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CASE REPORT

Ayurvedic Management of *Utthana Vatarakta* – A Case Report

Anuja K. Vasanth[1]*, P. V. Giri[2], N. Navaneeth Krishnan[3]

[1]PG Scholar, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Thrissur, Kerala, India.
[2]Professor, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Thrissur, Kerala, India.
[3]Assistant Professor, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Thrissur, Kerala, India.

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ABSTRACT

A 59-year-old upper-middle-class woman residing in Shornur for the past 10 years and having worked as a nurse for 33 years was admitted to Vaidyaratnam Ayurveda College hospital on September 27, 2023, for a 15-day duration, presenting with complaints of multiple joint pain, left-sided headache, itching of the whole body, crawling sensation persisting for a decade, and blackish discoloration of nails in both upper and lower limbs consistent with nail psoriasis. The diagnosis for this case was established as *Utthana Vatarakta,* seronegative arthritis. Comprehensive treatment approach involving internal medicines, *Rukshana, Snehana, Swedana, Sodhana,* and *Samana* therapies was implemented. Following the 15-day treatment regimen, the patient experienced significant alleviation of complaints improvement in Ama Assessment tool scoring, Visual Analog Scale and Clinical disease activity index.

1. INTRODUCTION

In 2019, the global prevalence of rheumatoid arthritis reached 18 million people, with approximately 70% of those affected being women and 55% being aged 55 years or older; among them, 13 million individuals grappled with moderate or severe rheumatoid arthritis, making them potential beneficiaries of rehabilitation.[1] Seronegative arthritis, representing the form of rheumatoid arthritis without rheumatoid factor and/or ACPA, exhibits a lower prevalence compared to seropositive arthritis, constituting 20–30% of the total cases of RA.[2]

Due to its high prevalence in the society, the disease *Vatarakta* holds a special place in Ayurvedic literature, wherein the vitiated *Rakta Dhatu* obstructs the pathway of enraged *Vayu*, subsequently exacerbating the *Rakta* and leading to the development of *Vatarakt*a. This progressive disorder initially confines itself to the superficial *Dhatu*, resulting in *Uttana Vatarakta* but later extends to the deep *Dhatu*, giving rise to *Gambhira Vatarakta* and manifesting symptoms from *Pada and Hasta*. The presented case involves seronegative arthritis with nail psoriasis, a distinctive manifestation exhibiting classical *Uttana Vatarakta* symptoms, with a potential risk of progressing to psoriatic arthritis. Timely and appropriate Ayurvedic intervention, coupled with a wholesome dietary regimen, holds the potential to prevent the progression of this disease condition. Nail psoriasis is an immune-mediated condition prevalent in patients with joint involvement, serves as an independent predictor of psoriatic arthritis, characterized by features such as pitting, onycholysis, and hyperkeratosis in this patient, thereby contributing to severe pain, anxiety, and depression, ultimately affecting the overall quality of life. While topical therapies are commonly employed as the first line of treatment, intralesional injection of corticosteroids proves to be both painful and time-consuming.[3] Despite the prevailing conservative management paradigm, the aim of this case report is to evaluate the potential efficacy of multiple Ayurvedic interventions in inducing positive alterations in this condition.

Corresponding Author:
Anuja K. Vasanth, PG Scholar, Department of Kayachikitsa,
Vaidyaratnam Ayurveda College, Thrissur, Kerala, India.
Email: anujavasanth18@gmail.com

2. CASE HISTORY

A 59-year-old female patient presented with complaints of bilateral elbow joint pain and swelling, along with blackish discoloration of nails

in both upper and lower limbs, numbness in both big toes, abdominal fullness, constipation, generalized body swelling, and lethargy for the past 2 years. She is a known case of fatty liver grade 1 over the past 4 years, dyslipidemia for the past 3 years, nail psoriasis for 1 year, and hypertension for the past 8 months. The onset of her complaints traces back 10 years ago, characterized by symmetrical joint pain (*sula*) originating from the left foot with swelling (*padayomulam asthaya*), pitting of nails, profuse hair fall (*kesa satanam*), itching of the entire body (*kandu*), a crawling sensation (*supti*), and left-sided headache (*sira sula*). Four years ago, she noted reddish discoloration in the malar area, which gradually transformed into a brownish hue. The blackish discoloration of nails intensified in both upper and lower limbs, accompanied by pain and difficulty in grasping objects, as well as swelling (*sopha*) in all metatarsophalangeal joints.

2.1. Personal History

Despite being predominantly vegetarian, the patient regularly consumed fermented foods such as idly and dosa 4 days a week, along with incorporating curd into her routine diet. Due to the demands of her profession, she had a habit of untimely food intake. Her moderate appetite was accompanied by unsatisfactory bowel movements characterized by hard consistency, indicating a general tendency toward constipation. The patient reported micturition occurring 4-5 times/day, while her sleep was generally sound. She exhibited an allergy to dust, particularly substances like cement. Notably, there was no known family history of skin disorders and arthritis, and she had undergone a hysterectomy a decade ago.

2.2. Treatment History

The patient was under the medication regimen of Xtor-F tablet 10 mg, Protomet XL tablet 50 mg, Methotrexate 2.5 mg at 12-h intervals thrice weekly for a duration of 4 weeks. External applications included Momate lotion, Sorifix lotion, and Cutihyde cream. Her history revealed a 2-year course of allopathic medication for polyarthritis, yielding significant relief, followed by annual Ayurvedic inpatient management, which also provided considerable relief for polyarthritis. However, a 2-month trial of allopathic medication for nail psoriasis did not result in substantial improvement.

2.3. General Examination

Presenting a neat and tidy general appearance, the patient exhibited a cooperative demeanor, displaying a normal gait and possessing a moderate built. Noteworthy observations included the presence of pallor, while icterus, cyanosis, clubbing, and lymphadenopathy were notably absent. Vitals were recorded within normal limits, with a height of 150 cm, weight of 64 kg, and a calculated body mass index of 28.44 kg/m^2

2.4. Physical Examination

In the head-and-neck region, there is noticeable brownish discoloration on the face. Upper limbs exhibit swelling at the left elbow joint and blackish discoloration of all nails. Moving to the thorax and abdomen, a hard swelling is evident in the left suprascapular region, and surgical scars are present in the lower abdomen. Lower limbs display swelling over bilateral toes and blackish discoloration of all nails.

2.5. Systemic Examination

2.5.1. Locomotor system examination

During the examination of the spine, the cervical region revealed swelling in the left suprascapular area, and lateral bending on the left side was possible accompanied by pain. Inspection of the shoulder joint indicated drooping of the right shoulder, while both sides of the elbow exhibited swelling. Palpation revealed tenderness of grade 1 in the medial and lateral epicondylar as well as olecranon regions. Moving to the knee joint examination, tenderness of grade 1 was noted in the left medial aspect, and palpation on both sides revealed crepitus. Ankle joint palpation resulted in tenderness of grade 1 in the plantar area on both sides. Inspection of the metatarsophalangeal joints on both the right and left sides showed swelling in both toes, with tenderness of grade 1 upon palpation. Phalangeal joints inspection revealed swelling in both toes without deformity. Muscle examination indicated grade 1 tenderness over the right supraspinatus.

2.5.2. Integumentary system examination

The skin exhibits primary lesions characterized by brownish patches over the nose and cheeks. In addition, the nails display various abnormalities, including brittleness, brownish and blackish discoloration, pitting, thickening, dystrophy, subungual hyperkeratosis, and longitudinal ridges, evident in both the upper and lower limbs.

2.5.3. Dashavidha Pareeksha

Kapha pitta in *prakrithi* and *Doshas* vitiated are *Samana Vayu, Apana Vayu, Vyana Vayu* depicting symptoms such as (*Visada, Kushta, Suptata, Visarpa*)*, Pachaka Pitta, Bhrajaka Pitta, Sleshaka Kapha, Tarpaka kapha. Dushyas affected* are *Rasa, Rakta, Mamsa, Meda,* and *Asthi Mala – Purisha, sweda, Upadhatu – Snayu, Dhatumala – Nakha, Saram* and *Samhananam* is *madhyama*, *Satwam* is *Avara,* she is *Amla Lavana Satmya*, *Pramanam is madhyama,* and *Abyavaharana Sakthi* and *Jarana Sakthi* are *Avaram. Vyayamasakthi* is *Madhyama, Vaya* is *Madhyama, Kalam-Kshanadi-Sarath, Vyadhyavastha* is *Puranam, Bhoomi is Sadharanam, Deham affected* is *Sandhi,* and *Nakha, Rogamargam* is *Madhyama* and *Bahya.*

2.6. Diagnostic Assessment

Laboratory reports and relevant investigations are shown in Table 1.

According to the ACR EULAR criteria of 2010, the patient scored 5, suggesting an unlikely diagnosis of rheumatoid arthritis. The diagnostic process involved the utilization of the screening tool of the psoriasis arthritis questionnaire, Moll and Wright criteria, and CASPAR criteria.[4] To rule out psoriatic arthritis, assessment tools, including the Ama assessment tool,[5] visual analog scale,[6] clinical disease activity index,[7] and nail psoriasis severity index (NAPSI) score,[8] were utilized. During the examination of the paranasal sinuses, tenderness was observed in all sinuses. In addition, the Schirmer's test indicated moderately dry eyes with readings of Rt - 11 mm and Lt -13 mm. The patient's prakriti was determined *as Kapha Pitta using the Prakriti* Ayusoft tool.[9] This case was diagnosed as *Vata Kapha Pradhana Utthana Vatarakta* with affected *Snayu and Nakha.*

2.7. Therapeutic Intervention

Internal medicines administered from September 29, 2023 to October 12, 2023, along with external procedures are given in Tables 2 and 3. Due to the palatability issue of the patient, tablets were chosen instead of *Kashaya. Maharasnadi Kashayam* Tab 1 B.D after food, *Punarnava Ayo Lepa Churna* 1 tsp with buttermilk ¾ glass B.D after food, *Dasamoola hareetaki Lehyam* ½ tsp bed time, *Murivenna* for external application, and *Kachooradi Churnam* as *Talam* were advised as follow-up medicines.

3. RESULTS

Following an initial 7 days of *Rukshana Kriya* and *Langhana*, the presence of *Ama* was detected using the *Ama* assessment tool, registering at 22.22%, while the Visual Analog Scale indicated a score of 3. On examination of the paranasal sinuses, no tenderness was observed. Despite the treatment, there was no notable change in the NAPSI score. Depicted in Figures 1-4 the patient experienced relief from headache, and symptoms such as itching and crawling feeling had subsided. Bowel movements were reported as satisfactory, and the appetite was restored. The Clinical Disease Activity Index after treatment recorded a score of 5, suggesting low severity [Table 4].

4. DISCUSSION

The affected areas involve the distal interphalangeal joints of the toes, accompanied by nail changes. The presentation aligns with the Moll and Wright criteria for psoriatic arthritis, displaying only features such as symmetrical arthritis and the absence of serological tests for rheumatoid factor. However, the case does not meet the diagnostic criteria outlined by CASPAR. Notably, the screening tool, the psoriasis arthritis questionnaire,[10] indicates a likelihood of developing psoriatic arthritis. The Clinical Disease Activity Index, a composite index based solely on clinical variables, proves to be a valid instrument for consistent patient assessment in rheumatoid arthritis. NAPSI is a numeric, objective, simple tool for evaluation of nail psoriasis. This scale is used to evaluate the severity of nail bed psoriasis and nail matrix psoriasis by area of involvement in the nail unit. Each nail has a matrix score (0–4) and a nail bed score (0–4), and the total nail score is the sum of those 2 (0–8). The sum of the total score of all involved fingernails is the total NAPSI score.

Treatment objectives encompass alleviating pain, restoring joint function, controlling inflammation in the short term, and aiming for remission while preventing complications and minimizing long-term medication-related toxic effects. The patient's predisposing factors include the intake of heavy and large meals relative to digestive fire, characterized by *Vidahi, Abhisyandi, Guru, Snigdha, Seetha Ahara,* and *Vishamasana. Avara Satwa Bala*, coupled with stress, emotional disturbances, suppression of natural urges, untimely food intake, and improper sleep, contribute to the patient's condition. *Sthana Samsraya* of vitiated *Dushyas* in *Sandhi, Asthi, Majja*, and subsequently affecting *Dhatu Mala* (*Nakha*). Symptoms initially manifested in the joints of the foot (*Padayomulam asthaya*), accompanied by *Ama Lakshanas* such as constipation, body heaviness, loss of appetite, joint pain, lack of enthusiasm, and lethargy. *Poorvaroopa* includes *kandu, Nistoda, Bheda, Gourava,* and *Muhu Muhuravi Bhavanthi,* while the *Roopam* exhibits features of both *Vata and Kapha dosa*, such as *Sula, Vridhi Hani* of *Sopha*, *Seethadwesha,* and *Supti* under *Vathika lakshana* and *Gurutva*, *supti,* and *Kandu* under *Kaphaja lakshana*. Symptoms indicative of *Uttana Avastha*, such as *Kandu, Twak Tamra Syava Lohita*, are present, while *Svayathu* signifies *Gambhira Avastha*, considering the affected sites of *Sandhi, Asthi,* and *Majja*, and taking into account, the temporal aspect (kala). The final diagnosis establishes the condition as *Vata Kapha Pradhana Utthana Vatarakta*.

The internal medicines selected for the treatment plan exhibit *Kapha Vata hara* characteristics, incorporating properties such as *Srotosodhana, Lekhana, Sopha Hara, Amahara, Sula Hara, Anulomana,* and anti-inflammatory action. Initially, *Punarnavadi Kasayam,* administered in tablet form, was prescribed to mitigate *sopha* and inflammation, exerting its influence on both *Koshta* and *Sakha. Shaddharanam churna,* also administered in tablet form, performs *Ama Pachana* at the *Koshta* to eliminate *Amavastha* in *Vatarakta*[11] *Avipathy Churnam* possessing *Pitta Samana* properties, serves as a daily *Anulomana* agent, taking into account, the condition of the *Koshta*, skin, and nails. For external application on the nails, *Mahatiktaka Ghrita* and *Brihat Danta Pala Thailam*, widely employed in chronic skin conditions like psoriasis, exhibiting anti-inflammatory characteristics were used. *Drava sweda* was selected, considering the *Amavastha* and *Sarvanga Sopha*. Due to its *Ushna guna* and *Ushna veerya, Dhanyamla* is chosen for its ability to destroy vitiated *Vata or Kapha*, *Vata-kapha* alleviates *srotorodha,* and reduces inflammation. The anti-inflammatory action of *jadamayadi churna* contributed significantly to the reduction of *Sopha* and *Ruja*[12]. *Patra pinda sweda,* characterized by *Sandhichestakara, Srotosuddhikara, Agnideepaka,* and *Kapha-Vatanirodhana* properties,[13] was incorporated into the treatment plan. *Ksheeravasthi,* widely indicated in the rheumatoid spectrum for its *Pitta Samana, Rakta Prasadana*, and *Asthi Majja Dhatu Poshana* properties, resulted in severe abdominal distension and pain. Consequently, *Kashaya Vasthi* was substituted with *Madhutailika Vasthi.*

4.1. Limitation

Multiple therapeutic interventions contributed to the patient's outcome.

5. CONCLUSION

This is a case of seronegative arthritis presenting a potential risk for the progression into psoriatic arthritis. Notably, the presence of nail psoriasis has been recognized as a contributing factor to the development of psoriatic arthritis, attributed to the anatomical linkage between the extensor tendon and nail matrix.[14] Within the prodromal stage, *Vatarakta* and *Kushta* exhibit a concurrent relationship. Addressing the *Amavastha,* the treatment approach was directed toward rectifying the deranged metabolism by augmenting *agni,* thereby eliciting symptomatic relief. Despite the absence of conservative care and persistent engagement in *Nidana seva, the Utthana avastha* stage may potentially transform into *Gambhira Avastha.* Informed consent from the patient was duly obtained before the documentation of this case report.

6. ACKNOWLEDGMENTS

Nil.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

8. FUNDING

Nil.

9. ETHICAL APPROVALS

This study is not required ethical clearance as it is a case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data available are for only review purposes from principal investigators.

12. PUBLISHERS NOTE

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Table 1: Investigations

Laboratory reports	Findings
Blood test – October 04 2023	
RA Factor	<8 IU/ml
ASO Titer	135 IU/ml
CRP	3.5 IU/ml
Nail bed biopsy – October 10 2022	Nail bed psoriasis
USG Abdomen – December 28 2021	Grade 1 fatty infiltration of the liver
Endoscopy – September 29 2019	Lax lower esophageal sphincter and gastritis

Table 2: Internal medicines

S. No.	Medicines	Dose	Time
1	*Punarnavadi Kashayam Tablet*	*1.B.D*	After Food
2	*Shaddharanam Gulika*	*2.B.D*	After Food
3	*Avipathy Churnam*	1 tsp with hot water	Bed time
4	*Ardhavilwam Kashayam Thoyam*	*1L*	*Muhu Muhu*
5	*Chandraprabha Gulika with Thoyam*	*1B.D*	After Food
6	*Mahatiktaka Ghritha*		External application over nails
7	*Brihat dantapala tailam*		External application over nails

Table 3: External procedure

Date	Procedure	Medicine	Days
September 28, 2023–October 04, 2023	*Dhanyamladhara*	With *Guduchi Kasaya* in 1:1 ratio	07 days
	Lepanam over Lumbar Area	*Jadamayadi Churnam in dhanyamla*	07 days
October 05, 2023–October 11, 2023	*Patrapotala Sweda*	*Murivenna + Dasamoola amritadi tailam*	07 days
	Lepanam over Lt Shoulder joint	*Grihadhumadi lepa churnam in Dhanyamlam*	07 days
October 06, 2023, October 08, 2023, October 10, 2023	*Matra vasthi*	*Madhuyashtyadi taila mezhukupaka 50* ml	3 days
October 07, 2023	*Ksheeravasthi*	*Panchatiktaka ghritha*	1 day
October 09, 2023, October 11, 2023	*Erandamoola Kashaya vasthi*	*Madhuyastyadi taila*	2 days

Table 4: Results

Assessment tools	Before treatment	After treatment
Ama assessment tool	66.67%	22.22%
Visual Analog Scale	7	3
Clinical disease activity index	23	5
Nail psoriasis severity index score	80	80

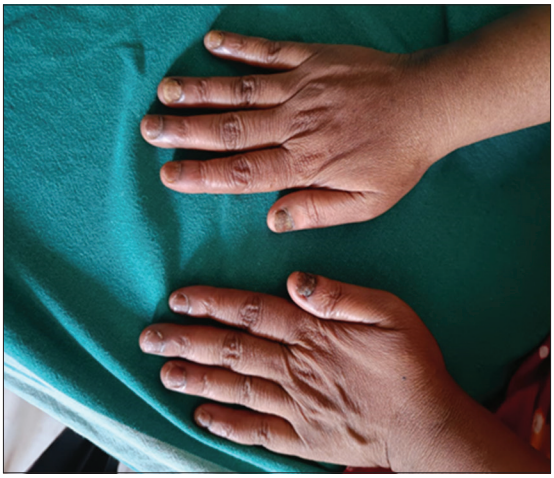

Figure 1: Before treatment

Figure 3: After treatment

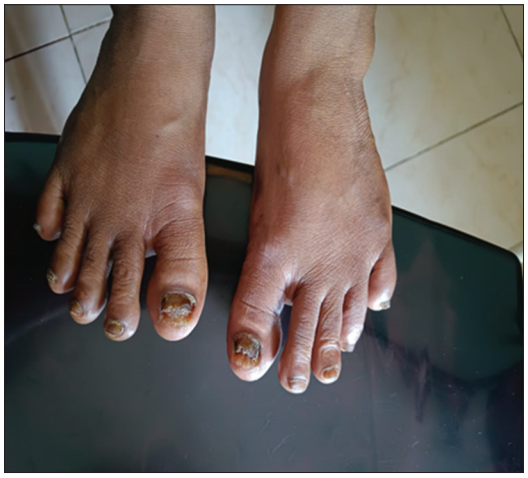

Figure 2: Before treatment

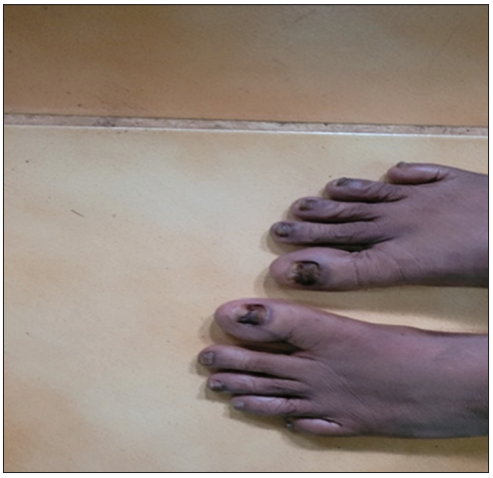

Figure 4: After treatment