

CLINICAL EVALUATION OF ANUBHOOT YOGA IN THE MANAGEMENT OF VATARAKTA W.S.R. TO HYPERURICEMIA

Monika Gupta¹, Shakshi Kangotra²

¹Specialist (Ayu.), Govt. Ayurvedic Hospital, Jammu and Kashmir, India

²PG Scholar, Dept. of Kayachikitsa, JIAR., Jammu and Kashmir, India

Corresponding Author: skangotra3209@gmail.com

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ABSTRACT

Vatarakta is a *Vatavyadhi Prabheda*. The illness is considered to be the finest illustration of an *Avarana Vyadhi*, as an opening from the etiopathogenesis to the complications, the illness follows the characteristic presentation of *Avarana*. Compared with the other *Vatavyadhi*, *Vatarakta* possesses a special place in the literature, due to its high prevalence in the society, increased incidence as age advances, stepwise succession, and so on. From the overall view of the etiology, it is obvious and unambiguous that the precise etiological factors of *Vata Dosha* as well as *Rakta Dhatu* are accountable for the causation of illness. The etymology and symptomatology of *Vatarakta* is very much similar to that of Hyperuricemia. Whatever be the grounds, an obstruction in the path of *Rakta Dhatu* is the core pathology of the disease. In this single group study, 30 patients diagnosed of *Vatarakta* were selected randomly for an open trial of *Anubhoot Yoga* for a period of 60 days with life style modifications to provide safe, effective and conservative treatment for *Vatarakta* w.s.r. to hyperuricemia. In the present study as per the clinical data, *Anubhoot yoga* is the reliable therapeutic treatment of *Vatarakta*.

Keywords: *Vatarakta*, *Avarana*, *Rakta Dhatu*, *Vatavyadhi*, *Anubhoot Yoga*, Hyperuricemia.

INTRODUCTION

In Ayurveda, it has been explained elaborately to live a disease-free life by following *Dincharya*, *Ritucharya*, *Acharya Rasayan* and *Sadavritta*. The health of an individual depends solely on diet and lifestyle. Nowadays, human beings are more vulnerable to metabolic disorders due to their improper dietary habits and lifestyle leading to functional impairment or crippling disorders. Among such metabolic disorders *Vatarakta* is one of them. The word *Vatarakta* is made up of two words *Vata* and *Rakta*. *Vata* being predominant among the *Tridoshas*, has the potential to cause more serious and long-term diseases than the other two. *Rakta* is also a very important *Dhatu* which gives nutrition to each and everybody tissue and maintains them normal by eliminating toxins-*Malas* (waste products) through the natural orifices of the body. The disease which is caused by excessively aggravated *Vata* and vitiated *Rakta* is called *Vatarakta*. It is a disease related with *khavaigunya* found in *raktavaha srotas*. The etymology and symptomatology of *Vatarakta* is very much similar to that of Hyperuricemia. It is a complex metabolic disorder of protein metabolism, where there is more conversion of uric acid from purines, leading to increased concentration of uric acid in blood. Uric acid is the end product of protein metabolism. If the condition is not treated, high uric acid in blood, results in the formation of monosodium urate monohydrate crystals in and around joints and the most widely manifestation of high uric acid is Gout. It is an inflammatory response to the Monosodium Urate Crystals formed secondary to hyper-uricaemia; characterised by pain, burning sensation and swelling of 1st Metatarsophalangeal joint initially followed by other joints with an abnormal elevation of uric acid in the blood either due to over production or under excretion or sometimes both. Sydenham's classic description lists the important clinical characteristics used to diagnose a typical attack of acute Gouty Arthritis. The attack is acute; it starts in the night; the joint and surrounding tissues are swollen, hot, red, shiny and extremely painful. There is a mild fever with chills. Gout is metabolic disorder having the incidence of 0.2 to 2.5 per 1000, with an overall preva-

lence of 2-26 per 1000. Gout is rare in children and pre-menopausal females in India. Out of the affected population males are more common while females of post-menopausal group are on more risk. Present management of hyperuricemia includes drugs like NSAID's, Colchicine, probenecid, Allopurinol and sometimes steroids to treat it symptomatically which have many adverse effects. The need of hour is to develop a satisfactory and safe Ayurvedic regimen for the management of *Vatarakta*. There is definite need to explore more efficacious and radical cure to this illness. In classics of Ayurveda *Shodhana*, *Shamana* and *Bahya chikitsa* are described for *Vatarakta*. It is innovative approach, safe and time-tested treatment of *Vatarakta*. In this single group study, 30 patients diagnosed of *Vatarakta* were selected randomly for an open trial of *Anubhoot Yoga* for a period of 60 days with lifestyle modifications to provide safe, effective and conservative treatment for *Vatarakta* w.s.r.to hyperuricemia.

Aim and Objectives

1. Conceptual and clinical study on *Vata Rakta* w.s.r.to hyperuricemia.
2. To clinically evaluate therapeutic effects of *Anubhoot yoga* in the management of *Vata Rakta* w.s.r. to Hyperuricemia.

Materials and Methods

Source of the data

A single group study trial was performed on 30 patients, who were selected from the O.P.D and IPD of Jammu Institute of Ayurveda and Research, Department of Kayachikitsa. All the cases were selected on the basis of below mentioned diagnostic/inclusion and exclusion criteria. It was a single group study. All the patients were administered *Anubhoot Yoga* 500 mg bd daily after meals. Patients were monitored and observations were recorded before and after the drug schedule.

Inclusion criteria

1. Patients in the age group of 25-60 years of either sex were selected.
2. Clinically Diagnosed and confirmed patients of *Vatarakta* w.s.r. to hyperuricemia.

3. Chronicity - Less than 2 years.

Exclusion criteria

1. Age below 25 years and above 60 years.
2. Patients of *Vata Rakta* (hyperuricemia) associated with any severe Arthritis condition such as: - Rheumatoid Arthritis, Osteoarthritis, Bursitis, Ankalosing Spondylitis, Amyloidosis were excluded.
3. Patients with chronicity of more than 2 years were excluded.
4. Patients of *Vata-Rakta* (hyperuricemia) associated with any systemic disorder which interfere with present study were excluded such as HTN, DM, were excluded.
5. Lactating and pregnant women were excluded.

Diagnostic Criteria: Patients with classical signs and symptoms of *Vata-Rakta* (hyperuricemia) with uric acid levels more than 7mg/dl in males and more than 6 mg /dl in females.

Design: It is a single blind clinical study with a pre-test and post-test design. In this study 30 patients are

diagnosed and were subjected for trial and clinical study.

Intervention: *Anubhoot yoga* was orally administered in a dose of 500 mg BD after meals for 60 days.

Duration of Study: 60 days

Assessment Criteria

The state of disease is determined by adopting subjective, objective parameters and special investigation criteria, before and after the administration of drug. The result assessed and compared before and after treatment, statistical analysis, and percentage of Relief was used to find out the efficacy of drug. The state of disease is determined by adopting subjective, objective parameters and special investigation criteria, before and after the administration of drug. The result assessed and compared before and after treatment, statistical analysis, and percentage of relief was used to find out the efficacy of drug.

Subjective parameters: *Sandhi Shoola* (Pain in Joints), *Sandhi Graha* (Stiffness of Joint), *Vaivarnata* (Discoloration)

Subjective Criteria

Parameter	Finding	Scoring
1. <i>Sandhi Shoola</i>	No Pain	0
	Occasional pain and can be managed without drug.	1
	Frequent pain and can be managed with mild pain killers.	2
	Persistent pain and unmanageable even with drugs.	3
2. <i>Sandhi Graha</i>	Stiffness lasting for 0-5 min	0
	Stiffness lasting for 5 min-2 hrs	1
	Stiffness lasting for 2 hrs -8 hrs	2
	Stiffness lasting for more than 8 hrs.	3
3. <i>Vaivarnata</i>	No Raga	0
	Raga during attack and persists for a week after attack.	1
	Raga very often without attack	2
	Raga always persisting	3

Objective Parameters: Serum Uric Acid, ESR, Serum uric acid levels before and after treatment was used to assess the effect of therapy., The statistical analysis of these values was done before the start of treatment and after the completion of treatment.

Assessment Criteria: For the assessment of changes in the clinical features of *Vata-rakta* (hyperuricemia)

before and after treatment. The result will be categorized as: -

Complete Remission - 100% relief in subjective and objective Parameters

Marked Improvement - More than 76% relief.

Moderate Improvement - 51-75% relief

Mild Improvement - 26-50% relief

Unchanged- Result below 25 % will be considered as unchanged

The information collected on the basis of observation made during the treatment were analysed on a statistical criteria in terms of mean score (x), Standard deviation (S.D), Standard error (S.E), Paired T-test, was carried at the level of 0.05, 0.01, 0.001, of P level. Thus, the obtained results were interpreted as: P> 0.05- Insignificant, P< 0.05 –Significant, P< 0.01- Significant, P< 0.001- Highly Significant

Observations and Results: 30 patients suffering from Vatarakta (hyperuricemia) were selected according to the inclusion and diagnostic criteria. The drug was administered for a period of two months with lifestyle modifications. The descriptive statistical analysis of the whole sample is divided in to two sections as demographic data and data related to disease stated as below

Table 1: Distribution of patients according to age.

Age group	No. of patients	Percentage
31-40	3	10 %
41-50	15	50 %
51-60	12	40 %

In this study, among the total 30 patients maximum patients were in the age group of 41-50 (50%) and 51-60 (40 %). In 31- 40 years age group, there were 10% of patients.

Table 2: Showing distribution of patients according to sex

Sex	No. of patients	%age
Male	16	53.34%
Female	14	46.66%

Sex: In the present study, majority of patients i.e. 53.34% were males whereas 46.66% of patients were females.

Table 3: Distribution according to the Religion.

Religion	No. of patients	Percentage
Hindu	25	83.34%
Muslim	3	10%
Sikh	2	6.66%

Religion: As per this table shows maximum no. of patients i.e. 83.34% were from Hindu Community, 10.00% were from Muslim Community whereas 6.64% were from Sikh community.

Table 4: Distribution according to the socio-economic status.

Socio-economic status	No. of patients	Percentage
Poor	4	13.33%
Middle class	24	80 %
Upper	02	6.67%

Socio - Economic Status: The above table shows that maximum no. of patients i.e. 80% were belonging to middle class followed by patients of poor class 13.33%. 6.67% of patients belonged to upper class.

Table 5: Distribution according to profession

Occupation	No. of patients	Percentage
Agriculture	5	16 %
Business	10	33.33 %
Service	7	24%
Housewife	8	26.67%

The study reveals that maximum number of patients 33.33 % patients were of business class, 26.67 % patients were Housewives, 24 % patients were in service, and 16% patients were doing agriculture.

Table 6: Showing distribution according to the dietary habits.

Dietary habits	No. of patients	Percentage
Vegetarian	12	40 %
Mixed	18	60 %

In this study, 60% of patients were having mixed diet and 40% of patients were vegetarians.

Clinical Results

Table 7: Showing effect on *Sandhi Shoola*

Mean		M.D.	Mean%	S.D.	S.E	t value	p value	Sig.
BT	AT							
1.2667	0.3000	0.96667	59.9	0.55605	0.10152	9.522	0.049	S

The mean score of *Sandhi Shoola* was 1.7333 which came down to 0.6333 after the treatment. The improvement on average is found to be 60.1%. After, applying t test we found that the $p < 0.005$ which indicate that during trial the drug is significant on *Sandhi Shoola*.

Table 8: Showing effect on *Sandhi Graha*

Mean		M.D.	Mean%	S.D.	S.E	t value	P value	Sig.
BT	AT							
1.7333	0.6333	1.1000	60.1	0.60743	0.11090	9.919	0.04	S

The mean score of *Sandhi Graha* was 1.2667 which came down to 0.3000 after the treatment. The improvement on average is found to be 59.9%. After, applying t test we found that the $p < 0.005$ which indicate that during trial the drug is significant on *Sandhi Graha*.

Table 9: Showing effect on *Vaivarnata*

Mean		M.D.	Mean%	S.D.	S.E	t value	p value	Sig.
BT	AT							BT
0.333	0.0667	0.2667	52.1	0.44978	0.8212	4.583	0.247	0.333

The mean score of *Vaivarnata* was 0.333 which came down to 0.0667 after the treatment. The improvement on average is found to be 52.1%. After, applying t test we found that the $p > 0.005$ which indicate that during trial the drug is non- significant on *Vaivarnata*.

Table 10: Showing effect on ESR

Mean		M.D.	Mean%	S.D.	S.E	t value	p value	Sig.
BT	AT							
17.600	14.3667	3.2333	57.6	1.50134	0.27411	11.796	0.049	S

The mean score of ESR was 17.600 which came down to 14.3667 after the treatment. The improvement on average is found to be 57.6%. After, applying t test we found that the $p < 0.005$ which indicate that during trial the drug is significant on ESR.

Table 11: Showing effect on Serum Uric Acid

Mean		M.D.	Mean%	S.D.	S.E	t value	p value	Sig.
BT	AT							BT
7.5633	6.5067	1.05667	59.3	0.27378	0.04998	21.140	0.04	7.5633

The mean score of Serum uric acid was 7.5633 which came down to 6.5067 after the treatment. The improvement on average is found to be 59.3%. After applying t test we found that the $p < 0.005$ which indicate that during trial the drug is significant on Serum uric acid.

DISCUSSION

Management of *Vatarakta* is a challenge as it is a disease of severe morbidity, chronicity and incurable to certain extent with associated complications. With certain lifestyle modifications like low protein diet etc. and certain Ayurveda modalities viz. *Shodhana* and *Shamana Chikitsa* its can be cured and prevented. Keeping all this in view *Anubhoot yoga* was selected to evaluate its efficacy in *Vatarakta* which possesses *Vedanasthapana*, *Pittasarka*, *Raktashodhaka*, *Shothhara*, *Yakriduttejaka* and *Mootrajanana* properties. *Vatarakta* is a *Madhyma Rogamarga Vyadhi* which affects mainly *asthi* and *sandhi*. In ayurvedic texts various treatment modalities have been mentioned for *Vatarakta* like *Raktamokshana*, *Virechana*, *Basti*, *Shodhana* and *Shamana chikitsa*. In this single group study 30 patients were orally administered with 500mg of *Anubhoot yoga* twice a day after meals for a period of 60 days with lifestyle modifications. Obstruction in the *Raktavaha Srotas* causing hindrance to the normal movement of the *Vata Dosha*, is the root pathology behind the manifestation of the illness *Vatarakta*. Ingredients of *Anubhoot yoga* are *Amruta*, *Suranjan*, *Kokilaksha*, *Rasna*, *Eranda*, *Punar-nava*, *Gokshura*, *Danti*, *Manjishtha* and *Guggulu*. Most of the ingredients of *Anubhoot yoga* possesses qualities like *Vedanasthapana*, *Pittasarka*, *Raktashodhaka*, *Shothhara*, *Yakriduttejaka* and *Mootrajanana*.

Amruta is the drug of choice in *Vatarakta*. It has *Vedanasthapana* properties. It is included in '*Daha-prashamangana*' by *Acharya Charka*. It causes *Raktaprasadana* by *Tikta* and *Kashaya Rasa*. It acts as *Vyadhipratyneeka* and is a magnificent *Rasayana*. It removes toxins from *rakta* and act as best *shamana aushadi* by causing *shamana* of *Vishama Doshas*. It possesses *Tridoshahara* properties. *Amruta* is xanthine oxidase inhibitor and reduces the inflammation as well as its uricosuric action excretes excess amounts of uric acid from the body. Also, it has Anti-oxidant properties and immunomodulatory properties. *Guggulu*, *Eranda* and *Rasna* possesses *Vatashamaka* properties. *Guggulu* is responsible for remission of *margavarna* to a certain level. It possesses the properties of anti-inflammatory, antioxidant, Uricosuric, anti-rheumatoid that helps in breaking the pathophysiology of Gout. *Guggulu* is one extraordinary drug that possesses *Anabhishtyandhi* and *Sroto Shuhdhikaraka* actions. It is considered as the best drug for the management of *MedaAvruta Anila*. It is the best drug that can be administered in this condition, as it is proved that it has an optimistic outcome in negating the incriminatory action of the morbid *Kapha Dosha* as well as the *Medo Dhatu*. *Erandamoola* has *Madhura*, *Tikta rasa*, *Madhura vipaka* and *ushna veerya*. All these properties are *Vatashamaka*. *Eranda* possesses *Shothgana* and

Shoolghana properties. *Rasna* is *Shothahara*, *Sheethara* and *Vednashamaka* due to *Ushna Veerya* and *katu vipaka*. It has analgesic and anti-inflammatory activity. *Manjishtha* has *Pittahara* properties. It is a *Pittapacifying* and blood purifying herb which helps in removing excessive of toxins from the body. It helps to manage discoloration and promotes the healing of damaged skin tissues. It is a blood purifying herb which detoxifies the blood, dissolves stagnant blood and obstructions in the blood flow. *Gokshura* and *Punarnava* possesses *Madhura rasa* and *Madhura Vipaka*. Also, the *Guru*, *Snigdha guna* of *Gokshura* and *Ushna Veerya* of *Punarnava* leads to *Vatashamaka* property by *Rasa*, *Guna*, *Veerya*, *Vipaka* which causes *Vata Anulomna*. *Gokshura* is found to be beneficial in diuresis. Potassium and rich number of nitrates present in plant are responsible for this activity. *Punarnava* has anti-inflammatory action and thus suppresses the symptoms of gout. It also has diuretic effect which decreases the amount of uric acid in blood. *Danti* possesses *pitta kaphahara* properties due to *Teekshana*, *Ruksha* and *Guru guna*. Also, it has specific action of *Srotovishodhana*. The antioxidant property of *Danti* helps in the rejuvenation of the joint along with breaking the pathology of the disease. *Kokilaksha* pacifies *Vata Dosha* due to *Pichchila*, *Snigdha Guna* and also pacifies *pitta Dosha* due to *Madhura*, *Tikta rasa*, *Sheeta veerya* and *Madhura vipaka*. It is used to increase elimination of uric acid from the body. It also has anti-inflammatory actions which help to reduce inflammation. *Katuka* balances *Pitta Dosha* due to *Sheeta veerya* and *Tikta Rasa*. It is a hepatoprotective agent and known for its anti-inflammatory and antioxidant properties. *Suranjan* possesses *Kaphavata Shamaka* properties. It is very useful in relieving pain and inflammation caused due to gout. It purifies the blood and act as diuretic.

CONCLUSION

Conclusions that were drawn after systematic open clinical trial on 30 patients are as Maximum number of patients of *Vatarakta* were reported in 4th-5th decade of life. Most of them were Males & maximum number of these male patients were having occupation of be-

ing businessmen. *Vatarakta* in *Ayurveda* is compared with that of Gouty arthritis (hyperuricemia). The similarity of Gouty arthritis with that of *Vatarakta* is very well cleared from the *Nidana*, *Purvarupa*, *Rupa*, *Samprapti* & the site of *Vatarakta* as described in our classics. Basically, being disorder of the musculoskeletal system the principal manifestations of Gouty arthritis (hyperuricemia) are pain & impairment of locomotor function. This is because of the pathological reaction of the joint or periarticular tissue to the presence of Monosodium urate crystals. Overall effect is that in 53.33% i.e. 16 out of 30 patients, moderate improvement was seen, 20% cases shown marked improvement, 10% cases shown mild improvement and 16.67% cases were having no change in their symptoms. In the present study as per the clinical data, “*Anubhoot yoga* is the reliable therapeutic treatment of *Vatarakta*”.

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