

Review on Understanding and Management of Vatarakta W.S.R. to Hyperuricemia

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ABSTRACT

Background - Health is a multidimensional concept that includes physical, physiological, mental, emotional, spiritual, and social well-being, all of which are profoundly influenced by diet and lifestyle choices. Throughout Ayurvedic literature, there is a consistent emphasis on the critical role of *Ahara* (diet) and *Vihara* (lifestyle) in both preserving *Swasthya* (health) and managing *Vikara* (diseases). This emphasis is especially relevant today, given the significant rise in lifestyle-related metabolic disorders. *Vatarakta* or gouty arthritis, is a chronic condition stemming from metabolic disruptions caused by unhealthy dietary habits and lifestyle choices. It involves vitiated *Vata* and *Rakta* (blood). Initially, vitiated *Vata* blocks the pathways of vitiated *Rakta*, which subsequently obstructs *Vata* itself. This condition shares clinical features with gouty arthritis in its modern counterpart. The primary biochemical feature of gout is elevated levels of serum uric acid (Hyperuricemia) in the bloodstream, stemming from either increased production, decreased excretion, or a combination of both the processes. Ayurvedic literature emphasizes various treatment approaches for *Vatarakta*, including *Raktamokshan* (blood-letting therapy), *Virechana* (purgation), *Basti Karma* (therapeutic enema), *Shamana chikitsa* (pacification), *Rasayan chikitsa* (Rejuvenation) and external therapies such as *Parishek* (fomentation), *Abhyang* (Oleation), *Lepa* (ointment), *Upanah* (poultice).

Aim - This study aims to explore the concepts of *Vatarakta*, its management and to compile the findings from various previous researches and effect of their treatment protocols on Hyperuricemia

Material and methods - Ayurvedic texts (Samithas) and databases like PubMed, Scopus, DHARA, Google Scholar, and other related researches were extensively reviewed to gain a comprehensive understanding of *Vatarakta* and its therapeutic strategies.

Results & Conclusion - Multiple studies on *Vatarakta* management were reviewed, revealing significant decrease in serum uric acid levels with treatments like *Guduchi Siddha Yoga Basti*, *Yashtyadi niruha basti*, *Kaishore guggulu*, *Punarnava-Amrita Guggulu*, *Navkarshik ghan vati* and *Navkarshik kashayam*. Detailed insights from these studies are discussed below.

Keywords: *Vatarakta*, *Raktamokshana*, *Rasayana*, Gouty Arthritis, *Punarnava-Amrita-Guggulu*, *Guduchi Siddha Yoga Basti*, *Navkarshik kashayam*.

INTRODUCTION

In *Ayurved*, Health is the state of *Doshasamyā*, *Dhatusamyā*, *Agnisamyā*, *samānyā malakriyā* as well as wellness of *mana* and *Atmanedriyā*.^[1] It is *Vata pradhan tridoshaj vyadhi* and its main *Dushya* is *Rakta*. According to *acharya Sushrut* “*Aakhorvishamiv krudham deham anusarpati*” (in aggravated stage, it spreads in whole body like Rat poison)^[2] It is considered that the life of all living beings depends on *Rakta*. By excessive intake of hot, sour, irritant, alkaline food items, exposure to too much heat *Rakta dhatu* gets vitiated and if the same individual with vitiated *rakta dhatu* starts taking *Vata prakopak ahara* and *vihara*, it will cause vitiation of *Vata Dosha*. Already vitiated *Rakta dhatu* obstructs the path of *Vitiated vata*. Aggravated and obstructed *vata dosha* in turn vitiates the *rakta dhatu* and manifests as *Vatarakta* (Gout).^[3] It can be correlated with “Gout” due to similarities in their symptoms. These days, due to rapid modernization, consumption of half fried food or baked food causes impairment in digestion and metabolism making human being prone to many life-threatening ailments like stroke or functional impairment like in joint disorders. Among all these ailments *Vatarakta* (Gout) is a common presentation with symptoms like severe pain, inflammation, burning sensation and tenderness in the affected joints. Gout is a true crystal deposition disease and it is a pathological reaction of the joint or periarticular tissue to the presence of monosodium urate monohydrate crystals.^[4] Small joints of feet and hands are mainly affected in *Vatarakta* (Gout). Gout is a metabolic disorder affecting middle aged to elderly men and postmenopausal women.^[5] Purine is a chemical compound and building block of DNA, RNA and its metabolism is disturbed in gout. A high protein diet contains large quantities of purines. All alcoholic beverages, meats like bacon, turkey, chicken, lamb, organ meat, seafoods, spinach, peas, cauliflower are rich in

purines. Uric acid is the end product of purine metabolism. The fundamental biochemical hallmark of Gout is raised uric acid level which results from increased production and decreased excretion of uric acid or combination of both processes. Levels are higher in men than women, they rise from the age of 20 in men and after menopausal age in women. Hyperuricaemia is defined as serum uric acid levels greater than 2 standard deviations above the mean for the population.^[4] Hyperuricaemia leads to formation and deposition of mono sodium urate crystals (MSU crystals) which advantageously deposit in bursa, joint, tendon and its spaces and eventually form nodular swellings called Tophi. Gout is typically characterized by episodic acute and chronic arthritis and pain and swelling of 1st metatarsophalangeal joint initially, followed by involvement of other joints. The prevalence of Gout is 1-2% with a strong male predominance (>5:1).^[4] Among the affected population, males are more commonly affected, whereas postmenopausal women are at a higher risk.^[6]

Gout is almost exclusively a male disease and it is the most common cause of arthritis in men over the age of 40. Secondary gout is due to renal impairment or drug therapy which mainly affects people over the age of 65 and usually this form is seen in females. In modern treatment NSAIDs and Glucocorticoids are one of the treatment protocols to treat Gouty Arthritis symptomatically, which has many adverse effects specially in the presence of GIT ailments or renal insufficiency making the disease chronic after prolonged usage. Therefore, this review is an attempt to compile the results of various researches done on *vatarakta*.

NIDANA OF VATARAKTA

In *Ayurved*, the causative factors (*Nidan*) of *Vatarakta* are categorized under *Aaharaj* (dietary causes) and *Viharaja* (lifestyle causes).

Aaharaj Nidan (dietary causes) include:

- Excessive intake of *Rasa* (tastes) such as *Katu* (pungent), *Tikta* (bitter), *Kshaya* (astringent), *Amla* (acidic), *Lavana* (salty) and *Kshara* (alkaline).
- Excessive consumption of *Ahara* (diet) that is *Snighda* (unctuous), *Ushna* (hot), *Ruksha* (dry), and *Klina* (sodden).
- Consumption of *Shushka* (dry), *Aanupa Mamsa* (flesh of marshy land), *Pindyaka* (paste of oil seeds after oil extraction), *Mulaka* (radish), *Kulattha* (red gram), *Masha* (black gram), *Shakadi* (green leafy vegetables), *Palala* (grated flesh), *Ikshu* (sugarcane), *Dadhi* (curd), *Aarnala*, *Souvier* (fermented liquid from dehusked barley), *Shukta* (acidic preparations obtained by fermentation of tubers and fruits), *Takra* (buttermilk), *Sura* (wines), and *Asava* (self-generated alcoholic medicinal preparations).
- Faulty dietary patterns such as *Adhyashana* (eating before the proper digestion of previous food), *Vriudhashana* (eating incompatible foods), *Abhojana* (excessive fasting), *Misthana* (sweets), and *Sukbhojana* (excessive indulgence in enjoyable foods).^[7]

These dietary factors are believed to contribute significantly to the development of *Vatarakta* according to Ayurvedic principles.

Viharaja Nidana - The causative factors related to lifestyle include:

- *Ativyayama* (excessive exercise)
- *Krodha* (anger)
- *Divaswapna* (daytime sleep)
- *Raatrijagrana* (staying awake during the night)
- *Achankramansheelata* (lack of physical activity)
- *Abhighata* (trauma)
- *Ambukrida* (activities involving water)
- *Plavan* (swimming)
- *Veganigraha* (suppression of natural urges)

- Traveling on *Hasti* (elephant), *Ashva* (horse), *Usthra* (camel)

These factors exacerbate *Vata dosha* and disrupt *Rakta Dhatu*, thereby contributing to the pathogenesis of *Vatarakta*. Generally, individuals with a *Sukumar prakriti* (delicate constitution), who consume sweet and delicious foods and lack regular physical activity, are more susceptible to developing *Vatarakta*.^[8]

SAMPRAPTI/PATHOGENESIS^[9]

Various etiological factors mentioned above causes vitiation of *Vata dosha* and *Rakta dhatu*. Vitiated *rakta* obstructs the passage of *vata* in which it has to flow. The obstruction causes aggravation of *vata*, which in turn again vitiates the whole *rakta* and manifests as *vatashonita/vatarakta*, having synonyms as *khuda*, *vatabalasa* and *adhyavata*.

SAMPRAPTI GHATAK

Dosha - Vata Pradhan Tridosha-Janya Vyadhi

Dushya - Rakta, Twak, Mamsa

Agni - Mandagni

Udhbhavasthana - Pakvashya

Sancharasthana- Sarva Sharira

Vyaktasthana - Sandhi (Visheshata Kara Pada Sandhi)

Srotus - Raktavaha, Asthivaha, Majjavaha

Srotodushthi Prakara -

Sanga, Vimargagaman

Rogamarga - Madhyam

METHOD OF PROGRESSSION

According to *Acharya charaka* the signs and symptoms are first manifested in small joints of fingers of both hands and feet.^[10]

Susrutha gives two different opinions in two different places. In *Nidanasthana*, he states that the first manifestation is at the *Padamoola* or root of the foot, sometimes affecting the hand also.^[11] In *Chikitsasthana*, his opinion is same as that of *Charaka*.

POORVAROOPA (Prodromal symptoms)^[12]

S. No.	Prodromal symptoms
1	<i>Swedo atyartham na va</i> - Excessive sweating or absence of sweating
2	<i>Karshnyam</i> - Black discolouration of skin
3	<i>Sparsh agyatvam</i> - Lack of tactile sensations
4	<i>Kshte atiruk</i> - Excessive pain on injury
5	<i>Sandhi shaithilya</i> - Lax joints
6	<i>Alasya</i> – Lethargy
7	<i>Nistoda, Sphurana, Bheda, Guruta, Supti</i> and <i>Kandu</i> in <i>Janu-Jangha-Uru-Kati-Hasta-Padaang Sandhi</i> - Different types of pain, pulsations, heaviness, numbness and itching in knee, thigh, waist, shoulder, hands, feet and other joints.
8	<i>Pidikodgam</i> - Different type of eruptions (Pustules, papules)
9	<i>Vaivarnya</i> - Discolouration of the body or affected part
10	<i>Mandala Utpatti</i> - Appearance of rashes
11	<i>Sadana</i> - Fatigue

TYPES OF VATARAKTA

Acharaya charak mentioned *Uttana* and *Gambhira* as two types of *Vatarakta*,^[13] whereas Acharya Sushrut believed them to be two STAGES of *Vatarakta*.^[14]

	<i>Uttana Vatarakta</i> (Superficial)	<i>Gambhira Vatarakta</i> (Deep seated)
Dhatu involved	<i>Tvak, Mamsa</i>	Involves deeper tissues
Symptoms	<i>Kandu</i> (Itching)	<i>Shvyathu stabhdha kathina</i> (Swelling Stiffness of the joints, Hardness)
	<i>Daha</i> (Burning sensation)	<i>Antar bhrushartimana</i> (Agonizing pain)
	<i>Ruja, Tod, Sphurana</i> (Pain and Fasciculations)	<i>Tod, Sphurana</i> (Pricking pain, fasciculations)
	<i>Ayama Akunchana</i> (Stretching and constricting sensation)	<i>Paka</i> (Ulceration)
	<i>Shyavrakta, Tamra tvak</i> (Blackish, Red or coppery discolouration of Skin)	<i>Khanj, Pangu</i> (Deformities in the joints)

AIM

This study aims to explore the concepts of *Vatarakta*, its management and to compile the findings from various previous researches and effect of their treatment protocols on Hyperuricemia

MATERIALS & METHODS

Ayurvedic texts (*Samithas*) and databases like PubMed, Scopus, DHARA, Google Scholar, and other related researches were extensively reviewed to gain a comprehensive understanding of *Vatarakta* and its therapeutic strategies.

LIST OF VARIOUS RESEARCHES DONE ON THE MANAGEMENT OF VATARAKTA

TRIAL DRUG	NO. OF PATIENTS	TYPE OF STUDY	DURATION	RESULT
Group 1 - <i>Amritadi kwath</i> 30ml with <i>Guda Haritaki</i> 10gm BD Group 2- <i>Febuxostat</i> 40mg BD ^[15]	15 in each group	Randomised clinical trial	6 weeks	Group 1 - 22.6% reduction in Serum Uric Acid Levels Group 2 - 24.4% reduction in Serum Uric Acid levels
Group A- <i>Guduchi kanda kwatha</i> 40ml BD Group B - <i>Gambhari twaka kwatha</i>	47 (Goup A- 23 Group B –	Randomised open label comparative	48days	Group A - Mean serum uric acid value Before intervention -

40ml BD ^[16]	24)	clinical study		7.30 After intervention - 5.44 Group B - Mean Serum uric acid reading before intervention -7.5 After intervention - 5.83
Case 1,2,3 - <i>Navkarshika Ghana vati</i> 250mg, 2BD with 100ml <i>Nvakarshika kashayam</i> Case 2,3 - <i>Amrutadi tailam</i> 10ml with 100ml lukewarm water ^[17]	3 cases	A case series	Case 1- 40days Case 2- 4 months 12 days Case 3 - 23days	S. Uric acid level in Case 1 BT - 9.57mg/dl AT - 6.3mg/dl Case 2 BT - 9.94mg/dl AT - 5.0mg/dl Case 3 BT - 9.55mg/dl AT - 7.0mg/dl
<i>Guduchi yoga (Guduchi kanda churan 1.5gm plus 0.5 gms Trapusha juice extract)</i> ^[18]	20	Randomised single blind, single centre, clinical study.	12 weeks	S.Uric acid levels Before intervention 7-7.9mg/dl -1patient 8-8.9mg/dl - 5pts 9-9.9mg/dl - 8pts 10 and above - 6pts After intervention 3.5-7.5mg/dl - 14pts 7 and above - 6pts
<i>Guduchi Kashaya</i> 50ml BD ^[19]	30	Randomised clinical trial	30	Mean S. Uric acid level before intervention - 7.92mg/dl After intervention - 7.20mg/dl
Group A - <i>Yashtyadi niruha basti</i> (400-700ml) and <i>Murchhit til tail Anuvasana</i> (100-200ml) Group B - <i>Kaishore Guggulu</i> (250mg) 2BD ^[20]	40 (20 in each group)	Randomised clinical trial	30 days	Group A - % decrease in S. Uric acid levels - 36.95% Group B - 35.13%
Group 1 - <i>Kaishore Guggulu</i> 3gm BD Group 2 - <i>Amritadi Guggulu</i> 3gm BD ^[21]	60 (30 in each group)	Randomised clinical trial	18months	Group 1 - % decrease in S. Uric acid levels -31.47% Group 2 - 37.25%
Group 1 - <i>Mridu virechan</i> with <i>Erand tail</i> (10-50ml) in <i>ksheera</i> for 3-5 days followed by administration of 2Tab <i>Punarnava amritadi guggulu</i> (500mgeach) with <i>Amritadi kwatha</i> (24gm for each decoction) Group 2 – 2Tab <i>Punarnava Amritadi guggulu</i> (500mg each) with <i>Amritadi kashayam</i> (24gm for each decoction) ^[22]	30 (15 in each group)	A clinical trial	8 weeks	Group 1 - 20.7% change in S. Uric acid levels Group 2 - 24% change in S. Uric acid levels
Combined efficacy of <i>Kaishore Guggulu</i> and <i>Punarnavadi Guggulu</i> 2Tab (500mg each) BD ^[23]	35	Open label, single arm clinical trial	42 Days	Mean S. Uric acid value Before intervention - 7.4 After intervention -

				6.1 % change in S. Uric acid value - 17%
Group 1 - <i>Bodhi vriksha Kashaya</i> 40ml with honey, BD Group 2 - <i>Guduchi Kashaya</i> 40ml BD [24]	20 (10 each group)	Randomised clinical trial	45 days	Group 1 - % reduction in S. Uric acid level 23.93% Group 2 - 39.04%
Group A- <i>Siravyadha</i> - Twice with interval of 11days (On 1 st and 12 th day of trial, followed by final observation on 24 th day) Group B- <i>Guduchi siddha yoga basti Niruha - Guduchi Ksheerapaka -</i> (50 gm <i>Guduchi Kwatha Choorna</i> + 400 ml milk +1600 ml water) <i>Madhu, Saindhva, Shatpushpa</i> and <i>Madanaphala Kalka</i> Anuvasana - <i>Guduchi Siddha Taila Anuvasana</i> [25]	40 (20 in each group)	24 days	A comparative randomised clinical study	Group A -13.33% change in S. Uric acid levels Group B - 21.4% change in S. Uric acid levels
<i>Jaloka avacharana</i> (Leech therapy) 3 times at an interval of one week [26]	10	3 weeks	A Pilot Study	S. Uric acid results were not significant. % change in serum uric acid levels was 4.4%
<i>Amritadi guggulu</i> 1Tab (1gm) TDS <i>Madhuyashtyadi tail</i> - External application on affected joint, twice daily [27]	30	90 days	Random open label clinical trial	Average decrease in S. Uric acid levels 45%

DISCUSSION

This review provides an in-depth exploration of *Vatarakta*, focusing on its theoretical framework and the outcomes of various researches done in the past. The aim is to enhance understanding of *Vatarakta* and its treatment strategies and their effect on the raised serum uric acid levels. This review revealed that both *Shodhan* and *Shaman* chikitsa had significant effect on decreasing the uric acid levels except *Jalokavacharana* (Leech Therapy). *Jaloka* might not have significant effect on lowering serum uric acid levels but it is useful in managing *Ugra Vatarakta* (Gout flare ups) as *Vatarakta* is caused by vitiated *Vata* and *Rakta doshas* and *raktamokshana* (Bloodletting) is the primary treatment for disorders involving vitiation of *rakta*. [28] According to *Charaka Samhita*, *Vatarakta* is predominantly found in *Sukumara* (Delicate individuals) [29] and *Jalaukavacharana* (Leech therapy) is

specifically recommended for such individuals. Leeches live in cold water and possess a sweet taste, making them particularly beneficial in *Pitta* disorders. [30] Similarly *Siravyadh* is also a type of *raktamokshana* and it is an attempt to remove excessive *kleda* (multiple intermediate metabolites like uric acid) from the *dushit rakta*. [25] *Siravyadha* improves *Sandhishool* and *Jalouka* gives relief in *Vidaha* in present in *Ugra Vatarakta*. [31] The drugs *Amrutha* and *Guggulu* are known to have uricosuric action which excretes excess amounts of uric acid from the body. *Triphala* is one of the major ingredients in majority of the formulations (*Kaishore guggulu*, *Amritadi guggulu*, *Punarnavadi guggulu* and *Navkarshik ghana vati*) mentioned in this review and it works as a xanthine oxidase inhibitor like allopurinol which suppresses the production of uric acid. *Amalaki* is a good source of vitamin C which is associated with lowered serum uric

acid levels. When serum uric acid is lowered below MSU saturation point, the crystals dissolve and gout can be cured.^[27]

Haritaki possesses anti arthritic properties and reduces inflammation in joints.

Amritadi kwath (*Amrita, shunthi, dhanyaka*) showed good results in reducing Serum uric acid levels. *Amrita* (Guduchi) is *Tridosha Hara*, *Snigdha* in Guna and has *Madhura Vipaka*.^[32] It has properties like *Sroto Vishodhana* (Cleanses the channels) and *Rasayana*(rejuvenation). Because of these properties, it helps in maintaining balance between *Dosha* and *Dhatu*. Its *Mutra Virechana* (Diuretic) property helps in excretion of excess of uric acid present in the blood and it also helps in relieving pain caused by vitiation of *Vata Dosha*. Phytoconstituents like alkaloids, glycosides, steroids, terpenoids present in it are responsible for the analgesic effect of this drug and the flavonoids present are responsible for the inhibition of prostaglandins, so, relieving the inflammation. *Shunthi* is *Katu in Rasa, Laghu, Snigdha* in Guna and has *Ushna Virya*.^[33] *Agnimandya* is one of the causative factors of *vatarakta*. *Deepana-Pachana* properties of *Shunthi* increases the digestive fire and improves digestion by *Ama Pachana*. Coriandrol is the major phytochemical present in *Coriandrum sativum* L. (*Dhanyaka*) that is very effective anti-inflammatory agent.^[34] It helps in reducing the inflammation in various joints. *Haritaki* is *Kshaya* in *Rasa*, *Madhura* in *Vipaka*, pacifies all three *Doshas* and possesses properties like *Rasayana* and *Anulomana* (*Vata anulomana*). *Kshaya Rasa* helps in reduction of *Kleda guna* of *Rakta, Kapha Dosha* and *Ama*.^[15]

Navkarshika (*Triphala, Guduchi, Daruharidra, Mnjishtha, Vacha, Katuki*, subsides the symptoms of *Vatarakta* due to its *Shothahara* (Relieves swelling), *Vedanasthapak* (Analgesic), *Raktashodhak* (Cleanses morbid rakta), *Kandughna* (Relieves itching), *Dahaprashamana* (Relieves burning sensation) properties.^[17] Since it has ingredients like *Triphala* and

Guduchi it also decreases Serum uric acid levels.

Gambhari has *Madhura rasa, Guru guna, hot potency* and acts as *Vata hara*. Pacifies *Pitta* and *Rakta* due to its *Madhura tikta kashaya rasa*, and *Madhura vipaka*. It also possesses *Rakta dosha hara karma*.^[16] The active components like alkaloids, quercetin, lignans like arboreal, isoarboreal and saponins present in the bark of *Gambhari* exhibit anti-inflammatory activity, and are also responsible for the anti-nociceptive activity. Therefore it reduces pain, edema, and stiffness.^{[35] [16]} Tannins and lignans (including arboreal, isoarboreal, and related types) are potentially responsible for its ability to increase uric acid excretion (Uricosuric action). Quercetin inhibits xanthine oxidase, thereby reducing the sensation of burning pain by lowering elevated serum uric acid levels.^{[16] [36]}

Approximately two-thirds of serum uric acid is excreted through the gastrointestinal tract, while the remaining one-third is eliminated through the kidneys. In cases of hyperuricemia, the excretion of uric acid through the gut may be impaired. *Basti chikitsa* improve intestinal excretory functions, so, potentially aiding in the excretion of uric acid through the gastrointestinal tract. *Basti* is indicated mainly in *Vata* predominant diseases.^[37] *Basti* is glorified as *Ardhachikitsa* by *Acharya Charaka* and Complete *Chikitsa* by some other *Acharayas*.^[38] *Yashimadhu* present in *Yashtyadi Niruha Basti* has medicinal properties such as *Shothahara, Vatanuloman, Vedanasthapana, Dahashaman & Rasayan* effect. Other ingredients present in *Yashtyadi niruha* have properties like *Dahaprashaman, Sothahara, Raktashodhan* and *Vedanasthapan*.^[20] *Punarnava* has Anti-inflammatory and Diuretic action.^[39] *Punarnava* accelerates the kidney's filtration process, facilitating the removal of excess fluids and waste products. *Bodhi vriksha Kashaya* is *vatapittashamak* and it has anti-inflammatory and analgesic properties.^[40]

As discussed above *Guduchi* and *Guggulu* have uricosuric properties and *Triphala* being xanthine oxidase inhibitor, decreases the production of Uric acid. Apart from that *Guduchi* also has anti-inflammatory and *rasayana*(rejuvenating) action hence providing the symptomatic relief in gout. *Guggulu* possesses anti-inflammatory, antioxidant, and anti-rheumatoid properties, thereby aiding in breaking down the pathophysiology of Gout. *Triphala*, *Trikatu*, *Danti*, *Vidanga*, and *Trivrit* offer antioxidant, anti-inflammatory, analgesic, antipyretic, diuretic, and immunomodulatory benefits. *Amrutha guggulu* incorporates all these pharmacotherapeutic effects necessary for managing *vatarakta* (Gout). *Yashtimadhu* contributes anti-inflammatory and antioxidant properties, while *Tila taila* is highly effective in *Vata* management when used externally in *Abhyanga*. Together with other ingredients, *Madhuyashtyadi taila* acts as an anti-inflammatory and analgesic, providing relief from joint pain.^[27] Almost every formulation compiled here showed good results in Hyperuricemia, specifically *Amritadi Guggulu*(internal) with *Madhuyashti tailam* (external) showed 45% decrease in uric acid levels, *Kaishore Guggulu* 35.13% and *Yashtyadi Niruha with murchhit til tail anuvasana Basti* showed 36.95% decrease in uric acid levels, which was highly significant.

CONCLUSION

Vatarakta (Gout) is a metabolic disorder resulting from disturbed Purine metabolism, which leads to increased production and decreased excretion of uric acid. So, various drugs discussed in this review like *Amrita*, *Guggulu* and *Triphala* possessing uricosuric and xanthine inhibitor properties play a vital role in decreasing the raised uric acid levels (Hyperuricemia) and treating *Vatarakta* (Gout). *Basti chikitsa* improve intestinal excretory functions, so, it aids in the excretion of uric acid through the GIT. *Basti* is one of the best treatments for *vata* dominant diseases so it gives symptomatic

relief as well. *Raktmokshana* with *shaman chikitsa* helps in decreasing serum uric acid levels and relieves symptoms like *Ruja* (Pain), *shotha* (edema) and *Daha* (Burning sensations) in Gout flare ups. *Madhuyashti taila Abhyanga* (Local application) pacifies *vata* and acts as anti-inflammatory and analgesic. So, from this review it can be concluded that *Shaman* and *Shodhan chikitsa* both show significant results in managing Hyperuricemia. If the patient follows strict diet and lifestyle, *Shaman* and *Shodhan chikitsa* combined with external application will give tremendous results in Hyperuricemia, reducing the flare ups and hence relieving the symptoms of *Vatarakta*.

Declaration by Authors

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