

Review Article

Volume 14 Issue 09

September 2025

DOI: [10.5281/zenodo.17432884](https://doi.org/10.5281/zenodo.17432884)

A NIDANATMAKA STUDY OF VATRAKTA WITH SPECIAL REFERENCE TO ITS SAMPRAPTI

Dr. Deepti Sharma

BAMS MD Assistant Professor, Department of Roga Nidana Evum Vikriti Vigyan, Lal Bahadur Shastri Mahila Ayurvedic College and Hospital Bilaspur Yamuna Nagar, Haryana,
Email ID: sdeepti425@gmail.com

Abstract

Background: *Vatarakta* comparable to gouty arthritis in modern medicine is a chronic disorder resulting from metabolic imbalances caused by improper dietary and lifestyle habits. It is characterized by the vitiation of *Vata and Rakta* (blood). In the initial stage, aggravated *Vata* obstructs the channels of *Rakta*, which in turn leads to mutual obstruction between the two. Clinically, *Vatarakta* exhibits features similar to those of gout. From a modern perspective, gout is primarily associated with elevated serum uric acid levels (hyperuricemia), arising due to increased production, decreased excretion, or a combination of both mechanisms.

Aim:

To study *Vatarakta* from a *Nidanatmaka* (etiopathological) perspective with special reference to its *Samprapti* (pathogenesis) as described in *Ayurvedic* texts.

Materials and Methods:

A comprehensive review of classical *Ayurvedic* texts, relevant commentaries, and modern literature was undertaken to compile and analyze the *Nidana Panchaka of Vatarakta* including *Hetu* (etiological factors), *Purvarupa*, *Rupa*, *Upashaya–Anupashaya*, and *Samprapti*. The conceptual correlation of *Vatarakta* with gout was also discussed to understand its pathophysiological similarities.

Results:

The review revealed that *Vatarakta* develops due to indulgence in *Ahita Ahara–Vihara* such as excessive intake of *Guru, Snigdha, and Amla* foods, alcohol consumption, and a sedentary lifestyle. These factors lead to the vitiation of *Vata and Rakta*, causing mutual obstruction and subsequent inflammatory manifestations in the joints. The *Samprapti* follows a sequential involvement of *Dosha, Dushya, and Srotas*, which aligns closely with the pathophysiology of hyperuricemia and gout in modern science.

Conclusion:

Understanding the *Nidana and Samprapti of Vatarakta* provides a rational foundation for its prevention and management. By addressing causative factors through proper *Ahara, Vihara, and Samshodhana* therapies, *Vatarakta* can be effectively managed, highlighting *Ayurveda's* holistic and preventive approach toward metabolic joint disorders.

Keywords:

Vatarakta, Nidan Panchaka, Bheda, Samprapti, Pathya, Apathya, Tridosha, Gout, Hyperuricemia.

Introduction

In *Samhitas* there is wide description of *Vatarakta* than any other joint diseases. When aggravated *Vata* is obstructed by aggravated *Rakta*, this obstructed *Vata* again vitiates the *Rakta*. This pathological state is known as *Vatshonitam* or *Vatarakta*.

According to *acharya Sushrut* “*Aakhorvishamiv krudham deham anusarpati*” (in aggravated stage, it spreads in whole body like Rat poison) [1] 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).[2]

Modern Medical Perspective on Gout

Gout is caused by increased levels of uric acid in the blood. uric acid is a by-product of purine metabolism in body. These increased levels are either because of excess uric acid production or decreased excretion because of any renal pathology. This persistent increase leads to supersaturation of monosodium urate crystals in joints. These crystals cause direct damage and trigger an inflammatory response, resulting in release of cytokines, causing swelling, redness, and pain. Chronic inflammation overtime can cause joint damage over time. Factors contributing to high urate levels are High-purine foods (red meat, seafood, alcohol) also Impaired kidney function reduces uric acid clearance, worsening hyperuricemia. Lifestyle Factors like Obesity, dehydration, and sedentary habits increase the risk of gout.

Nidana of *Vatarakta* [3]–

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

लवणाम्लकटुक्षारस्निग्धोष्णाजीर्णभोजनैः।

क्लिन्नशुष्काम्बुजानूपमांसपिण्याकमूलकैः॥5॥

कुलत्थमाषनिष्पावशाकादिपल्लेक्षुभिः।

दध्यारनालसौवीरशुक्ततक्रसुरासवैः॥6॥

विरुद्धाध्यशनक्रोधदिवास्वप्नप्रजागरैः।

प्रायशः सुकुमाराणां मिष्टान्नसुखभोजिनाम् ॥7॥

अचङ्क्रमणशीलानां कुप्यते वातशोणितम्।

अभिघातादशुद्ध्या च प्रदुष्टे शोणिते नृणाम्॥8॥

कषायकटुतिक्ताल्परूक्षाहारादभोजनात्।

हयोष्ट्रयानयानाम्बुक्रीडाप्लवनलङ्घनैः॥9॥

उष्णे चात्यध्ववैषम्याद्यवायाद्वेगनिग्रहात् ॥ (Ca.Ch 29/5-10)

	<i>Aharaj karan</i>	<i>Viharaj karan</i>
Factors Responsible for Vitiating of Rakta [4]	Intake of foods which are predominantly of <i>Lavana, Amlala Katu Rasa's, Snigda, Kshara, & Ushna Guna' Ajeerna bojana, Viruddhasana, Adhyasana.</i> Ingestion of foods which are <i>Klinna & Suska</i>. Excessive intake of <i>Anoopa Mamsa, Kulatta, Masha, Nishpava, Sura, Asava, etc.</i> Excessive intake of irritant, hot, sour, alkaline substances etc. in diet taking foods which cause burning sensation during digestion.	Due to <i>Abhigatha, Ashuddhi, Krodha, & Achankramana Sheelatha.</i> Due to <i>Divaswapna & Ratrijagarana.</i> Due to exposure to heat, cold, etc. In obese having no sexual intercourse. By riding on elephant, camel, horse, etc.
Factors Responsible for Vitiating of VATA	Intake of foods which are predominantly <i>Kashaya, Katu, Tiktha, Rasa's & Ruksha Guna Alpa Ahara Sevana, Abhojana</i> Generally delicate persons & those who indulge in faulty diet & activities Contrariness of seasonal suitability. Faulty use of <i>Sneha</i> etc.	Excessive riding on elephants, horses, camels, etc Excessive swimming, suppression of natural urges, excessive intercourse, increased physical activity, Violent exercise, excessive sexual intercourse. From excessive afflicting with the disease, increased sexual intercourse. In obese having no sexual intercourse. Keeping awake at night, improper sexual activity, trauma, not resting to purificatory therapies & exposure to cold breeze.

Etiological factors of *Vatarakta* and their Action [5,6]

S.NO.	Etiological factors	Action
1	<i>Lavana</i> (Salty Foods)	Reduces uric acid excretion by impairing kidney function. Increases blood pressure, which worsens renal function. Causes dehydration and acidity, promoting urate crystal formation in joints.
2	<i>Amla</i> (Sour Foods)	Increase dietary acid load, influencing purine metabolism.
3	<i>Kshara</i> (Alkaline Foods)	Excess alkalinity increases metabolic acid load, altering purine metabolism and increasing uric acid levels.
4	<i>Ambuja Mamsa</i> (Meat of Aquatic Animals)	Rich in purines, leading to hyperuricemia.
5	<i>Shaka</i> (Green Leafy Vegetables)	Contain high purine content.
6	<i>Ikshu</i> (Sugarcane)	Rich in fructose, which increases uric acid levels.
7	Alcoholic Drinks (<i>Aranala, Sauveera, Shukta, Sura, Asava</i>)	Increase uric acid production and promote dehydration, reducing uric acid excretion.
8	Obesity and Sedentary Lifestyle	Excess weight and lack of physical activity contribute to metabolic imbalances, increasing the risk of hyperuricemia.

***Samprapti/Pathogenesis* [7]**

तस्य स्थानं करौ पादावङ्गुल्यः सर्वसन्धयः।

कृत्वाऽऽदौ हस्तपादे तु मूलं देहे विधावति॥12॥

सौक्ष्म्यात् सर्वसरत्वाच्च पवनस्यासृजस्तथा ।

तद्भवत्वात् सरत्वाच्च देहं गच्छन् सिरायनैः॥13॥

पर्वस्वभिहतं क्षुब्धं वक्रत्वादवतिष्ठते ।

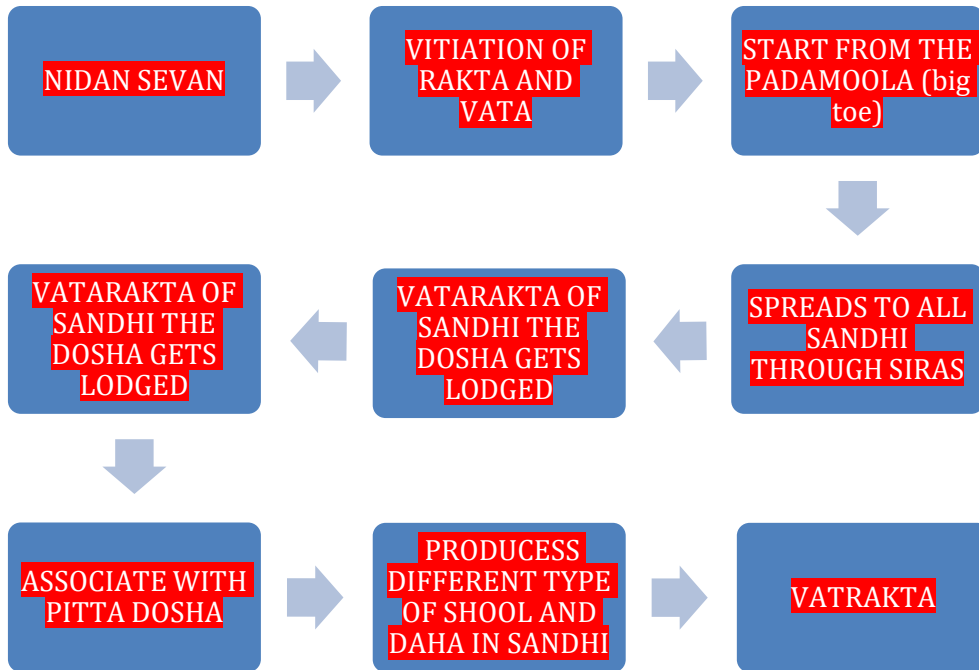
स्थितं पितादिसंसृष्टं तास्ताः सृजति वेदनाः ॥14॥

करोति दुःखं तेष्वेव तस्मात् प्रायेण सन्धिषु।

भवन्ति वेदनास्तास्ता अत्यर्थं दुःसहा नृणाम् ॥15॥ (Ca.Ch 29/12-15)

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*.

According to *Acharya charaka* the signs and symptoms are first manifested in small joints of fingers of both hands and feet.[8] *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.[9] In *Chikitsasthana*, his opinion is same as that of *Charaka*.



Samprapti Ghatak

<i>Dosa</i>	<i>Vata & Rakta</i>
<i>Dusya</i>	<i>Rasa, Rakta, Mamsa</i>
<i>Srotas</i>	<i>Raktavaha, Dhamni, Snayu, Sandhi.</i>
<i>Agni</i>	<i>Mandagni</i>
<i>Srotodushti Prakara</i>	<i>Sanga, Vimarga gaman</i>
<i>Roga Marga</i>	<i>Madhyama</i>
<i>Udbhava Sthana</i>	<i>Pakvasaya and Raktavaha Srotas</i>
<i>Vyakti Sthana</i>	<i>Sandhi, Pada (foot, especially big toe), Fingers</i>

Poorvarooopa (Prodromal symptoms) [10]

स्वेदोऽत्यर्थं न वा कार्पण्यं स्पर्शाजित्वं क्षतेऽतिरुक्।

सन्धिष्वथित्यमालस्यं सदनं पिडकोद्गमः॥16॥

जानुजङ्घोरुकट्यंसहस्तपादाङ्ग सन्धिषु।

निस्तोदः स्फुरणं भेदो गुरुत्वं सुप्तिरेव च ॥17॥

कण्डूः सन्धिषु रुग्भूत्वा भूत्वा नश्यति चासकृत्।

वैवर्ण्यं मण्डलोत्पत्तिर्वातासृक्पूर्वलक्षणम् ॥18॥ Ca.Ch 2

Poorvaroop	Prodromal symptoms
स्वेदोऽत्यर्थं न वा	Excessive sweating or absence of sweating
कार्शन्यम्	Black discolouration of skin
स्पर्शान्नत्वं	Lack of tactile sensations
क्षतेऽतिरुक्	Excessive pain on injury
सन्धिशीथिल्यम्	Lax joints
आलस्यं	Lethargy
सदनं	Fatigue
पिडकोद्गमः	Different type of eruptions (Pustules, papules)
जानुजङ्घोरुक्त्यंसहस्तपादाङ्ग सन्धिषु। निस्तोदः स्फुरणं भेदो गुरुत्वं सुप्तिरेव च	Different types of pain, pulsations, heaviness, numbness and itching in knee, thigh, waist, shoulder, hands, feet and other joints.
कण्डूः	Itching
वैवर्ण्यं	Discolouration of the body or affected part
मण्डलोत्पत्ति	Appearance of rashes

Types of Vatarakta

1. According to *Sthana bheda Vatrakta*
 - a. *Uttana* b. *Gambhira*
2. According to *Dosha bheda Vatrakta*
 - a. *Vatadhika Vatarakta* b. *Pittaadhik Vatarakta* c. *Kaphadika Vatarakta* d. *Raktadhika vatarakata* e. *Dwandwaja* f. *Sannipataj*

Acharaya mentioned *Uttana* and *Gambhira* as two types of *Vatarakta*, [11] whereas Acharya *Sushrut* believed them to be two STAGES of *Vatarakta*. [12]

	<i>Uttana Vatarakta</i> (Superficial)	<i>Gambhira Vatarakta</i> (Deep seated)
Dhatu involved	<i>Tvak, Mamsa</i>	Involves deeper tissues
	<i>कण्डदाहरुगायामतोदस्फुर्णकुञ्चनैः। अन्विता श्यावरक्ता त्वग्बाहय ताँमा तथेप्यते 20 </i>	<i>गम्भीरे श्वय्युः स्तब्धः कठिनोऽन्तर्भूशार्तिमान्। श्यावस्ताम्रोऽथवा दाहतोदस्फुरणपाकवान् 21 </i>
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>Shyavrakta, Tamra tvak</i> (Blackish, Red or coppery discolouration of Skin)	<i>Khanj, Pangu</i> (Deformities in the joints)

2.a. *Vatadhika Vatarakta*

1. *Sirayama* (dilatation of vessels)
2. *Sula* (pain)
3. *Spurana* (throbbing sensation)
4. *Toda* (pricking pain)
5. *Shothasya karshnyam* (blackish discoloration of the skin)
6. *Shothasya roukshyam* (roughness of the swelling)
7. *Shothasya syavata* (cyanosis around the swelling)

8. *Shotha vridi/hani* (intermittent increase or decrease of swelling contraction of vessels around the sandhi)
9. *Angagraha* (stiffness in parts)
10. *Atiruk* (severe pain)
11. *Stambana* (stiffness)
12. *Sheeta pradhvesha* (aversion towards cold)
13. *Sparshodwigna* (inability to tolerate the touch)
14. *Bheda* (splitting type of pain)
15. *Prashosha* (atrophy)
16. *Swapa* (numbness)
17. *Sheetanupashaya* (aversion towards cold, which leads to discomfort)
18. *Vepathu* (tremors)

2.b. Pittaadhik Vatarakta

1. *Vidaha* (severe burning sensation)
2. *Vedana* (pain)
3. *Murcha* (fainting)
4. *Sweda* (sweating)
5. *Trishna* (thirst)
6. *Mada* (intoxication)
7. *Brama* (giddiness)

2.c. Kaphadika Vatarakta

1. *Staimitya* (timid ness)
2. *Gourava* (heaviness)
3. *Snehatwa* (unctuousness numbness)
4. *Manda ruja* (mild pain)
5. *Kandu* (itching)

6. *Swetata* (increased pallor)

7. *Seetata* (coldness swelling)

8. *Stabdatwa* (stiffness)

2.d. Raktadhika vatarakata

1. *Sotha* (swelling)

2. *Ati ruk* (severe pain)

3. *Toda* (pricking pain)

4. *Tamra varna* (coppery discoloration)

5. *Chimichimaya* (tingling sensation)

6. *Snigdha rukshakshamam naiti* (not subsiding by either unctuous or rough applications)

7. *Kandu* itching exudation

Upadrava[13]

Upadrava is a complication produced in a disease, these develops after the formation of main disease. That is, if disease not treated at a time, then it leads to *Upadrava*, which are very difficult to cure. In *Vatarakta* after *Anyonya Avarana* of *Dosha & Dushya* it leads to formation of upadras. These were both systemic and localized in nature, which were enlisted below:

अस्वप्नारोचक श्वासमांसकोथशिरोग्रहाः।

मूर्च्छायमदरुक्तृष्णाज्वरमोहप्रवेपकाः॥31॥

हिककापाङ्गुल्यवीसर्पपाकतोदभ्रमक्लमाः।

अङ्गुलीवक्रता स्फोटा दाहमर्मग्रहार्बुदाः॥32॥

एतैरुपद्रवैर्वैज्यं मोहेनैकेन वाऽपि यत्। (Ca.Ch 29)

Insomnia, anorexia, dyspnoea, gangrene, stiffness in the head, fainting, narcosis, pain, thirst, fever, mental confusion, shivering, hiccup, lameness, erysipelas, inflammation and ulceration, pricking pain, giddiness, exhaustion, crook like deformity of fingers, appearance of blisters, burning sensation, stiffness in *marma* (vital part of the body), appearance of tumors, if these symptoms have appeared the disease is incurable. Even if there is mental confusion alone, then also the disease is incurable. The patient should not be treated if there is profuse

discharge from the ulcer, discoloration, stiffness, the lesion has become like tumor, constriction of the part and damage to the senses.

If all the above complications are not present, then the disease is *yapya* (palpable). If the complications are not present, then it is curable.

Sadhyasadhyata[14]

एकदोषानुगं साध्यं नवं, याप्यं द्विदोषजम्।

त्रिदोषजमसाध्यं स्याद्यस्य च स्युरूपद्रवाः ||30|| Ca.Ch 29

When there are recent onset and predominance of single *dosha*, *vatashonita* is *sadhya* (curable). The disease arising from predominance of two *dosha* is *yapya* (palpable). The disease arising from predominance of all three *dosha* and has developed *upadrava* (complications) as well, is *asadhya* (incurable).

CONCLUSION

Vatarakta, or gout, is a metabolic disorder with many similarities. *Ayurvedic* texts offer a profound understanding of the disease, emphasizing treatment strategies that target the root cause rather than just symptom relief. As mentioned in *Samhitas* that first line of treatment is *Nidana Parivarjan* hence better understanding of *nidanas* is needed to be done.

Ayurveda provides a complementary approach by adding dietary modifications, herbal formulations, and purification therapies in treating *Vatarakta* effectively.

Combining Ayurvedic and modern wisdom together could improve treatment outcomes, offering a more sustainable and holistic approach to managing gout. Future clinical studies should aim to validate role of various *Nidanas* and role of Ayurvedic therapies in controlling hyperuricemia and gouty arthritis.

REFERENCES-

1. Shastri AD. *Ayurved Tatva Sandipika: Hindi Commentary on Sushrut Samhita*. Vol. 1, Nidana Sthana, Vatavyadhi Nidana, Chapter 1, Verse 48. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2018. p.300.
2. Sastri K, Chaturvedi NG. *Vidyotini Hindi Commentary on Caraka Samhita of Agnivesha*. Chikitsa Sthana, Vatashonita Chikitsa Adhyaya, Chapter 29, Verses 8–11. Reprint ed. Varanasi: Chaukhamba Bharati Academy; 2018. p.820.

3. Charaka. *Charaka Samhita (Vidyotini Hindi Commentary)*. Edited by Rajeswaradatta Shastri, Kashinath Shastri, Gorakh Nath Chaturvedi. 1st ed. Varanasi: Chaukhamba Bharti Academy; 2004. Chikitsa Sthana 29/5–7. p.820.
4. Shukla SV. *Kayachikitsa*. Part 2, Rakthavaha Vyadhi 7/5. 1st ed. Varanasi: Chaukhamba Orientalia; 2012. p.673.
5. Gutman AB. Uric acid metabolism and gout. *Am J Med*. 1950;8(5):657–668.
6. Becker MA. Clinical aspects of hyperuricemia and gout. *Am J Med*. 1998;105(1A):15S–18S.
7. Yadavji Trikamji A, editor. *Charaka Samhita of Agnivesha (Ayurveda Deepika Commentary by Chakrapani Datta)*. Chikitsa Sthana, Vatashonita Chikitsa, 29/12–14. Varanasi: Chaukhambha Surbharti Prakashana; 2020. p.628.
8. Caraka. *Caraka Samhita, Chikitsasthana Vatashonita Chikitsa 21/8–11*. Vaidya Sri Satya Narayana Shastry, reprint ed. Varanasi: Chaukhamba Bharati Academy; 1998.
9. Shastri AD. *Ayurved Tatva Sandipika: Hindi Commentary on Sushrut Samhita*. Vol. 1, Nidana Sthana, Vatavyadhi Nidana, Chapter 1, Verse 48. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2018. p.300.
10. Yadavji Trikamji A, editor. *Charaka Samhita of Agnivesha (Ayurveda Deepika Commentary by Chakrapani Datta)*. Chikitsa Sthana, Vatashonita Chikitsa, 29/16–18. Varanasi: Chaukhambha Surbharti Prakashana; 2020. p.628.
11. Shastri RD, Shastri K, Chaturvedi GN, editors. *Charaka Samhita (Vidyotini Hindi Commentary)*. 1st ed. Chikitsa Sthana, Vatashonita Chikitsa, 29/19. Varanasi: Chaukhamba Bharti Academy; 2004. p.822.
12. Sushruta. *Sushruta Samhita (Ayurveda Tatva Sandipika Hindi Vyakhya)*. Vol. 1. Edited by Kaviraj Ambikadutta Shastri. 1st ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2007. Nidana Sthana 1/48. p.232.
13. Caraka. *Caraka Samhita, Chikitsasthana Vatashonita Chikitsa 29/31–32*. Vaidya Sri Satya Narayana Shastry, reprint ed. Varanasi: Chaukhamba Bharati Academy; 1998.
14. Agnivesha. *Charaka Samhita elaborated by Charaka and Dridhabala (Ayurveda Dipika Commentary by Chakrapani Datta)*. Edited by Trikamji Yadavji. Varanasi: Chaukhambha Surbharti Prakashana; 2008. Chikitsa Sthana 29/30.