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CLINICAL EVALUATION OF KAISHORE GUGGULU WITH KOKILAKSHA KWATHA AS ANUPANA IN THE MANAGEMENT OF VATARAKTA W.R.T. GOUT.

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Abstract: Now a day, many lifestyle disorders are emerging out and Gout is one of the lifestyle diseases. It is the most distressing common metabolic disorder prevalent in present era. It is characterized by occurrence of accumulation of urate crystals in joints and surrounding tissues. It starts from small joints to major joints. Gout shows similar sign and symptoms like Vatarakta. According to Ayurveda, when aggravated vata is obstructed by aggravated rakta , this obstructed vata again vitiates the rakta dhatu. This pathological state is known as Vatashonitam or Vatarakta. **Aim and objectives:** to study the clinical evaluation of effect of Kaishore Guggulu in Vata Rakta with Kokilaksha kwath as anupana in the management of Gout. **Material and method:** The study was conducted in 40 patients having classical symptoms of Vatarakta for the duration of 45 days. Patients were given Kaishore guggulu (500 gms) 2 tablets twice a day with Kokilaksha kwath as Anupan to increase the drug action . According to Acharya Sharangdhar , suitable anupan along with medicine increases its pharmaceutical activity . **Results:** Kaishore Guggulu along with Kokilaksha kwath gives significant relief in symptoms of Vatarakta with special reference to Gout.

Keywords: Vatarakta , Gout , Kaishore Guggulu , Kokilaksha kwath.

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Introduction:

Vata is one of the important doshas among three Doshas of human body as it is responsible for all body activities. Vitiated Vata Dosha is responsible for most of the disease in body, Vatarakta is one of them. When aggravated vata is obstructed by aggravated rakta, this obstructed vata again vitiates the rakta dhatu. This pathological state is known as Vatashonitam or Vatarakta. It is disease of Vata where Rakta is prominent. Vatarakta is also possible when Gati of Vata is hindered by morbid Kapha Dosha. Vatarakta is very briefly explained in Ayurveda text regarding its sign and symptoms, etiology, prognosis, type and treatment all aspect are of Vatarakta are covered in various Samhitas. Pain and inflammation in small joint of upper and lower limb primary symptom of Vatarakta. Altered eating habit and sedentary lifestyle are basically responsible for Vatarakta. Acharya Charkha has explained the predominance of Vatarakta which is associated with sedentary Lifestyle, so he used the term 'Adhaya vata' where Adhaya stands for rich and affluent people.

In modern medical science, clinical presentation of Gout is very close to Vatarakta. Gout is a disorder commonly

characterized by severe pain and swelling in small joint. It is a metabolic disorder where the product of purine metabolism i.e., uric acid crystallizes in the form of Monosodium urate forming tophi. Gout occurs when these urate crystals accumulate in small joints and the surrounding tissues, causing the inflammation and intense pain of gout. Urate crystals can form when you have high levels of uric acid in the blood. Our body produces uric acid when it breaks down purines, substances that are found naturally in body. Prevalence of gout is increasing rapidly. Epidemiological studies show its predominance in young adults and old people. In this Clinical study, a compound Ayurvedic medicine, Kaishore Guggulu along with Kokilaksha kwath as an anupana was administered to 40 patients to find out the better remedy for Vatarakta.

AIM AND OBJECTIVES OF STUDY:

1. To review all literature regarding Vatarakta and its co - relation with Gout.
2. To clinically evaluate the effect of Kaishore Guggulu in Vata Rakta with Kokilaksha kwath as anupana in the management of Gout.

MATERIALS AND METHODS: -

A single group clinical study was performed on 40 patients, who were selected from the O.P.D and I.P.D of Shri Ayurveda Mahavidyalaya and Hospital, Department of Kaya chikitsa, Nagpur. All the cases were selected based on below mentioned diagnostic / inclusion and exclusion criteria.

Inclusion Criteria:

1. Age in between 20 years to 70 years.
2. Patient presenting with sign and symptoms of Vatarakta mentioned in Ayurveda texts.
3. Patients willing to be registered.
4. Patients having serum uric acid concentration i.e., hyperuricemia (more than 7.0 mg/dl in males and more than 6.0 mg/dl in females).
5. Patient having high ESR value (more than 40).

Exclusion Criteria:

1. Age below 20 years and above 80 years.
2. Patients not willing for trial.
3. Patients suffering from any systemic disorders.
4. Patient suffering from other type of arthritis and Auto Immune disorders
5. Pregnant/ lactating women.

Laboratory Investigations.

1. Serum Uric acid
2. ESR

Study Design:

It was a single arm, open randomized clinical study. In this study 40 patients diagnosed of Vatarakta of either sex were subjected to clinical study.

Medicines Composition (Kaishore Guggulu)

1.Triphala- 3 Prastha, Amrita- 1 Prastha, Water- 1.5 Dron, Guggulu -1 Prastha, Triphala – 2 Pala, Guduchi1 Pala, Tryushana- 6 Aksha, Vidanga – 1.5 Pala, Danti – 1 Karsha, Trivrit -1 Karsha, Ghrita – QS

Preparation of kokilaksha kwatha :

Take 1/2- 1 teaspoon of Kokilaksha Powder. Add 2 cups of water and boil it. Wait for 5-10 minutes or till the volume reduces to ½ a cup.

Duration: 45 days follow up for 15 days.

Time and days of administration:

1.Kaishore Guggulu 2 tab (500 mg each) twice a day with kokilaksha kwath (20 ml) after meal.

Criteria of assessment

1. Sandhi shula – joint pain
2. Sandhi shotha –Joint swelling .

3. Sparshasahatva -Tenderness over joint
4. Vaivarna – (discoloration).
5. Sandhigraha /stambha – joint stiffness
6. Tood ,vedna yukt halchal –Pain during movement .
7. Sandhigraha /stambha – joint stiffness

The randomized single arm study “Clinical evaluation of Kaishore Guggulu with Kokilaksha kwatha as anupan in the management of Vatarakta w.r.t. Gout.” was carried out for 40 patients as per diagnostic criteria described in material and method ,out of which 35 patients completed the study. The observations found in the study are presented herewith in tabular form given below:

OBSERVATIONS AND RESULTS:

Table-1 Sex incidence found in 35 patient of Vatarakta .

Sr. no	Sex	No. of patient	percentage
1	Male	22	62.86 %
2	Female	13	37.14 %

Table-2 Age pattern found in 35 patient of Vatarakta .

Sr. no	Age	No. of patient	Percentage
1.	20-30	2	5.71 %
2	31-40	6	17.14 %
3	41-50	3	8.57 %
4	51-60	8	22.86 %
5	61-70	11	31.43 %
6	Above 70	5	14.29 %

Table-3 Socio economic condition found in 35 patient of Vatarakta .

Sr.no	Socio economic condition	No. of patient	Percentage
1	Higher class	9	25.79 %
2	Upper middle	21	60 %

3	Lower Middle	02	5.71 %
4	Lower	03	8.57 %

Table-4 Evidence of occupation in 35 patients of Vatarakta .

Sr.no.	Occupation	No. of patient	Percentage
1	Housewife	10	28.57 %
2	Service	05	14.29 %
3	Business	14	40 %
4	Clerical /sitting job	4	11.43 %
5	Physical work /Labour	2	5.71 %

Table-5 Education status wise incidence in 35 patient of Vatarakta .

Sr.no	Socio economic condition	No. of patient	Percentage
1	Illiterate	2	5.71 %
2	Primary	14	40 %
3	Secondary	07	20 %
4	Higher	12	34.29 %

Table-6 Dietary habits wise incidence found in 35 patient of Vatarakta .

Sr. no	Diet	No. of patient	percentage
1	Vegetarian	11	31.43 %
2	Mixed	24	68.57 %

Table-7 Family history wise incidence found in 35 patient of Vatarakta .

Sr. no	Family history	No. of patient	percentage
1	Negative	11	31.43 %
2	Positive	24	68.57 %

Subjective assessment:

The patients suffering from Vatarakta, who were included in the clinical study had to undergo clinical examination at every follow up for clinical assessment for improvement in signs and symptoms. The assessment was done Before treatment (B T)

and After treatment (A T). Assessment parameters i.e sign and symptoms of Vatarakta described in criteria of assessment in material and methods were compared and statistically analysed.

1.Sandhi shola (Joint Pain) :

Sympt1	Mean	SD	SE	% Of relief	P value
BT	3.00	1.844	0.310	62.81%	P< 0.0001
AT	1.94				***

2.Sandhi shotha (Swelling over joint) :

Sympt1	Mean	SD	SE	% Of relief	P value
BT	2.93	1.167	0.126	58.82%	P< 0.001
AT	1.74				**

3.Vaivarnya (Discoloration) :

Sympt1	Mean	SD	SE	% Of relief	P value
BT	2.73	1.378	0.047	43.90%	P< 0.005
AT	1.98				*

4.Sparshashtva (Tenderness) :

Sympt1	Mean	SD	SE	% Of relief	P value
BT	2.48	1.83	0.263	58.5 %	P< 0.001
AT	1.079				**

5.Sandhigraha (stiffness) :

Sympt1	Mean	SD	SE	% Of relief	P value
BT	2.24	1.477	0.202	49.81%	P< 0.001
AT	1.67				**

6.Tooda(Pain during movement) :

Sympt1	Mean	SD	SE	% Of relief	P value
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BT	3.00	1.844	0.310	62.81%	P< 0.001
AT	1.94				**

7.Suptata (Numbness):

Sympt1	Mean	SD	SE	% Of relief	P value
BT	2.38	1.277	0.19	40.53%	P< 0.05
AT	1.84				*

8.Uric acid .

Lab. Inv.	Mean	SD	SE	% of Relief	P Value
BT	2.56	1.98	0.350	65.98%	P<0.0001
AT	1.20				

RESULTS :

All the patients of Vatarakta included in this clinical study were examined in detail with respect to the special preformat as prescribed in material and method. Before starting the treatment, symptoms present in all patients were graded and their value noted as BT. After completion of treatment the values were again reviewed. The data was assessed based on each symptom and most symptoms found to be relieved after treatment. After the completion of the study, symptom Sandhishoola i.e.joint pain and level of uric acid showed highly significant results. Other symptoms like Sandhi shotha , Sparshasahatva , sandhi graha, tooda more significant result whereas symptoms like Vaivarnaya and suptata significant results.

DISCUSSION:

Out of 35 patients of Vatarakta who completed the study , 22 (62.86 %) were males and 13 (37.14 %) were female showing more prevalence of Vatarakta in males especially at old age . (Table no.1) Most of the patients were between age group of 60-70 years (11 patients -31.43 %) and 51-60 age group (8 patients – i.e 22.86 %) referring that prevalence of Vatarakta is found in elderly people . (Table 2).Majority of the patients belonged to upper middle and higher class (60 % and 25.79 % respectively) referring to its ‘Disease of Rich man’ as their Overindulgence in diets rich in wines, meats, seafood, and alcohol which has been associated with gout. Refer (table no.3). Business class people were mostly affected (

40 %) due to their sedentary lifestyle .Secondly housewives were more prone to Vatarakta (28.57%).(Table 4). Educations does not seem to have major role in the prevalence of gout but study shows illiterate people are likely to get less affected by Gout (Table no.5) Dietary habits have major role in the prevalence of gout. Patients having mixed diet were more likely to get affected by Gout .(Table no. 6).Most of the patients have positive family history of gout referring to its hereditary nature as all the family members have same dietary habits.

CONCLUSION:

The treatment regimen given to the group of 40 patients showed significant results in most of the symptoms of Vatarakta referring to increased potency of Kaishore Guggulu with administration of Kokilaksha kwath as an anupana . Though a large sample is required to evaluate its better efficacy for long time.

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