

“EFFECT OF GUDUCHI KWATH AND GUGGULU IN VAATARAKTA”

Prof. Dr. Sudhir Lad
M.D.[Kayachikitsa]
Ph.D[Kayachikitsa]

INTRODUCTION& REVIEW OF LITERATURE :

Introduction:

Ayurveda is a science of life which deals with the preventive and curative aspects of the diseases. The prevention part of the disease is brought about by following Dincharya and Rutucharya. In short this part of science deals with changes in the life styles and which are required for the changes in the environment of the individual.

Vaatarakta is, vaata associated with rakta and starts especially in both limbs. The classical symptoms of vatarakta are Kandu, Ruja, Siraaayama, Toda, Spurana, Kunchana, Shyavatwak, Raktatwak, Bheda, Gourav and Suptata. All these symptoms are similar like gout, hence vatarakta can be correlated to Gout.

Gout (also known as Podagra when it involves the big toe) is a medical condition usually characterized by recurrent attacks of acute inflammatory arthritis - a red, tender, hot, swollen joint. The metatarsal-phalangeal joint at the base of the big toe is the most commonly affected (approximately 50% of cases). Gout was historically known as "the disease of kings" or "rich man's disease". It is a heterogeneous disorder that results in the deposition of uric acid salts and crystals in and around joints and soft tissues or crystallisation of uric acid in the urinary tract. Its causes include overproduction or impaired excretion of uric acid 10-15% and 80-90% respectively. The variety of drugs like uricosuric, NSAIDS are used to treat the Gouty arthritis symptomatically, which have many potential adverse effects like vomiting, G.I bleeding, hepato renal toxicity etc. Hence I have taken this disease for study.

Review of Literature :

A literature review will be taken from Brihatrayi, Laghutrayi & other classical texts of Ayurveda, various research publications & concern modern text, previous research material will be collected from articles, journals & internet.

AIMS & OBJECTIVES :

- 1) To assess the effect of "**Guduchikwath and Guggulu**" in the management of "**vaatarakta**".
- 2) To analyze the etiopathogenesis of vaatarakta.

MATERIAL&METHODS :

Material:

Selection of Drug:

Guduchikwath pan along with guggulu does the vaatraktanashan.

Guduchikwath will be prepared as per mentioned in classical reference i.e. SharangdharSamhitamadhyamkhand.

ShuddhaGuggulu will be purchased from GMP approved pharmacy.

GUDUCHI AND GUGGULU:

Drug Name	Latin Name	Guna	Rasa	Vipaka	Virya	Dosha Karma
Guduchi	<i>Tinosporacordifolia (Miers ex Hook. f. &Thoms)</i>	Guru, Snigdha	Tikta, Kashaya	Madhura	Ushna	Tridoshashamaka
Guggulu	<i>Commiphoramukul (hook ex Stocks)</i>	PURANA-Laghu, Ruksha, Tikshna,	Tikta, Katu	Katu	Ushna	Tridoshahara

Vishada,
Sukshma,
Sara,
Sugandhi.

NAVINA-
Snigdha,
Pichhila.

KAISHOR GUGGUL:As a control group

Kaishorguggulu will be taken from GMP approved pharmacy.

Methods :

- **Selection of patients :**

Patients subjected to clinical trials will be selected from OPD & IPD.

A Case paper Proforma will be prepared for this clinical study.

Criteria for selection of patient will be as follows,

a) Inclusion criteria :

1. Subjects presenting with clinical features of Vaatarakta.
2. Patient having chronicity less than 1 year.
3. Subjects of both sex between the age group of 18 - 60 years.

b) Exclusion Criteria:

1. Subjects with uncontrolled metabolic disorders and other systemic disorders.
2. Subjects with autoimmune diseases of joints.
3. Subjects with infection and communicable diseases.

After complete examination all the patients will be randomly divided into 2 groups;

a) TrialGroup:

In this group 30 patients will be treated with Guduchikwath 15 ml
AndGuggulu 500 mg formulation TID for 15 days.

b) Control Group :

In this group 30 patients will be oral treatment
Orally :- Tab. KaishoraGuggulu 250 mg 1 TID with koshnajala after food.

Period of study: 60 Days

Procedure for Data Collection:

Case record form will be prepared & observation will be noted.

Follow Up :-

1st Follow up – On 15th Day

2nd Follow up – On 30th Day

3rd Follow up – On 45th Day

4th Follow up – On 60th Day

OBSERVATIONS & RESULTS :

Observations :

The Collected data will be presented in the form of tables, graphs & diagrams for conclusion.

Assessment of clinical result:

Criteria for overall assessment. The total effects of the therapy will be assessed as below;

Result% Relief in signs & symptoms

Excellent /complete remission	76% to 100%
Good /marked improvement	51% to 75%
Moderate	25% to 50%
Unchanged	< 25%

DISCUSSION :

On the basis of demographic data collected & observation the discussion will be carried out.

SUMMARY :

On the basis of discussion & conclusion summary will be carried out.

CRITERIA FOR ASSESSMENT&RESULT:

The improvement in the patients will be assessed mainly on the basis of relief in the cardinal symptoms of disease. To assess the effect of therapy objectively, all the signs & symptoms will be given scoring pattern depending upon their severity.

1. (RUKA)Pain

No pain – 0

Mild pain of bearable nature on movement only - 1

Moderate pain at rest & mild restriction of movement -2

Restriction of movement & requires medication -3

2.(DAHA)Burning sensation

No burning sensation – 0

Mild burning sensation –1

Moderate burning sensation – 2

Sever burning sensation - 3

3.(SHOTHA) swelling

No swelling – 0

Slight swelling – 1

Moderate swelling – 2

Gross swelling – 3

4. Walking/hand working ability

Walks/works easily – 0

With mild difficulty– 1

With moderate difficulty – 2

With very difficulty– 3

Total effect of the therapy will be considered as complete remission, marked improvement, and moderate improvement & unchanged.

Subjective Parameters:

1) Sandhi Shula (Joint Pain):

No pain	–	0
Mild pain of bearable nature on movement only	-	1
Moderate pain at rest & mild restriction of movement	-	2
Restriction of movement & requires medication	-	3

2) SandhiGraha (Stiffness of joint):

No stiffness - 0

Lasting for 5 min. to 2 hrs. - 1

Lasting for 2 hrs. to 8 hrs. - 2

Lasting for more than 8 hrs. -3

Objective Parameters:

1) Vaivarnya (Discoloration):

No discolouration	–	0
Mild discolouration	–	1
Moderate discolouration	–2	
Gross discolouration	-	3

2) Sparshaasahatva (Tenderness):

No tenderness –0

Subjective experience of tenderness –1

Wincing of face on pressure -2

Resist to touch -3

Investigation :(it will be done prior& end of treatment)

- a. CBC
- b. ESR
- c. Serum Uric acid
- d. X- ray if necessary

Observation & Discussion:

Age: Maximum number of patients were between age group of 45-67 years i.e. 59%.31% patients were between age group of 30-45 years and 10% patients were between age group of 16-30years. Probable cause for age group of 45-67 maybe degenerative changes, changing external environment, stress etc.

Sex:It is observed 62.75% patients were male and 36.25% patients were female. In todays lifestyle male and female both are suffering from stress, changing diet habits, pollution etc.

Socio-economic status: Maximum number of patients i.e. 78.15% were from low and middle economical class while remaining were from upper middle and higher economical class.

Occupation: Maximum number of patients were working in movable jobs. They are having journaey frequently by two or four wheelers i.e. 61.75%. Others are having excessive physical exercise i.e. 38.25%.

Marrital status: Maximum number of patients were married i.e. 93.17% and 6.83% were unmarried.

Family history: Maximum number of patients have family history of vatarakta i.e. 89.11%.

Diet pattern: Maximum number of patients i.e. 93.75% were having mixed type of diet.

Sleep: 67.15% were having history of irregular sleep while 32.85% were having regular sleep.

Conclusion:

- It is observed that this disease is present in both male and female.
- Excessive physical work, heredity, and diet are the causes of this disease.
- Day to day patients of this disease are increasing.
- It is found that the drug "Guduchikwat" and "Guggulu" is better acting drug in vatarakta.
- It relives major symptoms of the disease without any side effect.
- In my study I found marked improvement in the symptoms of vatarakta with guduchikwat and guggulu.