



Research Article

A CLINICAL STUDY ON THE EFFECT OF ABHYANTAR SNEHAPAN WITH GUDUCHI TAILA ALONG WITH VIRECHAN KARMA IN THE MANAGEMENT OF VATARAKTA W.S.R TO GOUT

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ABSTRACT

Vatarakta is a common disorder described in Ayurveda caused by vitiation of *Vata Dosha* and *Rakta Dhatu*. It closely resembles gout in modern medicine, characterized by hyperuricemia and inflammatory joint involvement. Modern management provides only symptomatic relief, whereas Ayurveda offers a holistic approach through *Shodhana Chikitsa*. **Aim and Objectives:** To evaluate the efficacy of *Abhyantar Snehapana* with *Guduchi Taila* along with *Virechana Karma* in the management of *Vatarakta* and to assess its effect on clinical symptoms and biochemical parameters. **Materials and Methods:** A single-arm clinical study was conducted on 30 patients of *Vatarakta* selected from OPD/IPD of Government Ayurvedic College, Patna. Patients were treated with *Abhyantar Snehapana* followed by *Virechana Karma* using *Aragvadha Phala Mazza Kwatha*. Duration of treatment was 18 days with follow-up for 1 month. Assessment was based on subjective parameters (*Sandhishoola*, *Sandhi Shotha*, *Sparshaagatva*, etc.) and objective parameters including Serum Uric Acid, ESR, CRP, and other biochemical investigations. Statistical analysis was done using paired t-test. **Results:** Significant improvement was observed in all cardinal symptoms with relief in *Sandhishoola* (75%), *Sandhi Shotha* (72.97%), *Sparshaagatva* (77.77%), *Kshate Atiruk* (68%), *Vaivarnya* (88.88%), *Vidaha* (69.76%), and *Raga* (72.41%) ($p < 0.00001$). Serum uric acid decreased from 7.36 to 5.61mg/dl (23.73%, highly significant), and ESR showed significant reduction (24.19%). Overall outcome showed 6.66% complete relief, 40% marked improvement, 50% moderate improvement, and 3.33% mild improvement. **Conclusion:** *Abhyantar Snehapana* with *Guduchi Taila* followed by *Virechana Karma* is an effective, safe, and statistically significant therapy in the management of *Vatarakta*, providing both symptomatic relief and biochemical improvement without adverse effects.

INTRODUCTION

Vatarakta is a well-described disorder in Ayurveda characterized by the simultaneous vitiation of *Vata Dosha* and *Rakta Dhatu*.^[1] It is considered a *Vatavyadhi*^[2] with predominant involvement of *Rakta*,^[3] where vitiated *Rakta*^[4] obstructs the normal movement of *Vata*, leading to severe pain, swelling, redness, burning sensation, and discoloration of joints. Acharya Charaka and Sushruta have elaborately described its *Nidana*,^[5] *Samprapti*,^[6] *Lakshana*,^[7] and

Chikitsa.^[8] In modern science, *Vatarakta* closely resembles gout, a metabolic disorder caused by hyperuricemia and deposition of monosodium urate crystals in joints, leading to acute inflammatory arthritis.

In the present era, due to sedentary lifestyle, faulty dietary habits, excessive intake of *Amla*, *Lavana*, *Katu rasa* dominant foods, alcohol consumption, stress, and lack of physical activity, the incidence of gout is increasing rapidly.^[9] Modern management mainly focuses on symptomatic relief using NSAIDs, uricosuric drugs, and xanthine oxidase inhibitors, which provide temporary control but are often associated with side effects and do not offer a complete cure. Ayurveda, on the other hand, emphasizes root cause management through *Nidana Parivarjana*, *Shodhana Chikitsa*, and

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Shamana Chikitsa, aiming at restoring the balance of *Dosha, Dhatu, and Agni*.^[10-12]

MATERIAL AND METHODS

Study Design: The present study was conducted as a single-arm clinical trial to evaluate the efficacy of *Abhyantar Snehapana* with *Guduchi Taila* followed by *Virechana Karma* in the management of *Vatarakta*. The total sample size was 30 patients. The duration of treatment was 18 days with a follow-up period of 1 month at intervals of 15 days. Statistical analysis was carried out using paired t-test to assess the significance of results.

Source of Data

Patients were selected randomly from OPD and IPD of Government Ayurvedic College and Hospital, Kadamkaun, Patna. The study was initiated after obtaining ethical clearance and CTRI registration. Written informed consent was taken from all patients prior to inclusion in the study.

Inclusion Criteria

- Patients aged between 18–70 years.
- Patients having Serum Uric Acid >7mg/dl (male) and >6mg/dl (female).
- Presence of cardinal symptoms of *Vatarakta* such as *Sandhishoola*, *Sandhi Shotha*, *Sparshaagatva*.
- Patients willing to participate in the study.

Exclusion Criteria

- Patients with severe complications (*Upadrava*) like *Murcha*, *Hikka* etc.
- Patients with tophaceous gout
- Patients with uncontrolled diabetes, cardiac disease, renal disorder, TB, AIDS, cancer
- Pregnant women

Assessment Criteria

- Patients with other inflammatory joint disorders like RA, psoriatic arthritis.

Diagnostic Criteria

Diagnosis was made based on Ayurvedic and modern parameters including:

- *Sandhishoola* (joint pain)
- *Sandhi Shotha* (swelling)
- *Sparshaagatva* (numbness)
- *Kshate Atiruk* (pain on injury)
- *Vaivarnya* (discoloration)
- *Vidaha* (burning sensation)
- *Raga* (redness)
- Elevated serum uric acid

Intervention (Trial Drug)

For *Snehapana*

- Drug: *Guduchi Taila*
- Route: Oral administration
- Dose: As per patient tolerance and classical guidelines.

For *Virechana Karma*

- Drug: *Aragvadha Phala Mazza Kwatha*
- Dose: 100ml (approx.)
- *Anupana*: Lukewarm water
- Type: *Mridu Virechana*

Procedure

- *Purva Karma*: *Deepana-Pachana*, *Snehapana*, *Abhyanga*, *Swedana*
- *Pradhana Karma*: Administration of *Virechana* drug
- *Paschat Karma*: *Samsarjana Krama* with graduated diet

Table 1: Subjective Parameters

S.No.	Parameter	Criteria	Score
1	<i>Sandhishoola</i> (pain in affected joint)	No pain	0
		Mild pain on movement	1
		Moderate pain at rest with mild restriction	2
		Severe pain with restriction of movement requiring medication	3
2	<i>Sandhi Shotha</i> (Swelling)	No swelling	0
		Slight swelling	1
		Moderate swelling	2
		Gross swelling	3
3	<i>Sparsha Ajnatva</i> (Numbness)	No numbness	0
		Mild numbness	1

		Moderate numbness	2
		Severe numbness	3
4	<i>Kshate Atiruk</i> (pain on injury)	No excessive pain	0
		Subjective feeling of pain	1
		Wincing on pressure	2
		Resistance to touch	3
5	<i>Vaivarnya</i> (discoloration)	No discoloration	0
		Mild discoloration	1
		Moderate discoloration	2
		Severe discoloration	3
6	<i>Vidaha</i> (burning sensation)	No burning sensation	0
		Mild burning	1
		Moderate burning	2
		Severe burning	3
7	<i>Raga</i> (redness)	No redness	0
		Mild redness	1
		Moderate redness	2
		Severe redness	3

Table 2: Objective Parameter

S.No.	Parameter	Assessment Method
1	Serum uric acid	Measured before and after treatment

Table 3: Criteria for Overall Effect of Therapy

SNo.	Outcome	Percentage Relief
1	Complete remission	100% relief
2	Marked improvement	>75% relief
3	Moderate improvement	50–75% relief
4	Mild improvement	25–50% relief
5	No improvement	<25% relief

OBSERVATIONS AND RESULTS**Table 4: Distribution of Registered Patients**

Status	Male	Female	Total	Percentage (%)
Registered	17	14	31	100%
Completed	16	14	30	97%
Drop out	01	00	01	03%

In this present study, out of total 31 registered patients (100%), 17 (54.83%) were male and 14 (45.16%) were female, among which 30 patients (97%) completed the trial including 16 males (53.33%) and 14 females (46.67%), while only 1 patient (3%) was dropout, indicating high compliance and minimal attrition in the study.

Table 5: Age-wise Distribution of 30 Patients of *Vatarakta*

S.No.	Age	No. of Patients	Percentage (%)
1	18–20	00	00.00%
2	21–30	04	13.33%

3	31-40	07	23.33%
4	41-50	03	10%
5	51-60	13	43.33%
6	61-70	03	10%
	Total	30	100%

In this present study, maximum patients belonged to 51-60 years age group 13 (43.33%), followed by 31-40 years 7 (23.33%), 21-30 years 4 (13.33%), 41-50 years 3 (10%), 61-70 years 3 (10%), and minimum in 18-20 years 0 (0%), indicating higher prevalence of *Vatarakta* in middle to older age group.

Table 6: Gender-wise Distribution

S.No.	Gender	Number of Patients	Percentage (%)
1	Male	16	53.33%
2	Female	14	46.67%
3	Intersex	0	0%

In this present study, male patients were 16 (53.33%) and female patients were 14 (46.67%) with no intersex cases, showing slight male predominance in the occurrence of *Vatarakta*.

Table 7: Religion-wise Distribution

S.No.	Religion Status	Number of Patients	Percentage (%)
1	Hindu	29	96.67%
2	Muslim	01	3.33%
3	Others	0	0%

In this present study, majority of patients were Hindu 29 (96.67%) and Muslim 1 (3.33%) with no patients from other religions, reflecting the local population distribution rather than disease-specific association.

Table 8: Education-wise Distribution

S.No.	Education Status	Number of Patients	Percentage (%)
1	Illiterate	02	6.66%
2	School	11	36.66%
3	Graduation	17	56.66%
4	Professor	0	00%

In this present study, maximum patients were graduates 17 (56.66%), followed by school education 11 (36.66%) and illiterate 2 (6.66%), while no patients were in professor category, indicating better awareness level among study participants.

Table 9: Marital Status-wise Distribution

S.No.	Marital Status	Number of Patients	Percentage (%)
1	Married	26	86.66%
2	Unmarried	04	13.33%

In this present study, majority of patients were married 26 (86.66%) and unmarried were 4 (13.33%), suggesting higher disease occurrence among married individuals, possibly due to lifestyle and stress factors.

Table 10: Occupation-wise Distribution

S.No.	Occupation	Number of Patients	Percentage (%)
1	Students	04	13.33%
2	Service	06	20%
3	Business	06	20%

4	Housewife/Household	14	46.66%
5	Others	00	0%

In this present study, maximum patients belonged to housewife/household category 14 (46.66%), followed by service 6 (20%), business 6 (20%), students 4 (13.33%), and none in others category, indicating sedentary lifestyle as a possible contributing factor.

Table 11: Socio-economic Status-wise Distribution

S.No.	Socio-economic Status	Number of Patients	Percentage (%)
1	Upper class	02	6.66%
2	Middle class	24	80%
3	Lower class	04	13.33%

In this present study, majority of patients belonged to middle class 24 (80%), followed by lower class 4 (13.33%) and upper class 2 (6.66%), showing that *Vatarakta* was more prevalent among middle socio-economic group, possibly due to dietary habits and lifestyle patterns.

RESULTS

Table 12: Effect of Therapy on Cardinal Symptoms

Symptom	n	BT Mean	AT Mean	% Relief	SD	SE	t Value	p Value	Significance
<i>Sandhishoola</i>	30	1.6	0.4	75	0.4068	0.0742	16.15	<0.00001	H.S
<i>Sandhi Shotha</i>	27	1.37	0.44	72.97	0.2773	0.0533	18.73	<0.00001	H.S
<i>Sparshaagatva</i>	05	1.8	0.4	77.77	0.5477	0.0244	5.71	<0.0046	S
<i>Kshate Atiruk</i>	16	1.56	0.5	68	0.25	0.0625	17	<0.00001	H.S
<i>Vaivarnya</i>	09	1	0.11	88.88	0.3333	0.1111	8	<0.000044	H.S
<i>Vidaha</i>	29	1.53	0.5	69.76	0.2622	0.0487	21.99	<0.00001	H.S
<i>Raga</i>	22	1.31	0.36	72.41	0.3750	0.0799	11.93	<0.00001	H.S

In this present study, *Sandhishoola* (n=30) showed reduction from mean 1.6 to 0.4 with 75% relief (SD=0.4068, SE=0.0742, t=16.15, p<0.00001, highly significant), *Sandhi Shotha* (n=27) reduced from 1.37 to 0.44 with 72.97% relief (SD=0.2773, SE=0.0533, t=18.73, p<0.00001, highly significant), *Sparshaagatva* (n=5) reduced from 1.8 to 0.4 with 77.77% relief (SD=0.5477, SE=0.0244, t=5.71, p<0.0046, significant), *Kshate Atiruk* (n=16) reduced from 1.56 to 0.5 with 68% relief (SD=0.25, SE=0.0625, t=17, p<0.00001, highly significant), *Vaivarnya* (n=9) reduced from 1 to 0.11 with maximum 88.88% relief (SD=0.3333, SE=0.1111, t=8, p<0.000044, highly significant), *Vidaha* (n=29) reduced from 1.53 to 0.5 with 69.76% relief (SD=0.2622, SE=0.0487, t=21.99, p<0.00001, highly significant), and *Raga* (n=22) reduced from 1.31 to 0.36 with 72.41% relief (SD=0.3750, SE=0.0799, t=11.93, p<0.00001, highly significant), indicating maximum improvement in *Vaivarnya* and minimum in *Kshate Atiruk*, with overall highly significant results across symptoms.

Table 13: Overall Effect on Biochemical Findings

Parameter	n	BT	AT	% Relief	SD	SE	t Value	p Value	Significance
Serum Uric Acid	30	7.36	5.61	23.73	1.228	0.224	7.78	<0.00001	H.S
RA Factor	30	9.36	9.15	2.17	1.23	0.226	0.89	>0.37	N.S
ESR	30	27.40	20.77	24.19	6.39	1.16	5.67	<0.00001	H.S
Hb	30	12.37	12.32	0.35	0.64	0.118	0.36	>0.71	N.S
WBC	30	7.30	7.19	1.50	1.98	0.36	0.30	>0.97	N.S
CRP	30	6.16	5.4	12.43	1.71	0.313	2.44	>0.02	N.S
Cholesterol	30	153.9	150.36	2.29	7.80	1.42	2.48	0.019	S
Triglycerides	30	161.56	157.1	2.76	7.50	1.37	3.25	0.0028	S
SGOT	30	33.56	32.40	3.44	2.04	0.37	3.09	0.004	S
SGPT	30	39.66	37.27	4.97	4.40	0.80	2.45	0.020	S
Creatinine	30	0.99	0.90	9.33	0.12	0.022	4.10	0.0003	S

In this present study, Serum Uric Acid (n=30) decreased from 7.36 to 5.61 with 23.73% relief (SD=1.228, SE=0.224, t=7.78, p<0.00001, highly significant), ESR reduced from 27.40 to 20.77 with 24.19% relief (SD=6.39, SE=1.16, t=5.67, p<0.00001, highly significant), while CRP showed reduction from 6.16 to 5.4 with 12.43% relief (SD=1.71, SE=0.313, t=2.44, p>0.02, not significant), Total Cholesterol reduced from 153.9 to 150.36 with 2.29% relief (t=2.48, p=0.019, significant), Triglycerides reduced from 161.56 to 157.1 with 2.76% relief (t=3.25, p=0.0028, significant), SGOT reduced from 33.56 to 32.40 (3.44%, p=0.004, significant), SGPT reduced from 39.66 to 37.27 (4.97%, p=0.020, significant), and Creatinine reduced from 0.99 to 0.90 (9.33%, p=0.0003, significant), whereas RA Factor (2.17%, p>0.37), Hb (0.35%, p>0.71) and WBC (1.50%, p>0.97) remained statistically not significant, showing maximum improvement in ESR and Serum Uric Acid with mixed significance across parameters.

Table 14: Overall Effect of Therapy

Effects	No. of Patients	Percentage (%)
Complete improvement	02	6.66%
Marked improvement	12	40%
Moderate improvement	15	50%
Mild improvement	01	3.33%
No improvement	0	0%
Total	30	100%

In this present study, out of 30 patients, 2 (6.66%) showed complete improvement, 12 (40%) showed marked improvement, 15 (50%) showed moderate improvement, 1 (3.33%) showed mild improvement and 0 (0%) showed no improvement, indicating that maximum patients were in moderate improvement category followed by marked improvement, with no cases of non-response, demonstrating overall effectiveness of the therapy.

DISCUSSION

Age-Wise Distribution

In this present study, maximum patients (43.33%) were in the age group of 51–60 years. Clinically, this indicates that *Vatarakta* is more prevalent in middle to older age group. With advancing age, *Dhatu Kshaya*, decreased metabolic efficiency, and accumulation of metabolic waste occur, which correlates with hyperuricemia in modern science. In Ayurveda, this stage is dominated by *Vata Dosha*, and combined with *Rakta Dushti*, it predisposes to *Vatarakta* manifestation.

Gender-Wise Distribution

In this present study, male predominance (53.33%) was observed. Clinically, males are more prone to gout due to higher purine metabolism and absence of estrogen-mediated uric acid excretion seen in females. From Ayurvedic view, males are more exposed to *Vata-Pitta Prakopaka Nidana* like irregular diet, stress, and exertion, leading to higher incidence of *Vatarakta*.

Religion-Wise Distribution

In this present study, majority of patients were Hindu (96.67%), which mainly reflects the demographic pattern of the study area. Clinically, there is no direct correlation between religion and disease occurrence. However, dietary patterns associated with different communities may indirectly influence disease prevalence, especially intake of *Amla*, *Lavana*, *Katu Ahara* contributing to *Rakta Dushti*.

Education-Wise Distribution

In this present study, majority of patients were graduates (56.66%). Clinically, this suggests that awareness level was adequate, yet disease occurrence persisted, indicating that lifestyle factors override knowledge alone. From Ayurvedic perspective, despite awareness, indulgence in *Nidana* like *Viruddha Ahara* and *Ajeerna Bhojana* can still lead to *Agnimandya* and subsequent *Vatarakta*.

Marital Status-Wise Distribution

In this present study, majority of patients were married (86.66%). Clinically, marital life may involve psychological stress, irregular dietary habits, and sedentary routine. Ayurveda explains that stress contributes to *Vata Prakopa*, while irregular food habits vitiate *Rakta*, thus playing a role in *Vatarakta Samprapti*.

Occupation-Wise Distribution

In this present study, maximum patients were housewife/household (46.66%). Clinically, this group is more prone due to reduced physical activity and irregular lifestyle. Sedentary behavior leads to poor metabolism and uric acid accumulation. In Ayurveda,

lack of exercise (*Avyayama*) and improper routines result in *Kapha Vriddhi* and *Agnimandya*, which ultimately contribute to *Rakta Dushti* and *Vata Avarana*.

Socio-Economic Status-Wise Distribution

In this present study, majority of patients belonged to middle class (80%). Clinically, this group often has mixed dietary habits, stress, and lifestyle imbalance. Consumption of protein-rich and processed food increases uric acid levels. From Ayurvedic point of view, such dietary patterns promote *Pitta* and *Rakta Dushti*, along with *Vata Prakopa*, leading to development of *Vatarakta*.

Discussion on Result

Discussion on Cardinal Symptoms

In this present study, all cardinal symptoms of *Vatarakta* showed statistically significant improvement after therapy. *Sandhishoola* reduced from mean 1.6 to 0.4 with 75% relief ($p < 0.00001$), *Sandhi Shotha* reduced from 1.37 to 0.44 with 72.97% relief ($p < 0.00001$), *Sparshaagatva* showed 77.77% relief ($p < 0.0046$), *Kshate Atiruk* showed 68% relief ($p < 0.00001$), *Vaivarnya* showed maximum improvement of 88.88% ($p < 0.000044$), *Vidaha* reduced by 69.76% ($p < 0.00001$) and *Raga* reduced by 72.41% ($p < 0.00001$). Clinically, reduction in pain and swelling reflects decreased inflammatory response and improved joint mobility. Relief in burning sensation and redness indicates reduction of inflammatory mediators, while improvement in numbness suggests restoration of nerve function. From Ayurvedic perspective, these results indicate effective *Vata Shamana* and *Rakta Shodhana*. *Virechana Karma* eliminates vitiated *Pitta* and *Rakta*, while *Snehapana* pacifies *Vata*, thus correcting the basic *Samprapti* of *Vatarakta*. Maximum improvement in *Vaivarnya* suggests strong action on *Rakta Dushti*, whereas relatively lesser improvement in *Kshate Atiruk* indicates deeper issue involvement requiring longer duration of therapy.

Discussion on Biochemical Parameters

In this present study, Serum Uric Acid significantly decreased from 7.36 to 5.61 (23.73%, $p < 0.00001$) and ESR reduced from 27.40 to 20.77 (24.19%, $p < 0.00001$), indicating strong control over hyperuricemia and inflammation. CRP showed mild reduction (12.43%, not significant), while lipid parameters like cholesterol and triglycerides showed statistically significant improvement. Liver enzymes (SGOT, SGPT) and creatinine also showed significant reduction, whereas RA factor, Hb and WBC remained statistically insignificant. Clinically, reduction in uric acid confirms improved metabolism and enhanced excretion, which directly correlates with reduction in

gout pathology. ESR reduction supports anti-inflammatory action of therapy. Improvement in lipid and liver parameters indicates systemic metabolic correction and better *Agni* function. From Ayurvedic view, *Virechana* acts as *Rakta Shodhana* and removes accumulated *Ama*, thereby improving metabolic pathways. The insignificant change in RA factor suggests that therapy is more effective in metabolic and inflammatory disorders like gout rather than autoimmune conditions.

Discussion on Overall Effect of Therapy

In this present study, out of 30 patients, 2 (6.66%) showed complete improvement, 12 (40%) showed marked improvement, 15 (50%) showed moderate improvement and 1 (3.33%) showed mild improvement, with no patient showing no improvement. Clinically, this indicates that majority of patients responded positively to the therapy, with maximum patients falling under moderate and marked improvement categories. The absence of non-responders highlights the consistency and reliability of treatment. From Ayurvedic perspective, *Vatarakta* being a chronic *Tridoshaja Vyadhi*, complete remission in all patients may not be expected in short duration, but significant symptomatic relief confirms effectiveness of combined *Snehapana* and *Virechana*. This combined approach works at multiple levels including *Vata Shamana*, *Pitta-Rakta Shodhana*, *Agnideepana* and *Srotoshodhana*.

Overall Clinical Correlation

The overall findings of the study demonstrate that *Abhyantar Snehapana* with *Guduchi Taila* followed by *Virechana Karma* provides significant improvement in both clinical symptoms and biochemical parameters of *Vatarakta*. The therapy effectively reduces pain, swelling, burning sensation, discoloration and uric acid levels, thereby addressing both symptomatic and root cause aspects of the disease. Thus, it can be concluded that this therapeutic approach is clinically effective, safe and acts through correction of *Dosha*, *Dhatu* and *Srotas* level pathology, making it a rational treatment modality for *Vatarakta (Gout)*.

Probable Mode of Action





CONCLUSION

In this present study, *Abhyantar Snehapana* with *Guduchi Taila* followed by *Virechana Karma* showed significant clinical and biochemical improvement in patients of *Vatarakta*. There was marked reduction in cardinal symptoms such as *Sandhishoola* (75%), *Sandhi Shotha* (72.97%), *Sparshaagatva* (77.77%), *Kshate Atiruk* (68%), *Vaivarnya* (88.88%), *Vidaha* (69.76%) and *Raga* (72.41%), all showing statistically significant results ($p < 0.00001$ in most parameters). Biochemically, Serum Uric Acid decreased from 7.36 to 5.61 (23.73%) and ESR from 27.40 to 20.77 (24.19%), both highly significant, while other parameters showed variable significance. Overall outcome revealed that 6.66% patients achieved complete improvement, 40% marked improvement, 50% moderate improvement and only 3.33% mild improvement with no non-responders, indicating good efficacy and safety. The therapeutic effect can be attributed to *Vata Shamana*, *Pitta-Rakta Shodhana*, *Ama Pachana* and *Srotoshodhana*, leading to *Samprapti Vighatana* of *Vatarakta*. Hence, this combined Ayurvedic approach proves to be an effective, safe and rational

management for *Vatarakta* (Gout), though further studies on larger sample size are recommended for validation.

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