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Clinical Evaluation of *Amrutatadi Yoga* and *Amruta-Nagaradi Kwath* in the Management of *Vata Rakta* w.s.r to Gouty Arthritis

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ABSTRACT:

Vatarakta is more distressing and common metabolic disorder prevalent in present era .It is characterized by severe pain ,tenderness ,inflammation and burning sensation in the affected joints. It is a *vata pradhana tridoshaja vyadhi* where *is main dushya* . Sedentary life style along with mental stress, consumption of non -vegetarian and highly protein diet ,excessive alcohol are some of the precipitating factors which cause acute exacerbation of *vatarakta*. The aetiological factors responsible for gouty arthritis ,pathology and clinical features are quite similar with the *vatarakta* .Gouty arthritis is a complex metabolic disorder of protein , which results from deposition of monosodium monohydrate urate crystals in joint space or periarticular tissues causing inflammatory arthritis .It is more common in man after adolescence or in women after menopause .In modern science number of drugs available for management of gout but all of the drugs is associated with adverse effects and certain limitations.

Keywords: *Vata Rakta, Rakta, Gridhrasi*

INTRODUCTION

Ayurveda is an ancient science of indigenous medicine, which is special in respect that, not only a medical science but an art of living in human beings. *Ayurveda* is the only science that helps keeping human body healthy & away from physical and mental disturbances. *Ayurveda* is a holistic tradition that reaches beyond the realms of physical health, healing and prevention of disease.^[1] In today's changing world, "Modern era is an era of sedentary life style. The rapid modernization of living in world, makes excessive consumption of baked food, fast food, meat, excessive dairy products like milk, cheese & excessive alcohol consumption leads to incomplete

digestion and metabolism of their protein structure. Due to inadequate dietary intake and their fondness of junk food leads to more vulnerable diseases. Likewise *Vata Rakta* is a unique clinical entity where there is Vitiatio of both *Vata* and *Rakta*.^[2]

Vata in its normal state maintains health and eliminates toxins through natural orifices of body. *Rakta* is also very important *Dhatu* which gives nutrition to each and every body tissue and maintains normal health. In *Vata Rakta*, both *Vata* and *Rakta* gets vitiated and leads to manifestation of disease known as *Vata Rakta*. It is also known as *Khuda Roga, Vatabalasa, Aadhya Vata*. *Vata Rakta* is correlated with Gout in modern on the basis of similar signs and symptoms.^[3]



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In modern, Gout is a true crystal deposition disease. It can be defined as the pathological reaction of joint or periarticular tissues to the presence of monosodium urate monohydrate (MSUM) crystals. MSUM crystals preferentially deposit in peripheral connective tissues in and around synovial joints, initially favoring lower rather than upper limbs and especially targeting the first meta tarso phalangeal and small joints of feet and hands.^[4] As the crystal deposits slowly increase and enlarge, there is progressive involvement of more proximal sites and potential for cartilage and bone damage.

The initial aim of treatment is to settle the symptoms of an acute attack. Repeated attacks can be prevented by different drugs used to reduce serum uric acid levels. Uric acid is end product of purine metabolism found extensively in red meat, wines, dairy products. The prevalence increases with age and increase in serum uric acid concentration. Primary Gout is excessively a male disease and most common cause of inflammatory Arthritis in men over the age of 40 years.^{[5][6]} Secondary Gout is due to renal impairment of drug therapy mainly affecting people over age of 65 years & is usually seen in women after the age of 40 years. Symptomatic treatment of gout in modern science includes use of NSAIDS, colchicines, corticosteroids which has many adverse affects. So there is an urgent need of application of *Ayurvedic* drugs in *Vata Rakta*.^[7]

The *Ayurvedic* treatment of *Vata rakta* includes both *shodana* & *shamana* therapy. *Shodana* procedures includes *Basti*, *Virechana* & *Rakta Mokshan*. *Shamana* therapy also have an important role in the management of *Vata Rakta*.

AIMS OF THE STUDY:

1. Conceptual study of *Vata Rakta* w.s.r to Gouty Arthritis.
2. To study the etiopathogenesis of *Vata Rakta* w.s.r to Gouty Arthritis.
3. To clinically evaluate therapeutic effects of *Amrutadi yoga* and *Amruta Nagaradi Kwatha* in the management of *Vata Rakta* w.s.r to Gouty Arthritis.

METHOD OF COLLECTION OF DATA:

Plan of study.

VataRakta is a *Madhyama Rogamarga Vyadhi* and it requires long time to reverse the disease causing pathology. So, proper treatment is of very much importance. In *Ayurvedic* texts various treatment modalities have been mentioned for *VataRakta* like *Raktamokshana*, *Virechana*, *Basti*, *shodhan* and *shaman chikitsa*. In this single group

study 30 patients were administered with 1 gm bd of *Anubhoot Yoga* and *Amruta Nagaradi Kwatha* 40 ml twice a day for a period of 60 days

Source of Data:

Patients were monitored and observations were recorded before and after the drug schedule.

Inclusion Criteria:

1. Patients in the age group between 25-60 years of either sex will be selected.
2. Patients having serum uric acid concentration more than 7.0mg/dl in males and more than 6.0mg/dl in females.
3. Chronicity less than 2 years.

Exclusion Criteria:

1)Patients of *Vata Rakta* associated with any of following disorder will be excluded from study such as:

Osteo arthritis

Rheumatoid Arthritis

Diabetes

Renal and Liver disorder

Hypo and Hyper thyroidism

Auto Immune disease

Pregnant/Lactating women

2)Patient with chronicity of more than 2 years, will be excluded.

Intervention:

Amrutadi yoga -1 gram b.d (Table 1)

Amruta Nagaradi Kwatha - 40ml *kwatha* after meals for 60 days. (Table 2)

Duration of study: 60 days

OBSERVATIONS AND RESULTS

Effect of *Amrutadi Yoga* and *Amruta Nagaradi Kwatha* on Serum uric acid.

The mean Serum Uric acid level before and after treatment on average was 9.4 and 4.4 respectively. The change on average was 53.23%. Here $p < 0.001$ which indicates that the drug has highly significant effect on Serum Uric acid levels. (Table No. 3)

Effect of Amrutadi Yoga and Amruta Nagaradi Kwatha on ESR.

The mean ESR level before and after treatment on average was 17 and 11.2 respectively the change on average was found to be 51.78%. Here p value <0.001 which indicates that drug has significant effect on ESR. (Table No. 4)

DISCUSSION

The mean ESR level before and after treatment on average was 17 and 11.2 respectively. The change on average was 51.78%. Here p<0.001 which indicates that the drug has highly significant effect on Serum Uric acid levels.

In any form of research a critical, analytical work, rational interpretation and useful discussion on the different aspect of the particular research work done is very essential. Present study is aimed to evaluate the role of *Amrutadi Yoga and Amruta Nagaradi Kwatha* in the management of *Vatarakta* w.s.r to Gouty Arthritis. *Vata Rakta* is one of the unique disorders among the *Vatavyadhi*. compared with other *Vatavyadhi*, *Vatarakta* possesses a special place in the society, due to its high prevalence in the society, increased incidence as age advances and so on. *Sandhi* (Joint) is a very important structure in the body of human being - without the joints, the locomotion; the characteristic feature of the animals would not have been possible. These days, joint disorders like *Vatarakta* are increasing in day today life and creating social problem. Due to chronic nature of these diseases and unsatisfactory treatment the people are so much disheartened. [8]

Acharya Charaka, Vagbhata and Sushruta have considered *VataRakta* as an important disease and *Acharya Sushruta* included it under *Vata Vyadhi* while explaining its nidana. He also explained treatment of *Vatarakta* in 5th chapter of *chikitsa sthana (Mahavatavyadhi Chikitsa Adhyaya)*. *Acharya Charaka* has explained *VataRakta* in a separate chapter (*Vatashonita chikitsa adhyaya 29th*) because it has its own *Nidana, Samprapti* and *Chikitsa* (when compared to *Vata Vyadhis*). [9] As per the symptomatology and pathogenesis, *Vatarakta* can be correlated to Gouty Arthritis in modern science because of the presenting symptoms like *Sandhi Shula, Sandhi Shotha, Vaivarnyata, etc.* Dietary habits and life style modalities plays a major role in the manifestation of *VataRakta*. Habitual intake of food stuffs is always useful but improper way of consuming makes always harmful to the body. Therefore they should be avoided always. *Nidana* is one of the main treatment aspects, mainly *Ahara Hetu, Vihara*

Hetu, Anya Hetu and *Mithyahara Vihara* which are known to be responsible in the manifestation of disease *VataRakta*. [10] While narrating the *Nidana* for *VataRakta* it is told that excessive intake of *Kulattha* (Horse gram), *Masha* (Black Gram) and *Nishpava* (Flat bean) are also one among causes. These cereals contain more proteins (purine); excessive intake of these grains may lead production of increased uric acid as it is the end product of purine metabolism. Likewise *Mamsa Varga* (meat), *Madya Varga* (Alcohol), *Dadhi* (curd) etc also contain proteins and may lead to *VataRakta* (Gout).

According to *Acharyas*, other than these *Nidana Haya Ustradi Yana, Adva, Jala Kreedha* etc are the specific *Nidana* of *VataRakta*. [11] Likewise now a day's one who travels more over the vehicles can be said as *Nidana* of *VataRakta*, because continuous travelling may lead to the venous pooling in the distal parts of the lower limbs. The venous pooling i.e. the blood stays more in these parts because of gravitational force, this stagnated blood with raised levels of serum uric acid may lead to the deposition of uric acid crystals in the joints.

The movement of *Vata Dosha* is inhibited by the unique pathology of *Raktamargavarana* in *VataRakta*. This in turn initially manifest with certain clinical signs and symptoms in the form of *Purvarupa*. Alteration in the colour and texture of the skin in the affected part, alteration in sweating, alteration in the sensation, different forms of pain and similar other manifestations are listed as *Purvarupa*. [12] Depending upon the superficial or deeper *Dhatu*s involved, the *VataRakta* is of two types. When the pathogenesis of *VataRakta* is limited to *Twak* and *Mamsa Dhatu*, it is regarded as *Uttan Vatarakta*. Involvement of deeper *Dhatu*s like *Asthi, Majja* and *sandhi* signifies the *Gambhira VataRakta*. A third variety of *ubhayashrita vatarakta* is also mentioned in literature where in both the superficial as well as deeper *dhatu*s are affected. *VataRakta* is a progressive disorder and hence initially the illness may be limited to either superficial *Dhatu*s or deeper *Dhatu*s alone, but in the later stages the *Uttana Vatarakta* progresses to deeper *Dhatu*s. Similarly the *Gambhira VataRakta* may involve the superficial *Dhatu*s in the later stages. Hence in the later stages the *VataRakta* develops as *Ubhayashrita Vatarakta*.

The symptoms like *Kandu, Daha, Ruka, Ayama, Toda, Sphurana, Shyava/ Rakta Twak* and such other symptoms probably limited to the *Twak* indicates the *Uttana Vata Rakta*. [13] Persistent hard swelling of the affected part, suppurations, involvement of *Sandhi, Asthi* and *Majja*, deformities like *Vakrata, Khanja* and *Pangu* all these point

towards the *Gambhira VataRakta*. Presence of symptoms indicative of both *Uttana* as well as *Gambhira VataRakta* signifies the *Ubhayashrita VataRakta*. Clinical varieties of *VataRakta* are also elaborated according to the association of vitiated *Dosha* in the primary pathology of *Vata* and *Rakta* and are named as *Vatadhika VataRakta*, *Pittadhika VataRakta*, *Kaphadhika VataRakta* and *Raktadhika VataRakta*.^[14]

During the trial study in which 30 patients selected from the OPD of the Jammu Institute of *Ayurveda* & Research, Nardani, Jammu, following observations were noticed.

Age: In this study among the total 30 patients maximum patients were in the age group of 21-30 (3 %) and 31-40 (33.33 %) 41-50.[50%]and51-60[4%]This indicates that this disease *VataRakta* usually occurs in the later stages i.e.3rd and 4th decade of the life.

Sex: In this study 66.66% i.e 20 number of patients were male and the remaining 33.33 % i.e 10 patients were females. It is suggestive of the fact that *VataRakta* is more seen in male patients. The probable reason may be disturbed dietary habits, stress and comparatively more journey.

Religion: A maximum number of patients 83.33 % i.e 25 patients were Hindu, 13.33 % i.e 4 patients were Sikh, and 3.33 % i.e 1 patient belonged to Muslim community. The dominance of the disease among the Hindus represents only that the area from which samples are taken is Hindu dominant. To determine the exact incidence of ratio, community wise dominated areas should be screened and overall ratio should be determined.

Marital Status: Incidence about marital status indicates that maximum number of patients i.e 80 % i.e 24 patients were married and only 20 % i.e 6 patient was unmarried. Based on the marital status nothing can be concluded about the disease.

Socio-economic status: The incidence about socio-economic status indicates that maximum 53.33 % i.e 16 patient belonged to upper class, 20 % i.e 9 patients were from middle class.

Profession: The study reveals that maximum number of patients 40 % i.e 12 patients were of business class, 33.33% i.e 10 patients were in services, 20 % and 26.66% i.e 8 patients were housewives. The incidence of *VataRakta* is more common in people following sedentary lifestyle and lack of exercise. That is why it has been also named as *khudvata*.

Dietary habits: The incidence about dietary habits shows that maximum 90% i.e 27 patients were taking mixed diet,

43.33% i.e 13patients were taking vegetarian diet. Taking *Mamsa* is a causative factor for *VataRakta* as mentioned in the *Ayurvedic* classics, as it is rich in protein content.

Aahara Rasa: A maximum 26 % i.e 8patients were having *Lavana Rasa* predominantly in their aahara, 23% i.e 7 patients were having *Amla Rasa*, 13 % i.e 4 patients each were having *Madhura* and *Katu Rasa Yukta Aahara*, 16.66 % i.e 5 patients were taking *tikta rasa*. *Lavana rasa* is *Rakta Prakopaka*. *Tikta*, *Katu Rasa* can vitiate *Vata* and *Rakta* and can cause *VataRakta*.

Additions: The study reveals that maximum subjects 30 % i.e 9 patients used to have alcohol, 16.66 % i.e 5 patients were addicted to smoking, 3.33 % i.e 1 patient was addicted of tobacco chewing, 60 % i.e 18 patients were not having any kind of addiction. Intake of alcohol and smoking causes *Pitta Vriddhi* and is a cause for *VataRakta*.

Koshtha: A maximum number of patients 50 % i.e 15 patients were having *krura koshtha*, while 7 patients each i.e 26.66 % were of *Mridu Koshtha* and 8 patients i.e 26.6 were of *Madhyam Koshtha*. *Krura Koshtha* is indicative of *Vata* predominance which is a *Pradhan Dosha* in *VataRakta*.

Deha Prakriti: A maximum number of 56.66 % i.e 17 patients were of *Vata-Pitta Prakriti*, 23.33 % i.e 7 patients were of *Pitta-Kapha Prakriti*, 20 % i.e 6 patients were of *Vata-Kapha Prakriti*.

Agni: A maximum number of study subjects 43.33 % i.e 13 patients had *Vishma Agni*, 30 % i.e 9 patients had *Manda Agni*, 16.66 % i.e 5 patients had *Sama Agni*, and 13.33 % i.e 4 patients had *Teekshna Agni*. *Vishma Agni* indicates the predominance of *Vata*.

Vyayama shakti: A maximum number of study subjects 56.66 % i.e 17 patients had *Madhyama Vyayam Shakti* followed by 23.33 % i.e 7 patients of *Pravara vyayam shakti* and 20 % i.e 6 patients had *Avara Vyayam Shakti*.

Nidra: A maximum 53.33 % i.e 16 patients had *Alpa Nidra*, 30 % i.e 9 patients had *Prakrit Nidra* and 16 % i.e 5 patients had *Ati Nidra*.

Family history: The incidence of family history reveals that in 66.66% i.e 20 patients there was no family history, and 33.33 % i.e 10 patients had a positive family history.

Onset of disease: A maximum of 60 % i.e 18 patients had gradual onset of the disease and 40 % i.e 12 patients had an insidious onset.

Affected Joint: A maximum 60.00% i.e 18 patients were affected at big toe , 16.67 % i.e 5 patients were affected at the metatarsal joint,13.33 % i.e 4 patients were affected at ankle joint,10% i.e 3 patients were affected at knee joint. According to the classics, *Pada* is the foremost and most commonly affected joint in *VataRakta*.

Discussion on Results

Effect of *Amrutadi Yoga* and *Amruta Nagaradi kwath* on all the selective parameters of *VataRakta* was assessed. Among the 30 patients *sandhi shoola*, *sandhi shotha* and elevated serum uric acid levels were found in all the 30 patients. (Table 5)

After the 60 days trial period following results were noticed.

Effect on Sandhishoola: Relief in *Sandhishoola* was observed in 66.81 % of the patients. The relief was highly significant ($P < 0.001$). This significant relief in *sandhishoola* may be because of *guru*, *snigdha*, *ushna guna* of *Amruta*, *Guggulu*, *Rasna*, *Triphala* which helps in *Vata-shamana*. Also, these drugs have analgesic properties. All these properties of these drugs helped in relieving the *sandhishoola*.

Effect on Sandhi shotha: Relief in *sandhi shotha* was observed in 62.06 % of the patients. The highly significant relief ($P < 0.001$) could be due to the *shothahara* properties of *Eranda*, *Triphala*, *sunthi* and *Amruta*. Also, *Amruta* has immunomodulator and steroidal properties which are helpful in reducing the inflammatory process responsible for the swelling of the joints.

Effect on Sandhi graha: There was relief in 57.61 % patients in *sandhi graha*. The highly significant relief ($P < 0.001$) can be attributed to the anti-inflammatory properties of *Triphala*, *Manjishtha*, *Guggulu* and *Amrita*. Moreover, the *ushna virya* of *Amruta* can subside the *sheeta guna* of *Vata*, the predominant *dosha* involved in *VataRakta* and hence can reduce the stiffness in joints.

Effect on Vaivarnata: There was 54.5% relief in *vaivarnata*. The highly significant relief ($P < 0.001$) can be due to the anti-oxidant properties of *Nimba*, *Manjishtha* and *Amruta*.

Effect on Sparshasahatvata: There was 53.3 % relief in *sparshasahatvata*. The relief was highly significant ($P < 0.001$). This effect was due to the analgesic, anti-inflammatory effect of *Amruta Nagaradi Kwatha* and steroidal, Immunomodulator functions of *Amruta*.

Effect on Serum Uric acid/ESR: There was 53.23 % relief in patients of serum uric acid and 51.78% of ESR. The relief was highly significant ($P < 0.001$). This relief could be because of the *Rasayana* properties of the *Amrita*. Also, Xanthine oxidase inhibitor properties of quercetin in *rasna* and Berberine in *Amruta*. *Tikta*, *Kashaya Rasa*

Pradhan Dravya, which does *Pitta Shamana* also reduces the elevated serum uric acid levels in blood, which ultimately increases the functioning of immune system of the body. These properties helped in the overall relief seen in the subjective and objective parameters of *VataRakta*. The Probable effect of the drug on all above symptoms could be due to the Anti inflammatory, Antioxidant, Analgesic, Anti-rheumatic properties of both the drugs.

Probable Mode of Action

Amruta, *Yashti Madhu*, *Triphala* has *Rasayan properties*. Berberine in *Amruta* and quercetin in *Rasna* act as xanthine oxidase inhibitors. *Amrita*, *Triphala*, *Guggulu*, *Manjishtha*, *Yashtimadhu* has anti-inflammatory properties.^[15] *Manjishtha*, *Nimba* have anti-oxidant property. *Bala* and *kokilaksha* has *balya* property. *Rasna*, *Eranda* and *amrita* has Anti rheumatic property. *Rasna*, *Eranda*, *Amruta*, *Bala* have *Vata shamak* property.^[16]

Rasayan Dravyas rejuvenate the body and lead to proper functioning of body. Xanthine oxidase inhibitors inhibit the formation of uric acid and thus treats gouty arthritis. Anti inflammatory drugs treat the local inflammation and analgesic drugs help in subsiding pain and tenderness which is very severe in gouty arthritis.^[17] *Rakta Shodhak* drugs help purifying blood as *Rakta* is mainly vitiated in *Vata Rakta* and hence cures *Vata Rakta*. *Vata shamak* drugs help in normalcy of *Vata*. *Balya* drugs provide strength, which gets deteriorate in *Vata Rakta*. Anti rheumatic drugs help to treat Gouty Arthritis.^[18]

CONCLUSION:

Conclusion is that prediction which can be done on the basis of results and discussions which are obtained from the present study. Conclusions that were drawn after systematic open clinical trial on 30 patients are as follows:- Different types of *Nidanas* of *Vata Dosha* & *Rakta Dhatu* separately cause the *Vikruti* of *Vata Dosha* & *Rakta Dhatu* which in turn leads to *Vatarakta*. Among all the *Nidanas* of *Vatarakta*, sedentary lifestyle is the main one. *Vatarakta* in *Ayurveda* is compared with that of Gouty arthritis. The similarity of Gouty arthritis with that of *Vatarakta* is very well cleared from the *Nidana*, *Purvarupa*, *Rupa*, *Samprapti* & the site of *Vatarakta* as described in our classics.

Basically, being disorder of the musculoskeletal system the principal manifestations of Gouty arthritis are pain & impairment of locomotor function. This is because of the pathological reaction of the joint or periarticular tissue to

the presence of Monosodium urate crystals. It has two stages i.e. *Uttana* and *Gambheera*. *Uttana Vatarakta* mainly affects superficial tissue whereas *Gambheera Vatarakta* involves the deeper tissue. The very attainment of the stage of morbid transformation of vitiated *Vata & Rakta* involves both *Vatahara & Rakta Prasadaka* remedies as *Chikitsa*. Recurrence of *Vatarakta* is very common; so long term treatment is essential for cure of the disease. Psychological factors like anger, depression etc have influence on the *Vatarakta* condition. Mainly *Rakta*, *Asthi* and *Majja Vaha Srotas* and *Vata* and *Pitta Dosha* are vitiated. In this study, *Amrutadi Yoga and Amruta Nagaradi Kwatha* was found effective on the subjective and objective parameters of the *vatarakta*. The efficacy of this drug compound needs further exploration, so the new vistas can be opened by further research on large number of cases. The study may also be conducted with varying doses, combinations, group study and duration of treatment.

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REFERENCES

1. Siddhinandan M, Abhinava Bhaisajya Kalpana Vijana Chaukhambha Surabharati Prakashan, Varanasi, Edition 2005.
2. Trikamji J, Sushruta Samhita with nihandh sangrah commentary, Choukhambha orientalia, Varanasi, Edition 2005.
3. Singh R, Review on *gridhrasi* AYU (A Quarterly Peer Reviewed Journal of Research in Ayurveda); Jan-June 2007.
4. Baghel M S, Research in Ayurveda, Mridu Ayurvedic publications & sales, Jamnagar, 1997.
5. Chaudhuri K. Sujit, Concise Medical Physiology; New Central Book Agency (p) Ltd, Kolkata, Sixth Edition, Reprint 2008.
6. Davidson S, Davidson's Principles and practice of Medicine, , Published by Churchill Livingstone, Elsevier, 20th Edition, 2006.
7. Gruchy's De. Clinical Haematology in Medical Practice, Published by Blackwell Science Ltd., France, reprint Edition 2008.
8. Dwivedi L Sushruts samhita, Text with English translation, Chowkhamba Sanskrit Series office, Varanasi, Edition 2005.
9. Kanjiv L, Bhaisajyaratnavali, Commentry, with English translation, Chaukhambha Sanskrit Bhawan, Varanasi. Edition 2006.
10. Sharma R.K, Charak Samhita, Choukhambha Sanskrit, Edition 2004.
11. Sharma R.K., Charaka Samhita, Chowkhambha Sanskrit Series office, Varanasi, Edition 2004.
12. Shukla V, Book on Kaya Chikitsa, Chirkhambhs Surbhani Prakashan, Edition 2004.
13. Tripathi B, Sharangadhar Samhita, Dipika Hindi Commentry, Chaukhambha Surabharati Prakashan, Varanasi, Edition 2001.
14. Tripathi D.I, Rasa Ratna Samachaya of Vagbhatacharya, Rasaprabha Hindi commentary, Chaukhambha Sanskrit Bhawan, Varanasi, Edition 2003.
15. Tripathi D.I Rajanighantu of Pt. Narahari, with Dravyagunaprakasika Hindi commentary, Krishnadas Academy, Varanasi, Edition 1998.
16. Tripathi R Ayurved ka Itihasa evam Parichaya, Chaukhambha Sanskrit Pratishthan, Delhi, Edition 2007.
17. Kumar V, Robbin's Basic Pathology, Chaukhambha Sanskrit Pratishthan, Delhi Eighth Edition 2007.
18. Gupta A, Vagbhata Astanga Sangraha Hindi Commentary, Krishnadas Academy, Varanasi, Edition 2002.

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Table No. 1: Showing Ingredients of Amrutadi Yoga

| DRUGS | BOTANICAL NAME | FAMILY NAME |
|--------------------|-------------------------|------------------|
| <i>Katuki</i> | Picorrhiza Kurrora | Scrophulariaceae |
| <i>Nimba</i> | Azadirachta Indica | Meliaceae |
| <i>Rasna</i> | Pluchea Lanceolata | Compositae |
| <i>Guduchi</i> | Tinospora Cardifolia | Menispermaceae |
| <i>Eranda</i> | Ricinus Communis | Euphorbiaceae |
| <i>Gokshura</i> | Tribulus Terrestris | Zygophyllaceae |
| <i>Haritaki</i> | Terminalia Chebula | Combretaceae |
| <i>Vibhitaki</i> | Terminalia Bellerica | Combretaceae |
| <i>Amalaki</i> | Emblica Officinale | Euphorbiaceae |
| <i>Kokilaksha</i> | Asteracantha Officinale | Acanthaceae |
| <i>Bala</i> | Sida Cordifolia | Malvaceae |
| <i>Yashtimadhu</i> | Glycyrrhiza Glabra | Fabeaceae |
| <i>Manjishta</i> | Rubia Cordifolia | Rubiaceae |
| <i>Guggulu</i> | Commiphora Mukul | Burseraceae |

Table No. 2: Showing Drugs of Amruta Nagaradi Kwatha

| DRUGS | BOTANICAL NAME | FAMILY NAME |
|----------------|----------------------|----------------|
| <i>Amruta</i> | Tinospora Cordifolia | Menispermaceae |
| <i>Nagar</i> | Zinziber Officinale | Zinziberaceae |
| <i>Dhanyak</i> | Coriandrum Sativum | Umbelliferae |

Table No. 3: Effect of Amrutadi Yoga and Amruta Nagaradi Kwatha on Serum uric acid.

| Mean | D | % | S.D. | S.E | T | P | Significance |
|------------|------------|------------|--------------|-------------|--------------|-------------|--------------------|
| BT | AT | | | | | | |
| 9.4 | 4.4 | 5.0 | 53.23 | 1.55 | 0.912 | 25.0 | .012 |
| | | | | | | | Significant |

Table No. 4: Effect of Amrutadi Yoga and Amruta Nagaradi Kwatha on ESR.

| Mean | D | % | S.D. | S.E | T | P | Significance |
|-----------|-------------|------------|--------------|-------------|-------------|-------------|--------------------|
| BT | AT | | | | | | |
| 17 | 11.2 | 5.8 | 51.78 | 6.15 | 0.12 | 7.08 | <0.001 |
| | | | | | | | Significant |

Table No.5.Overall Effect of Therapy

| OVERALL IMPROVEMENT | NO.OF PATIENTS | PERCENTAGE |
|----------------------------|-----------------------|-------------------|
| COMPLETE REMISSION | 8 | 32.33% |
| MARKED IMPROVEMENT | 16 | 53.3% |
| MODERATE IMPROVEMENT | 4 | 13.33% |
| UN CHANGED | 2 | 6.66% |