

Revitalizing Joints: A Case Study on the Efficacy of Panchakarma in Managing *Uttana Vatarakta* WSR to Gouty Arthritis

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Abstract

Introduction: *Vatarakta*, a condition described in *Ayurveda*, corresponds to gouty arthritis in modern medicine and is characterized by pain, swelling, redness, and restricted joint movement due to the vitiation of *Vata* and *Rakta Doshas*. This case study highlights the *Ayurvedic* management of *Uttana Vatarakta* using *Basti* (medicated enema) and *Parisheka* (therapeutic pouring of medicated decoctions) as the main line of treatment.

Case Presentation: A 35-year-old male patient with a history of dietary irregularities, sedentary lifestyle, and elevated serum uric acid levels presented with acute pain, swelling, and redness in the first metatarsophalangeal joint. The treatment protocol included *Ksheera Basti* (medicated enema with milk-based decoction) for *Vata* pacification and *Parisheka* with *Godhana Ark* and *Guduchi Kashaya* for local anti-inflammatory and analgesic effects, *Sthanika Abhyanga* and *Janu Upnaha* in bilateral knee joints for mobility. Internal administration of herbal formulations like *Guduchi Kashaya* and *Gokshuradi Guggulu* was provided.

Results: Over four weeks, the patient experienced substantial relief in symptoms, including reduced joint pain, swelling, and redness. Joint mobility improved, and serum uric acid levels decreased from 8.2 mg/dL to 6.4 mg/dL. The combined effect of *Basti*, *Parisheka* and *Upnaha* therapies significantly reduced systemic and localized inflammation without any adverse effects.

Conclusion: The integrative *Ayurvedic* approach of using *Basti* and *Parisheka* as primary therapies proved effective in managing *Uttana Vatarakta*. This treatment not only alleviated symptoms but also addressed the root cause by pacifying *Vata* and *Rakta Doshas*. Further studies are recommended to establish standardized protocols for the *Ayurvedic* management of gouty arthritis.

Keywords: Gouty Arthritis, Serum Uric Acid, *Akhorvisha*, Rheumatic Disease, Panchakarma

Introduction

The term *Vatarakta* is derived from two components: *Vata* and *Rakta*. This condition arises from the disturbance of both *Vata* and *Rakta*, which is why it is referred to as *Vatarakta*. Certain habits, such as the consumption of *Lavana* (salty foods), *Amla* (sour foods), and *Katu Bhojan* (spicy foods), along with practices like *Virudhaahara* (incompatible food combinations), *Adhyashana* (eating before the previous meal is digested), *Krodha* (anger), *Diva Swapana* (daytime sleeping), *Achakramanasila* (lack of physical activity), and *Prajagarana* (staying awake at night), are identified as contributing factors. According to Acharya Sushruta, this ailment may initiate from the feet (*Pada Moola*) or, in some cases, from the hands (*Kara Moola*). Due to the fluid and mobile characteristics of *Vata* and *Rakta*,

they circulate throughout the body, akin to *Akhorvisha*, which is rat poison.² The classical manifestations of *Vatarakta* include symptoms such as *Arti*, *Akunchana*, *Ayama*, *Beda*, *Gourava*, *Kandu*, *Suptata*, *Khanjatwa*, *Pangutwa*, *Shyavata*, *Tamratwak Vivarnata*, *Daha*, *Toda*, *Sphurana*, and *Paka*, as noted by the ancient scholars.³

Present Complaints

A 35-year-old male came to Patanjali Ayurveda College with complaints of pain in all major and minor joints of both upper and lower limbs with swelling over metatarsophalangeal joint on and off since 5 years.

History of present illness: The patient was asymptomatic before 5 years then he complained of throbbing like pain in all major and minor joints with

burning sensation, swelling over both knee and ankle joint with discolouration of skin.

Since last few months his symptoms got aggravated with time so he came to OPD of Panchakarma in Patanjali Ayurveda College in the month of July 2024 for his better treatment.

Family History: No relative had a history of family

illnesses.

Past Medical History: Took allopathic medicines like pain killers and corticosteroids for 4yrs, then stopped taking any medication for last 1year but self-medicated with over-the-counter pain relievers.

He had no history of DM-T-2, HTN and Thyroid.

No surgical history.

Personal History

Table 1. Personal History of Patient

Appetite	Reduced
Bowel	Regular (1-2 times/day)
Micturition	Regular (4-6times in 24hrs)
Sleep	Disturbed
Addiction	None
Diet	Vegetarian

Clinical Findings

Table 2. Clinical Assessment of Patient

General Condition	Assessment
Blood Pressure	128/82 mm hg
Pulse	68 b/m
Respiratory Rate	14-16 times/min
Tongue	Coated
Temperature	98.6 degree F
Height	5'7"
Pallor	Absent
Icterus	Absent
Edema	Present over affected joints
Gait	Normal

Ashtavidha Pariksha

Table 3. Assessment through Ashtavidha Pariksha

<i>Nadi</i>	<i>Vata-kapha</i>
<i>Mutra</i>	<i>Prakrita</i>
<i>Mala</i>	<i>Prakrita</i>
<i>Jivha</i>	<i>Lipta</i>
<i>Shabda</i>	<i>Sandhi sphutan</i>
<i>Sparsha</i>	<i>Ushan Sparsha</i> in affected joints
<i>Druk</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Sama</i>

Assessment Criteria

Table 4. Subjective Criteria: Gradation of symptoms⁴

SIGN AND SYMPTOM	NORMAL (0)	MILD (1)	MODERATE (2)	SEVERE (3)
<i>ARTI</i> (PAIN)	No pain	Pain complained but tolerable	Pain complained taking analgesic once a day	Pain complained analgesic >1 once a day
<i>STABHDHATA</i> (STIFFNESS)	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 carrying out daily routine work with difficulty	50-75% impairment in the range of movement of joints.	More than 75%impairment in the range of movement of joints.
<i>SVATHU</i> (SWELLING)	No swelling	Swelling complained but not apparent.	Swelling obvious on 2 joints	Obvious swelling on>2 joints.
<i>DAHA</i> (BURNING)	No burning sensation.	Transient, no approach for its aversion.	Frequent, self-approach for its aversion.	Regular, seeking medical advice.
<i>VAIVARNYA</i> (DISCOLOURATION)	No discoloration of skin.	Mild discoloration of skin.	Moderate discoloration of skin (shiny overlying skin)	Severe discoloration of skin (coppery discoloration)

Objective Criteria: CBC with ESR, Serum Uric Acid

Material and Methods

Treatment plan:

- *Sthanika Abhyanga* with *Saindhavadi Taila* and *Mulethi Taila*

- *Anuvasana Basti* with *Saindhavadi Taila* (70 ml)⁵
- *Guduchiyadi Ksheer Basti- Niruha Basti* according to *Yog Basti* schedule for 8 days
- *Sarvanga Paisheka* with *Godhana Arka* and *Giloy Kwatha*⁶
- *Janu Upnaha* for b/l knee joint.⁷

Table 5. Contents of *Guduchiyadi Ksheer Basti*

Contents	Quantity
<i>Makshika</i>	90 ml
<i>Lavana</i>	10 gm
<i>Saindhavadi taila</i>	60 ml
<i>Guduchiyadi kalka</i>	20 gm
<i>Guduchiyadi Ksheerpaka</i>	150 ml

Table 6. Basti Schedule

Day-1	Day-2	Day-3	Day-4	Day-5	Day-6	Day-7
A	N	A	N	A	N	A

As with all Panchakarma processes, treatment is scheduled daily in steps:

- **Purvakarma:** Following *Laghu Aahar*, patients with *Anuvasana Basti* must undergo *Mridu Abhyanga* and *Swedana (Parisheka)* in the *Udara*, *Sphik*, and *Pristha* three areas. Prior to *Niruha Basti*, follow the same procedure as *Anuvasana Basti*, but they should do so on an empty stomach. *Janu Upnaha* was also applied on b/l knee joint after *Basti Karma*.
- **Pradhanakarma:**

→ *Saindhavadi Taila Anuvasana Basti:* The patient should receive 70 ml of *Saindhavadi Taila* applied as *Anuvasana Basti*.

→ *Guduchiyadi Ksheer Niruha Basti:* 330 ml of *Guduchi Siddha Niruha Basti* must be given the day after *Anuvasana Basti*.

→ *Janu Upnaha* was also applied on b/l knee joint after *Basti Karma*.

- **Paschatkarma:** The patient should lie down in supine position and defecate whenever an urge arises.

Table 7. Shamana Ausadhi

Medicine Name	Dose
• Divya Giloy Kwath	Empty stomach, BD
• Divya Peedantak Kwath	
• Divya Peedanil Gold Tablet	1-1 tab, TDS (before meal)
• Chandraprabha Vati	1-1 tab, TDS (after meal)
• Divya Gokshuradi Guggulu	1-1 tab, TDS (after meal)
• Divya Trighan Vati	1-1 tab, TDS (after meal)

Observations and Results

Observations

- Day 1-3: The patient reported slight discomfort during the first three days of the treatment but showed improvement in joint pain and reduced swelling by the end of the second day.
- Day 4-5: Significant reduction in pain and inflammation. The patient reported easier movement in the

affected joints, with some mild stiffness still present.

- Day 6-8: Almost complete resolution of pain and swelling. The patient was able to walk comfortably, with minimal discomfort. No redness or warmth was noted around the joints.

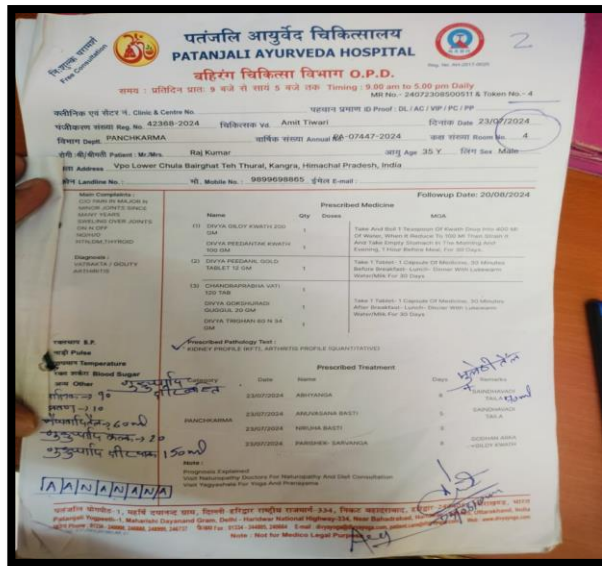
Results

Changes in symptoms before and after treatment:

Table 8. Before and after Treatment

Parameters	BT (Before Treatment)	AT (After Treatment)
Toda (Pain)	3	1
Stabdhata (Stiffness)	2	Nil
Svathu (Swelling)	3	Nil
Vaivarnya (Discoloration)	3	1

Changes in investigation before and after treatment:



Before

After

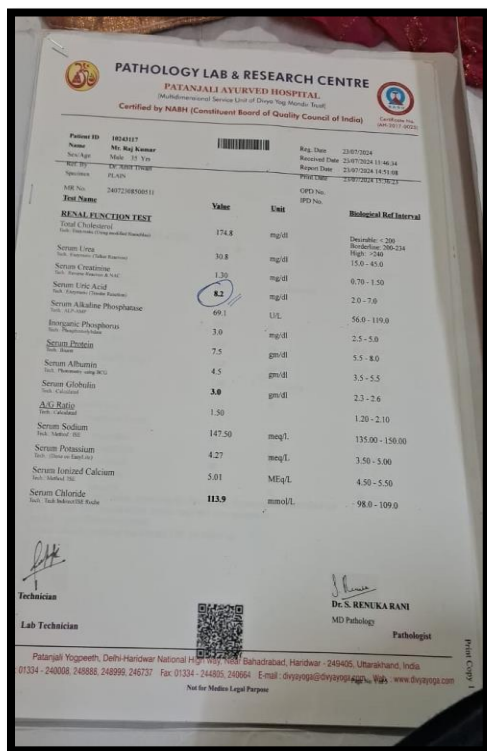


Table 9. Changes In Investigation

Investigation	Before Treatment	After treatment
CBC with ESR	ESR-60 mm/1 st hr	ESR-20 mm/1 st hr
S. Uric acid	8.2 mg/dl	6.4 mg/dl
CRP	25 mg/L	8 mg/L

Discussion

Vatarakta is a chronic condition that primarily affects Sandhi, often presenting with severe pain,

swelling, and redness. It is commonly seen in conditions such as gout, rheumatoid arthritis, or other inflammatory joint disorders. In Ayurveda, Vatarakta is classified as

a *Vata-Pitta* disorder, where an imbalance in the *Vata* and *Pitta* doshas leads to the accumulation of toxins (*Ama*) in the joints, resulting in pain, swelling, and inflammation.

In this case, the combination of *Guduchiyadi Ksheer Basti*, *Parishek*, *Janu Upnaha*, and *Sthanika Abhyanga*⁸ was utilized to provide a comprehensive approach to managing *Vatarakta*. The therapeutic modalities chosen not only aimed at reducing symptoms but also focused on restoring balance and promoting overall wellbeing by targeting both the internal and external causes of the disease.

Role of *Guduchiyadi Ksheer Basti* in Treatment

Basti therapy is recognized as one of the most effective approaches for addressing ailments associated with the *Vata Dosha*, particularly in cases characterized by pain, stiffness, or inflammation, such as *Vatarakta*. Specifically, *Ksheer Basti* employs medicated *Ksheera* to both nourish and calm the *Vata Dosha*, while also delivering a detoxifying effect. In this instance, *Guduchiyadi Ksheer Basti* was selected due to the beneficial properties of *Guduchi* (*Tinospora cordifolia*), a prominent herb in *Ayurveda* known for its anti-inflammatory, antioxidant, and detoxifying attributes. *Guduchi*⁹ has demonstrated its ability to enhance immune function, mitigate free radical damage, and facilitate blood purification, rendering it an excellent option for conditions like *Vatarakta*, which is marked by toxin accumulation in the joints. When paired with medicated milk, which possesses natural soothing and *Vata*-pacifying properties, this therapy provides numerous advantages in alleviating pain, swelling, and inflammation while simultaneously nourishing the affected tissues.

Synergistic Effect of Combined Therapies

The combination of *Guduchiyadi Ksheer Basti*, *Parishek*, *Janu Upnaha*, and *Abhyanga* offered a synergistic effect that addressed *Vatarakta* from multiple angles. The internal cleansing and *Vata*-pacifying effects of *Ksheer Basti* were complemented by the external soothing effects of *Parishek*, *Janu Upnaha*, and *Abhyanga*. Each therapy played a distinct role in restoring balance to the *Vata* and *Pitta* doshas, reducing inflammation, and promoting joint mobility.

The positive clinical outcomes in this case, with significant relief in symptoms such as pain, swelling, and stiffness, highlight the effectiveness of *Ayurvedic*

treatment modalities in managing *Vatarakta*. Furthermore, these therapies also promote long-term healing, as they not only address the immediate symptoms but also help to restore balance in the body's deeper tissues and systems.

Conclusion

A comprehensive understanding of *Dosha*, *Dushya*, and *Vyadhi Awastha* is essential for the effective management of *Vatarakta*. The therapeutic agents administered to patients primarily belong to the categories of *Tikta-Kashaya Rasa*, *Laghu-Rooksha Guna*, and *Ushna Veerya*, and are typically classified as either *Kapha-Vata Hara* or *Pitta-Vata Hara*. These formulations are primarily utilized for *Deepan-Paachan* and *Rakta Prasadana*, along with *Shoola* and *Shothagna Karma*. The patient experienced an 80% reduction in symptoms, and laboratory results indicated a significant decrease in Serum Uric Acid levels. Consequently, the *Ayurvedic* treatment proved effective in resolving the condition without leading to additional complications. By thoroughly understanding the *Nidana*, *Lakshana*, and *Samprapti* of *Vatarakta*, it is possible to categorize it as a *Vata Vyadhi* and successfully manage it through *Panchakarma* therapy.

Conflict of Interest

The authors declare no conflicts of interest.

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