

## Ayurvedic Management of *Vātadhika Vātarakta* – A Case Series

Himanshu R. Kanzaria\*

### Abstract

*Vātarakta* is a classical disorder described in Ayurveda that arises due to the simultaneous vitiation of *Vāta* and *Rakta*, resulting in a pathological condition characterized by mutual obstruction (*Āvaraṇa*) between these two factors. This complex interaction between *Vāta* and *Rakta* leads to a wide spectrum of clinical manifestations, making the condition challenging to diagnose and manage effectively. Among the four types of *Vātarakta* described in classical texts, *Vātadhika Vātarakta* predominantly manifests with clinical features, such as referred joint pain, blackish discoloration of the affected region, intermittent swelling, varicosity (*sirāyāma*), and difficulty in walking, due to pain and discomfort. These symptoms significantly impair the functional capacity and overall quality of life of the patients. In the present case series, six patients clinically diagnosed with *Vātarakta* based on classical symptomatology and Ayurvedic diagnostic criteria were included. All patients were treated using a combination of *Śamana Cikitsā* (palliative management) and appropriate *Pañcakarma* procedures, planned according to Ayurvedic principles described in classical literature. The treatment protocol was individualized based on the *Doṣa* predominance and the overall condition of the patient. The patients were monitored at regular intervals to assess the progression of the disease and to evaluate the therapeutic outcomes in a systematic manner. After an average treatment duration of one month, all patients demonstrated significant improvement in major clinical symptoms, including marked reduction in pain, swelling, and difficulty in walking, along with noticeable restoration of functional mobility and daily activities. Although *Vātarakta* is often correlated with gout in modern medical science, the present study attempts to understand and interpret the condition from a broader Ayurvedic clinical perspective by emphasizing symptom-based diagnosis and *Doṣa*-based management. The findings of this case series suggest that classical Ayurvedic therapeutic interventions, when applied judiciously, may play a significant and effective role in the management of *Vātarakta*, providing both symptomatic relief and functional improvement.

**Keywords:** *Ayurveda*, gout, *mudga pāyasa svedana*, *vātadhika vātarakta*

### INTRODUCTION

*Vātarakta* is a classical disease entity described in Ayurveda that arises due to the simultaneous vitiation of *Vāta* and *Rakta*, resulting in a pathological state characterized by mutual obstruction (*Āvaraṇa*) between these two factors [1].

#### \*Author for Correspondence

Himanshu R. Kanzaria

E-mail: [dr.himen2006@gmail.com](mailto:dr.himen2006@gmail.com)

Lecturer, Department of Kayachikitsa, Government Akhandanand Ayurveda College and Hospital, Ahmedabad, Gujarat 380001, India.

Received Date: March 17, 2026

Accepted Date: April 01, 2026

Published Date: April 02, 2026

**Citation:** Himanshu R. Kanzaria. Ayurvedic Management of *Vātadhika Vātarakta* – A Case Series. Journal of AYUSH: Ayurveda, Yoga, Unani, Siddha and Homeopathy. 2026; 15(1): 62–67p.

This interplay between *Vāta* and *Rakta* leads to a complex clinical presentation, making *Vātarakta* a challenging condition to manage. Classical Ayurvedic texts classify *Vātarakta* into four types based on the predominance of the causative factor responsible for *Raktaduṣṭi*, namely *Vātaja*, *Pittaja*, *Kaphaja*, and *Rakta-pradhāna* (occurring independently of *Doṣa* predominance). Among these, when *Raktaduṣṭi* occurs primarily due to

aggravated *Vāta*, along with an independent *Vāta prakopa*, the condition is specifically termed *Vātadhika Vātarakta*.

In *Vātarakta*, *anyonya āvaraṇa* (mutual obstruction) is a key pathological mechanism, wherein *Vāta* obstructs the normal movement (*gati*) of *Rakta*, and the vitiated *Rakta*, in turn, obstructs the free movement of *Vāta*. This bidirectional obstruction further aggravates both entities, thereby sustaining and worsening the disease process. Several etiological factors contribute to this pathological cascade, including excessive intake of incompatible foods (*viruddhāhāra*), unwholesome dietary habits, and lifestyle practices that predominantly aggravate *Vāta*. Classical texts also highlight specific activities, such as prolonged riding on animals like horses, camels, or elephants – particularly while maintaining the legs in a dependent (hanging) position – as well as excessive physical exertion and strain, as important causative factors. These factors initially provoke *Vāta*, which subsequently vitiates *Rakta*, ultimately culminating in the manifestation of *Vātarakta* [2].

Clinically, *Vātadhika Vātarakta* predominantly manifests with features indicative of aggravated *Vāta* along with *Rakta duṣṭi*. These include varicosity (*sirāyāma*), various types of pain, such as *śūla* (pricking pain), *sphuraṇa* (throbbing), and *todaṇa* (piercing pain), along with blackish discoloration (*kārṣṇya*) and dryness (*rauṣya*) of the affected region. Additionally, patients may present with intermittent swelling characterized by sudden increase and decrease (*śothasya akasmāt vṛddhi-hāni*), reflecting the fluctuating nature of the pathology. Difficulty in walking due to severe pain (*atiruk*) is also a commonly observed feature, significantly affecting the patient's quality of life [3]. These clinical manifestations collectively highlight the dominance of *Vāta* along with involvement of *Rakta* in the disease process.

#### CHIEF COMPLAINT

- *Ubhaya pada ati shoola* (severe pain in both legs).
- *Ubhaya adho pada pradeshe Krushna vaivarnyata* and *rauṣhya* (blackish discoloration and dryness of both lower legs).
- *Ubhaya adho pada pradeshe shotha* (swelling in bilateral lower legs).
- *Shothasya akasmāt vṛddhi hani* (sudden increase and decrease of swelling).
- *Gamane kashtata* (difficulty in walking due to pain).

#### Assessment Criteria

Table 1 presents a grading system of symptom severity from Grade 0 (normal) to Grade 4 (severe), based on increasing discoloration, swelling, and pain, with higher grades indicating greater tissue damage and movement difficulty.

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

Symptom	Discoloration	Swelling	Pain
Grade 0	Normal colouration	No swelling	No pain.
Grade 1	Near to normal which look like normal from distance	Mild swelling, only noticeable on careful inspection	Mild pain.
Grade 2	Reddish colouration	Moderate swelling, clearly visible with mild tenderness	Moderate pain but no difficulty in moving.
Grade 3	Slight reddish black discoloration	Severe swelling, tense swelling with tenderness and limitation of movement	Slightly difficulty in moving due to pain.
Grade 4	Blackish discoloration	–	Much difficulty.

#### MATERIALS AND METHODS

All the patients enrolled in this study were selected from the Outpatient Department (OPD) of Government Akhandanand Ayurved College, Ahmedabad.

The treatment of Vātādhika Vātarakta is based on the classical references described in the Vātarakta chapter, specifically pertaining to Vātādhika Vātarakta; the dosage and timing are presented in Table 2.

**Table 2.** Medicine & dose during treatment.

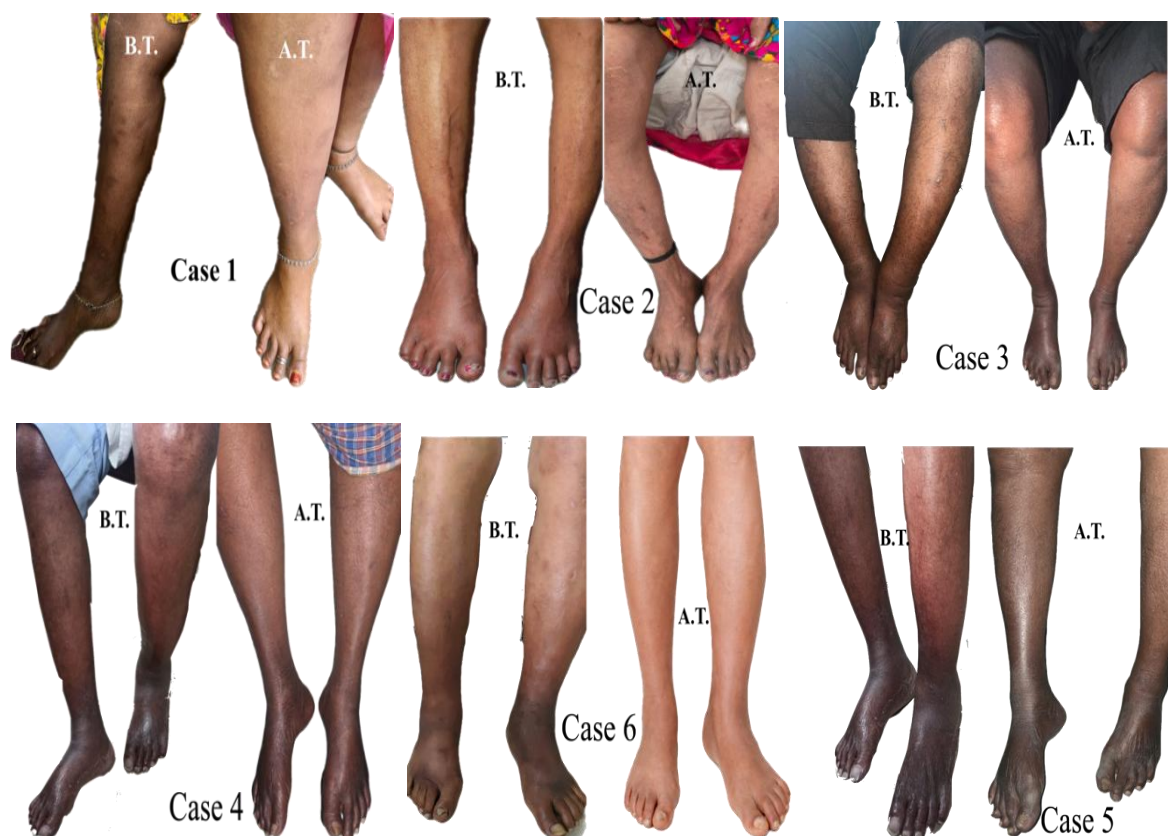
S. N.	Medicine	Dose
1	<i>Guduchi kshirapaka</i> made with 5 gm of fresh <i>guduchi</i> stem	BD empty stomach.
2	Cap. <i>Kshirabala</i> 101 avarti	2 TDS after meal.
3	Fresh <i>Guduchi</i> stem <i>siddha shruta sheeta jala</i>	Whole day whenever feels thirsty.
<i>Procedure</i>		
1	<i>Sthanika Abhyang</i> with <i>koshna ghrta</i>	L/A.
2	<i>Mrudu Swedan</i> by <i>Mudga Payas</i>	L/A.
3	<i>Matrabasti – Kshirbala taila</i>	30 ml.

### RESULT

The patient was assessed at baseline, i.e., at the initiation of treatment, and subsequently after one month of therapy. All symptoms were re-evaluated to assess the efficacy of the treatment. Table 3 and Figure 1 show the changes in symptoms before and after treatment. Significant improvement was observed in pain and swelling, while moderate improvement was noted in discoloration, as it may require a longer duration to return to normal skin color.

**Table 3.** Changes in symptoms before and after treatment.

Symptoms	B.T.	A.T.
Discoloration	4	2
Swelling	3	0
Pain	4	1



**Figure 1.** Before (baseline) and after treatment (after one month).

## DISCUSSION

As Ayurveda advocates an individualized and patient-centric approach to treatment, each type of *Vātarakta* requires a carefully tailored therapeutic plan based on the predominance of the involved *Doṣa*. *Vātarakta* is a complex pathological condition characterized by the simultaneous vitiation of both *Vāta* and *Rakta*, and hence its management necessitates a dual approach targeting both components. Among the various therapeutic modalities described in classical Ayurvedic literature, *Raktamokṣaṇa* and *Basti* are considered the principal lines of treatment, addressing the vitiated *Rakta* and *Vāta*, respectively.

However, it is important to recognize that therapies directed towards *Rakta* are not universally suitable in all clinical presentations of *Vātarakta*. The applicability of such interventions depends upon the strength of the patient (*Rogī Bala*), the stage of the disease, and the dominance of specific *Doṣas*. For instance, *Raktamokṣaṇa* is contraindicated in patients suffering from *Vātādhika Vātarakta*, particularly in individuals who are lean (*krśa*) or debilitated, as it may lead to further aggravation of *Vāta* and, thereby worsen the clinical condition. Such considerations highlight the necessity of a cautious and judicious selection of therapeutic measures.

In the context of *Vātādhika Vātarakta*, classical Ayurvedic texts emphasize a treatment protocol primarily aimed at *Vāta Śamana* along with *Rakta Prasādana*, while ensuring that neither of the vitiated *Doṣas* is further aggravated during the course of treatment. This requires the use of gentle, nourishing, and *Vāta*-pacifying therapies, along with measures that help in maintaining the purity and stability of *Rakta*. Therefore, the management strategy should be meticulously planned to achieve a balance between alleviating *Vāta* and simultaneously supporting and stabilizing *Rakta Dhātu*.

Keeping these fundamental principles in consideration, a comprehensive and individualized treatment protocol was designed for all the cases included in the present study. The management approach incorporated appropriate *Pañcakarma* procedures, selected according to the patient's condition, along with the administration of classical Ayurvedic formulations indicated specifically for *Vātādhika Vātarakta*. This integrative approach aimed not only at symptomatic relief but also at addressing the underlying pathophysiology of the disease, thereby promoting sustained therapeutic benefits.

- *Abhyang* with *koshna ghrita* (massage with lukewarm ghee)

सर्पिः तैललवसामज्जापानाभ्यञ्जनबस्तिभिः ।  
सुखोष्णैः उपनाहैश्च वातोत्तरमुपाचरेत् । [4]

*Sukhoshna Upanaha* (mildly warm poultices) is recommended in the management of *Vātadhika Vātarakta*; as excessive heat in the form of very hot *Upanaha* may further vitiate *Rakta*.

- *Mudga payas svedan* (sudation therapy using a preparation of green gram (mung beans) cooked with milk.)

लेपान् वातोत्तरे शृणु।  
वातघ्नैः साधितः स्निग्धः सक्षीरमुद्गपायसः [5]

*Payasa* prepared from *Mudga* (green gram) and milk has been specifically advised in classical Ayurvedic texts for the management of *Vatadhika Vatarakta*. As *Vatarakta* involves *Raktadushti*, excessive *Swedana* in other forms, such as *Nadi Svedana* and *Patrapinda Svedana*, is generally not advisable as it can further vitiate *Rakta* due to *Ushna Guna*; therefore, such therapeutic measures help provide the benefits of mild sudation without aggravating *Rakta* and also subside *Vata*, thereby relieving pain in patients.

- *Matrabasti* (Therapeutic enema administered in a measured (small) dose).

न हि बस्तिसमं किञ्चिद्वातरक्तचिकित्सितम् । [6]  
सर्वेषु च बलातैलं वा परिषेकावगाहबस्तिभोजनेषु । [7]

According to *Acharya Charaka*, there is no treatment superior to *Basti* in the management of *Vatarakta*. Furthermore, *Acharya Sushruta* has specifically recommended the use of *Bala Taila* in various therapeutic procedures such as *Parisheka* (therapeutic pouring), *Avagaha* (immersion therapy), *Basti* (medicated enema), and *Bhojana* (dietary administration) for the management of *Vatarakta*. Based on these classical references, *Matra Basti* with *Bala Taila* was administered in all six cases in the present study.

- *Guduchi sidhdha shruta sheeta jala* (a medicated water prepared by boiling *Guduchi* and subsequently cooling it before use).

*Guduchi* is considered the most effective drug for the treatment of *Vātarakta* by acharya *Vagbhata*. According to *Bhavamishra*, in diseases associated with *Pitta* and *Rakta*, water that has been boiled and then cooled should be used. Therefore, in this case, water boiled with the stem of *Tinospora cordifolia* and subsequently cooled was administered.

गुडूची वातास्ररोगे । [8]  
दाहातिसार पित्तास्र मूर्च्छा मद्य विषार्तिषु ।  
मूत्रकृच्छ्रे पाण्डुरोगे तृष्णा च्छर्दिश्रमेषु च ॥  
मद्यपानसमुद्भूते रोगे पित्तोत्थिते तथा ।  
सन्निपातसमुत्थेषु श्रुतशीतं प्रशस्यते ॥ [9]

- *Guduchi kshirapaka* (Milk decoction of *Guduchi*)

पिबेत् क्षीरं गुडूचीस्वरसे श्रुतम् । [10]

*Guduchi kshirapaka* is specifically mentioned in the treatment of *Vatarakta* so hereby used in this case in form of.

- *Cap.Kshirbala 101 Aavarthi*:

बलाकषायकल्काभ्यां तैलं क्षीरसमं पचेत् ।  
सहस्रं शतवारं वा वातासृग्वातरोगनुत् । [11]

*Shatapaki* and *sahasrapaki kshirabala* tail are mentioned in the management of *vataadhika vatarakta* it was administered in capsule form.

## CONCLUSION

*Vātarakta* is an increasingly prevalent clinical condition in the present era, often associated with the frequent consumption of *Vāta*- and *Rakta*-vitiating etiological factors (*Vāta–Raktaduṣṭikara Nidāna*) and occupational habits, such as prolonged standing, which contribute to its pathogenesis. Although *Vātarakta* is commonly correlated with gout in modern medicine, the present study interprets the disease from a broader Ayurvedic perspective by emphasizing symptom-based diagnosis and individualized treatment. The results of this case series indicate that appropriate management through classical Ayurvedic principles—including specialized *Pañcakarma* procedures along with indicated Ayurvedic medications for *Vātādhika Vātarakta*—can lead to significant symptomatic relief. Thus, classical Ayurvedic therapeutic interventions may serve as an effective approach in the management of *Vātarakta*.

**REFERENCES**

1. Agnivesha. Charaka Samhita. Commentary by Chakrapanidatta. Hindi commentary by Kashinath Shastry. 8th ed. Varanasi: Chaukambha Sanskrit Samsthana; 2004. Chikitsasthana, Chapter 29, Verse 35.
2. Agnivesha. Charaka Samhita. Commentary by Chakrapanidatta. Hindi commentary by Kashinath Shastry. 8th ed. Varanasi: Chaukambha Sanskrit Samsthana; 2004. Chikitsasthana, Chapter 29, Verses 25–26.
3. Vagbhatta A. Astanga Hridaya. Edited by Vijayshankar Dhanshankar Munshi. Ahmedabad: Sastu Sahitya Vardhak Karyalay; 2017. Chikitsasthana, Chapter 22, Verse 48.
4. Agnivesha. Charaka Samhita. Edited with Ayurveda Chakrapani commentary by Vd. Harish Chandra Singh Kushwaha. Varanasi: Chaukhambha Orientalia; Chikitsa Sthana, Chapter 29, Verse 47.
5. Agnivesha. Charaka Samhita. Edited with Ayurveda Chakrapani commentary by Vd. Harish Chandra Singh Kushwaha. Varanasi: Chaukhambha Orientalia; Chikitsa Sthana, Chapter 29, Verses 135–136.
6. Agnivesha. Charaka Samhita. Edited with Ayurveda Chakrapani commentary by Vd. Harish Chandra Singh Kushwaha. Varanasi: Chaukhambha Orientalia; Chikitsa Sthana, Chapter 29, Verse 88.
7. Sushruta. Sushruta Samhita. With the commentary Nibandha Sangraha of Dalhana. Edited by Vaidya Jadavaji Trikamji Acharya. Varanasi: Chaukhamba Orientalia; Chikitsa Sthana, Chapter 5, Verse 12.
8. Vagbhatta A. Astanga Hridaya. Edited by Vijayshankar Dhanshankar Munshi. Ahmedabad: Sastu Sahitya Vardhak Karyalay; 2017. Uttarasthana, Chapter 40, Verse 50.
9. Bhavamishra. Bhavaprakasha. Commentary by Brahma Shankara Mishra and Rupalalji Vaishya. 11th ed. Varanasi: Chaukhambha Sanskrit Bhavan; 2010. Jvara Chikitsa, Verses 101–102.
10. Agnivesha. Charaka Samhita. Commentary by Chakrapanidatta. Hindi commentary by Kashinath Shastry. 8th ed. Varanasi: Chaukambha Sanskrit Samsthana; 2004. Chikitsasthana, Chapter 29, Verse 71.
11. Agnivesha. Charaka Samhita. Commentary by Chakrapanidatta. Hindi commentary by Kashinath Shastry. 8th ed. Varanasi: Chaukambha Sanskrit Samsthana; 2004. Chikitsasthana, Chapter 29, Verse 119.