

Study on the Role of "Punarnavadi Guggulu" In a Case of Vata Rakta W. S. R to Hyperuricemia

Dr. Sufia Mahmood¹, Dr. Md Nematullah², Dr. P. B Kar Mahapatra³

^{1,2}P.G Scholar, Department of Kayachikitsa. Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P. Kolkata, West Bengal

³Reader, Department of Kayachikitsa. Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P, Kolkata, West Bengal

Corresponding Author:- Dr Sufia Mahmood, P.G Scholar, Department of Kayachikitsa. Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P. Kolkata, West Bengal Email id dsufi34@gmail.com

ABSTRACT

In the present era there are several disease due to lifestyle disorder and metabolic dysfunction are frequently found. Hyperuricemia is a condition where uric acid level become high and represent some features like pain, swelling, stiffness, redness and other associated features. In Ayurveda almost all ancestors have discussed the disease vata rakta which is etiologically and symptomatologically can be correlated with the features of gouty arthritis as the global incidence of hyperuricemia are increasing day by day but neither safe nor effective medicine are found in western science so, in this study it has been try to establish an ayurvedic modality in the treatment of vata rakta (gouty arthritis). A male patient 40 year of age has been treated with punarnavadi guggulu 500 mg thrice daily for 45 day shown significant curative effect biochemical as well as clinically. So main aim and objective of this article to encourage the ayurvedic physician and scholar towards providing a safe and effective ayurvedic management to the suffering humanity of this field.

Keywords: Vatarakta, Punarnavadi Guggulu, Gouty Arthritis, Hyperuricaemia, Ayurveda.

INTRODUCTION

There are so many types of metabolic dysfunctions are found in today era and so many health hazards are entering into the human life. In past ayurveda has emphasized all shorts of disease caused by the vitiation of three humours i.e vata, pitta and kapha. Shushruta has mentioned another dosha i.e rakta so the etiological factor when aggravate vata and vitiate rakta as well as pitta then the elimant vata rakta manifested. The consumption of vata prakopak ahara vitiates vata, specifically samana and vyana vayu. When samana vayu is vitiating, digestion, assimilation, and separation are disrupted. When vyana vayu becomes vitiating, it impairs fluid circulation and accumulates poisonous chemicals such as uric acid in the joints. The cause of vitiating Rakta Dhatu is identical to Pitta⁽¹⁾. Excess intake of ushna, tikshna, and vidahi ahara can harm Pachak pitta and Bhrajak pitta. Bhrajak Pitta vitiation can result in skin discoloration and other skin disorders.

This vata rakta may also be correlated with condition hyperuricemia or gouty arthritis⁽²⁾. In Charak Samhita, it has been referred to as an independent illness entity⁽³⁾, However this ailment is mentioned under Vatavyadhi in Sushrut Samhita⁽⁴⁾. In this ailment appears pain in small and middle group of joint redness stiffness inflammatory changes over the joints some time tophi formation are the usual feature malaise, fever etc found in hyperuricemia.

Now a days life disorder followed by metabolic dysfunction is the prime factor or genesis of the non communicable disease. In advancement of science though there are development of technology are increasing by leaps and bounds yet those technology are creating hazards in human life in near future. Excessive use of alcohol spicy food excessive ingestion of red meat or meat, fast food other lifestyle hazards like injudicious use of alcohol, sedentary lifestyle are causing metabolic dysfunction where dyslipidemia, obesity, hypertension, diabetes mellitus are frequently found.

Gouty arthritis is a condition where excessive raise of uric acid found in the blood through internally 3.5 to 7.2 gm/dl in normal rang yet in Indian perspective above 5.5 gm/dl in case of female and above 6.1 gm/dl in case of male get rise to feature of gouty arthritis. In ayurvedic the humour vata when aggravated with the etiology like excessive journey (ati chakraman), ratri jagran (night awakes), exposure to cold, dry and rough food simultaneously the alcohol, red meat, spicy food, too sour, too pungent foods vitiate pitta as well as rakta caused the disease vata rakta. There are two types of vata rakta first utthana and second gambhir⁽⁵⁾. Utthana found in superficial structure of the body and gambhir in the deeper structure. Pain, swelling, redness, stiffness etc findings have also been mentioned by our ancestors as the features of vata rakta which is similar to the features of gouty arthritis. In hyperuricemia purine metabolism are evident so purine containing substances strictly prohibited as per modern view. Purine containing food - alcohol beverage (all type), some fishes, sea food and shell fish including all anchovies, sardines, herring, mackerel, lord fish, scallops, some meat such as beacon, turkey, and organ meat like liver^(6,7). In Ayurveda series of do's and don'ts are mentioned in our classics i.e pathya ahara - old Barley, wheat, sali and sastik rice, milk of cow mugda upodhika. Pathya vihar - warm poultices. Apathaya ahara - kullatha, nispava, kshara, Yeast, sugarcane, sour diet and drink, Apathya vihara- divaswapna, santapa, vyayama, maithuna^(8,9).

The usual drug of hyperuricemia febuxat, pegloticase, lesinurade, allopurinol which are not so much safe and may be produced toxicity in liver, pancreas and kidney therefore through review of literature punarnavadi guggulu like polyherbal Medicine has been choosen to treat the patient of this study, the main ingredients of punarnavadi guggulu are Punarnava (*Boerhavia diffusa* Linn), Eranda Mula and Tail (*Ricinuscommunis* Linn), Shunthi (*Zingiber officinale* Roxb) Guggulu (*Commiphora myrrha* (Ness) Engl.), Trivruta (*Operculina turpenthum* N (L) Salve Manse), Danti (*Baliospermum montanum* Muell), Guduchi (*Tinospora cordifolia* Willd. Miers. Ex Hook.), Haritaki (*Terminalia chebula* Retz.), Bibhitaki (*Terminalia bellirica* Roxb.), Amalaki (*Emblia officinalis* Gaertn.), Maricha (*Pipernigrum* Linn), Pippali (*Piper longum* Linn.), Chitraka (*Piper retrofractum* Vahl), Saindhava Lavana, Bhallataka (*Semecarpus anacardium* Linn), Vidanga (*Embelia ribes* Durm.f.) and Suvrna Makshika Bhasma⁽¹¹⁾.

Aims and Objective

To study the role of Ayurvedic medicine Punarnavadi Guggulu in the management of Vata Rakta.

MATERIALS AND METHODES

Place of study: Department of kayachikitsa OPD of Institute of post graduate ayurvedic education and research at S.V.S.P, Kolkata.

Case Report

A 40-year-old male patient arrived at the Kaya chikitsa OPD of Institute of post graduate ayurvedic education and research at S.V.S.P, Kolkata. He presented himself with the following complaints.

Chief complaint with duration:

Sandhi soth- swollen left greater toe
Sparshasahatva- hyperesthesia
Sandhi shyavata- slight black discoloration of the skin.
Daha- burning sensation
Sandhi sula - severe pain
Sandhi stabdhata- stiffness in the joints

Duration- The patient was suffering from the above complaints for 5 months.

Other complaints: There were no associated complain seen

History of present illness:

The patient was asymptomatic for 6 months before developing the aforesaid symptoms. He had been taking allopathic medications for around four months before arriving to our hospital.

He therefore came to our hospital, S.V.S.P. at Kolkata, for appropriate treatment.

Past history: No history of DM, HTN, or any other serious ailment.

Table no 1: Showing Personal History

Sleep	Interrupted
Appetite	Less
Bowel	Constipated, sometimes irregular
Bladder	Normal
Diet	Non vegetarian
Addiction	Tea 4 to 5 times

Table no 2: Showing General physical examination

General condition	Moderate
Blood pressure	130/80 mm of Hg
Pulse rate	78 b /beat/min
Respiratory rate	20/ min
Temperature	98.4°F
Tongue	Normal, moist
Nourishment and Built	Moderate built
Pallor Icterus Cyanosis Clubbing	Absent

Table no 3: Showing Systemic Examination

Respiratory System	Chest bilaterally clear
Cardiovascular System	S1S2 audible, NAD
Gastrointestinal Tract	P/A- Soft, No Organomegaly. Normal bowel sounds noted
Central Nervous System	Conscious, alert and cooperative

Treatment plan:

Patient was treated on an O.P.D basis selected internal Ayurvedic drug punarnavadi guggulu 500 mg thrice a day with Anupan – Luke warm water.

Duration: The patient was treated with punarnavadi guggulu for 2 month and follow-up was taken on the 15th, 30th, 45th day.

Apathy recommended; Diwaswapna (sleep during the day time), heat exposure, meat and alcoholic beverages

Pathya recommended: Have food which are rich in fiber, green vegetables, low-fat or fat-free dairy products, make sure to stay hydrated by drinking plenty of fluids.

Table no 4: Showing Medicine used and treatment duration in study

Medicine	Dosage	Duration
Punarnavadi guggulu	500 mg thrice daily with Luke warm water after meal	45 days

OBSERVATION AND RESULT

The follow-up was conducted on the 15th, 30th, 45th days. The patient's symptoms gradually improved during this period, with no more complaints reported. Progress of the patient in four follow-up visits.

Table no 5: Showing grading of signs and symptoms

Symptoms	Day 0 (Before treatment)	15 th day	30 th day	45 th day
Sandhi sula(severe pain in joints)	3	3	2	1
Sandhi soth (swollen left greater toe)	2	2	1	0
Sparshasahatva-(hyperesthesia)	2	2	1	0
Sandhi shyavata (slight black discoloration of the skin)	2	1	1	0
Daha (burning sensation)	3	3	2	1
Sandhi stabdhata(stiffness)	2	2	2	1

Table no 6: Showing Changes in the level of serum uric acid

Before treatment	11.2 mg/dl
After treatment	6.2 mg/dl

DISCUSSION

The present article entitled Study on the role of "Punarnavadi guggulu" in case of vata rakta w.s.r to hyperuricemia is an effort to assess punarnavadi guggulu in vata rakta where the range of uric acid become enhance up to 13.2 gm/dl the composition of punarnavadi guggulu are Punarnava, Eranda Mula and Tail, Shunthi, Guggulu, Trivruta, Danti, Guduchi,

Haritaki, Bibhitak, Amalaki, Maricha, Pippali, Chitraka Saindhava Lavana, Bhallataka, Vidanga and Suvrna Makshika Bhasma. Punarnava Guggulu is mainly indicated for the treatment of Amavata and Vatarakta in a classical text of Ayurveda like Bhaishjya Ratnavali⁽¹⁰⁾. Most of the ingredients carrying the action against vata prakopa and kapha vardhak condition the unshna virya property of guggulu eranda, trivrit have showed analogous property against vata- kapha the uric acid may consider as a metabolic waste(ama) due to mandagni state of the person the said ama or waste move towards the joints with the provoked vata and forms vata rakta where pain and swelling of joints stiffness, redness of joint, and other associated classical feature like malaise, fever, lassitude etc. found in the use of punarnavadi guggulu anti inflammatory activity and sroto sodhak activity performers punarnava reduces swelling by proper excretion of urine and making resolution of the tissue against inflammation guduchi reduce inflammation and pacify vata as well as provoked rakta erand itself eliminate the bodily waste by clearing the channel through its cathetic action. Trivrit itself also clearing the kostha as a mild laxative agent, trikatu is known digestive and metabolic fire enhancing agent which prevents the product of ama like uric acid, triphala helps maintain the homeostasis of the body, makshika bhasma acts as a rasayana or immunomodulator and enhances the metabolic activities, bhallataka is a non analgesic anti spasmodic agent these ingredients are very much effective against the pathogenic pathway as well as clinically complements vata rakta if treated in earlier state (utthana vata rakta) then the gambhir vata rakta will not be appeared. So in present study was conducted of utthana vata rakta where few joints affected with the objective parameter 11.2 gm/dl so the case where not so much complicated and has been cured easily with the add of metabolic correction agent anti inflammatory, analgesic, channel clearing agent and tridosha sama agent as stated earlier. It is useful to mention here that modulation of lifestyle is mandatory at the time of vata rakta chikitsa where ingestion of high protein diet specially red meat, big fish, excessive spicy, pungent and salty food excessive exposure too cold, too hot substitute or climate, drinking of alcohol and other cold beverages should be avoided.


In present study the male patient only treated with the punarnavadi guggulu 500 mg thrice daily and follow up has been done by fortnight where gradually the sign and symptoms become relieved with the mark reduction of uric acid level in the blood finally after 45 days of treatment sign and symptoms have been fully relieved and uric acid level become 6.2 gm/dl. So clinically as well as biochemically the result found highly significant and nothing adverse effects has been found during the course of treatment.

CONCLUSION

From above discussion it could be concluded that punarnavadi guggulu in the dose of 500 mg thrice daily is a potent anti uricaemic agent and effective agent vata rakta(gouty arthritis).

REFERENCES

- [1]. Charaka Samhita, by Agnivesha., by Charaka and Dridhabala, Ayurveda dipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Chauk-hambha prakashan, Varanasi 29/41
- [2]. Medicine: Prep Manual for Undergraduates, 5/e K. George Mathew and Praveen Aggarwal, chapter-09, pg-751, published by Reed Elsevier India Pvt. Ltd. New Delhi (2015)
- [3]. Acharya Charak, Charak Samhita Chikitsa Sthana 29, Vaidyamanorama Hindi Commentary; Edited by Acharya Vidyadhar Shukla and Prof. Ravidutt Tripathi (2015), by Publishers Chaukhamba Sanskrit Pratishthan, Jawahar Nagar, Delhi. pg-730
- [4]. Acharya Sushruta, Sushruta Samhita, Nidansthanam 01, Ayurveda Tattva-Sandipika Hindi Commentary, Edited by Kaviraja Ambikadutta Shastri (2014), by Publishers Chaukhamba Publications, New Delhi page -300
- [5]. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika Commentary of Chakrapanidatta, foreword by Yadavji trikamji, Varanasi Chaukhambha prakashan, Varanasi 29/41
- [6]. Becker BF. Towards the physiological function of uric acid. Free Radic Biol Med. 1993;14:615–631. doi:10.1016/0891-5849(93)90143-I
- [7]. <https://en.wikipedia.org/wiki/Purine>
- [8]. Agnivesh, Charaka samhita vol. 2, by Acharya Vidyadhar Shukla, Prof. Ravi Dutt Tripathi, foreword by Acharya Priy Vrata Sharma, reprint edition 2012, Chaukhamba Sanskrit Pratishthan, delhi.
- [9]. Bhaishjya Ratnavali of Kaviraj govind das Sen, by siddhi Nandan Mishra, Chaukhamba Surbharti Prakashan, Varanasi.
- [10]. Bhaishajya ratnavali, chapter 27, vatavyadhi chikitsa, verse 109 –113.
- [11]. Ambikadatta shastri K, Bhaishajya ratnavali of Shri Govind dasasena, ed, Vatarakta Rogadhikara, Chapter-27 Shloka. Varanasi;Chaukhambha Prakashan, 2016: 113.



TRIVINA
HEALTH CARE
The Ultimate destination of Healing

800 180 1205
800 166 7898
trivina.healthcare@gmail.com

Collection Dt. 01/08/21
Patient Name- AKASH SARKAR
Referred By -Dr. P. B. K. MAHAPATRA


Report Dt-. 01/08/21
Age / Sex- 40 Yrs./MALE

Examination Of Blood

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL RANGE:</u>
Uric Acid	11.2	mg/dl	(M-3.5-7.2mg/dl F-2.6- 6.0mg/dl)

Dr. D. Ghosh
MBBS, MD (Path)
CONSULTANT PATHOLOGIST

Raniganj MJM Eye Hospital Building, 1st & 2nd floor, 155 N.S.B Road, Raniganj, Pin-713347 (W.B)




TRIVINA
HEALTH CARE
The ultimate destination of Healing

800 180 1205
800 166 7898
trivina.healthcare@gmail.com


Collection Dt. 15/09/21 Report Dt- 15/09/21
Patient Name- AKASH SARKAR Age / Sex- 40 Yrs./MALE
Referred By -Dr. P. B. K. MAHAPATRA

Examination Of Blood

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL RANGE:</u>
Uric Acid	6.2	mg/dl	(M-3.5-7.2mg/dl F-2.6- 6.0mg/dl)



Dr. Subhadip k.
MBBS.MD(Path)
CONSULTANT PATHOLOGIST

 Raniganj MJM Eye Hospital Building, 1st & 2nd floor, 155 N.S.B Road, Raniganj, Pin-713347 (W.B)



800 180 1205

800 166 7898

trivina.healthcare@gmail.com

Collection Dt. 31/08/21

Patient Name- AKASH SARKAR

Referred By -Dr. P. B. K. MAHAPATRA

Report Dt-. 31/08/21

Age / Sex- 40 Yrs./MALE

Examination Of Blood


<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL RANGE:</u>
Uric Acid	7.4	mg/dl	(M-3.5-7.2mg/dl F-2.6- 6.0mg/dl)



Dr. D. Ghosh
MBBS, MD (Path)
CONSULTANT PATHOLOGIST



Raniganj MJM Eye Hospital Building, 1st & 2nd floor, 155 N.S.B Road, Raniganj, Pin-713347 (W.B)




TRIVINA
HEALTH CARE
The ultimate destination of healing

800 180 1205
800 166 7898
trivina.healthcare@gmail.com


Collection Dt.	15/08/21	Report Dt.-	15/08/21
Patient Name-	AKASH SARKAR	Age / Sex-	40 Yrs./MALE
Referred By -Dr.	P. B. K. MAHAPATRA		

Examination Of Blood

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL RANGE:</u>
Uric Acid	9.6	mg/dl	(M-3.5-7.2mg/dl F-2.6- 6.0mg/dl)



Dr. D. Ghosh
MBBS, MD(Path)
CONSULTANT PATHOLOGIST

 Raniganj MJM Eye Hospital Building, 1st & 2nd floor, 155 N.S.B Road, Raniganj, Pin-713347 (W.B)