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EFFECT OF *Kokilaksha Kashaya* IN THE MANAGEMENT OF HYPERURICEMIA WITH RECURRENT GOUT SYMPTOMS: A CASE STUDY

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ABSTRACT

Background

Hyperuricemia is an important biochemical abnormality associated with gout and recurrent gout symptoms. In Ayurveda, gout-like clinical manifestations may be considered in relation to Vatarakta, involving the interaction of Vata and Rakta.

Case Presentation

A 42-year-old male with recurrent gout symptoms presented with warmth and tenderness over both great toes. He was a regular resistance-training enthusiast, exercising for approximately 1-2 hours daily. His dietary history was predominantly non-vegetarian, with seafood consumption approximately three days per week, and he consumed approximately 90 mL of alcohol 4-5 times per week. He had been taking febuxostat 20 mg regularly. During symptomatic episodes, he had received deflazacort 6 mg twice daily and aceclofenac 100 mg + paracetamol 325 mg + serratiopeptidase 15 mg, with initially satisfactory but subsequently inadequate response.

Intervention

Kokilaksham Kashaya 10 mL twice daily for 10 days was administered. Relevant modern medications were stopped during the intervention period. Dietary and lifestyle modifications, including avoidance of alcohol and seafood, were also advised.

Outcome

Serum uric acid decreased from 8.5 mg/dL before intervention to 5.1 mg/dL after intervention. Improvement in the reported gout symptoms was also observed.

Conclusion

The present case suggests a potential role of Kokilaksham Kashaya in the management of hyperuricemia associated with recurrent gout symptoms. However, concurrent dietary and lifestyle modifications limit attribution of the observed improvement solely to Kokilaksha Kashaya.

KEYWORDS: *Case study, Gout, Hyperuricemia, Kokilaksham Kashaya, Serum uric acid, Vatarakta*

1. INTRODUCTION

Hyperuricemia is characterised by an increased concentration of serum uric acid and is an important risk factor associated with gout. In many patients with gout, hyperuricemia is predominantly related to reduced renal urate excretion, although genetic factors and increased urate production can also contribute.[1,2]

Gout commonly presents with recurrent episodes of inflammatory joint symptoms, frequently involving the first metatarsophalangeal joint.[3] From an *Ayurvedic* perspective, a comparable clinical presentation can be understood in relation to *Vatarakta*, in which vitiated *Vata* interacts with *Rakta*. Classical descriptions also identify the feet as an important site of manifestation.[4]

This case study describes the effect of *Kokilaksha Kashaya* in a patient with hyperuricemia and recurrent gout symptoms, using serum uric acid as the primary objective outcome measure.

Case Presentation

2. Patient Information

A 42-year-old male patient presented with recurrent episodes of gout-like symptoms involving both great toes.

Chief Complaints

- Recurrent pain and tenderness involving both great toes
- Warmth over both great toes

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History of Present Illness

The patient had a history of recurrent episodes of gout symptoms. During symptomatic episodes, he had previously received conventional symptomatic treatment with deflazacort 6 mg BD and aceclofenac 100 mg + paracetamol 325 mg + serratiopeptidase 15 mg. Although these medications provided symptomatic relief initially, the patient subsequently experienced inadequate relief.

Dietary and Lifestyle History

Table No. 01: Personal history

Factor	History
Physical activity	Resistance training 1–2 hours/day
Diet	Predominantly non-vegetarian
Seafood	Approximately 3 days/week
Alcohol	Approximately 90 mL, 4–5 times/week

During *Ayurvedic* management, *Nidana Parivarjana* was advised, particularly avoidance of alcohol and seafood.

Medical History

The patient had been taking febuxostat 20 mg regularly.
For symptomatic episodes, he had received:

1. Deflazacort 6 mg twice daily.
2. Aceclofenac 100 mg + Paracetamol 325 mg + Serratiopeptidase 15 mg twice daily.

Although initial symptomatic improvement was obtained, the patient subsequently experienced inadequate response.
During the period of *Kokilaksha Kashaya* administration, the relevant modern medications were stopped.

Clinical Examination

General examination

Pallor: Absent.
Icterus: Absent.
Cyanosis: Absent.
Clubbing: Absent.
Lymphadenopathy: Absent.
Oedema: Absent.

Vitals

Pulse: 82/min.
Blood pressure: 124/76mmHg
Respiratory rate: 18/min.
Temperature: Afebrile.

Systemic examination

Respiratory System

Bilateral air entry was equal; vesicular breath sounds were heard with no added sounds.

Cardiovascular System

S1 and S2 were normal with regular rhythm; no murmurs or added sounds.

Gastrointestinal System

Abdomen was soft and non-distended.

Central Nervous System

Patient was conscious and oriented; no focal neurological deficit was noted.

Local Examination

- Both great toes were warm and tender on palpation.
- Other relevant modern examination findings were normal.

Ayurvedic Assessment

The case was assessed as *Vatarakta.*

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Table No. 03 *Ayurveda pareeksha*

Parameters	Finding
Dosha	*Vata-Pitta*
Dushya	*Rakta, Mamsa, Asthi*
Agni	*Teekshnagni*
Koshtha	*Madhyama*
Srotas	*Raktavaha Srotas*
Srotodushti Prakara	*Sanga*

The involvement of the feet and the clinical features were considered in the context of *Vatarakta.* Classical descriptions indicate the feet as an important initial site of manifestation.[4]

Laboratory Investigations

Table No. 04 Serum uric acid levels

Date	Investigation	Result	Reference range
18/04/2026	Serum uric acid	5.7 mg/dL	3.5–7.2 mg/dL
04/06/2026	Serum uric acid	**8.5 mg/dL** ↑	3.5–7.2 mg/dL
22/06/2026	Serum uric acid	**5.1 mg/dL** ↓	3.5–7.2 mg/dL

Other investigations also showed Hb 17.1 g%, RBS 90.2 mg/dL, urea 37.9 mg/dL, creatinine 1.1 mg/dL, calcium 9.3 mg/dL, sodium 142 mmol/L, potassium 3.9 mmol/L, chloride 100 mmol/L, and rheumatoid factor 8.5.

Ayurvedic Intervention

Table No. 05 *Ayurveda intervention*

Medicine	Dose	Frequency	Duration
Kokilaksha Kashaya	10 mL	BD	10 days

Concurrent Management

Nidana Parivarjana was advised, including:

- Avoidance of alcohol
- Avoidance of seafood
- Dietary and lifestyle modification

Relevant modern medications were stopped during the intervention period.

3.Outcome

The principal objective outcome measure was serum uric acid.

Table No. 06 Outcome

Parameter	Before intervention	After intervention
Serum uric acid	8.5 mg/dL	5.1 mg/dL

Change in serum uric acid

- Absolute reduction: 3.4 mg/dL
- Percentage reduction: 40%

Improvement in the reported recurrent gout symptoms was also observed.

4.DISCUSSION

Hyperuricemia is an important biochemical abnormality associated with gout. Renal urate handling has a major role in maintaining serum uric acid concentration, and reduced renal urate excretion is a predominant mechanism in many patients with hyperuricemia.[1,2]

In the present case, the patient had recurrent gout symptoms with an elevated serum uric acid level of 8.5 mg/dL. On local examination, both great toes were warm and tender. The involvement of the feet is consistent with the classical description of *Vatarakta,* in which the feet are described as an important site of initial manifestation.

From an *Ayurvedic* perspective, the condition was assessed as *Vata-Rakta*, with *Teekshagni*, *Madhyama Koshtha* and *Sanga*. The classical description of *Vatarakta* explains the involvement of *Vata* and *Rakta* in the disease process.[4]

The selection of *Kokilaksha* based on its *Tikta* and *Swadu-Amla Rasa and Sheeta Veerya,* along with therapeutic relevance in *Vata, Ama, Shotha and Asra*.[5] These properties provided the Ayurvedic rationale for selecting *Kokilaksha Kashaya* in the present case.

Kokilaksha Kashaya was administered at 10 mL twice daily for 10 days. Following the intervention, serum uric acid decreased from 8.5 mg/dL to 5.1 mg/dL. Improvement in the reported gout symptoms was also observed.

In addition, further controlled clinical studies are required to evaluate the independent therapeutic effect of *Kokilaksha Kashaya.*

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5.CONCLUSION

The present case demonstrated improvement in recurrent gout symptoms and a reduction in serum uric acid from 8.5 mg/dL to 5.1 mg/dL following administration of *Kokilaksha Kashaya* along with dietary and lifestyle modification. The classical properties of *Kokilaksha* provide an *Ayurvedic* rationale for its selection in this *Vatarakta* presentation. However, Further systematic clinical studies are warranted.

Case Timeline

Table No. 07 Timeline

Date	Event
18/04/2026	Serum uric acid: 5.7 mg/dL
Before June 2026	Recurrent gout symptoms; febuxostat and symptomatic modern medicines used
04/06/2026	Serum uric acid: 8.5 mg/dL
Intervention period	*Kokilaksha Kashaya* 10 mL *BD × 10 days + Nidana Parivarjana*
22/06/2026	Serum uric acid: 5.1 mg/dL; improvement in symptoms reported

PATIENT PERSPECTIVE

The patient reported improvement in greater toe joint pain and burning sensation following the *Ayurvedic* intervention.

INFORMED CONSENT

Written informed consent was obtained from the patient for publication of the case details.

FUNDING

No external funding was received for this case study.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest associated with this case study.

6.REFERENCES

1. *Lipkowitz MS. Regulation of uric acid excretion by the kidney.* Curr Rheumatol Rep. *2012 Apr;14(2):179-88. doi:10.1007/s11926-012-0240-z. PMID:22359229. PubMed*
2. *Terkeltaub R, Bushinsky DA, Becker MA. Recent developments in our understanding of the renal basis of hyperuricemia and the development of novel antihyperuricemic therapeutics.* Arthritis Res Ther. *2006;8(Suppl 1):S4. doi:10.1186/ar1909. PMID:16820043; PMCID:PMC3226109. PubMed Central (full text)*
3. *FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout.* Arthritis Care Res (Hoboken). *2020 Jun;72(6):744-760. doi:10.1002/acr.24180. PMID:32391934; PMCID:PMC10563586. PubMed*
4. *Vagbhata. Astanga Hridayam, with Sarvangasundara and Ayurveda Rasayana commentary by Arunadatta and Hemadri respectively, Pt. Bhisagacharya Harisastri Paradakara Vaidya, editor. Reprint tenth edition 2019. Chaukhambha Orientalia, Varanasi. Nidanasthana 16/ 1-16*
5. *Bhavamishra. Bhavaprakasha Nighantu: with Vidyotini Hindi commentary. Edited by Brahmashankara Mishra, Rupalalji Vaishya. 11th ed. Varanasi: Chaukhambha Sanskrit Bhawan; 2010. Gudūcyādi Varga, verse 192–193.*