

***EFFECT OF PUNARNAVAMRITA GUGGULU WITH AMRITADI KVATH
IN THE MANAGEMENT OF VATA RAKTA W.S.R. TO GOUT – A
CLINICAL TRIAL***

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ABSTRACT

Vatarakta is more distressing and common metabolic disorder prevalent in present era. It is characterised by severe pain, tenderness, inflammation and burning sensation in the affected joints. It is a *vata pradhana tridoshaja vyadhi* where *Rakta* is main *dushya*. Sedentary lifestyle along with mental stress, consumption of non-vegetarian and highly protein diet, excessive alcohol intake are some of the precipitating factors which causes acute exacerbation of *Vatarakta*. The aetiological factors responsible for Gouty arthritis, pathology and clinical features are quite similar with the *Vatarakta*. Gouty Arthritis is

a complex metabolic disorder of protein, which results from deposition of monosodium monohydrate urate crystals in joint space or periarticular tissues causing inflammatory arthritis. It is more common in men after adolescence or in women after menopause. In modern science number of drugs available for management of gout but all of the drugs is associated with adverse effects and certain limitations. Taking into consideration the above facts, present study was planned to explore the efficacy of a very simple, safe and cost effective drug *Punarnavamrita guggulu* and *Amritadi kvath* in the management of *Vatarakta*. The present clinical trial consisting of 30 patients of *Vatarakta* aged between 20 - 70 years of either sex were selected from the OPD and IPD of Kayachikitsa Deptt. Of Rajiv Gandhi Govt. Post Graduate Ayurvedic College and Hospital Paprola, Kangra (H.P.). Diagnostic

criteria were mainly based on the signs and symptoms of *Vatarakta* in *Ayurvedic* literature and serum uric acid. The registered patients were treated with trial drug for 8 weeks. The symptomatic improvement was observed with statistically significant results ($p>0.001$) along with decrease in serum uric acid level. Result of this research study showed that *Punarnavamrita guggulu* and *Amritadi kvath* are effective in the management of *Vatarakta*. The details of study shall be presented in the full text of research paper.

KEYWORDS: *Vatarakta*, Gouty arthritis, Hyperuricemia, *Punarnavamrita guggulu*, *Amritadi kvath*.

INTRODUCTION

Vata and rakta are the dosha and dushya which are invariably involved in the pathology of the illness of *Vatarakta*. Vitiated vata becomes aavrut with vitiated rakta dhatu. Vridhh and obstructed vata inturn vitiates the whole rakta and manifests as *Vatarakta*. Both vata prakopak and rakta prakopak nidana are involved in samprapti of the disease. Vitiated vata dosha and rakta dhatu get sammurchita in sandhi sthana.

It has two stages i.e. uthana and gambhira. Gambhira *Vatarakta* mainly affects asthi dhatu and causes ruja which spreads as Aakhor visha (rat poison). The aetiological factors responsible for gouty arthritis are quite similar with *Vatarakta*.

Gout is a metabolic disorder and inflammatory response to monosodium urate crystals formed secondary to hyperuricemia. It mostly affects middle aged to elderly men and postmenopausal women, although more common in men (10:1). The overall prevalence of gout is 2-26 per 1000. Its prevalence is increasing; more over it is a potential signal for unrecognized comorbidities like obesity, metabolic syndrome, diabetes mellitus, hypertension and renal disease etc. Gout affects about 2.1 million people worldwide. Patients of gouty arthritis land up in severe joint destructions. The common complications in patients of gout are urate nephropathy, uric acid nephropathy and nephrolithiasis.

Management of *Vatarakta* is a challenge as it is a disease of severe morbidity, chronicity and incurable to certain extent with associated complications. Though a number of drug regimens have been advised for the management of gout in the modern medicine like NSAIDs, Colchicine, Corticosteroids, Antihyperuricemic drugs and Uricosuric agents. The entire

above are associated with adverse effects and certain limitations. So there is need to find out some safe, cheap drug that has least side effects.

In *Ayurvedic* texts, two types of treatment of *Vatarakta* are mentioned such as *Samanya Chikitsa* (General management) and *Vishishtha Chikitsa* (Specific treatment according to classification). In *Vishishtha Chikitsa* after careful diagnosis on the basis of stages of disease i.e. *uthana* or *gambhira* specific treatment is planned.

Samsodhana chikitsa of *Vatarakta* has been described in most of classics hence, *Samsodhana chikitsa (Virecana kama)* as well as *Samsamana chikitsa (Punarnavamrita guggulu with Amritadi Kvath)* are considered. By *Samsodhana chikitsa (Virecana kama)* vitiated *dosha* are evacuated from the body and after that *Samsamana chikitsa (Punarnavamrita guggulu and Amritadi Kvath)* was given to the patients to maintain homeostasis thus signs and symptoms of *Vatarakta* can be alleviated. In a clinical study, after 56 days of therapy, the result showed that all the symptoms of *Vatarakta* were reduced which was evident when the scoring of the symptoms was considered. It was observed that there was moderate improvement in 80 % patients of Group-I after treatment whereas 53%-73% patients of Group-II showed marked to moderate improvement at end of trial. The percentage of reduction on Serum uric acid level was 24% in group II whereas 20% reduction was reported in group I patients. At the end of the study, efficacy and tolerance of treatment was excellent to good.

AIMS AND OBJECTIVES

To evaluate the effect of *Punarnavamrita guggulu* and *Amritadi kwath* in patients of *Vatarakta* (gout).

To assess the effect of the drugs in lowering the S.uric acid level in patients of *Vatarakta* (gout).

To assess the effect of the drug in relieving the signs and symptoms of *Ugra Vatarakta* (acute gout) and co-observation of pharmacological action or hazards in the clinical use.

MATERIALS AND METHODS

Source of Data

The 30 patients diagnosed with *Vatarakta* fulfilling the inclusion criteria were registered from OPD/IPD Deptt. of *Kayachikitsa R.G.G.P.G.A.C.* and hospital, *Paprola Distt. Kangra(H.P.)*,

during July 2015- January 2016, irrespective of sex, caste & religion with the sign and symptoms of Vatarakta.

The patients were diagnosed on the basis of Ayurvedic and modern parameters having Sandhi shula, Sandhi shotha, Raga, Tvaka vaivarnya, Sparsashyata, Vidaha, Stabdhata, Shithilta, Sandhi vikriti and Serum uric acid (>7 mg/dl in male & > 6 mg/dl in female). Patients who suffered from any other inflammatory joint disorder like RA, tubercular arthritis, chronic respiratory, cardiac, hepatic and hormonal diseases, malignant disorder and on chronic use of NSAIDs were excluded. Of 30 patients there were 12 males and 18 females, aged between 20-70 years. All the patients had Sandhi shola, Sandhi shotha and Sparsashyata, 23 patients had Raga and Vidaha, 19 patients suffered from Vaivarnya, 17 patients had Stabdhata, 15 patients reported with Shithilta and 12 patients manifests Sandhi vikriti.

Grouping of the patients: Selected 30 patients were divided into two groups.

❖ **Trial Group I:** (15 patients) The patients of this group were administered sadya mridu sneha virechana of Erand taila with Ksheera (Ch. Ci. 29/83) for Kostha shudhi 10-50 ml for 3 – 5 days followed by administration of 2 Tablets Punarnavamrita guggulu 500mg each with Amritadi kvath 24 gm for each decotion (Chakradutta-Vatarakta chikitsa 58-64 and 3) as Anupana for 8 weeks.

❖ **Trial Group II:** (15 patients) The patients in this group were only given 2 Tab. Punarnavamrita guggulu 500mg each with Amritadi kvath 24 gm for each decotion (Chakradutta-Vatarakta chikitsa 58-64 and 3) as Anupana for 8 weeks.



The patients were evaluated after 4 and 8 weeks for improvement in symptoms and fall in serum uric acid level.

RESULTS

The symptomatic improvement was observed with statistically significant results ($p > 0.001$) along with decrease in serum uric acid level.

Effect of therapy on subjective criteria in Gr. I & Gr. II patients

Clinical features	%age of Relief	
	Group I	Group II
Sandhi shola	79.02%	84.6%
Sandhi shotha	78.45%	75.6%
Sparsha asahyata	75.60%	75.1%
Raga	77.39%	72.5%
Vidaha	67.74%	62.1%
Vaivarnya	61.08%	65.2%
Stabdhata	75.90%	77.3%
Shithilta	50.00%	50.2%
Hritspandan	33.33%	31.1%
Sandhi vikriti	0%	0%

Effect of Therapy on Serum Uric acid in Both Groups

Group	% Change
I	20.7%
II	24%

Overall Effects of Therapy in Both Groups

Results	Gr-I		Gr-II	
	No. of patients	%age	No. of patients	%age
Completely relieved (100% relief)	-	-	-	-
Marked improvement (75 to 99% relief)	-	-	3	20%
Moderate improvement (50 to 74% relief)	12	80%	8	53.3%
Slight improvement (< 50% relief)	3	20%	4	26.6%
No improvement (0% relief)	-	-	-	-
Symptoms became worse (-1)	-	-	-	-

DISCUSSION

Vatarakta (Gout) effects usually 3rd to 7th decade of life. After menopause due to lack of hormonal effect, females also become equally prone to this disease. Regarding etiological factors high protein diet like non vegetarian diet, pulses etc., alcohol addiction, sedentary or stressful lifestyle are the most common factors which precipitates gout attack. In present era, all socioeconomic group of society are prone for the disease due to faulty life styles.

Assessment of the patients revealed that therapies given in Group-I and Group-II were equally effective in symptoms like *sparsha asahyata*, *raga* and *shithilta*. *Sandhi shotha*, *raga* and *vidaha* were improved to greater extent in group I whereas *sandhi shola*, *twak vaivarnya* and *stabdhata* were better controlled in group II. Relief in *sandhi shola*, *sandhi shotha* and *Sparsha asahyata* may be due to the analgesic and anti-inflammatory action of *Guggulu*, *Sunthi*, *Punarnava*, *Chitrak* and *Trivrit*. Improvement in *vidaha* and *raga* can be due to the *daha prashamakaand* and *pittahara* properties of *Amalki* and *Dhanyaka*. The relief in *vaivarnya* can be attributed to *varnya* action of *Haritaki*, *Bibhitaka* and *Amalki*. The drugs like *Amalki*, *Guduchi*, *Sunthi*, *Dalchini* and *Pippali* have *vata-kaphahara* property which may be responsible for relief in *shithilta*. About 90% of patients have under secretion of uric acid. Few drugs in formulations with their *mutravirechana* properties help in excretion of excess uric acid present in blood.

CONCLUSION

Punarnavamrita guggulu and *Amritadi kvath* are effective in the management of *Vatarakta*. No adverse effect of the therapy was noted during the trial and in the follow up period.

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