



Review Article

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



NIDANATMAK REVIEW OF VATARAKTA BASED ON AYURVEDIC CLASSICAL TEXTS

Supriya Kharat ^{1*}, Jyoti Meghadambar ², Santosh Girbide ³

¹ PG Scholar, Department of Rognidan And Vikruti Vigyan, R A Podar medical (Ayu) college, Worli, Mumbai, Maharashtra, India

² Associate Professor, Department of Rognidan And Vikruti Vigyan, R A Podar medical (Ayu) college, Worli, Mumbai, Maharashtra, India

³ Professor & HOD, Department of Rognidan And Vikruti Vigyan, R A Podar medical (Ayu) college, Worli, Mumbai, Maharashtra, India

Received on: 08/1/26 Accepted on: 23/2/26

*Corresponding author

E-mail: hodrognidanrapmc@gmail.com

DOI: 10.7897/2277-4343.17271

ABSTRACT

Vatarakta, a well-documented disorder in Ayurvedic classics, is a disease caused by the simultaneous vitiation of Vata and Rakta. It is considered a Vata-pradhana TriDoshaja Vyadhi with the involvement of Rakta Dhatu, manifesting primarily with pain, burning sensation, discoloration, and joint deformities. The pathogenesis begins with Avarana of Vata by vitiated Rakta, leading to impaired circulation, stagnation of metabolic waste, and tissue degeneration. The condition closely resembles Gout or Hyperuricemia in modern medicine, where uric acid crystal deposition causes inflammation and deformity of joints. This review aims to comprehensively analyse the Nidana (etiological factors) of Vatarakta from classical Ayurvedic texts and correlate them with modern pathological mechanisms. also discusses Samprapti Ghatakas such as Dosha, Dushya, Srotas, Agni, and Avarana in the light of modern pathophysiology. Understanding the Nidana of Vatarakta is crucial for early diagnosis, prevention, and formulation of effective treatment strategies based on Nidana Parivarjana (elimination of causative factors). By integrating Ayurvedic principles with modern insights, this paper highlights how the holistic diagnostic framework of Ayurveda can guide preventive and curative measures in chronic inflammatory joint disorders like gout.

Keywords: Vatarakta, Nidana, Avarana, Rakta Dushti, Gout, Ayurveda.

INTRODUCTION

Vatarakta is one of the most important Vata Nanatmaja Vyadhis described in the Ayurvedic classics¹. The term itself signifies the pathological interaction between Vata and Rakta², where the aggravated Vata gets obstructed by vitiated Rakta, resulting in Avarana (occlusion) and manifestation of characteristic symptoms³. The disease primarily affects the Sandhi (joints) and Twak (skin), leading to Shoola (pain), Daha (burning), Kandu (itching), Vaivarnya (discoloration), and ultimately deformity if untreated.

According to Charaka, Vatarakta is a condition occurring in individuals of luxurious habits (Sukhabhoga Jeevi), due to indulgence in incompatible food and behavior, excessive intake of Lavana, Amla, and Katu Rasa, and suppression of natural urges. These factors vitiate Rakta Dhatu and Vata Dosha, disturbing their normal functions and initiating the disease process.

From a modern perspective, Vatarakta can be correlated to Gout or Hyperuricemia⁴, where increased uric acid levels lead to crystal deposition in joints, causing inflammation and degeneration. The pathogenesis of both disorders involves metabolic imbalance, defective circulation, and tissue damage.

Studying Vatarakta through a Nidanatmaka (etiological) lens is essential because prevention begins with understanding causation. By identifying Dosha, Dushya, Srotas, and Hetu, Ayurvedic diagnosis enables a more individualized approach to

prevention and management through Nidana Parivarjana (elimination of causes).

Vatarakta

Nidana (Causative Factors)

The Nidana of Vatarakta can be grouped into Aharaja, Viharaja, and Manasika causes⁵.

Aharaja Nidana (Dietary Causes)

Excessive intake of Amla (sour), Lavana (salty), and Katu (pungent) tastes

Intake of heavy, unctuous, and hot food items (Snigdha, Ushna Ahara)

Excessive consumption of non-vegetarian, fermented, or oily foods

Alcohol consumption (Madyapana)

Irregular meal timings and overeating

These factors cause Rakta Dushti and obstruct Vata Vaha Srotas, leading to the entrapment of Vata within Rakta Dhatu.

Viharaja Nidana (Lifestyle Causes)

Sedentary habits, lack of exercise

Day sleep (Diwaswapna)

Suppression of natural urges (Vegadharana)

Prolonged standing or excessive walking

Mental stress and anger

Such behaviors vitiate Vata and disturb Rakta Samvahana (blood circulation), forming a fertile ground for disease manifestation.

Manasika Nidana (Psychological Causes)

Emotional stress, anxiety, and excessive anger are said to vitiate Vata and Rakta simultaneously, accelerating disease progression.

Dosha-Duṣya Samurcchana

In Vatarakta, both Vata Dosha and Rakta Dhatu are primary participants.

Dosha: Predominantly Vata, with association of Pitta in acute and Kapha in chronic stages.

Dushya: Rakta Dhatu and Mamsa Dhatu.

Srotas: Raktavaha and Mamsavaha Srotas.

Srotodushti Prakara: Mainly Sanga (obstruction) and Siragranthi (vascular stagnation).

Vatarakta Samprapti begins when Vata becomes aggravated due to dietary or behavioral causes. Simultaneously, Rakta becomes vitiated due to unwholesome food and habits. The vitiated Rakta obstructs Vata in its normal pathways (Avarana), leading to stagnation and inflammation in peripheral tissues mainly joints and skin.

Samprapti (Pathogenesis)

Hetu sevana → vitiation of Vata and Rakta

Avarana of Vata by Rakta → impaired movement of Vata

Srotorodha (obstruction) → Rakta Dushti intensifies

Manifestation of symptoms like Shoola (pain), Daha (burning), Kandu, Vaivarnya (discoloration), and Sandhi Shotha (joint swelling).

Modern Correlation

Modern medicine describes Gout as a metabolic disorder resulting from hyperuricemia, where excess uric acid crystallizes in joints, causing inflammation and degeneration⁶. This parallels the Ayurvedic concept of Avarana and Rakta Dushti, where impaired metabolic and circulatory functions lead to deposition of Ama and subsequent inflammation. Uric acid crystals correspond to Ama or Mala accumulation. Inflamed joints correspond to Srotorodha and Rakta Dushti. Pain and stiffness reflect Vata Avarana. Thus, Vatarakta embodies both inflammatory and degenerative processes described in modern gout pathology.⁷

Clinical Implications of Nidana

Early recognition of causative factors allows the prevention of chronic complications such as joint deformity, ulceration, and disability. Nidana Parivarjana avoiding etiological factors like alcohol, incompatible diet, and sedentary habits forms the foundation of both prevention and management. Furthermore, adopting Vata-Rakta Shamana diet and lifestyle enhances treatment efficacy and prevents recurrence.

DISCUSSION

The analysis of Vatarakta through the Nidanatmaka framework reveals that the disease originates primarily from the derangement of Vata and Rakta. The dual involvement of Dosha and Dhatu explains the complex nature of its pathogenesis. Among all the Nidanas, dietary and lifestyle factors play a dominant role, particularly those that aggravate Rakta through Ushna, Amla, and Lavana qualities, and Vata through Ruksha, Laghu, and Alpa Ahara. This dual vitiation leads to Srotorodha and Avarana, producing characteristic signs and symptoms like pain, redness, burning, and stiffness in joints.

The ancient texts describe two varieties - Uttana Vatarakta (superficial) and Gambhira Vatarakta (deep-seated)⁸ suggesting the progressive involvement of Dhatus and Srotas. This is analogous to the acute and chronic stages of gout in modern science⁹. The classical symptoms such as Shoola, Daha,

Vaivarnya, and Sandhishoola align well with the inflammatory and painful episodes observed in gouty arthritis.

The correlation between Rakta Dushti and hyperuricemia highlights how metabolic dysfunctions described in Ayurveda can be understood in modern biochemical terms¹⁰. Moreover, the emphasis on Nidana Parivarjana (removal of causative factors) underscores Ayurveda's preventive approach. Avoidance of Madyapana, Atisevana of Lavana-Amla Rasa, and maintaining Vihara Shuddhi (proper lifestyle) can prevent disease onset and recurrence.

Thus, a Nidanatmaka approach not only aids early diagnosis but also guides individualized treatment planning. It supports the integration of Ayurvedic preventive principles with modern diagnostic tools for holistic management.

CONCLUSION

Vatarakta is a Vata-pradhana TriDoshaja Vyadhi involving Rakta Dhatu as the principal Dushya¹¹. Its Samprapti is initiated by faulty diet and behavior, leading to Avarana of Vata by Rakta. The comprehensive understanding of Nidana helps in recognizing premonitory signs and preventing chronic complications.

Vatarakta can be correlated with autoimmune inflammatory disorders involving the derangement of Rakta (blood), Mamsa (muscle), Asthi (bone), and Majja (bone marrow) Dhatus (tissues), where Vata Doṣa plays a major role in disease manifestation and progression. Considering its Kṛucchra-sadhya nature (difficult to cure condition), emphasis should be placed on prevention rather than solely on curative measures¹². Hence, a comprehensive understanding of Hetu (etiological factors) and Samprapti (pathogenesis) becomes fundamental for effective disease management.

Ayurvedic intervention should be guided by the underlying pathogenesis, focusing primarily on Nidana Parivarjana (avoidance of causative factors), correction and purification of Rakta Dhatu (blood tissue), and systematic correction of vitiated Vata Doṣa¹³⁻¹⁵. Therefore, early identification of pathological factors and timely implementation of Ayurvedic principles can significantly improve outcomes in the management of Vatarakta.

Hence, studying Vatarakta from a Nidanatmaka perspective bridges traditional wisdom with modern understanding, reaffirming Ayurveda's relevance in the diagnosis, prevention, and management of lifestyle-related metabolic disorders.

REFERENCES

1. Prof. Ravi Dutta Tripathi, Charak Samhita, Chaukhamba Sanskrit Pratisthan, Delhi, edited with vaidyamanorama Hindi commentary, chikitsasthan, vatashonita chikitsa adhyaya, p 730
2. Kavi Ambikadutta Shastri, Sushruta Samhita, Chaukhamba Sanskrit Sansthan 2018. p.40 (Su. Chi. 5/10)
3. Prof. Yadunandan Upadhyaya, Madhavnidan, Chaukhamba Prakashan, Varanasi vol-1, Vatarakta nidanam, p 498.
4. Dalbeth N, Merriman TR, Stamp LK. Gout. Lancet. 2016;388(10055):2039–2052.
5. Dr Garde Ganesh Krushna, Ashtang Hridaya –Sartha Vagbhata, Chaukhamba Surbharati prakashana, Varanasi, nidansthan, Vatashonita nidana p 212, chikitsasthan, vatashonita chikitsa, p 329.
6. Agnivesha, Charakasamhitha Sutrasthana chapter 26. sloka 86–87. 4th edn. Varanasi: Chaukhamba Sanskrit Sansthan; 1994. p.362.

7. Savitri *et al.* Innovative Ayurvedic Vivechana Of Vata Rakta - A Conceptual Study. World Journal of Pharmaceutical and Medical Research 2020;6(4):50-53.
8. Pandey S, Pandey A, Tripathi JS. Concept of Vatarakta in Ayurveda with special reference to Gout. AYU. 2011;32(2):210–214.
9. Kumar P, Clark M. Kumar and Clark's Clinical Medicine. 10th ed. Elsevier; 2020. Chapter on Rheumatology.
10. Savitri Soni. Vatarakta: An Ayurvedic classical literature review. J Ayurveda Integr Med Sci 2023;06:215-229. <http://dx.doi.org/10.21760/jaims.8.6.34>
11. Anjana Nidana, Agnivesha. In: Ramchandra Shastri Kinjavadekara, editor, Chitrashala Mudranalaya, Pune.1940.
12. Harita Samhita. Hindi Commentary by Ramavatar shastri, Prachya Prakashan, Varanasi, 1st Edition, 1985.
13. Patgiri BJ, Prajapati PK, Shukla VJ. A clinical review on the management of Vatarakta with Ayurvedic formulations. Anc Sci Life. 2013;32(4):221–226.
14. Rege NN, Thatte UM, Dahanukar SA. Adaptogenic properties of six Rasayana herbs used in Ayurvedic medicine. Phytother Res. 1999;13(4):275–291.
15. Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med. 2010;1(2):91–95.

Cite this article as:

Supriya Kharat, Jyoti Meghadambar and Santosh Girbide. Nidanatmak review of Vatarakta based on Ayurvedic classical texts. Int. J. Res. Ayurveda Pharm. 2026;17(2):167-169
DOI: <http://dx.doi.org/10.7897/2277-4343.17271>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House, a non-profit publishing house dedicated to publishing quality research. Every effort has been made to verify the accuracy of the content published in our journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.