AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Research Article

A CLINICAL STUDY TO EVALUATE THE EFFECT OF *AMRITADI KWATHA* AND *GUDA-HARITAKI* IN THE MANAGEMENT OF *VATARAKTA* W.S.R. TO HYPERURICEMIA

Shikha[1]*, Thakur Sunil[2], Chaudhary Vijay[3], Soni Manik[4]

*[1]MD Scholar, [2]Reader, [3]Principal cum Dean, [4]Lecturer, P.G. Dept of Kayachikitsa, R.G.G.P.G. Ayurvedic College & Hospital, Paprola, Himachal Pradesh, India.

Article info

Article History:
Received: 12-08-2022
Revised: 04-09-2022
Accepted: 16-09-2022

KEYWORDS:
Amritadi Kwatha, Guda-Haritaki, Vatarakta, Hyperuricemia.

ABSTRACT

The present is an era of rapid modernization. Due to sedentary lifestyle and faulty dietary habits, humans are becoming more vulnerable to several metabolic disorders. *Vatarakta* is one of them which is caused by association of vitiated *Vata Dosha* and morbid *Rakta Dhatu*. In modern science, it resembles the symptomatology of gout which is caused by hyperuricemia. The epidemiology of hyperuricaemia is different from that of gout. Only 10% of the patients with hyperuricaemia exhibit gout. It is more common in upper social class and affects men more than women. It is a potential signal for several comorbidities like diabetes mellitus, hypertension, coronary artery disease, obesity, renal diseases etc. The purpose of this study was to find out an effective and well accepted drug with minimal or no complications for this illness. 30 patients who were diagnosed with *Vatarakta* w.s.r. to Hyperuricemia were allocated randomly into two groups. The test drug i.e., *Amritadi Kwatha* 30ml and *Guda-Haritaki* 10gm was given to 15 patients of Group I and the standard drug Febuxostat 40mg was given to 15 patients of Group II for duration of 6 weeks. Subjective parameters were assessed before and after the completion of trial. Data obtained during the trial was tabulated and statistically analysed.

INTRODUCTION

In Ayurveda, *Vata* is considered as the most significant *Dosha* amongst the *Tridosha.* On the other hand, it is assumed that life of an individual solely depends on *Rakta Dhatu*. *Vatarakta* is produced by conjugation of both *Vata Dosha* and *Rakta Dhatu*[1]. It is *Vata Pradhana Tridoshaj Vyadhi* which is caused due to *Avarana* (occlusion) pathology. The illness starts with vitiation of *Rakta Dhatu* which obstructs the movement of already vitiated *Vata Dosha* leading to its further vitiation[2]. Then, it spreads through blood vessels and gets settled in the joints leading to the onset of symptoms.

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Quick Response Code

https://doi.org/10.47070/ayushdhara.v9iSuppl1.1020

Hyperuricemia is defined as serum or plasma urate concentration greater than 7mg/dl in males and 6mg/dl in females[3]. It is characterised by overproduction or under-excretion of uric acid. Uric acid is the end product of an exogenous pool of purines and endogenous purine metabolism. The daily endogenous purine production is estimated to amount to about 500-600mg while intake of exogenous purines with diet is approximately 100-200 mg per day [4]. The endogenous production of uric acid is mainly from the liver, intestines and other tissues like muscles, kidneys and endothelium[5]. Hyperuricemia can lead to gout and nephrolithiasis. It has also been mentioned as an indicator for several co-morbidities like metabolic syndrome, hypertension, diabetes mellitus, cardiovascular disease and chronic renal disease. Due to its complications, increasing prevalence and its relapsing nature, a need is felt to find a permanent solution for the disease. Although in modern science, numerous regimens have been advised for its management. Despite major advances in its treatment, many patients are not properly controlled and continuing with its recurrent flares. Therefore, an

attempt has been made to understand *Vatarakta* from both modern and Ayurvedic view point and to discuss the it's management from Ayurvedic view point.

AIMS AND OBJECTIVES

1. **Primary Objective:** To evaluate the clinical efficacy of *Amritadi Kwatha* and *Guda-Haritaki* in the management of *Vatarakta* w.s.r. to Hyperuricemia.
2. **Secondary Objective:** To evaluate the clinical safety of *Amritadi Kwatha* and *Guda-Haritaki* in the management of *Vatarakta* w.s.r. to Hyperuricemia.

MATERIALS AND METHODS

Selection of Patients: The proposed work was a clinical trial on willing volunteers. Patients fulfilling the diagnostic and inclusion criteria were selected randomly from OPD/IPD of Department of Kayachikitsa, R.G.G.P.G. Ayurvedic Hospital, Paprola. A sample of 30 patients-15 patients in each group was assessed in the clinical study.

Study Design

Study type – Randomized clinical trial
Masking – Single blind
Timing – Prospective
Number of patients – 30 (15 in each group)
No of Groups – 2
Duration of trial – 6 weeks
Follow up visit – After every 15 days till the completion of trial.

Diagnostic Criteria

Subjective Criteria: Following signs and symptoms were considered for the diagnosis as mentioned in classical texts.

1. *Sandhi Shoola* (Joint pain)
2. *Sandhi Shotha* (Swelling of joint)
3. *Sparsh Asahatvam* (Tenderness)
4. *Raga* (Redness)
5. *Twaka Vaivarnya* (Discoloration of skin)
6. *Vidaha* (Burning sensation)
7. *Stabdhta* (Stiffness)

Objective Criteria: Serum uric acid was considered as investigation based diagnostic tool. Serum uric acid more than 7mg/dl in males and more than 6mg/dl in females was considered for diagnosis.

Inclusion Criteria

- Patients of either gender in the age group between 20-70 years.
- Patients who fulfilled the diagnostic criteria.
- Patients who had serum uric acid level more than 7mg/dl in males and more than 6mg/dl in females with or without any associate feature like joint pain and inflammation.
- Patients who were willing to participate in trial.

Exclusion criteria

- Patients who were not willing to participate in trial.
- Patients below the age of 20 years and above 70 years of age.
- Patients who were suffering from any other form of arthritis like Osteoarthritis, Tubercular arthritis, Rheumatoid arthritis etc.
- Patients who were suffering from chronic renal, respiratory, cardiac or hepatic disorder.
- Patients who had any malignancy.
- Patients who were pregnant and lactating mothers.
- Patients who had completed participation in any other clinical trial during past 3 months.

Investigations

- TLC, DLC, ESR, Hb gm%
- Serum uric acid, RA Factor
- FBS, Blood Urea, Serum Creatinine, SGOT, SGPT
- Urine- Routine and microscopic examination.

Grouping of Patients: Study was conducted randomly on 30 patients in two groups (15 patients in each group). Group I was administered with *Amritadi Kwatha* 30ml and *Guda-Haritaki* 10gm twice a day while Group II was administered with Febuxostat 40 mg twice a day.

Trial Drugs

- ***Amritadi Kwatha***

Dose - 30ml twice a day (30gm dry coarse powder of *Amritadi Kwatha* was dissolved in 480ml of water. It was reduced to 60ml and taken in two equally divided doses i.e., 30ml BD)

Route of administration- Oral

- ***Guda-Haritaki***

Dose - 10gm granules twice a day

Route of administration- Oral

Trial Drug Composition

Table 1: *Amritadi Kwatha* Composition

S. No.	Name	Botanical name	Family	Part used	Quantity
1.	*Amrita (Guduchi)*	*Tinospora cordifolia* (Thunb.)	*Menispermaceae*	Stem (*Kanda)*	1 part
2.	*Shunthi*	*Zingiber officinale* (Roscoe)	*Zingiberaceae*	Rhizome	1 part
3.	*Dhanyaka*	*Coriandrum sativum* (Linn.)	*Apiaceae*	Seed	1 part

Table 2: *Guda-Haritaki* Composition

S. No.	Name	Botanical name or English Name	Family	Part used	Quantity
1.	*Haritaki*	*Terminalia chebula* (Retz.)	*Combretaceae*	Pericarp	1 part
2.	*Guda*	Jaggery	-	-	QS

Criteria of Assessment

- Subjective parameters were assessed before and after the treatment as per grade score.
- The main criterion of assessment was serum uric acid which was done before the commencement of trial and after the completion of trial.

Grading of Subjective Criteria: The signs and symptoms of *Vatarakta* were assessed on the basis of Visual Analogue Scale (VAS) and grading from 0-4 was done as follows-

Table 3: Grading of Subjective Criteria

***Sandhi Shoola* (Joint pain)**	**Grading**
No joint pain	0
Mild joint pain/ Bearable	1
Pain on movement & relieved on rest	2
Constant pain	3
Severe pain with disturbed sleep	4
***Sandhi Shotha* (Swelling of joint)**	
No swelling	0
Mild swelling	1
Moderate swelling	2
Severe swelling	3
Severe swelling with loss of movement	4
***Sparsh Asahatvam* (Tenderness)**	
No tenderness	0
Joint is tender	1
Joint is tender and patient winces	2
Patient winces and withdraws the affected joint	3
Patient does not allow to touch the affected part	4
***Raga* (Redness)**	
No redness	0
Mild redness	1
Moderate redness	2
Severe redness	3
***Twaka Vaivarnya* (Discoloration of skin)**	
No discoloration of overlying skin	0
Mild discoloration of overlying skin	1
Moderate discoloration of overlying skin	2
Severe discoloration with excoriation of skin	3
Very severe discoloration of skin	4
***Vidaha* (Burning sensation)**	
No burning sensation	0
Mild burning sensation	1
Moderate burning sensation	2
Severe burning sensation	3
Unbearable burning sensation	4

***Stabdhata* (Stiffness)**	
No stiffness	0
Stiffness lasting for few minutes to one hour	1
Stiffness lasting for 1 hour to half day	2
Stiffness lasting for more than half of day	3
Stiffness throughout day	4

Objective Criteria: The main criterion of assessment was serum uric acid which was done before the commencement of trial and after the completion of trial.

Final assessment of Results

Statistical Analysis: Data obtained during the trial was tabulated and statistically analysed using Student Paired 't' Test. The results were considered significant or insignificant on the basis of value of 'p'-

- Highly significant $p < 0.001$
- Significant $p < 0.01$, $p < 0.05$
- Insignificant $p > 0.05$

OBSERVATIONS AND RESULTS

Among 30 registered patients, 50% patients were male and 50% patients were female. Maximum patients (33.33%) were between 30-39 years and 40-49 years of age group, followed by 23.33% patients in the age group of 50-59 years. Maximum patients (93.33%) were married and 6.67% of the patients were unmarried. It was observed that maximum patients i.e., 96.67% of the patients belonged to rural area and 3.33% of the patients were from urban area. Considering the religion, 100% patients were Hindu. Based on occupation, majority of the patients (46.67%) were homemaker whereas 26.67% of the patients were in private job and 13.33% patients were businessman and farmer respectively. Based on education, majority of the patients (30%) were primary pass, 26.67% of the patients were matriculate, 23.33% of the patients were graduates and 20% of the patients were illiterate. On the basis of socio-economic status, it was observed that 56.67% of the patients belonged to low socio-economic class whereas 43.33% of the patients belonged to middle socio-economic class.

Based on addiction, 50% patients were addicted to tea, 20% of the patients were addicted to alcohol, 16.67% of the patients were addicted to smoking and 13.33% of the patients were addicted to both smoking and alcohol. 76.67% patients had regular bowel habit whereas 23.33% patients were constipated. 70% patients had normal appetite whereas 30% patients had reduced appetite. Majority of the patients i.e., 66.67% had sedentary lifestyle and 33.33% patients had active lifestyle. 66.67% patients had adequate sleep whereas 33.33% patients had disturbed sleep. Majority of the patients i.e., 56.67% had mixed dietary habits whereas 43.33% patients were vegetarian. Based on *Deha Prakriti*, majority of the patients i.e., 50% had *Vata-Pittaj Prakriti*. 100% patients had asymmetrical involvement of joint. On the basis of Involvement of joint, MTP (Metatarsophalangeal joint) was involved in majority of patients i.e., 30%, heel of foot and ankle joint were involved in 20% patients each.

Table 4: The incidence of signs and symptoms of *Vatarakta* in 30 patients

S. No.	Symptoms	Group I		Group II		Total	
		N	% age	N	% age	N	% age
1	*Sandhi Shoola*	15	100%	15	100%	30	100%
2	*Sandhi Shotha*	11	73.33%	11	73.33%	22	73.33%
3	*Sparsh Asahatvam*	11	73.33%	12	80%	23	76.67%
4	*Raga*	10	66.67%	10	66.67%	20	66.67%
5	*Twaka Vaivarnya*	08	53.33%	10	66.67%	18	60%
6	*Vidaha*	11	73.33%	09	60%	20	66.67%
7	*Stabdhata*	0	0%	01	6.67%	01	3.33%

Effect of Therapy Based on Subjective Criteria

The effect of therapy on various assessment criteria was obtained after statistical analysis of the data and is presented in tabular form (Table no. 5).

Table 5: Effect of therapy on Subjective criteria in Group I

S. No.	Symptoms	N	Mean		% age relief	SD±	SE±	't'	p value	Sig
			BT	AT						
1	*Sandhi Shoola*	14	2.36	0.36	84.74%↓	0.55	0.15	13.49	<0.001	HS
2	*Sandhi Shotha*	10	1	0	100% ↓	0.78	0.21	4.77	<0.001	HS
3	*Sparsh Asahatvam*	10	0.93	0	100% ↓	0.73	0.19	4.76	<0.001	HS
4	*Raga*	09	0.79	0	100% ↓	0.69	0.19	4.20	0.001	HS
5	*Twaka Vaivarnya*	07	0.57	0	100% ↓	0.65	0.17	3.31	0.006	S
6	*Vidaha*	11	0.79	0.07	91.14%↓	0.47	0.13	5.70	<0.001	HS
7	*Stabdhata*	0	-	-	-	-	-	-	-	-

Table 6: Effect of therapy on Subjective criteria in Group II

S. No.	Symptoms	N	Mean		% age relief	SD±	SE±	't'	p value	Sig
			BT	AT						
1	*Sandhi Shoola*	15	2.6	0.2	92.3% ↓	0.83	0.21	11.23	<0.001	HS
2	*Sandhi Shotha*	11	1.47	0.13	91.16%↓	0.98	0.25	5.29	<0.001	HS
3	*Sparsh Asahatvam*	12	1.33	0	100% ↓	0.90	0.23	5.74	<0.001	HS
4	*Raga*	10	0.93	0	100% ↓	0.79	0.21	4.53	<0.001	HS
5	*Twaka Vaivarnya*	10	0.87	0	100% ↓	0.74	0.19	4.52	<0.001	HS
6	*Vidaha*	09	0.6	0	100% ↓	0.51	0.13	4.58	<0.001	HS
7	*Stabdhata*	01	0.07	0	100% ↓	0.26	0.07	1.0	0.334	IS

Table 7: Intergroup comparison of Subjective criteria

S. No	Symptoms	% Relief		Diff. in % age	SD±	SE±	't'	p value	Sig
		Group I	Group II						
1	*Sandhi Shoola*	84.74%	92.3%	7.56%	0.82	0.37	-1.52	0.14	IS
2	*Sandhi Shotha*	100%	91.16%	8.84%	0.99	0.44	-1.01	0.32	IS
3	*Sparsh Asahatvam*	100%	100%	0%	0.93	0.41	-1.32	0.19	IS
4	*Raga*	100%	100%	0%	0.89	0.39	-0.53	0.60	IS
5	*Twaka Vaivarnya*	100%	100%	0%	0.79	0.35	-1.14	0.27	IS
6	*Vidaha*	91.14%	100%	8.86%	0.47	0.2	0.63	0.54	IS
7	*Stabdhata*	-	100%	-	-	-	-	-	-

Effect of Therapy Based on Objective Criteria

Table 8: Effect of therapy on Serum uric acid in Group I

S. No.	N	Serum Uric Acid mean level		% age reduction	SD±	SE±	't'	p value	Sig
		BT	AT						
1	14	7.73	5.98	22.6% ↓	0.82	0.22	7.9	<0.001	HS

Table 9: Effect of therapy on Serum uric acid in Group II

S. No.	N	Serum Uric Acid mean level		% age reduction	SD±	SE±	't'	p value	Sig
		BT	AT						
1	15	8.12	6.14	24.4% ↓	0.78	0.2	9.81	<0.001	HS

Table 10: Inter group comparison of effect of therapy on Serum uric acid

S. No.	Category	% Reduction		Diff. in % age	SD±	SE±	't'	p value	Sig
		Group I	Group II						
1	Serum Uric Acid	22.6%	24.4%	1.8%	0.78	0.35	-0.78	0.44	IS

Table 11: Effect of therapy on Biochemical parameters

S. No.	Category	N	Gps	Mean		% Change	SD±	SE±	't'	p value	Sig
				BT	AT						
1	FBS	14	Gp I	91.64	93.93	2.49% ↑	9.01	2.41	-0.95	0.36	IS
		15	Gp II	98.27	94	4.35% ↓	8.093	2.09	2.04	0.06	IS
2	B. Urea	14	Gp I	22	22.64	2.91% ↑	6.03	1.61	-0.39	0.67	IS
		15	Gp II	21.67	21.93	1.19% ↑	4.148	1.071	-0.25	0.81	IS
3	S. Creatinine	14	Gp I	0.89	0.81	8.99% ↓	0.17	0.05	1.55	0.15	IS
		15	Gp II	0.87	0.81	6.89% ↓	0.23	0.06	1.0	0.33	IS
4	SGOT	14	Gp I	46.29	38.64	16.52% ↓	11.12	2.97	2.57	0.02	S
		15	Gp II	50.73	45.27	10.76% ↓	12.99	3.35	1.63	0.13	IS
5	SGPT	14	Gp I	37.86	31.29	17.35% ↓	10.81	2.89	2.27	0.04	S
		15	Gp II	44.6	40.27	9.7% ↓	9.45	2.44	1.78	0.09	IS

Table 12: Inter group comparison of effect of therapy on Haematological parameters

S. No.	Category	% Relief		Diff. in % age	SD±	SE±	't'	p value	Sig
		Group I	Group II						
1	Hb	4.96%	2.27%	2.69%	1.67	0.74	-1.57	0.13	IS
2	TLC	8.57%	13.55%	4.98%	2844.45	1272.08	-0.39	0.70	IS
3	Neutrophils	1.73%	1.96%	0.23%	10.85	4.85	0.6	0.55	IS
4	Lymphocytes	7.8%	5.37%	2.43%	10.02	4.48	-1.01	0.32	IS
5	Mixed cells	4.95%	2.73%	2.22%	4.23	1.89	0.43	0.67	IS
6	ESR	18.01%	28.09%	10.89%	11.56	5.17	-0.61	0.55	IS

Table 13: Inter group comparison of effect of therapy on Biochemical parameters

S. No	Category	% Relief		Diff. in % age	SD±	SE±	't'	p value	Sig
		Group I	Group II						
1	FBS	2.49%	4.35%	1.86%	6.89	3.08	-2.06	0.05	S
2	B. Urea	2.91%	1.19%	1.72%	5.69	2.55	-0.19	0.85	IS
3	S. Creatinine	8.99%	6.89%	2.10%	0.17	0.08	0.15	0.88	IS
4	SGOT	16.52%	10.76%	5.76%	11.23	5.02	0.48	0.63	IS
5	SGPT	17.35%	9.7%	7.65%	11.43	5.11	0.59	0.56	IS

Effect of Therapy on Subjective Criteria

Signs and symptoms (Table no- 5, 6, 7)

In the present study, all the registered patients (100%) in both the groups presented with *Sandhi Shoola.* 84.74% relief in Group I and 92.3% relief in Group II was found. The result was statistically highly significant (p value <0.001) for both the groups. The intergroup comparison revealed that Group II showed 7.56% more relief than Group I. The difference was statistically insignificant at p value = 0.14.

Sandhi Shotha was observed in 73.33% patients in both Group I and Group II. 100% relief in Group I and 91.16% relief in Group II was observed. The result was statistically highly significant (p value <0.001) for both the groups. The intergroup comparison revealed that effect of therapy on *Sandhi*

Shotha was slightly better in Group I, with 8.84% more relief in Group I than Group II. The difference was statistically insignificant at p value = 0.32.

Sparsh Asahatvam was present in 73.33% of the patients in Group I and 80% of the patients in Group II. There was 100% relief in both the groups after the treatment. The result was statistically highly significant (p value <0.001) for both the groups. The intergroup comparison showed equal results in both Group I and Group II. The difference was statistically insignificant at p value = 0.19.

Raga was present in 66.67% of the patients in both Group I and Group II. There was 100% relief in both the groups after the treatment. The result was statistically highly significant for both the groups with p value = 0.001 in Group I and p value <0.001 in Group II. The intergroup comparison showed equal results in Group I and Group II. The difference was statistically insignificant at p value = 0.60.

Twaka Vaivarnya was present in 53.33% of the patients in Group I and 66.67% of the patients in Group II. There was 100% relief in both the groups after treatment. The result was significant (p value = 0.006) in Group I and highly significant (p value <0.001) in Group II. The intergroup comparison showed equal results in Group I and Group II. The difference was statistically insignificant at p value = 0.27.

Vidaha was present in 73.33% of the patients in Group I and 60% of the patients in Group II. There was 91.14% relief in Group I and 100% relief in Group II after treatment. The result was statistically highly significant (p value <0.001) for both the groups. The intergroup comparison revealed that Group II showed 8.86% more relief than Group I. The difference was statistically insignificant at p value = 0.54.

Stabdhata was not present in any of the patient (0%) in Group I and 6.67% of the patients in Group II. There was 100% relief in Group II and the result was statistically insignificant with p value = 0.334 in Group II. On intergroup comparison, no inference can be concluded as it was not present in the patients of Group I.

Effect of Therapy on Objective Criteria

Serum uric acid (Table no. 8, 9, 10)

After the completion of treatment, there was 22.6% reduction in serum uric acid level in Group I which shows statistically highly significant result at p value <0.001 whereas in Group II, there was 24.4% reduction in serum uric acid level which shows statistically highly significant result at p value <0.001. The intergroup comparison revealed that the effect of therapy on lowering serum uric acid level was better on the patients of Group II. There was 1.8% more reduction in serum uric acid in Group II than Group I, the difference was statistically insignificant at p value >0.05.

Effect of Therapy on Haematological and Biochemical Parameters

In the present study, no considerable change was noticed in Hb, TLC, DLC, ESR, FBS, blood urea and serum creatinine after treatment in both the groups. But in Group I, significant change was noticed in SGOT and SGPT level after treatment.

1. **SGOT:** In Group I, mean SGOT level before treatment was 46.29 which reduced to 38.64 after treatment. There was decrease by 16.52% and the results were statistically significant with p value = 0.02 in Group I. This is so because both *Guduchi* and *Haritaki* are hepatoprotective in nature.
2. **SGPT:** In Group I, mean SGPT level before treatment was 37.86 which reduced to 31.29 after treatment. There was decrease by 17.35% in Group I and the results were statistically significant with p value= 0.04 in Group I. This is so because both *Guduchi* and *Haritaki* are hepatoprotective in nature.

DISCUSSION

Probable mode of action *Amritadi Kwatha* and *Guda-Haritaki* can be explained on the following basis- *Amrita (Guduchi)* is *Tridosha Hara, Snigdha* in *Guna* and has *Madhura Vipaka* [6]. It possesses properties like *Sroto Vishodhana* and *Rasayana*. Because of these properties, it helps in maintaining balance between *Dosha* and *Dhatu*. Due to *Mutra Virechana* property, it helps in excretion of excess of uric acid present in the blood. It also helps in relieving pain which is caused by vitiation of *Vata Dosha*. It also contains alkaloids, glycosides, steroids and terpenoids. These phytoconstituents are responsible for the analgesic effect of this drug and the flavonoids present are responsible for the inhibition of prostaglandins.

Shunthi is *Katu* in *Rasa, Laghu*, *Snigdha* in *Guna* and has *Ushna Virya* [7]. It possess *Deepana-Pachana* properties due to which it helps in correcting *Mandagni* and digestion of *Ama (Ama Pachana*). As *Agnimandyata* is one of the causative factors of *Vatarakta.* It is carminative, appetizer, aphrodisiac, expectorant, analgesic, bronchodilator, anti-flatulent, anti-inflammatory, anti-tumorigenic, antiemetic and antitussive.

Coriandrol is the major phytochemical present in *Coriandrum sativum* L. (*Dhanyaka*) that is very effective anti-inflammatory agent [8]. It helps to reduce inflammation in various parts if body and joints. It also helps to reduce severe ache that is caused by inflammation.

Haritaki is *Kshaya Rasa Pradhana*, *Madhura* in *Vipaka*, *Tridosha Shamaka* and possesses properties like *Rasayana* and *Anulomana. Kshaya Rasa* helps in reduction of *Kleda Guna* of *Rakta Dhatu, Kapha Dosha* and *Ama*. It also has other properties like *Lekhana, Shoshana* that helps in clearance of *Srotas* and *Sira Marga* which got *Avruta* with *Sama Rakta. Shudha Guda* is *Pitta Dosha Nashaka,* pacifies *Vata Dosha* and *Rakta Prasadaka.*

CONCLUSION

- The trial drugs i.e., *Amritadi Kwatha* and *Guda-Haritaki* showed marked improvement in improving the symptoms of patients. These drugs showed statistically highly significant results on *Sandhi Shoola, Sandhi Shotha, Sparsh Asahatvam, Raga* and *Vidaha* and significant results on *Twaka Vaivarnya.*
- Both *Amritadi Kwatha* and *Guda-Haritaki* showed better results in improving *Sandhi Shotha* as compared to the therapy given in Group II (Febuxostat 40mg). In case of *Sparsh Asahatvam, Raga* and *Twaka Vaivarnya,* both the trial drugs were equally effective as compared to the therapy given in Group II (Febuxostat 40mg).
- In view of reduction of serum uric acid, the trial drugs i.e., *Amritadi Kwatha* and *Guda-Haritaki* showed statistically highly significant results after the treatment.
- The trial drugs i.e., *Amritadi Kwatha* and *Guda-Haritaki* is as effective as the therapy given in Group II (Febuxostat 40mg) in lowering serum uric acid level.
- There was no adverse effect of the therapy noted during the entire trial period.

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Cite this article as:
Shikha, Thakur Sunil, Chaudhary Vijay, Soni Manik. A Clinical Study to Evaluate the Effect of Amritadi Kwatha and Guda-Haritaki in the Management of Vatarakta w.s.r. to Hyperuricemia. AYUSHDHARA, 2022;9(Suppl 1):38-45.
https://doi.org/10.47070/ayushdhara.v9iSuppl1.1020
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Shikha
MD Scholar,
P.G. Dept of Kayachikitsa,
R.G.G.P.G. Ayurvedic College & Hospital, Paprola, H.P., India.
Email: shikha.khokhar308@gmail.com
Mobile: 9646035340