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 Doshasamya, Dhatusamya, Agnisamya, samanya malakriya as well as wellness of mana and Atmanedriya. 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) 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). It can be co related 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. 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. 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. 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). Among the affected population, males are more commonly affected, whereas postmenopausal women are at a higher risk. 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).
- 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).

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:**

- *Ativayama* (excessive exercise)
- *Krodha* (anger)
- *Divasawapna* (daytime sleep)
- *Raatrijagrana* (staying awake during the night)
- *Achankramansheelata* (lack of physical activity)
- *Abhigatha* (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**

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*  
- *Udbhavasthana* - *Pavashya*  
- *Sancharasthana* - *Sarva Sharira*  
- *Vyaktasthana* - *Sandhi (Visheshata Kara Pada Sandhi)*  
- *Srotus* - *Raktavaha, Asthivaha, Majjavaha*  
- *Srotodushthi* - *Prakara*  
- *Sangam*  
- *Vimargagaman*  
- *Rogamarga* - *Madhyam*

**METHOD OF PROGRESSION**

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]
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]

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

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

<table>
<thead>
<tr>
<th>TRIAL DRUG</th>
<th>NO. OF PATIENTS</th>
<th>TYPE OF STUDY</th>
<th>DURATION</th>
<th>RESULT</th>
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<tbody>
<tr>
<td>Group 1 - Amritadi kwath 30ml with Guda Haritaki 10gm BD Group 2- Febuxostat 40mg BD[15]</td>
<td>15 in each group</td>
<td>Randomised clinical trial</td>
<td>6 weeks</td>
<td>Group 1 - 22.6% reduction in Serum Uric Acid Levels Group 2 - 24.4% reduction in Serum Uric Acid levels</td>
</tr>
<tr>
<td>Group A-Guduchi kanda kwatha 40ml BD Group B -Gambhari twaka kwatha</td>
<td>47 (Group A - 23 Group B –)</td>
<td>Randomised open label comparative</td>
<td>48days</td>
<td>Group A - Mean serum uric acid value Before intervention -</td>
</tr>
<tr>
<td>Study</td>
<td>Duration</td>
<td>Design</td>
<td>Cases</td>
<td>Intervention Details</td>
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<tr>
<td>Case 1,2,3 - Navkarshika Ghana vati 250mg, 2BD with 100ml Nvakarshika kashayam</td>
<td>40 days</td>
<td>A case series</td>
<td>3 cases</td>
<td>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</td>
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<td>Guduchi yoga (Guduchi kanda churan 1.5gm plus 0.5 gms Trapusha juice extract)</td>
<td>12 weeks</td>
<td>Randomised single blind, single centre, clinical study.</td>
<td>20</td>
<td>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</td>
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<tr>
<td>Guduchi Kashaya 50ml BD</td>
<td>30 days</td>
<td>Randomised clinical trial</td>
<td>30</td>
<td>Mean S. Uric acid level before intervention - 7.92mg/dl After intervention - 7.20mg/dl</td>
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<td>Group A - Yashtyadi niruha basti(400-700ml) and Murchhit til tail Anuvasana (100-200ml) Group B - Kaishore Guggulu(250mg) 2BD</td>
<td>30 days</td>
<td>Randomised clinical trial</td>
<td>40 (20 in each group)</td>
<td>Group A - % decrease in S. Uric acid levels - 36.95% Group B - 35.13%</td>
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<td>Group 1 - Kaishore Guggulu 3gm BD Group 2 - Amritadi Guggulu 3gm BD</td>
<td>18 months</td>
<td>Randomised clinical trial</td>
<td>60 (30 in each group)</td>
<td>Group 1 - % decrease in S. Uric acid levels - 31.47% Group 2 - 37.25%</td>
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<td>Group 1 - Mridu virechan with Erand tail(10-50ml) in ksheera for 3-5 days followed by administration of 2Tab Punarnava amritadi guggulu (500mgeach) with Amritadi kwatha (24gm for each decoction) Group 2 – 2Tab Punarnava Amritadi guggulu (500mg each) with Amritadi kashayam (24gm for each decoction)</td>
<td>8 weeks</td>
<td>A clinical trial</td>
<td>30 (15 in each group)</td>
<td>Group 1 - 20.7% change in S. Uric acid levels Group 2 - 24% change in S. Uric acid levels</td>
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<tr>
<td>Combined efficacy of Kaishore Guggulu and Punarnavadi Guggulu 2Tab (500mg each) BD</td>
<td>42 Days</td>
<td>Open label, single arm clinical trial</td>
<td>35</td>
<td>Mean S. Uric acid value Before intervention - 7.4 After intervention - 7.2</td>
</tr>
</tbody>
</table>
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 Jalakavacharana (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 Siravyadha is also a type of raktamokshana and it is an attempt to remove excessive kleda (multiple intermediate metabolites like uric acid) from the dusit 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.
acid levels. When serum uric acid is lowered below MSU saturation point, the crystals dissolve and gout can be cured.\[27\] Haritaki posseses 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 Virechan (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 Dosh and Ama.\[15\] Narkarshika (Triphala, Guduchi, Daruharidra, Mnjishtha, Vacha, Katuki, subsides the symptoms of Vatarakta due to its Shothahara (Relieves swelling), Vedanasthapak (Analgesic), Raktashodhak (Cleanses morbid raka), 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 posseses 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-noiceptive activity. Therefore it reduces pain, edema, and stiffness.\[35\] 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.\[38\] Yashtimadhu 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 xanthene 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-rheumatoidal 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. 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 xanthene 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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Conflict of Interest: The authors declare no conflict of interest.

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