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Original Research Article

A comparative study of Triphala Kashaya and standard treatment (Allopurinol) in the management of Vatarakta (Gout)

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ABSTRACT

Ayurveda is a life science with prime goal of promotion of health and prevention of disease. Vatarakta is one of the main articular diseases. As the name suggests, vyadhi produced by conjugation of vitiated Vata and Rakta is called Vatarakta. The vitiated rakta causes margavarodha and dushti of Vata. Vatarakta is very similar to Gout from etiology and symptomatology.

In this study 66 patients fulfilling the diagnostic criteria of Vatarakta based on Sandhishoth, Sparshasahatva, Stambha and Sandhitoda were selected. Triphala Kashaya 80 ml with 5 gm of Madhu was given orally in two divided doses at morning and evening in group A and group B was given tablet Allopurinol 100 mg for 28 days and effect on the symptoms was evaluated.

Symptomatic improvement was observed with statistically significant results $p < 0.05$ in group A, along with attainment of normal serum uric acid levels followed by feeling general wellbeing. From the present study it can be concluded that the Triphala Kashaya showed promising results in the management of Vatarakta.

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1. Introduction

Health is the physical, mental, spiritual, and social well-being of an individual. It depends on his / her diet and lifestyle. As a result of rapid modernization, consumption of baked food, half fried vegetable, addiction, stress etc. cause impairment in the digestion and metabolism of protein structure making human being vulnerable to many life threatening disorder like stroke or functional impairment like in joint disorder. Vatarakta is one of them. Severe pain, tenderness, inflammation, stiffness, burning sensation are the common characterized of this disease. “*Vata dushitam raktam yatra roga visheshah*”¹ The vyadhi which is cause due to vitiation of Rakta dhatu initiated by the morbid Vata is called Vatarakta. Ayurvedic text provide a great insight into etiopathology Vatarakta. The dietary

habits like atikatu, amlaras sevan, rukshaahar, virudhashana, vishamashana, along with jalkrida, divaswap, ratrijagrana, veganigraha, atyadhvagamana have been describe as Hetu of Vatarakta.²

In Contemporary medical science Vatarakta can be correlated with Gout. Gout is inflammatory response to Monosodium Urate Monohydrate [MSUM] Crystal deposition in it. The incidence is rising over the last decade due to increase consumption of food rich in purine, fructose, containing alcoholic beverages.³ In 21st century, Gout mains the most common inflammatory arthritis in men over 40 years old and women, although more common in men (10:1) the number of cases rise with age. Its prevalence rate is 2.0 to 2.6 per 1000 patients and is increasing day by day. The common complications in patients of gout are urate nephropathy, uric acid nephropathy, nephrolithiasis.⁴ Due to this remittent and relapsing nature and complications, there is no permanent cure for this disease. Management of

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Vatarakta is a challenge as it is a disease of severe morbidity, chronicity, and incurable to certain extent with associated complication.

Ayurveda can provide a safe and effective line of treatment for Vataashonit. Acharya Charak and Vagbhata⁵ assign a separate chapter to this disease while Acharya Susrutha describe this disease under the topic of 'Vatavyadhi'.⁶ Acharya Charak gave so many formulation for the treatment of Vatarakta according to different avastha of dosha.⁷ Vataraktais an emerging health issue, so to enlighten the important of its severity it is very importance to find out an easily available, an inexpensive, easily preparable and acceptable medicine to Vatarakta which has less disadvantage.

2. Aim and Objectives

2.1. Aim

To evaluate the efficacy of Triphala Kashaya in Vataashonita with special reference to Vatarakta chikitsa Siddhant according to Charak Samhita.

2.2. Objective

To compare the efficacy of Triphala Kashaya with Allopurinol tab. in disease Vataashonita

3. Materials and Methods

A. *Study design:* Randomized clinical trial on 66 patients in 2 groups of 33 patients in each group.

1. Group A - Triphala Kashaya(decoction)

[Triphala is a combination of the three dravya like Haritaki, Bibhitaki, Amalaki. As per "Sharandhara Samhita" this formulation consists of 1:2:4 proportion].⁸

(80ml with 5gm of Madhu was given to patient orally in divided doses)

2. Group B - Tab Allopurinol 100 mg OD

Selection of patients - clinical study will be performed at OPD of kayachikitsa department of the institute.

3.1. Inclusion criteria

1. Sex including both the gender.
2. Patients of age group 20-50 years.
3. Diagnosed patients of Vatarakta
4. Patients willing to take treatment.

3.2. Exclusion criteria

1. Pregnancy
2. Patients with major illness like DM, HTN etc.

Investigation: Serum uric acid (before and after the treatment)

4. Observation and Results

The statistical analysis of descriptive individual symptoms is given below.

1. **Sandhitoda:** Group A- out of 33 patients, 21(63.64%) patients got complete relief from Toda, In Group B - out of 33 patients,16(48.48%) patients got relief from Toda as shown in Figure 1.
2. **Sandhi Shotha:** Group A- out of 33 patients, 22 (66.67%) patients were got complete relief from Shotha in Group B - out of 33 patients, 17 (51.52%) patients were got relief from Shotha as shown in Figure 2.
3. **Sparshaasahatva:** Group A - out of 33patients, 19 (57.58%) patients were got complete relief from Sparshaasahatva, In Group B - out of 33 patients, 24 (72.73) patients were got relief from Sparshaasahatva as shown in Figure 3.
4. **Sankochana:** Group A- out of 33 patients, 22 (64.67%) patients were got complete relief from Sankochan, In Group B - out of 33 patients,20 (60.61%) patients were got relief from Sankochan as shown in Figure 4.
5. **Serum Uric acid:** In group A, 20 patients (50%) realized marked improvement out of 33 patients, in group B, 18 patients (45%) realized marked improvement as shown in Figure 5.

5. Results

72.74% patients got better result in group A and 69.60% patients got result in group B. By the statistical analysis it is proven that group A is better than group B as shown in Table 1.

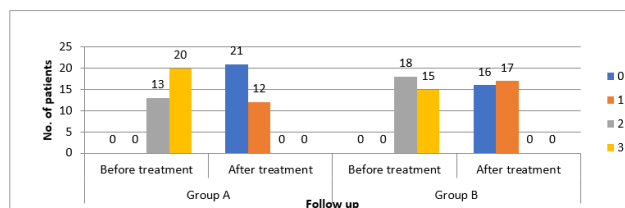


Figure 1: Changes in sandhitoda

Colors referred to 0,1,2,3 mention the grade scale of the symptom Sandhitoda

5.1. Serum uric acid

6. Discussion

Vatarakta is elaborately mentioned in Charaka Samhita as an independent disease. The main causative factors for Vatarakta are excessive use of guru, lavana, astringent foodstuffs, excessive use of pulses, alcohol, meat, sedentary

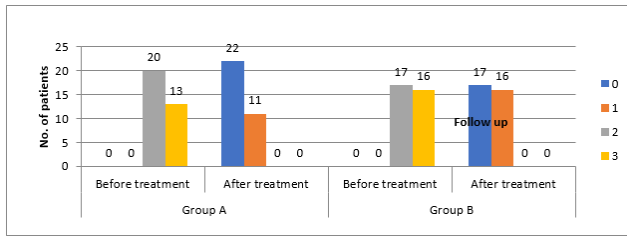


Figure 2: Changes in sandhishoth

The colors referred to 0,1,2,3 mention the grade scale of the symptom Sandhishotha.

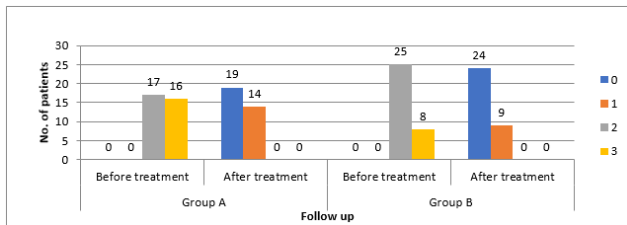


Figure 3: Changes in sparshasahatva

Colors referred to 0,1,2,3 mention the grade scale of the symptom Sparshasahatva.

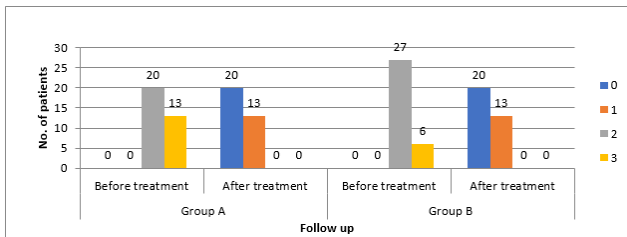


Figure 4: Changes in Sankochan

Colors referred to 0,1,2,3 mention the grade scale of the symptom Sankochan.

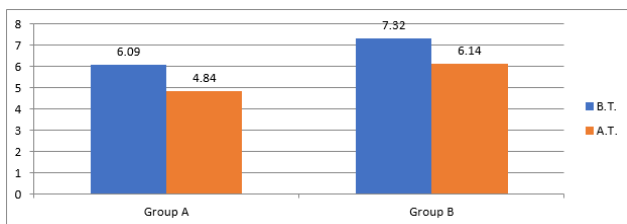


Figure 5: Changes in serum uric acid

Table 1: Result observed (% relief) in symptoms of Vatarakta patients

Parameter	Group A	Group B
Sandhitoda	87.40%	79.80%
Sandhishoth	87.90%	81.80%
Sparshasahatva	84.30%	88.20%
Sankochan	84.80%	82.30%
Serum uric acid	19.30%	15.20%
Mean % improvement	72.74%	69.60%

lifestyle, psychological components such as excessive anger, emotional distress etc. Aggravated vitiated Rakta dhatu quickly obstructs the path of already aggravated Vata. On obstruction in the route of Vata, its customary gati (motion) is hindered leading to further aggravation. This vitiates the whole Rakta and manifests as disease Vatarakta.

Patients of Vata-Pitta Pradhan prakruti showed good result in this study as Triphala is Tridoshashamak⁹ and does Agnidipana, because of its madhur vipak and Kashay ras it reduces the Vata - Pitta prakop. It also reduces the kapha prakop because of Ruksha guna. Triphala has been described in the ancient Ayurvedic text as Tridosh Rasayana.¹⁰

Shaman of vitiated Pitta automatically reduces the vitiated Rakta and Vata Dosha, leading to Doshadushya sammurchana. Thereby, the symptoms like Sandhitoda, Sandhishotha, and Sparshasahatva are relieved. Sandhi Toda and Sparshasahatva both symptoms occur due to Vata dosh. Hence obstruction is to be removed by Kashay Rasa and Ruksha Guna of Triphala. Here, Madhu has been used as an anupan. Madhu is madhura and kashay rasatmak because of that it is Pittahar and Raktahar.¹¹

7. Conclusion

Vatarakta is one of the unique disorders among the Vatavyadhi. It is an unambiguous fact that distinct etiological factors play an important role in the vitiation of Vata and Rakta dhatu and as the pathology progresses, it causes the illness Vatarakta. From the statistical analysis it is concluded that oral intake of Triphala Kashaya helps in recovery of Vatarakta and reduction in symptoms such as Sandhi Toda (pain), Sandhi Shotha (swelling), Sparshasahatva (tenderness) and Sankochan of the affected joints in Vatarakta. And it is more effective than Tablet Allopurinol. There is no complication or adverse drug effect were observed during the study. It also helps to reduce the level of Serum Uric Acid. Thus, it can be concluded that Triphala Kashaya as given orally was utilized into metabolism that had intervened into significance of lowering Serum uric acid levels.

8. Source of Funding

None.

9. Conflict of Interest


None.


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