



A COMPARATIVE CLINICAL STUDY ON THE ROLE OF KOISHORE GUGGULU WITH OR WITHOUT NITYA VIRECHANA IN THE MANAGEMENT OF VATARAKTA W.S.R TO GOUT

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ABSTRACT

Objectives: Nowadays, so many diseases are found all over the world related to lifestyle disorder; Gout is one of them. According to different Ayurvedic books, Gout has been compared with ‘*Vatarakta*’, which is characterized by severe pain, redness, and tenderness in the joints. In other medical system, the medicine for this very disease is to be continued for a long time with so many side effects. **Method:** Total 40 patients of Gout with the evidence of Hyper Uricemia were selected for this trial and randomly categorized into two groups, Group A and Group B. Group A patients were treated with *Koishore Guggul*-500mg twice daily and Group B patients were treated with *Koishore Guggul*- 500mg twice daily along with *Nitya Vrechana* by *Trivritavaleha* 10gm daily at night. Trial was continued for 3 weeks. **Result:** Both groups showed highly significant result but the relief in signs and symptoms in group B was more significant than group A.

Keywords: *Vatarakta*, *Koishore Guggulu*, *Nitya virechana*, *Trivritavaleha*, Gout, Hyper Uricemia

INTRODUCTION

Ayurveda is the science that deals with longevity and wellness. With the advancement of the civilization, many diseases are found due to unhealthy lifestyle, Gout is one of the lifestyle diseases. It is the most distressing common metabolic disorder prevalent in present era. It most often affects middle-aged to elderly men and postmenopausal women. According to different Ayurvedic books, Gout has been compared with 'Vatarakta', though some symptoms of both may not match but most of them are similar. The disease *Vatarakta* is having a vast entity of vascular disease where ¹*Vayu* and *Rakta* are vitiated and overlap each other. Aggravated *vayu* is occluded by *Rakta* and this *Avrita vayu* again vitiates *Rakta* in the whole body.²It is affected by distinct etiological factors like excessive intake of *Lavan* (salty), *Amla* (sour), *Katu* (pungent), *Kshar* (alkali), *Snigdha* (unctuous), *Usna* (hot), *Ajir nabhojon* (eating during indigestion), *Klinna* (rotten food), *Suksa* (rough food), *Anupamamsa* (meat of marshy land), *Dadhi*(curd), *Ustrayan* (riding over horses), *Ambukrira* (aquatic game like; swimming), *Langhan* (fasting) etc. (mention contemporary explanation for ayurvedic terminologies) and characterized by *Kandu* (itching), *Daha* (burning sensation), *Ruk* (pain), *Ayama* (stretching), *Toda* (pricking pain), *Sphuran* (quivering), *Kunchan* (contraction), *Stabdhata* (stiffness), *Shotha* (swelling), *Shyava Varna Twak* (brown coppery discoloration) etc.³According to the placement of *Dosas*, it is classified into two; *Uttan* and *Gambhir Vatarakta*.⁴*Atisweda* (excessive sweating), *Sparshagyannash* (Loss of sensation), *Sandhi Shaithilya* (looseness of joints), *Alasya* (Fatigue), *Sadan* (Bodyache), *Boibarnata* (Discoloration of skin) etc are the important premonitory symptoms of Gout (*Vatarakta*).⁵Gout is defined as the pathological reaction of the joint or the periarticular tissue to the presence of Monosodium urate monohydrate crystals. The prevalence of Gout is found in (1-2) % of the total population with 5.9:2 male preponderance⁶. ⁷The predisposing factors are Heredity, Obesity, High consumption of red meat and beans, Alcohol abuse, DM, Hypertension, Chronic inflammatory disease, and some drugs etc. It is characterised by

itching, burning sensation, blackish discoloration of skin, pain, swelling, hardness, tenderness, numbness etc. It also produces deformities like bending of finger. Common sites of this disease are first metatarsophalangeal joint, inter phalangeal joints of hand and knee joints. Sometimes tophi may also be found in the external ear. It is a metabolic disorder where the end product of purine metabolism i.e. uric acid crystallises in the form of Monosodium urate forming tophi. It is surrounded by a ring of proteins, which protects it from inflammation. Naked crystal may trigger localized inflammatory process due to breakage of this ring by physical trauma, surgery, or rapid high-rise of uric acid level. A loss of urate oxidase, which breaks down uric acid, is the main culprit of this disease. In other system of medicine, the medicine for this very disease is to be continued for a long time. So, in this present study, a compound Ayurvedic medicine, *Kaishore Guggulu* along and with *Nitya Virechana* therapy were administered over 40 patients to find out the better and safe remedy for this disease.

Aim and Objectives:

- To find out a safe, effective, easily available, curative regimen against *Vatarakta* or Gout.
- To evaluate & correlate *Vatarakta* with Gout by using Subjective & Objective parameters.
- To compare the effectiveness of only *Shamana* therapy with *Koishore Guggulu* & *Sodhon* therapy by *Nitya Virechana* with *Trivritavaleha* in the management of Gout.

Materials and Methods: The study was carried out in two parts – Literal part and Clinical part. For literal part, *Ayurveda Samhita*, *Samgraha Grantha*, authentic texts, Western texts, Physiology, Pathology, and Radiology were consulted. Some journals and papers from internet were also studied. For clinical part, patients were selected from OPD of Institute of Post Graduate Ayurvedic Education and Research at Shyamadas Vaidya Sastra Pith Hospital by considering the inclusion criteria and exclusion criteria, proper history taking, clinical examination and judicious use of laboratory investigations.

Study Design: Total 40 patients of Gout with the evidence of Hyper Uricemia were selected from the OPD of Institute of Post Graduate Ayurvedic Education & Research at Shyamadas Vaidya Sastra Pith Hospitals. The Study area was surrounding areas of Rajabazar.

- **Trial period:** 3 weeks for each patient.
- **Sample size:** 40 patients.
- **Sample design:** All selected patients were divided into two groups (Group A and Group B), each containing twenty patients.

A group was treated by *Shamana* drug, *Koishore Guggulu*- 500 mg Twice daily after food with Luke-warm Water.

B group was treated with *Koishore Guggul*- 500mg twice daily along with *Nitya Virechan* by *Trivritavaleha* 10gm daily at night.

Inclusion Criteria:

- Age group - (20-60) years irrespective of any gender and religion.

- Patients having Severe pain, Swelling, Redness, Tenderness of joints (mainly in small joints), Fever, Malaise along with high uric acid level.

Exclusion Criteria:

- Below 20 yrs and above 60 yrs of age.
- The patients having severe illness as Malignant hypertension, HIV, DM and other Systemic disorders like Osteo Arthritis, Rheumatoid arthritis, were excluded from this study.

Diagnosis of the Patients:

- On the basis of some subjective and objective criteria.
- Clinical symptoms like *Ruk*, *Shohta*, *Shyabavarnata*, *Shirayama* and raised Uric acid level.
- Routine hematological investigations were carried out whenever found necessary.
- The effectiveness of the therapy assessed before and after treatment and analyzed by using appropriate statistical methods and conclusion drawn.

Medicines Used:

Table 1:

	Medicine	Composition
1.	⁸ <i>Koishore guggulu</i>	<i>Trifala</i> - 3 <i>Prastha</i> , <i>Amrita</i> - 1 <i>Prastha</i> , <i>Water</i> - 1.5 <i>Dron</i> , <i>Guggulu</i> -1 <i>Prastha</i> , <i>Triphala</i> – 2 <i>Pala</i> , <i>Guduchi</i> - 1 <i>Pala</i> , <i>Tryushana</i> - 6 <i>Aksha</i> , <i>Vidanga</i> – 1.5 <i>Pala</i> , <i>Danti</i> – 1 <i>Karsha</i> , <i>Trivrit</i> -1 <i>Karsha</i> , <i>Ghrita</i> – <i>QS</i>
2.	⁹ <i>Trivrit Avaleha</i>	<i>Trivritcurna</i> - 16 <i>Pala</i> , <i>Ghrita</i> - 2 <i>Kuraba</i> , <i>Sita</i> - 4 <i>Pala</i>

The medicines were prepared as per classical method and collected from the Apothecary of this Institute.

Result: A keen observation of the subjective and objective parameters in between two trial groups was evaluated, and comparison done through the scoring before and after treatment. Statistical analysis was done to establish the better efficacy of the therapies. The scores for different criteria are as follows:

Table 2

Symptoms	Findings	Scoring
1. <i>Ruk</i>	None	0
	Mild	1
	Moderate	2
	Severe	3
2. <i>Shohta</i>	None	0
	Mild	1
	Moderate	2
	Severe	3
3. <i>Shyabavarnata</i>	None	0
	Mild	1

	Moderate	2
	Severe	3
4. Shirayama	None	0
	Mild	1
	Moderate	2
	Severe	3
5. Level of Uric Acid	Normal	0
	Mildly Elevated	1
	Mildly Elevated	2
	Highly Elevated	3

The effects of therapies are tabulated in table no 3&4 as follows:

Table 3: Effect of Therapy Group A (n=20):

	BT	AT	SD	SE	% of relief	t	P
1. Ruk	2.05	1.6	.45	.07	21.9	6.4	0.001
2. Shotha	1.65	.75	.639	.101	54.55	8.9	0.001
3. Shyabavarnata	1.05	.95	.221	.035	9.5	2.8	0.01
4. Shirayama	2	.95	.304	.048	52.5	5.2	0.001
5. Level of Uric Acid	7.825	7.705	.488	.077	1.5	1.5	0.1

Table 4: Effect of Therapy Group B (n=20):

	BT	AT	Sd	SE	% Of Relief	t	P
1. Ruk	2.1	0.8	.736	.12	61.9	10.83	0.001
2. Shotha	2.25	0.8	.847	.134	64.44	10.82	0.001
3. Shyabavarnata	.8	0.55	.461	.073	31.25	14.38	0.001
4. Shirayama	1.35	0.4	.679	.107	70.37	8.88	0.001
5. Level of Uric Acid	7.97	6.18	1.03	.163	22.46	10.98	0.001

DISCUSSION

In this present study, 32 patients out of 40 were male having *Vyamishra* food habit. Majority of them was accustomed to *Katu, Ruksa, Lavan Rasa Ahara*. All of the patients were fond of meat. *Vata* and *Raktapropoka nidana* in the form of *Ahara* and *Vihara* simultaneously manifested *Sanga* pathology in the *Rasavaha, Raktavaha, Vatavaha Srota*. Those ultimately affected *Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shira, Kandara, Sandhi, Snayu, and Tvak*¹⁰.

The medicines were selected considering the *Samprapti* of the disease in mind. ¹¹*Koishore Guggul* is having *Trifala, Amrita, Guggulu, Bidanga, Danti, Trivrit* and *Ghrta*. All of those drugs are combined judiciously to combat *Vayu, Kapha, Pitta* as well as *Rakta*. *Kapha* has to be considered here because of its role in altering the viscosity of *Rakta*, which is a ma-

major cause of this disease. *Trifala* is ¹²*Agnidipak* and ¹³*pacify Pitta & Kapha Dosa* in *Amashaya* by its *Virechaka* property, ¹⁴*Amrita* is very popular drug, which is broadly used in *Vatarakta*. It has *Madhuravipak, Rasayana, Amapachak* and *Tridosha Shamak* property.¹⁵*Guggulu* is *Rasayana, Agnideepak, Balya, Yogavahi* and *Madhura, Kashaya, Tikta Rasa* hence it pacifies *Pitta* and *Kapha*. It has also *Laghu, Ruksa, Tikсна, Shukshma, Vishad* and *Sara guna*. *PuratanGuggulu* has *Lekhaniya* property.¹⁶ *Vidanga* has *Katu, Kasaya Rasa* and *Laghu, Ruksa, Tiksnaguna, Ushna Virya*, also it has *Shulahara* property. ¹⁷*Danti* and *Trivrit* are *Rechaka* in nature, which is responsible to pacify *Pitta* as well as *Rakta*.

Trivritavaleha is a well-known drug for *Virechan* purpose. It consists mainly 57% of *Trivrit* and 38% of sugar. ¹⁸*Trivrit* has *Kashaya, Madhura, Ruksha Guna*,

Katu Vipak and it is *Kapha- Pitta Shamak, Vatavardhak*. To compensate *Vatavardhaka* (*Vata* aggravating) property, *Sharkara* has been added in large quantity. Because of the involvement of *Rakta* and *Chirakaritwa* of this disease, *Virechana* is utmost necessary. So, in this study, *Virechana* in daily basis (*Nitya Virechana*) was advised for three weeks.

In Group-A, *Koishore Guggul* showed highly significant result in *Ruk, Sandhi Shotha and Shirayama* (at the level of $p < .001$); it showed significant result in *Shyabavarnata* (at the level of $p < 0.01$). In Group-B, *Trivritavaleha* and *Koishore Guggulu* showed highly significant result in all the five subjective and objective parameters ($p < 0.001$). The result in Group-B is obvious, as because in this group, both *Sodhona* and *Shaman* drugs were administered. In this study, the reduction of uric acid level is found highly effective.

CONCLUSION

The treatment regimen of both the groups showed the efficacy but among them, the effectiveness of Group B was found much better than Group A. So, the combined effect of *Koishore Guggulu* and *Trivritavaleham* in *Nitya Virechana* form may become a good alternative to the currently used conventional chemical drug to mitigate the complaints of *Vatarakta* w.s.r to Gout. Though a large sample is required to evaluate the exact efficacy.

REFERENCES

1. Sharma Yadav, editor, Charaka Samhita with Ayurved Dipika Commentary, Chaukhamba Publication, reprint edition, 2006, Chakrapani on Chikitsasthana, Chapter 29, shloka no- 10-11, page no- 628.
2. DhyaniShivcharan, Kayachikitsa, Ayurvedic and Tibbi Academy, 1st edition, Khanda- 10, page no-885.
3. Kushbah Harishchandra Singh, Charak Samhita, Choukhamba Orientalia, reprint edition- 2016, Chikitsasthan, chap- 29, shloka no- 19.
4. Sharma Yadav, editor, Charaka Samhita with Ayurved Dipika Commentary, Chaukhamba Publication, reprint edition, 2006, Chakrapani on Chikitsasthana, Chapter 29, shloka no- 16-18, page no- 628.
5. Das P C, Textbook of Medicine, New Eastern Press Syndicate, Reprint edition- August 1989.
6. www.medscape.com
7. Das P C, Textbook of Medicine, New Eastern Press Syndicate, Reprint edition- August 1989.
8. Murthy K. R. Srikanta, Sarangadhar Samhita, Chaukhamba orientalia, edition-7, 2007, Madhyam khanda, Shloka no- 70-75, page no- 108.
9. Panditrab. D. B, Sahasrayoga, Kendriya Ayurvediya Vijnan Anusandhan Parishad, reprint edition, 2011, page no- 230.
10. Byadgi P. S and Pandey A. K, A textbook of Kayachikitsa, Choukhamba publications, edition- Reprint, 2017, Vol-2, page no- 525.
11. Murthy K. R. Srikanta, Sarangadhar Samhita, Chaukhamba orientalia, edition-7, 2007, Madhyam khanda, Shloka no- 70-75, page no- 108.
12. Chunekar. K.C, Bhavprakashnighantu of Vabmishra, Chaukhamba Bharati Academy, 7th edition, 1986, page no- 12.
13. Kushbah Harishchandra Singh, Charak Samhita, Choukhamba orientalia, reprint edition- 2016, Chakrapani vyaksha, Sutra sthan, chap- 2, shloka no- 10.
14. Chunekar. K.C, Bhavprakashnighantu of Vabmishra, Chaukhamba Bharati Academy, 7th edition, 1986, page no- 269.
15. Chunekar. K.C, Bhavprakashnighantu of Vabmishra, Chaukhamba Bharati Academy, 7th edition, 1986, page no- 204-205.
16. Shastry J.L.N, Dravyaguna Vijnana, Chaukhamba Orientalia, Vol-2, reprint edition-2010, Page no- 319.
17. Shastry J.L.N, Dravyaguna Vijnana, Chaukhamba Orientalia, Vol-2, reprint edition-2010, Page no- 488, 363
18. Sharma Yadav, editor, Charaka Samhita with Ayurved Dipika Commentary, Chaukhamba Publication, reprint edition, 2006, Chakrapani on Kalpasthana, Chapter- 7, shloka no- 5-6, page no- 662.

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