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RESEARCH ARTICLE

MANAGEMENT OF VATARAKTA WITH VIRECHANA KARMA – A CASE REPORT

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Abstract

Vatarakta is metabolic and also a life style disorder of today's world which is rising rapidly. It is a Vatapradhana Tridoshaj Vyadhi caused by both, Vata Dosh and Rakta Dushti and therefore is called Vatarakta. Here is a single case report of **30 years** old male patient approached the OPD of Government Ayurvedic hospital, Hyderabad, with chief complaints of severe pain in Metacarpo-phalangeal, Metatarso-phalangeal, wrist and ankle joint with stiffness+++ more than 1 hour, tenderness+++ , sleeplessness due to pain, swelling of more than two joints along with moderate blackish discoloration. All the above complaints were present since 4 months. The patient was given panchakarma therapy, in the form of Virechanakarma with Kalyanakagrita as a Snehapanafollowed by samsarjanakrama. After 20 days of treatment patient got a significant symptomatic relief, which was relatable to the reduction in the level of serum uric acid in blood. In case of Vatarakta, though Vasti, Raktamokshana and many palliative measures are indicated to remove the accumulated excess doshas from the body, Virechanakarma can be considered due to its quick & effective results.

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Introduction:-

“VataDushitam Raktam Yatra Roga Visheshah”. The disease characterized by the abnormality of Rakta Dhatu due to morbidity of Vata Dosh is called as Vatarakta [1]. Vata Rakta is the metabolic disorder where pain is predominant symptom which disturbs day-to-day life of the patients. The word vatarakta is made of 2 words i.e. vata and rakta. Vata Rakta is also known as Khudaroga, Vata-balasa, and Vatashra & Adhyavata [2]. The chief complaint of the patient is severe joint pain with onset at Hasta, Pada, and Mulagata sandhi [3] and then migrates to other joints in a way similar to that of a scorpion bite Akhuvisha [4].

Vatarakta is a disease explained in Ayurveda described under Vatavyadhis almost in all Ancient texts of Ayurveda. While Charakacharya dedicate a separate chapter on it.

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According to site of origin Acharya Charaka, Chakrapani Dutta, Yogratnakar have further classified Vatarakta as UttanaVatarakta and GambhiraVatarakta. Other Ayurvedic Acharyas have not mentioned these two varieties of Vatarakta. In spite of these one more variety of Vatarakta i.e. UbhayaVatarakta has been described by Acharya Charaka.

According to AcharyaCharaka, clinical features of Vatarakta are different according to site. In case of UttanaVatarakta, symptoms are Kandu (Pruritis), Daha(Burning), Ruk (Pain), Ayaam (Extension), Toda (Pricking pain), Sphurana (Throbbing pain), Kunchana (Contraction), Tvak-Tamra-Shyava-Lohita-Varna (Dusky red or coppery coloration of skin), and Bhanjana (Cracking). In case of GambhiraVatarakta seated Vatarakta, symptoms are Shvayathu (Swelling), Stabdhatta (Rigidity), Kathinya(Hardness), Atiruk(Agonizing pain), Tvakshyavavarna, Tamravarna (Dusky red or coppery coloration of skin), Daha(Burning), Toda (Pricking pain), Sphurana (Throbbing pain), Paka(Suppuration), Granthi(Glandular enlargement), Sandhi-Asthi-Majjagata ChedanavatVedana(Cutting pain in joints, bones and bone marrow), SandhiAsthivakrata(Deformity in joints and bones), Khanjata (Lameness), Pangulya (Paraplegia). Sometimes, both characters co-insides.

Case Report:

A 30-year-old person reported at OPD of Department of panchakarma, Dr. BRKR Govt Ayurvedic college & hospital, Hyderabad with the chief complaints of severe pain in Metacarpophalangeal, Metatarsophalangeal, wrist joint, ankle joint, stiffness+++ more than 1hour, tenderness+++ , sleeplessness due to pain,swelling greater than two joints along with moderate blackish discoloration since 4months

Past history:

No H/O HTN/ DM/Asthma

Investigations:

Done at the Initial and on completion of treatment.

General:

CBC

Specific:

Serum uric acid

Ashtavidhpariksha

- A. Nadi (pulse) = 78/min.
- B. Mala (stool) = Madhyama
- C. Mutra (urine) = Prakruta.
- D. Jihva (tounge) = Nirama
- E. Shabda (speech) =Prakruta
- F. Sparsha (skin) = Sandhipradeshishotha
- G. Druk (eyes) = Madhyama
- H. Akrti= Madhyama.

On Examination

- General condition of patient was good and afebrile.
- Pulse: 76/min
- Blood pressure: 130/80 mm of Hg

Systemic examination:

CVS: S1 S2 Normal

CNS: Well oriented, conscious.

RS: Air entry bilaterally equal

P/A: Soft, non-tender; Liver, Kidney, Spleen not palpable

Materials and Methods:-**Methods:-****Types of Study:**

Simple random single case study.

Study Centre:

DR.B.R.K.R Govt Ayurvedic medical college & hospital, Hyderabad, Telangana

Materials used in the study**Assessment criteria:**

Table 1:- Showing gradation of symptoms according to WHO scoring pattern.

S.no	Grade	Joint pains	Stiffness	Tenderness	Discoloration
1	0	Normal	No stiffness	Normal	Normal coloration
2	1	Mild	Stiffness relieves in 5-10 minutes	Mild	Near to normal which looks like normal to distant observer
3	2	Moderate	Stiffness relieves in 10-20 minutes	Moderate	Slight reddish black discoloration
4	3	Severe pain	Stiffness lasts longer	Severe pain	Blackish discoloration

Haematological:

CBC, Serum uric acid

Intervention:

(Virechana karma)

1. Deepana&Pachana with chitrakadi vati(250mg) and Hingvastakachurnam(3gms) for 5 days (twice a day)
2. Snehanawithkalyanakaghrtam for 5days (Increasing dose)
3. Mrdu abhyanga withsukoshnapindatailaafter ushnajalasnanafor 3 days
4. Virechanam with Trivritchurnam(6gm)
5. Samsarjana krama for 5days

Observation:-

On the basis of Assessment criteria observations are as follows

Clinical observations:

Table 2:- Showing clinical changes in symptoms before and after treatment.

Si. No	Symptoms	Before treatment	After treatment
1	Joint pains	3	1
2	Stiffness	3	1
3	Tenderness	2	1
4	Discoloration	4	3

Haematological findings:

Table 3:- Haematological findings before and after treatment.

	Before treatment	After treatment
CBC	Normal	Normal
Serum uric acid	8.9mg/dl	5.9mg/dl

Results:-

Total study period was 20days; it was observed that almost 65% of his symptoms disappeared in 20days and patient free from symptoms. Lab investigations were repeated at the end of 20th day and uric acid level was decreased from 8.9 to 5.9.

Discussion:-

Vatarakta is a disease related with Khavaigunya found in RaktavahaSrotas which includes vitiated Vata and blood.

Vatarakta is the major example of vatavyadhi, caused due to Avarana pathology. It signifies the association of vata along with vitiated pitta and Rakta dhatu and obstruction in the path of Rakta dhatu is the core pathology of the disease. As there is accumulation of morbid dosha in large quantity all over body, Panchakarma can play a key role in the management of Vatarakta. Virechana karma (therapeutic purgation), one among the Panchakarma, is a purification process that is commonly used to treat metabolic disorders like obesity and diabetes mellitus. Hence, Virechana karma can be found impressively effective in the treatment of Vatarakta. The Kalyanakagrita which is selected as a Sneha pana though mentioned under the context of Unmada, has a direct indication for Vatarakta and therefore selected for purva karma.

Virechanakarma is important among ShodhanaChikitsa because it not only acts over Pitta but also on Kapha, Vata, Meda and Rakta and rakta is sadharmi to pitta. Removes Avarana of Vayu in Kosta& corrects Agni Vaigunyata. According to a Hypothesis, Virechana Drugs causes increased bile secretion & increased peristaltic movements. Hence Virechana reduces Pitta Dushti& normalizes Agni [5]. In virechana karma, when the medicine is administered to the patient orally after the complete digestion of the given medicine the action starts.

The active ingredients of the given medicine will stimulate the mucosal membrane and changes the normal permeability of mucosal lining temporarily, due to which exudation of morbid impurities which were transferred from cellular level to gut level with the help of snehana and swedana karma are expelled out through Anal route. [6]

Conclusion:-

Hence it can be concluded that virechanakarma is effective in vatarakta. KalyanakaGrita can preferred Sneha pana for this purpose.

As this is the single case study the same intervention can be used in larger population to see the efficacy of the above said therapy.

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