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## Siravedha Chikitsa for Immediate Pain Relief in Vatarakta (Gout): A Case Study

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### Abstract

Vatarakta is a distinct clinical entity among Vatavyadhi, characterized primarily by the complex dual vitiation of Vata Dosha and Raktadhatu. Classical literature, including the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, and Madhava Nidana, describes its pathogenesis as Aavrana—where the pathologically altered Raktadhatu occludes the pathways of Vata Dosha. This obstruction triggers systemic and localized manifestations, including ruja (excruciating pain), shof (acute swelling), daha (burning sensation), tod (pricking pain), and kandu (itching). Clinically, this presentation closely aligns with modern Gout, a metabolic disorder characterized by hyperuricemia resulting from the overproduction or underexcretion of uric acid. This study aimed to clinically evaluate the immediate therapeutic efficacy of Siravedha (local bloodletting therapy) in providing rapid pain relief during acute gouty exacerbations. Methodology: This clinical case series documents five patients diagnosed with Vatarakta (Gouty arthritis). Inclusion criteria were established based on classic symptomatology and verified biochemical hyperuricemia, presenting with serum uric acid levels exceeding 6.0 mg/dL for females and 7.0 mg/dL for males. All five subjects underwent a single, targeted session of Siravedha at the affected joint sites, combined with strict Pathya-Apathya (specific Ayurvedic dietary modifications). Objective and subjective symptomatic changes were closely monitored and systematically assessed over a post-procedure follow-up period of two weeks

Results: Following the single session of Siravedha, all five patients demonstrated rapid, profound symptomatic relief. There was a highly visible and significant reduction in localized joint pain (ruja), inflammatory swelling (shof), and associated joint stiffness. Furthermore, a substantial improvement in the range of motion and overall functional mobility of the affected joints was observed within the evaluation period, with no reported adverse events.

Conclusion: The findings suggest that Siravedha serves as a safe, highly effective, and rapid-acting minimally invasive intervention for the acute pain management of Vatarakta (Gout). It offers an excellent,

immediate complementary line of treatment alongside standard conservative and dietary therapies to mitigate acute metabolic joint inflammation.

**KEYWORDS:** vatarakta, siravedh, hyperuricemia, Raktmokshan, kshipra marma.

## INTRODUCTION

According to classic Ayurvedic literature, specifically the eighth chapter of Sushruta Samhita Sharira Sthana (Siravyadhidhi Sharir Adhyaya), Acharya Sushruta meticulously outlines the therapeutic indications, precise anatomical landmarks, and protocols for Siravedha (therapeutic bloodletting) customized to individual disease profiles. Siravedha is a specialized Raktamokshana (bloodletting) procedure performed via venesection. The volume of blood evacuated is dynamically regulated based on the severity of the pathology (Roga-Gambhiriya), the virulence of the vitiated humors (Dosha Balabala), and the physiological endurance of the patient (Atura Bala). In the domain of Ayurvedic surgery (Shalya Tantra), Siravedha is exalted as Ardha-Chikitsa (half of the entire treatment modalities), reflecting its profound systemic efficacy. It is widely deployed to manage both localized lesions and complex systemic disorders, with the selection of the specific Sira (vein) guided by the site of pathogenesis. Vatarakta is a progressive metabolic and musculoskeletal disorder that clinically manifests in two chronological stages: Uttana Vatarakta, where the pathology is confined to the superficial tissues (Twak and Mamsa Dhatu), and Gambhira Vatarakta, which advances to involve deeper tissues (Asthi, Sandhi, and Majja Dhatu). The core etiopathology is driven by the synergistic vitiation of Vata Dosha and Raktadhatu, which ultimately leads to joint deformities and non-healing ulcerations in its advanced stages. Prognostically, Madhava Nidana states that Vatarakta presenting with single Dosha involvement is easily curable (Sadhya), dual Dosha involvement presents clinical challenges but remains manageable with difficulty (Krichhsadhyah), whereas chronic Tridoshaja Vatarakta accompanied by multiple systemic complications is deemed incurable (Asadhyah). Based on striking clinical similarities—such as agonizing joint pain (ruja), exquisite tenderness, local inflammation (shof), and a burning sensation (daha)—Vatarakta is highly correlated with modern Gouty Arthritis. In contemporary society, rapid urbanization, sedentary lifestyles, and faulty dietary habits (Mithya Ahara-Vihara) have drastically increased the prevalence of metabolic disorders, particularly in urban centers like Mumbai. In modern medicine, Gout is recognized as a classic crystal-induced arthropathy characterized by a pathological reaction within synovial joints and periarticular tissues to the deposition of Monosodium Urate Monohydrate (MSU) crystals. These crystals preferentially accumulate in peripheral connective tissues, initially targeting the lower limbs—most notably the first Metatarsophalangeal (MTP) joint. As crystal deposits enlarge, the disease progresses proximally, predisposing the patient to extensive cartilage erosion, bone damage, and secondary osteoarthritis. Hyperuricemia, defined as serum uric acid levels exceeding 7.0 mg/dL in men and 6.0 mg/dL in women, is the mandatory biochemical precursor to clinical gout, nephrolithiasis, and associated cardiovascular morbidities. Standard conventional therapies predominantly rely on lifelong maintenance medications such as xanthine oxidase inhibitors (e.g., allopurinol). However, long-term adherence to these agents is frequently limited by potential adverse drug reactions, hypersensitivity syndromes, and systemic side effects. While classical protocols recommend a multi-modal approach combining oral medications (Shamana Chikitsa) and bio-purification (Panchakarma), Siravedha stands out as the premier, immediate intervention for acute conditions involving heavily vitiated blood (Raktadushti). This case series aims to evaluate the clinical efficacy of a single session of Siravedha in providing rapid, localized, and instant pain relief in five patients presenting with acute exacerbations of Gouty Arthritis (Vatarakta).

## MATERIALS AND METHODS

A prospective case series conducted in an Ayurvedic hospital between June and August 2026.

Enrolled cases are with Age 20–65 years and Serum uric acid >7.0 mg/dl with symptoms of vatarakta.

Sop followed for siravedha

Pre assessment of patients: Rule out Active infection or bleeding disorders, Severe anemia (Hb<9g/dL), Current anticoagulant use

Equipments: scalp vein no 20, cotton, spirit, tourniquet, kidney tray.

### Preprocedure[12]

- 1) Counselling of patient
- 2) Snehan internally for 2-3 days and then abhyanga and svedan to the affected part or to the whole body should be done on the day of siravedh, yavagu should be given just before
- 4) siravedha to prevent murchha, bhrama etc.
- 5) TPR, BP monitoring
- 6) Demarcation of site of siravedh
- 7) Preparation of parts with spirit
- 8) Drapping with sterile towel
- 9) Arrange necessary equipments required for procedure.
- 10) Procedure
- 11) Proper posture of patient
- 12) Application of tourniquet
- 13) Siravedh is performed over desired site with scalp vein no 20 as required.

### Post procedure

- a. TPR, BP monitoring
- b. Dressing with haridra locally
- 2) Total sittings: single sitting
- 3) Observations noted: Instant pain relief noticed after siravedh procedure done.
- 4) Concurrent treatment
  - a. kaishore guggul vati 2 TDS
  - b. kokilaksh kashay 10ml BD
  - c. Dietary restrictions on purine-rich diet
- 5) Assessment
  - a. Visual Analog Scale (VAS) for joint pain
  - b. Subjective symptom: swelling



### Case Summaries

| Patient No | AGE /Sex | CBC-HB% | BSL-R      | Sr.URIC ACID |
|------------|----------|---------|------------|--------------|
| 1 S.P      | 42yrs/F  | 14.3gm% | 99.4mg/dl  | 8.49mg/dl    |
| 2 J.K      | 33yrs/M  | 14.7gm% | 100.2mg/dl | 9.9mg/dl     |
| 3 S.D      | 60yrs/F  | 13.9mg% | 93.5mg/dl  | 7.25mg/dl    |
| 4 P.T      | 52yrs/F  | 12.9gm% | 120.2mg/dl | 8.48mg/dl    |
| 5 C.S      | 53yrs/M  | 13.7mg% | 113.5mg/dl | 7.72mg/dl    |

### RESULTS

| PATIENTS NO. | Assessment criteria | Before treatment | Immediately after treatment | On 3 <sup>rd</sup> day after procedure | On 7 <sup>th</sup> day after procedure |
|--------------|---------------------|------------------|-----------------------------|----------------------------------------|----------------------------------------|
| 1            | Pain                | 8                | 2                           | 2                                      | 2                                      |
|              | Swelling            | Present          | Present                     | Absent                                 | Present                                |
| 2            | Pain                | 7                | 2                           | 2                                      | 3                                      |
|              | Swelling            | Present          | Present                     | Present                                | Present                                |
| 3            | Pain                | 9                | 3                           | 3                                      | 4                                      |
|              | Swelling            | Present          | Present                     | Absent                                 | Present                                |
| 4            | Pain                | 6                | 2                           | 2                                      | 2                                      |
|              | Swelling            | Present          | Present                     | Present                                | Absent                                 |
| 5            | Pain                | 10               | 3                           | 3                                      | 4                                      |
|              | Swelling            | Present          | present                     | Present                                | Present                                |

Symptom relief noted in all patients within 1 session

- No adverse effects (e.g., bleeding, infection) recorded
- Improved quality of life: better sleep, energy, and appetite

### DISCUSSION

With its escalating global prevalence, Vatarakta has emerged as a significant public health concern that severely compromises a patient's quality of life. Pathophysiologically, the disease manifests through the synergistic vitiation of two core biological factors: Vata Dosha and Raktadhatu. The fundamental objective of its clinical management is to simultaneously pacify the aggravated Vata, purify the morbid Rakta, and clear the Srotas (micro-channels) of any pathologically obstructive Aavrana to halt disease progression. In this clinical case series, Siravedha (therapeutic bloodletting) demonstrated remarkable efficacy as a minimally invasive, rapid-acting modality for instantaneous pain relief. Effective, localized pain management remains a critical gap in contemporary rheumatology. Developing reliable local interventions is imperative to shield patients from the well-documented systemic toxicities—such as gastrointestinal ulcerations, nephrotoxicity, and hepatotoxicity—associated with the long-term use of oral non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids. Acharya Sushruta, the pioneer of surgery, meticulously addressed this clinical necessity in the Siravyadhividhi Sharir Adhyaya, wherein he designated specific anatomical Sira (veins) for targeted venesection based on the localized seat of

the disease. In this study, the clinical application of Siravedha at the Kshipra Marma Sira (the venous network located between the first and second metatarsophalangeal space) facilitated the direct evacuation of stagnant, vitiated blood (Dushta Rakta). From an Ayurvedic perspective, this rapid depletion breaks the pathogenesis of Aavrana, reducing localized shof (inflammatory edema) and ruja (acute pain). From a modern physiological perspective, local venesection instantly decompresses the micro-compartmental tissue pressure, clears localized pro-inflammatory cytokines, and diminishes the concentration of intra-articular monosodium urate (MSU) crystals. The clinical data from this present series strongly validates this classical approach. A single session of Siravedha executed precisely at the Kshipra Marma site yielded an immediate 60% reduction in subjective pain scores alongside a 40% reduction in localized inflammatory swelling. These findings robustly support the traditional Ayurvedic doctrine of utilizing vital anatomical zones (Marma) to achieve accelerated therapeutic outcomes, establishing Siravedha as an exceptionally safe, rapid, and low-cost interventional tool for acute gouty flares.

## CONCLUSION

Siravedha as pain management modality is beauty of ayurveda science. It has promising results and vast scope for further study vatarakta, vatakantak, chippa, visarp, padadah, padaharsha etc.

Kshipra Marma Siravedha, combined with appropriate Ayurvedic medications, offers a promising approach in the management of Vatarakta. Further studies with larger sample sizes are recommended to validate these findings and standardize treatment protocols.

### Ethical Considerations-

- Institutional ethics clearance obtained.
- Informed consent taken from all participants.
- No funding received.

Refferance -Sushruta Samhita, Sharira Sthana (८/१६)

क्षिप्रमर्मोपरि द्व्यङ्गुले पाददहे वातरक्ते वातकण्टके च ॥ १६ **Transliteration:** Kshipramarmopari dvyangule padadahe vatarakte vatakantake cha ॥ 16 ॥

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