAGEMENT

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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*, *Vatashonita*, *Khudd-vata*, *Vatabalasa*, *Adhyavata*

Introduction- *Vatarakta* is named on the basis of the *vata dosha* & *rakta dhatu* which have their own independent derivations & are the main *samprapti ghataka* involved in the *Vatarakta*. *Rakta* which is vitiated by *vata* is derived as *Vatarakta*.¹ The disease which manifest as a result of *marga-avarodha* of *vata* by *rakta* is *vatashonitha*² in which *vata* and *rakta* are involved³. The illness which is resulted due to vitiation of *vata dosha* and *rakta dhatu* leading to the specific *samprapti* is known as *Vatarakta*.⁴ *Vatarakta* is one of the diseases which undergoes progressive evolution through the ages. History reveals some of the references which are available regarding etiology, presentation, treatment & complications of *Vatarakta*. So, it can be divided into below four *Kaal*:-

1. *Vedic Kaal* (Ancient Period)
2. *Samhita Kaal* (Classical Period)
3. *Sangraha Kaal* (Medieval Period)
4. *Adhunik Kaal* (Modern Period)

1. **VEDIC PERIOD (5000 B.C. - 800 B.C.)**: There is no description of *Vatarakta* in any of the four *Vedas*. In *Atharvaveda*, only few scattered references of *Sakthi* (hip joint), *Shroni* (sacroiliac joint) and *Janu* (knee joint) are narrated.⁵ In *Atharvaveda*, *Sandhi vikriti* term used for joint disorder, which is caused by *shleshma vikriti* and can be treated by prayers only, but there is no explanation of any disease related to joints like *Vatarakta*.⁶

PURANIC PERIOD (4000 B.C.- 1000 B.C.)- With the exception of *Garuda* and *Agni Purana*, a lot of information is available in the literatures of *Purana kala*.

GARUDA PURANA- The description of *Vatarakta* as a *rakta-pradhana vyadhi* is worth mentioning in the chapter “*VATARAKTA NIDAN*”, Use of *Vardhamana Pippali* along with *pathya* like *Guda*, *Patola*, *Triphala* and *Katuki* have been prescribed to alleviate the burning sensation in *Vatarakta*.⁷

AGNI PURANA- A precise description of *Vatarakta* is quoted in *Agni Puran* and various food items like *Raktashali*, *Godhuma* (wheat), *Yava* (barley), *Mudga* (green gram) and *Madhu* (honey) have been advised as *pathya* for patients suffering from *Vatarakta*.⁸

2-SAMHITA PERIOD (2000 B.C.-800 A.D.)- The main classical text of this era is *Brihatrayi*. Entire aspect of the illness *vatarakta* from etiology to treatment is described at full length in the books of *samhita* kaal as follows:

CHARAKA SAMHITA: (2000 B.C.)- *Vatarakta* explained in 29th chapter of *Chikitsa sthana* “*Vatashonita chikitsam Vyakasyam*”. The information of the disease included *Nidana*, *Samprapti*, *Bheda*, *Upadrava*, *Sadhya-asadhyatva*, *Pathya-apathya*, *Chikitsa sutra* & *Chikitsa* as *Bahya* & *Abhyantara* like *Shodhana*, *Shamana* as well as *Rasayana*. The treatment of *Vatarakta* included *Shilajatu*, *Eranda*, *Sneha*, *Lepas*, *Ghrita*, *Kashaya*, *Guggulu*, *Tailas* etc. Other than medicinal treatment, few surgical procedures like *Rakta- visravana* (blood-letting) by *Siravedh*, *Shring*, *Jalauka*, *Suchior Alabu Yantra* are also mentioned.

SUSHRUTA SAMHITA: (1000-1500 B.C.)- *Sushruta samhita's* understanding of *Vatarakta* is different regarding its types. It states that the *Uttana* and *Avagadha Vatarakta* are not the types of this illness rather they are its *avasthavishesh*. In *Sushruta Samhita*, the disease has been described in 2 chapters, under *Vatavyadhi Nidan sthana* 1st Chapter and *Mahavatavyadhi Chikitsa sthana* 5th chapter where all aspects of disease are described in detail.

BHELA SAMHITA (1000 B. C.)- In *Bhela Samhita Chikitsa sthan*, brief description of *vatarakta* is found in chapter 15 i.e. *Visarpa Vatashonita adhyaya* and in chapter 24 i.e. *vatavyadhi chikitsit adhyaya*.

HARITA SAMHITA (1000 B.C.)- The disease is mentioned in *Harit Samhita*, *Tritiya sthana* chapter 23, after ‘*Gridhrsi chikitsa Adhyaya*’, where the etiology and symptoms have been described briefly along with the use of internal as well as external medication.

ASHTANGA SAMGRAHA (400 A.D) / ASHTANGA HRIDAYA (500 A.D.)- In *Ashtanga Samgraha* (*Vatashonita nidana adyaya*” & *Vatashonita Chikitsama*, 16th & 24th chapter) & *Ashtanga Hridaya* (“*Vatashonita Nidana Adyaya*” & “*Vatashonita chikitsa Adyaya* ” 16th & 22nd chapter respectively) elaborate description about *Nidana*, *Samprapti*, *Bheda*, *Upadrava*, *Sadhya-asadhyatva*, *Pathya-Apathya*, *Chikitsa sutra* & *Chikitsa* is available in these texts. *Ashtanga Hridaya* has also added the management of *sama* and *nirama* stage of *Vatarakta*.

In *ayurveda dipika* few lines of *Kharanada Samhita* is quoted in relation to types of *Vatarakta*. In this context it is said that *kharanada Samhita* accepts 36 types of *Vatarakta*.

Nidana, *Samprapti*, *Lakshana*, *Sadhya-asadhyata* & *Chikitsa* of *Vatarakta* in full length in *Gadnigraha*.⁹ In the similar manner, the whole description of *Vatarakta* is found in *Vatarakta adhikara* in *Vangsen Samhita*.¹⁰

3-SAMGRAHA PERIOD:

MADHAVA NIDAN (800 A. D.)- Madhava explains *Vatarakta Nidana*, *Samprapti*, *Purvarupa*, *Upadrava* and *Asadhya lakshana* in chapter 23rd “*Vatarakta Nidana*”.

CHAKRADATTA(1100A.D.)- Chakradatta in 23rd chapter “*Vatarakta chikitsa*” has explained both *Bahya* & *Abhyantara Chikitsa* like *Kwatha*, *Churna*, *Ghrita*, *Taila* & *Guggulu Kalpa*.

SHARANGDHAR SAMHITA (1300A.D.)- *Saptamadhyaya* “*Roga Ghanna*” of *Purvakhanda* explains about the *saptaprakara* of *Vatarakta* as *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, *Samsargaja* & *Sannipataja*. While explaining *Niruha Basti*, *Vatarakta* is mentioned as one of the conditions for *Niruha Basti* in the 6th chapter.

BHAVA PRAKASHA (1500 A.D.)- In *uttarardha* 29th chapter “*Vatarakta adikara*”, *Acharya* has explained all about *Nidana*, *Samprapti*, *Purvarupa*, *Rupa*, *Bheda* & *Chikitsa*.

YOGA RATNAKARA (1600 A.D.)- In *Yoga Ratnakara*, *Purvaardha*, under *Vatarakta Nidana*. *Acharya* has explained details of *Nidana*, *Samprapti*, *Purvarupa*, *Dosha-pradhana rupa*, *Upadrava* & *Asadhya lakshana* of *Vatarakta*. While under *Vatarakta chikitsa*, *Acharya* has explained separate combinations like *Kwatha*, *Guggulu*, *Taila*, *Ghrita* and *Rasa*.

BHAISHJYA RATANAVALI (1600 A. D.)- In “*Vatarakta chikitsa prakrana*” chapter 27th, description about *Samprapti*, *Bheda*, *Pathya-apathya*, and *Chikitsa* is available.

NIDANA / ETIOLOGY: Various etiological factors of this disease has been described in *Charaka Samhita*. It has been mentioned that excessive consumption of foods articles which are *lavana* (salty), *amla*(sour), *katu* (astringent, pungent) in taste, *kshara* (alkaline) and *snigdha* (unctuous) properties, *Ushnaahara*(food stuffs having *ushnavirya*), *ajir nabhojana* (eating food prior to digestion), *klinna-anoop-shushka mamsa* (excessive use of aquatic or marshy land animals or of desert region which are dry in nature), use of *pinyaka* (*tilpishta*), *mulaka* (raddish), *kulath* (horse gram), *masha* (black gram), *shaka* (leafy vegetables), *palala* (mutton), *ikshu* (sugar-cane), *dadhi* (curd), *arnala*, *souviraka*, *shukta*, *sura*, *asava* (all fermented drinks) are the causative factors of *vata-rakta*. Habit of taking *virudhaahara* (incompatible diet), *adhyashana* (intake of food prior to digestion of meal earlier taken), *krodha* (anger), *diva swapana* (sleeping in day hours) and *prajagarana* (nocturnal awakening) are also said to be the causative factors.

Acharya Charaka mentioned that those persons, who have tender constitution, not accustomed to do hard work and indulge in *mithyaahara-vihara* are prone to this disease.¹¹

This is well cleared by *Acharya Chakrapani* that aetiological factors started from intake of saline (*Lavnadi*) are the aggravating factor of *Rakta dhatu* and aetiological factors initiated from intake of astringent (*Kashayadi*) are predominately causes aggravation of *Vayu*. Combination of these two types of aggravating factor leads to *Vatarakta*.¹²

Similarly in *Sushruta Samhita* many aetiological factors have been described like excessive grief, over indulgence in sexual act, excessive physical exertion, taking wine in large quantity regularly, consumption of foods incompatible to one's own temperament are the factors which vitiate *Rakta* and *Pitta* of individual. Simultaneously

they also agitate *Rakta* and *Vata* to produce *Vata-Rakta*. It further states that both the persons having tender constitution (*sukumar prakriti*) and those who disobey the dietary and seasonal regimens are affected with the disease. These factors vitiate *vata* and *rakta* to cause *vatarakta*.¹³

NIDANA OF VATARAKTA VIS-À-VIS ETIOLOGY OF GOUTY ARTHRITIS- *Vatarakta* can be compared with gouty arthritis because of similar etiology. The comparison of etiology of the disease according to *Ayurvedic* as well as modern view is as follows-

- 1) **Lavana rasa-** Dehydration is main cause of gout attacks & salt is the leading cause of dehydration. Excess salty food does not allow water to excrete out of the body & no flushing of uric acid from the body occurs.
- 2) **Mulak, Kulath, Masha, Nishpaav-** Pulses (along with testa), radish, legumes (dried beans, peas) are rich in purine which metabolize to form uric acid as end product.
- 3) **Shaak -** Intake of high purine vegetables like spinach or asparagus, cauliflower etc. can trigger gout attack.
- 4) **Anoop deshiya mansa, Ambuja mansa -** All non-vegetarian diets mainly seafood i.e. almon, mackerel and red meat contain large amount of purines.
- 5) **Arnala, Souvira, Shukta, Sura, Asava-** These preparations come under fermented drinks. According to recent research, alcohol consumption is a significant risk factor which reduces urate excretion and increases urate production in blood.
- 6) **Dadhi, Takra -** As both these preparations are rich in protein content, they should have increase the uric acid level, but according to recent researches, dairy products help in reducing serum uric acid.
- 7) **Mithyahara, Virudhhashan -** Ingestion of food/drinks kept in lead lined container or its inhalation when handling it on daily basis (occupationally, like in plumbers, painters etc.) leads to chronic lead poisoning which cause gout. Other than this, excessive ingestion of certain drugs like aspirin, diuretics can be included in *MITHYA AHARA*.
- 8) **Annashana, Langhana -** As in starvation, body starts metabolizing its own (purine rich) tissues for energy. So in this condition, amount of purine converted to uric acid is raised. Starvation also impairs the ability of the kidney to excrete uric acid due to competition for transport between uric acid and ketones.
- 9) **Shushkaahara -** Water intake removes acidic wastes from the body. Excess dehydration leads to retention of acidic wastes in the blood including uric acid which needs to be flush out of the body, causing hyperuricemia.
- 10) **Ikshu, Mishthanna Bhojana-** In Present era, Fructose rich diet (Fruit juices and fructose rich sweetened soda) is found to be the common culprit for gout attacks. It induces uric acid production during its phosphorylation by increasing adenosine triphosphate (ATP) degradation to adenosine monophosphate (AMP), a uric acid precursor. So within minutes after ingestion of fructose infusion, uric acid concentration is increased.
- 11) **Achankramana -** As the disease is known as Disease of Kings since long time, it has very aristocratic lineage. Though the disease affects anyone but found to be more prevalent in persons with sedentary lifestyle.
- 12) **Ativyayam, Ativyavaya -** Excessive muscle exertion (by doing heavy work) leads to increased degradation of ATP into AMP which help in raising the uric acid level by the same mechanism as in excess fructose intake.
- 13) **Abhighataj-** Trauma is found to be the trigger factor for gout attacks.

14) Sthoulya – Obesity, in present days, is not an independent cause but main risk factor of gout. According to

Campion EW. et al, 1987, Body Mass Index (BMI) is a significant predictor for the development of gout.

SAMPRAPTI / PATHOGENESIS: Acharya Charka, while describing *samprapti* of *Vatarakta*, mentioned *samanya* as well as *vishishtasamprapti*. In *samanyasamprapti*, causative factors which are responsible for vitiation of *vata* and *raktadosha* have been specified and the disease progress is explained in brief.¹⁴

Vishishta samprapti explains the pathogenesis of *Vatarakta* in very minute way. In addition, *vishishta samprapti* enables us to understand the nature of *vata* and *rakta dhatu* and also about the *srotas* involved in the disease.

SAMANYA SAMPRAPTI 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 the vitiated *rakta* (caused by factors responsible for aggravation of *rakta*). The excessively aggravated *Vayu* vitiates the entire *rakta* (blood). The disease is thus called *Vatarakta*.¹⁵

PREDOMINANCE OF VATA IN VATARAKTA- In pathology of *Vatarakta* both *vata* and *rakta* are equally responsible. Beside this, *vata* is more predominant because *vata* is *dosha* and *dosha* is independent than that of *dushya* so, due to predominance of *vata* this disease named as *Vatarakta* not *Raktavata*.¹⁶ According to *Sushruta*, the vitiated *rakta* is combined with greatly aggravated *vata*, which is very predominant; the disease is called as *vatarakta*.¹⁷

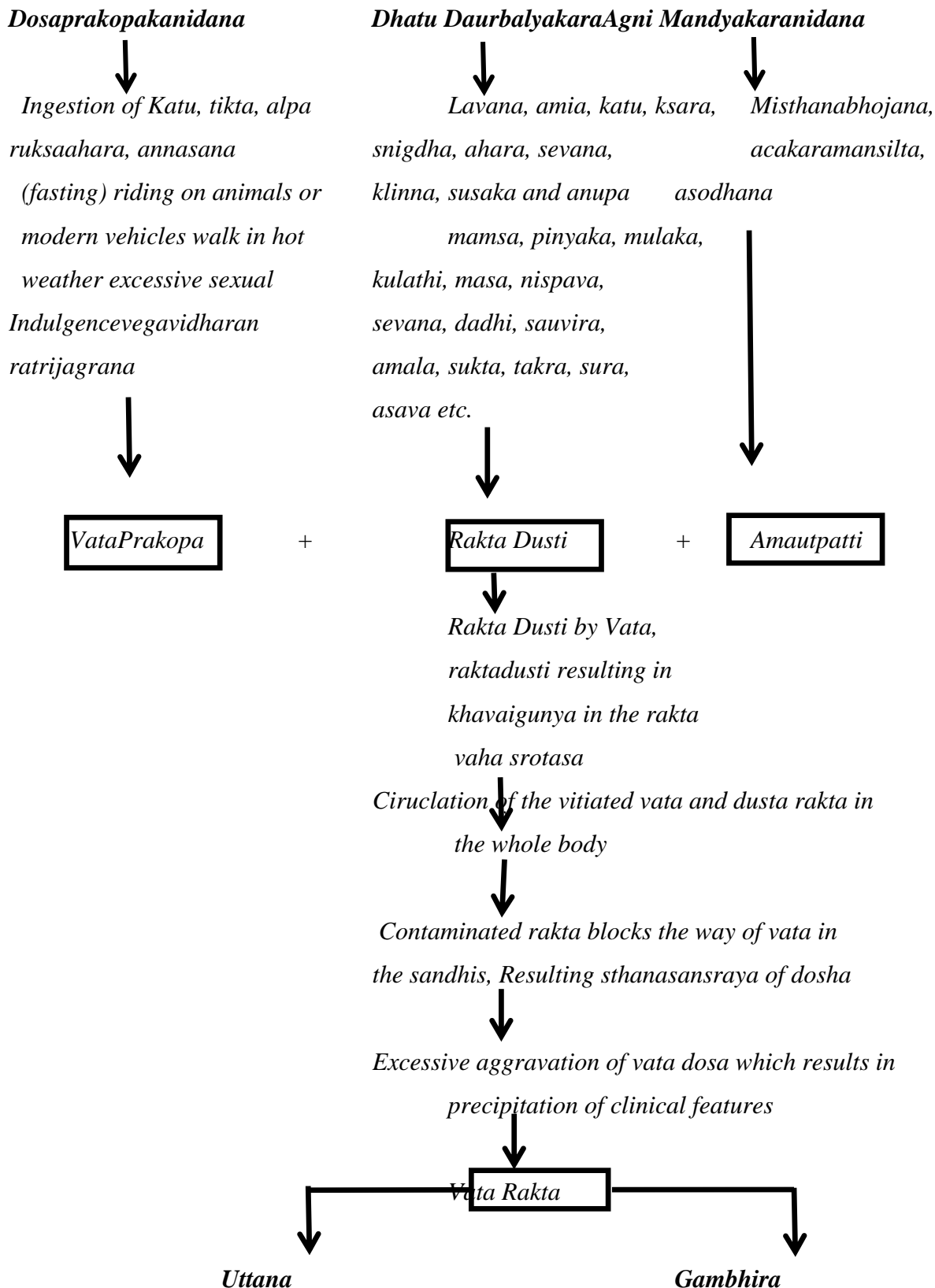
VISHISHTHA SAMPRAPTI OF VATARAKTA- To explain *vishishta samprapti*, Acharya Charka has put forth the theory that *Vayu* is *sukshma* i.e. subtle in nature and has the capacity or quality to move in all the joints and channels (*srotasa*) of the body and *rakta* is *drava* (liquid) in nature and has the quality to flow in all *srotasa* of the body. Vitiated *vata* and *rakta* moves with speed through *sira marga* (circulatory channels) in the whole body because of these qualities. While moving through joints both of them face obstruction, because of the complex anatomical structure of joint. Hence vitiated or agitated *vata* and *rakta* stays in joints causing different types of pain sensations. Different types of pain sensations are because of its association with either *pitta* or *kapha dosha*.¹⁸

SAMPRAPTI GHATAKA¹⁹-

| | | |
|--------------------|---|----------------------------------------------|
| <i>Dosha</i> | - | <i>Vata Pradhan Tridosha</i> |
| <i>Dushya</i> | - | <i>Rakta</i> |
| <i>Agni</i> | - | <i>Jatharagni and Dhatavagnidushti</i> |
| <i>Srotasa</i> | - | <i>Rasavaha, Raktavaha</i> |
| <i>Srotodushti</i> | - | <i>Sanga (stasis of dosha), atipravritti</i> |
| <i>Adhisthana</i> | - | <i>Tvaka, Mamsa, Sandhi,</i> |
| <i>Vyadhi</i> | - | <i>Pakwashayotha and Chirkari</i> |

SITES OF VATARAKTA: According to *Acharya Charka*, vitiated *vata* and *rakta* affects the joints of hands, feet, fingers and other joints slowly. Hands and feet are the sites of first attack and there-after whole body comes under the grip of the disease.⁶² According to *Acharya Sushruta*, disease usually starts from feet and sometimes starts from hands and spreads to other parts of body in a similar way the rat poison spreads i.e. “*Akhora Vishamiva*”.

Fig. 1. Schematic Representation of Samprapti



PURVA – RUPA/ PREMONITORY SYMPTOMS: In the following table *purva-rupa* mentioned by different Acharya are tabulated below-

TABLE 1: SHOWING PURVA-RUPA OF VATARAKTA²⁰⁻²⁷

| Types | C.S. | S.S | A.H | A.S. | M.N | G.N | B.P | Y.R. |
|--------------------------|------|-----|-----|------|-----|-----|-----|------|
| <i>Atisweda</i> | + | - | + | + | + | + | + | + |
| <i>Asweda</i> | + | - | + | + | + | + | + | + |
| <i>Karhnyata</i> | + | - | - | - | + | + | + | + |
| <i>Sparshgnata</i> | + | - | - | - | + | + | + | + |
| <i>Ksateatiruk</i> | + | - | - | - | + | + | + | + |
| <i>Sandhi shaithily</i> | + | + | + | + | + | + | + | + |
| <i>Alasya</i> | + | - | - | - | + | + | + | + |
| <i>Sadana</i> | + | - | + | + | + | + | + | + |
| <i>Pidakodgama</i> | + | - | - | - | + | + | + | + |
| <i>Nistoda</i> | + | + | + | + | + | + | + | + |
| <i>Spurana</i> | + | - | + | + | + | + | + | + |
| <i>Bheda</i> | + | - | + | + | + | + | + | + |
| <i>Gourava</i> | + | + | + | + | + | + | + | + |
| <i>Supti</i> | + | + | + | + | + | + | + | + |
| <i>Kandu</i> | + | - | + | + | + | + | + | + |
| <i>Sandhi ruk</i> | + | - | - | - | + | + | + | + |
| <i>Vaivarnya</i> | + | + | + | + | + | + | + | + |
| <i>Mandalotpatti</i> | - | + | + | + | + | + | + | + |
| <i>Sheetalata</i> | - | + | - | - | - | - | - | - |
| <i>Osha</i> | - | + | - | - | - | - | - | - |
| <i>Daha</i> | - | + | + | + | + | + | + | + |
| <i>Shopha</i> | - | + | - | - | - | - | - | - |
| <i>TwakParushya</i> | - | + | - | - | - | - | - | - |
| <i>Sira dourbalya</i> | - | + | - | - | - | - | - | - |
| <i>Atislakshnasparsh</i> | - | - | + | + | + | - | + | + |
| <i>Kharasparsha</i> | - | - | + | + | + | - | + | + |
| <i>Shrama</i> | - | - | + | + | + | - | - | - |
| <i>Vranaadikasula</i> | - | - | + | + | + | - | - | - |
| <i>Vranachirasthiti</i> | - | - | + | + | + | - | - | - |
| <i>Roma harsha</i> | - | - | + | + | + | - | - | - |
| <i>Asrijakshaya</i> | - | - | + | + | + | - | - | - |
| <i>Shram</i> | - | - | + | + | + | - | - | - |

N. B. + Denotes description available

- Denotes description not available

BHEDA AND RUPA OF VATARAKTA: In *Ayurvedic* literature, *Vatarakta* is classified on the basis of *doshaja* variation and site of affection and further, description of *rupa* of *vatarakta* is given according to the classification of the disease:

1. According to the site of origin
2. According to the predominance of *dosha*

1. ACCORDING TO THE SITE OF ORIGIN – In *Charka Samhita*, *Vatarakta* has been classified on the basis of *dhatu* affected in two forms-

- *Uttana Vatarakta* (Superficial)
- *Gambhira Vatarakta* (Deep seated)

Acharya Sushruta disagrees and put forth an explanation that these are not the types but different stages like *Kushtha*. In the beginning, it affects superficial structures like *tvaka* and *mamsa* but later on, it becomes *gambhira* i.e. deep seated and affects deep structures²⁸.

2. ACCORDING TO THE PREDOMINANCE OF DOSHA- On the basis of *doshic* variations, *Vatarakta* can be classified as follows:

TABLE2: SHOWING CLASSIFICATION OF VATA-RAKTA (GOUT)²⁹⁻³⁵

| S.N | Types of Vatarakta | C.S | S S | AH | AS | MN | HS | Bh.P | YR |
|----------|-------------------------------------|-----|-----|----|----|----|----|------|----|
| A | According To site of Origin- | | | | | | | | |
| 1. | <i>UttanaVatarakta</i> | + | - | + | + | + | - | - | - |
| 2. | <i>GambhiraVatarakta</i> | + | - | + | + | + | - | - | - |
| 3. | <i>UbhayashritaVatarakta</i> | + | - | - | - | + | - | - | - |
| B | Acc. To Dosha- | | | | | | | | |
| 1. | <i>VatajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 2. | <i>PittajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 3. | <i>KaphajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 4. | <i>Vata-PittajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 5. | <i>Pitta-KaphajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 6. | <i>Vata-KaphajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 7. | <i>RaktajaVatarakta</i> | + | + | + | + | + | - | + | + |
| 8. | <i>SannipatajaVatarakta</i> | + | + | + | + | + | - | + | + |

Various *Rupa* (signs and symptoms) of *Vata-Rakta* according to different classical texts are given in the Table 3.

TABLE 3: SHOWING RUPA OF VATARAKTA

| <i>S.No</i> | <i>Rupa</i> | <i>C</i> <i>S</i> | <i>S</i> <i>S</i> | <i>AS</i> | <i>A</i> <i>H</i> | <i>M</i> <i>N</i> | <i>H</i> <i>S</i> | <i>B</i> <i>P</i> | <i>Y</i> <i>R</i> |
|-------------|------------------------------------------------------------------------------|----------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|
| A-I | <i>On the basis of affected site Uttana Vatarakta³⁶⁻³⁹</i> | | | | | | | | |
| | <i>Kandu</i> | + | - | + | + | + | - | - | - |
| | <i>Daha</i> | + | - | + | + | + | - | - | - |
| | <i>Ruka</i> (pain) | + | - | - | - | + | - | - | - |
| | <i>Ayama</i> (stretching) | + | - | + | + | + | - | - | - |
| | <i>Toda</i> (Pricking Pain) | + | - | + | + | - | - | - | - |
| | <i>Sphurana</i> | + | - | + | + | - | - | - | - |
| | <i>Akunchana</i> | + | - | - | - | - | - | - | - |
| | <i>Anvita</i> | + | - | - | - | - | - | - | - |
| | <i>Vivarnata- 1)ShyavaTvaka</i> | + | - | + | + | + | - | - | - |
| | <i>2)TamraTvaka</i> | + | - | + | + | + | - | - | - |
| | <i>Osha</i> | - | - | + | + | - | - | - | - |
| 2. | <i>Gambhira Vatarakta⁴⁰⁻⁴³</i> | | | | | | | | |
| | <i>Svathu</i> | + | - | + | + | + | - | - | - |
| | <i>Stabdhata</i> (Stiffness) | + | - | - | - | - | - | - | - |
| | <i>Arti</i> (pain) | + | - | - | - | + | - | - | - |
| | <i>Tamratwakvivarnata</i> | + | - | - | - | + | - | - | - |
| | <i>Shyavata</i> | + | - | - | - | + | - | - | - |
| | <i>Daha</i> (Burning in feet) | + | - | + | + | + | - | - | - |
| | <i>Toda</i> | + | - | - | - | + | - | - | - |
| | <i>Sphurana</i> | + | - | - | - | + | - | - | - |
| | <i>Paka</i> | + | - | + | + | + | - | - | - |
| | <i>Granthi</i> | - | - | + | + | - | - | - | - |
| | <i>ChhedanvatPida in Sandhi, Asthi</i> | - | - | + | + | + | - | - | - |
| | <i>Khanjata</i> | - | - | + | + | + | - | - | - |
| | <i>Pangulya</i> | - | - | + | + | + | - | - | - |
| B. | <i>According to Predominance of Dosha</i> | | | | | | | | |
| 1. | <i>Vataja Vatarakta⁴⁴⁻⁵¹</i> | | | | | | | | |
| | <i>Ayama</i> (mainly in Sira) | + | - | - | - | - | - | + | + |
| | <i>Shoola</i> (pain) | + | + | + | + | + | + | + | + |
| | <i>Sphurana</i> (Throbbing sensation) | + | - | + | + | + | + | + | + |
| | <i>Toda</i> (pricking pain) | + | + | + | + | + | + | + | + |
| | <i>Shotha of Shyava</i> /bluish colour | + | - | + | + | - | + | + | + |

| | | | | | | | | | |
|-----------|------------------------------------------------------|---|---|---|---|---|---|---|---|
| | <i>Change in colour of Shothaand vridhhi or hani</i> | - | + | + | + | + | - | + | + |
| | <i>Ruksha</i> | + | - | + | + | + | - | + | + |
| | <i>AnguliDhamni Sandhi sankocha</i> | + | - | + | + | + | - | + | + |
| | <i>Angagraha(Stiffness in body)</i> | + | - | + | + | + | - | + | + |
| | <i>ShitaDvesha</i> | + | - | + | + | + | - | + | + |
| | <i>Kunchana</i> | + | - | - | - | - | - | - | - |
| | <i>Stambhana</i> | + | - | + | + | + | - | + | + |
| | <i>Vepathuavinas</i> | - | - | + | + | + | - | + | + |
| | <i>Supti(numbness)</i> | - | - | + | + | + | - | + | + |
| | <i>Shosha(wasting)</i> | - | + | - | - | - | + | - | - |
| | <i>Vaivarnya(discolouration)</i> | - | - | - | - | - | + | - | - |
| | <i>Mandaloutpatti</i> | - | - | - | - | - | + | - | - |
| | <i>SparshaAsahyata(tenderness)</i> | - | - | + | - | - | - | - | - |
| | <i>Sparshajanya Harsha</i> | - | - | + | - | - | - | - | - |
| 2. | <i>Pittaja Vatarakta</i>⁵²⁻⁵⁹ | | | | | | | | |
| | <i>Vidaha(Burning sensation)</i> | + | + | + | + | + | + | + | + |
| | <i>Vedana (pain)</i> | + | + | + | + | + | - | + | + |
| | <i>Murchha</i> | + | - | + | + | + | - | + | + |
| | <i>SvedaAdhikya(Excessive sweating)</i> | + | - | + | + | + | - | + | + |
| | <i>TrishnaAdhikya</i> | + | - | + | + | + | - | + | + |
| | <i>Mada(Narcosis)</i> | + | - | + | + | + | - | + | + |
| | <i>Bhrama(Giddiness)</i> | - | + | - | - | - | - | - | - |
| | <i>Raga (Redness)</i> | + | + | - | - | - | - | + | + |
| | <i>Paka</i> | + | + | + | + | + | - | + | + |
| | <i>Bheda(Tearing pai</i> | + | - | - | - | - | - | + | + |
| | <i>Shosha</i> | + | - | + | + | - | - | - | - |
| | <i>Osha</i> | - | + | - | - | - | - | + | + |
| | <i>Sammoha</i> | - | - | + | + | + | - | + | + |
| | <i>SparshaAkshmatvama</i> | - | + | + | + | + | - | + | + |
| | <i>Ubhaya Pada Mriduta</i> | - | + | - | - | - | - | - | - |
| 3. | <i>Kaphaja Vatarakta</i>⁶⁰⁻⁶⁷ | | | | | | | | |
| | <i>Staimitya</i> | + | - | + | + | + | - | + | + |
| | <i>Gauravama</i> | + | - | + | + | + | - | + | + |
| | <i>Sneha Snigdha</i> | + | - | + | + | + | - | + | + |
| | <i>Supti</i> | + | - | + | + | + | - | + | + |
| | <i>Manda Vedana</i> | + | - | + | + | + | - | + | - |

| | | | | | | | | | |
|-----------|--------------------------------------------------|---|---|---|---|---|---|---|---|
| | <i>Shitalta</i> | + | + | + | + | - | - | + | + |
| | <i>Kandu</i> | + | + | + | + | + | + | + | + |
| | <i>Shwetata</i> | + | - | - | - | - | - | - | - |
| | <i>Stabdhata</i> | + | - | - | - | - | - | - | - |
| 4. | <i>Raktaja Vatarakta</i>⁶⁸⁻⁷⁵ | | | | | | | | |
| | <i>Shwayathu</i> | - | + | - | - | + | + | + | + |
| | <i>Atiruka</i> (Acute pain) | - | + | + | + | + | + | + | + |
| | <i>Toda</i> (pricking pain) | - | + | + | + | + | + | + | + |
| | <i>Tamra Varna</i> | - | + | + | + | + | + | + | + |
| | <i>Chimchimayata</i> (tingling sensation) | + | + | + | + | + | - | + | + |
| | <i>SnigdhaRuksha Sama Abhava</i> | + | - | + | + | + | - | + | + |
| | <i>Kandu</i> | + | - | + | + | + | - | + | + |
| | <i>Kledata</i> | + | - | + | + | + | - | + | + |
| 5. | <i>Dvandaja Vatarakta</i>⁷⁶⁻⁸¹ | | | | | | | | |
| | <i>I. Vata-Pittaja</i> | + | - | + | + | + | - | + | + |
| | <i>II. Pitta-Kaphaja</i> | + | - | + | + | + | - | + | + |
| | <i>III. Vata-Kaphaja</i> | + | - | + | + | + | - | + | + |
| 6. | <i>SannipatajaVatarakta</i> | + | - | + | + | + | - | + | + |

(Ref: Ch.Chi. 29/21-29, Su.Ni.1/45, AS.Ni.16/11-18, AH.Ni.16/9-16, MN.V/R/N 23, HS.Tritiyasthan 23/8-12, Bh.P.M/KVRA 29/9-14, YR.Purvaardh V/R/N 29)

UPDRAVA / COMPLICATIONS: In *Vatarakta* after *anyonya avarana* of *dosha* & *dushya* it leads to formation of *upadravas*.

TABLE 4: SHOWING UPDRAVA (COMPLICATIONS)

| S.No. | <i>Updrava</i> ⁸²⁻⁸⁶ | CS | SS | AS | AH | MN | HS | BP | Y R |
|-------|---------------------------------|----|----|----|----|----|----|----|--------|
| 1. | <i>Aswapna</i> | + | - | - | - | + | - | + | + |
| 2. | <i>Arochaka</i> | + | + | - | - | + | - | + | + |
| 3. | <i>Shwasa</i> | + | + | - | - | + | - | + | + |
| 4. | <i>Mamsakotha</i> | + | - | - | - | + | - | + | + |
| 5. | <i>Shirograha</i> | + | - | - | - | + | - | + | + |
| 6. | <i>Murchha</i> | + | - | - | - | + | - | + | + |
| 7. | <i>Mada</i> | + | - | - | - | + | - | + | + |
| 8. | <i>Ruka</i> | + | - | - | - | + | - | + | + |
| 9. | <i>Trishna</i> | + | + | - | - | + | - | + | + |
| 10. | <i>Jwara</i> | + | + | - | - | + | - | + | + |
| 11. | <i>Moha</i> | + | - | - | - | + | - | + | + |
| 12. | <i>Klama</i> | + | - | - | - | + | - | + | + |

| | | | | | | | | | |
|-----|----------------------|---|---|---|---|---|---|---|---|
| 13. | <i>Pravepaka</i> | + | - | - | - | + | - | + | + |
| 14. | <i>Hikka</i> | + | - | - | - | + | - | + | + |
| 15. | <i>Sphota</i> | + | - | - | - | + | - | + | + |
| 16. | <i>Daha</i> | + | - | - | - | + | - | + | + |
| 17. | <i>Paka</i> | + | - | - | - | + | - | + | + |
| 18. | <i>Toda</i> | + | - | - | - | + | - | + | + |
| 19. | <i>Bhrama</i> | + | - | - | - | + | - | + | + |
| 20. | <i>Angulivakrata</i> | + | - | - | - | + | - | + | + |
| 21. | <i>Pangulya</i> | + | - | - | - | + | - | + | + |
| 22. | <i>Marmagraha</i> | + | - | - | - | + | - | + | + |
| 23. | <i>Visarpa</i> | + | - | - | - | + | - | + | + |
| 24. | <i>Arbuda</i> | + | - | - | - | + | - | + | + |
| 25. | <i>Mamsakshaya</i> | + | - | - | - | + | - | + | + |
| 26. | <i>Kasashwasa</i> | - | + | - | - | + | - | - | - |
| 27. | <i>Stambha</i> | - | + | - | - | - | - | - | - |
| 28. | <i>Avipaka</i> | - | + | - | - | - | - | - | - |
| 29. | <i>Prana kshaya</i> | - | + | - | - | - | - | - | - |
| 30. | <i>Visarana</i> | - | + | - | - | - | - | - | - |
| 31. | <i>Sankocha</i> | - | + | - | - | - | - | - | - |

(Ref.: Ch.Chi. 29/31-32, Su.Chi. 5/6, M.N. V/R/N 23/15-16, Bh.P. M.K. V/R /A 29/15-16, Y.R. Purvardha V/R/N 29)

SADHYA – ASADHYATA- The *sadhya-asadhyata* of *vatarakta* is divided on the basis of following 3 categories:

1. On the basis of vitiated *doshas*
2. On the basis of presence or absence of *upadravas*
3. On the basis of *kaal* (time)

TABLE 5: SHOWING SADHYA – ASADHYATA OF VATARAKTA

| S. No | Sadhyā– Asadhyata ⁸⁷⁻⁹⁰ | C.S. | S. S. | A.S. | A.H. | M. N. | BP. | Y R |
|-------|------------------------------------|------|-------|------|------|-------|-----|-----|
| 1. | Sadhyā(Curable) | | | | | | | |
| A) | Nirupdrava | + | + | - | - | + | + | + |
| B) | Ekadoshaja | + | - | + | + | + | + | + |
| C) | Nava | + | - | + | + | + | + | + |
| 2. | Yapya | | | | | | | |
| A) | Dvidoshaja | + | - | + | + | + | + | + |
| B) | Akritisnoupdra | + | - | - | - | + | + | + |
| C) | Samvatsarothitta | - | + | - | - | + | - | - |
| 3. | Asadhyā(Incurable) | | | | | | | |
| A) | Tridoshaja | + | - | + | + | + | + | + |
| B) | Upadravayukta | + | + | + | + | + | + | + |
| C) | Sravi | + | + | + | + | + | + | + |
| D) | Vaivarnya | + | - | - | - | - | - | - |
| E) | Stabdhata | + | - | + | + | - | + | - |
| F) | Arbuda | + | - | + | + | + | + | - |
| G) | Samkocha | + | - | - | - | - | - | - |
| H) | IndriyaSantapa | + | - | - | - | - | - | - |
| I) | AjanuSphutitama | - | + | - | - | + | + | - |
| J) | Prabhinna | - | + | - | - | + | + | - |
| K) | Prana- Kshaya | - | + | - | - | + | - | - |
| L) | Mamsa- Kshaya | - | + | - | - | + | - | - |
| M) | Moha | - | + | - | - | + | - | - |

(Ref.: Ch. Chi. 29/30 – 34, Su. Ni. 1/49, Su. Chi. 5/6, A.H. Ni. 16/17, A.S. Ni. 16/19, M.N. V/R/N 23/14-18, Bh.P. M/K VRA 29/17-19, Y.R. Purvardha V/R N 29)

CHIKITSA: Charaka has described two types of principle of management for Vatarakta:⁹¹

A) Samanya Chikitsa

B) Vishista 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*.⁹² 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*, *prachchhanorsiravedha* according to the degree of vitiation of doshas and strength of disease.⁹³

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 *jaluka* should be applied. *Shring or Tumbi* should be applied if predominant features are numbness, pruritus and tingling sensation.⁹⁴⁻⁹⁵ According to severity of pain where it moves from one place to another, Acharya Charaka has indicated *siravedha/prachchhan*.⁹⁶

2) 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*.

2-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*.⁹⁷

3-Basti Chikitsa: According to *Charaka*, *Basti* is par excellence in management of *Vatarakta*.⁹⁸ It has been advised to administer *Basti* after giving *virechana*. *Anuvasana* and *Niruha Basti* should be given frequently.⁹⁹

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*.¹⁰⁰

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*.¹⁰¹ *Ushnalepa* 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*.¹⁰²

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*.¹⁰³

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.¹⁰⁴

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.¹⁰⁵

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.¹⁰⁶

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 vitiate 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 sandhi*¹⁰⁹ 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*.¹¹¹ *Vatarakta* as mentioned in *Ayurvedic* texts have very close resemblance with Gout available in modern science.

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