Original Research Paper

Volume-9 | Issue-7 | July - 2019 | PRINT ISSN No. 2249 - 555X

Ayurveda

EFFECT OF BODHITWAKA CHURNA ON VATA RAKTA W.S.R. TO MADHU AS ANUPANA

Sharma Parvesh* Assistant Professor, Dravya Guna Department, Glocal College of Ayurvedic Medical Sciences and Research Center, Saharanpur, Uttar Pradesh.247122 *Corresponding Author

Chawla Kumar Satbir Assistant Professor, Agad Tantra Department, Glocal College of Ayurvedic Medical Sciences and Research Center, Saharanpur, Uttar Pradesh. 247122.

ABSTRACT Now days the word Ayurveda is almost known to everyone and is the oldest science serving the humanity till from the beginning of life on this earth. Through the present clinical trial a small effort is made to prove the above words. This clinical study helps to reduce the pain and swelling of GOUT patients. This study aim to reduce the Pain, Swelling, Tenderness, Stiffness and Burning Sensation of joints. The study has great positive effect on the phenomenon of GOUT. Acharya charak mentione use of BODHIVRIKSHA TAWAK in churana with madhu for the management of vata-rakta. 15 patients were selected of vata-rakta which were given Bodhivriksha Tawak with Madhu for 45 days. The patients those treated with BodhivrikshaTawak with Madhu shows significant results in the management of Vata-rakta.In this study we concluded that the *bodhitwak churna* with *madhu* as *anupana* for *vata rakta* is beneficial but should not be used in anemic patients.

KEYWORDS : Vatarakta, Bodhivriksha tawaka, Gout, Madhu.

INTRODUCTION

Ayurveda has started three shashwata sutras in which entire ayurveda are described. These are "Hetu Sutra" i.e. predisposing factors for the formation of diseases. Second one is "Linga Sutra"Signs i.e. symptoms of the disease and third one is "Aushadhagyana" through which the disease will be cured.[1] The main reason for selecting this topic is the folk Lore's evidence regarding the analgesic and anti-inflammatory activity of Bodhivriksha Tawak. Acharya Charak mentioned the use of BODHIVRIKSHA TAWAK in churan form for the treatment of vata-rakta.[2]

Vata-rakta (gout) occurs worldwide in all races, sexes, age and climate. This disease is two or three time more prevalent among male than female by the usual diagnostic criteria.[3] The specific etiological factors of vata-dosa and rakta dhatu separately leading to the morbidity of the same with the involvement of raktamarga is about the first clinical variety of vata-rakta[4].

In the second clinical type instead of etiological factors of *vata-rakta*,it is the etiological of *kapha* and medas that initiates the illness.The etiological factors of *kapha* and *medas* obviously lead to the morbidity of the same.This abnormally increased kapha and medas in turn get accumulated in the *Rakta marga* causing the provocation of *vata* as well *rakta.*[5]

Vata-Rakta is the disorder where the pain is the predominant symptom which hampers day to day life of patients. It is a disorder of *vata* associated with *rakta*. The chief complaint of patient is severe joint pain with onset on *hasta, pada, mulgata sandhi* and migrates to other joints in a way similar to *Aakhuvisha.*[6]

Vata-Rakta is better correlated with "GOUT" in the modern medical science. Gout is the metabolic disorder having the incidence of 0.2 to 2.5 per 1000, with an overall prevalence of 226 per 1000.Gout is rare in children and pre-menopausal female in India. Out of the affected population male are more common while female of post menopausal group are in more risk.[7] Gouty Arthritis has onset of symptom in great toe in 2/3 of the population while remaining has in other joints. The tissues around the joints are swollen, hot, red and extremely painful especially in night.[8] The line of treatment in the modern medicine is NSAIDs/Colchicine/Glucocorticoids.[9] But they are not safe. So being an alarming Problem *Vata-Rakta* needs more safer and effective management.

Keeping its prevalence, I have chosen this clinical condition for my research. The chosen drug is ***BODHIVRIKSHA TWAK*** (*Ficus Religiosa Linn.*). It has *kasaya & madhura rasa; guru & ruksha guna; katu vipaka* and *shita virya*.[10]

MATERIAL AND METHODS:

Aim of the Study:

a) To review classical and scientific literature regarding bodhivriksh twak.
b) Pharmacological study of the trial drug bodhitavak.
c) To assess the clinical efficacy of the drug on vata-rakta.

Source of Patients:

15 patients were randomly selected from the O.P.D of kayachikitsa uttanchal ayurvedic hospital, dehradoon, having the sing and symptoms of vata-rakta after fulfilling the criteria of inclusion and exclusion taken for the study.

Inclusion Criteria:

a) Patients with in age group of 20-60 years irrespective of sex, cast, religion, economic status.
b) Patients having clinical features of *vata-rakta* as described in Ayurveda (Shvyathu, Stabdtha, Kathintha, Sandhi daha and toda).
c) Diagnosed patients of *Vata-Rakta*(GOUT).
d) Patients having serum uric acid level 5.5 to 10.0mg/dl.

Exclusion Criteria:

a) Patients with chronic Debilating Disease.
b) Patients having cardio vascular diseases.
c) Patients below 20 years and above 60 year.
d) Patients suffering from any Infectious disease.
e) Diagnosed cases of Thyroid abnormalities.
f) Patients of CRF and Heptic disorder.
g) Immuno-compromised patients
h) Patients of Gout associated with any severe arthritis condition (such as Rheumatoid arthritis) will be excluded from study.

Laboratory Investigation:

Following are the list of investigation carried out in 30 patients of vata-rakta taken for this study.

Blood Examination:-

- Hb
- Serum uric acid
- Serum Cretinine

Other Examination:-

- X-ray of related joint
- Urine Routine & Microscopic Examination

STUDY DESIGN

- It is a randomized open clinical trial with a pre-test and post-test design.

- In this study 15 patients diagnosed of vata-rakta were selected.
- These were given Bodhivriksha tawak in churn with madhu as anupana in dose of 3gm in morning and evening.
- This oral medication was continued for 45 days with the anupana of madhu

ASSESSMENT CRITERIA

The state of the disease vata-rakta changes after intervention. Improvement or otherwise was determined by adopting the standard methods of scoring for subjective, objective and special investigation criteria are given as follows.

1) Pain

Severe pain	-	3
Moderate pain	-	2
Mild pain	-	1
No pain	-	0

2) Tenderness

Patients complain of pain withdrawn	-	3
Patients complain of pain & winces	-	2
Patients complain of pain	-	1
No Tenderness	-	0

3) Swelling

Gross Swelling	-	3
Moderate Swelling	-	2
Slight Swelling	-	1
No swelling	-	0

4) Stiffness

Severe	-	3
Moderate	-	2
Mild	-	1
No stiffness	-	0

5) Burning Sensation in joint

Severe Burning Sensation	-	3
Moderate Burning Sensation	-	2
Mild Burning Sensation	-	1
No burning Sensation	-	0

RESULTS

a) Subjective Parameters:

- In Swelling there was 65.04% relief which is highly significant as (p-<0.001)
- In stiffness there was 82.25% relief which is highly significant as (p-<0.001)
- In tenderness there was 70.55% relief which is highly significant as (p-<0.001)
- In burniung sensation 86.02% relief which is highly significant as (p-<0.001)
- In joint pain 76.28% relief which is highly significantas (p-<0.001).

Sign & Symptoms	Mean value B.T.	Mean value A.T.	Mean difference	%age relief	S.D	S.E	t-value	Remark
Swelling	2.46	0.86	1.6	65.04%	.507	.130	12.220	<0.001
Stiffness	1.93	0.33	1.60	82.25%	.632	.163	9.798	<0.001
Tenderness	1.8	0.53	1.27	70.55%	.560	.144	8.290	<0.001
Burning Sensation	1.86	0.26	1.6	86.02%	.632	.163	9.798	<0.001
Joint pain	2.53	0.6	1.93	76.28%	.703	.181	10.640	<0.001

b) Laboratory Investigations:

- In Hb there was 4.15% improvement which is insignificant as (p > 0.005)
- In serum uric acid there was 36.13% improvement which is highly significant as (p <0.001)
- In serum creatinine there was 20.83% improvement which is highly significant as (p < 0.001).

Lab. Investigations	Mean B.T.	Mean A.T.	Mean Difference	%age relief	S.D	S.E	t-value	Remark
Hb	10.82	10.36	0.45	4.15%	.850	.219	2.065	>0.05
S.Uric acid	7.86	5.02	2.84	36.13%	.620	.160	17.717	<0.001
S.creatinine	0.96	0.76	0.20	20.83%	.096	.024	8.328	<0.001

DISCUSSION

Patients treated with *bodhitawak churna* with *madhu* as *anupana* had marked remission of the symptoms of swelling. The imorovement is 65.04% is found to be statistically highly significant as (p<0.001)

Stiffness is one of the symptoms of *vata-rakta* relived after the treatment. The improvement is 82.25% is found to be statistically highly significant (p<0.001).

Tenderness is another symptom of *vata-rakta*. The improvement is 70.55% is found to be statistically which is highly significant as (p<0.001).

Burning Sensation one of the cardinal symptom of *vata-rakta*. The improvement is 86.02% is found to be statistically as (p<0.001).

Pain in joint is another symptom of *vata-rakta*. The improvement is 76.28% which is highly significant (p<0.001).

Before treatment the mean of Hb was 10.82 after the treatment of *bodhitawak churn* with *madhu* this was reduced to 10.36. The result found after treatment to be statistically insignificant as (p>0.05).

Before the treatment of mean of serum uric acid was 7.86 after treatment of *bodhivriksha tawak churna* with *madhu* this was reduced to 5.02. This improvement after the treatment was found to be statistically highly significant as (p<0.001).)

Before the treatment of mean of serum creatinine was 0.96 after the treatment of *bodhivriksha tawak churna* with madhu this was reduced to 0.76. This improvement after the treatment was found to be statistically highly significant as (p<0.001)

CONCLUSION

From the present study it was concluded that use of *bodhi tawak churna* with *madhu* as *anupana* act as a shaman treatment in reliving the sign and symptoms of *vatarakta.* It also helps in improving the laboratory investigations i.e. serum uric acid, serum createnin and blood urea. But hemoglobin reduces slightly. From this it is concluded that the *bodhitwak churna* with *madhu* as *anupana* for *vata rakta* is beneficial but should not be used in anemic patients.

REFERENCES

1. Agnivesha. Charaka Smahita, revised by Charaka and Dridhabala, with Ayurveda Chandrika, Hindi commentary of Chakrapanidatta, edited by: Brahmanand Tripathi,. Reprint: 2007, Varanasi: Chaukhmba Subharti Prakashan, Sutrasthan, 1/24, p.-10.
2. Agnivesha. Charaka Smahita, revised by Charaka and Dridhabala, with Ayurveda Chandrika, Hindi commentary of Chakrapanidatta, edited by: Brahmanand Tripathi, Reprint: 2007, Varanasi: Chaukhmba Subharti Prakashan, Chikitsasthan, 21/59, p.-432.
3. https://www.cdc.gov/gout/basics. Cited date: May 2019.
4. Agnivesha. Charaka Smahita, revised by Charaka and Dridhabala, with Ayurveda Chandrika, Hindi commentary of Chakrapanidatta, edited by: Brahmanand Tripathi,. Reprint: 2007, Varanasi: Chaukhmba Subharti Prakashan, Sutrasthan, 26/10, p.-334.
5. Agnivesha. Charaka Smahita, revised by Charaka and Dridhabala, with Ayurveda Chandrika, Hindi commentary of Chakrapanidatta, edited by: Brahmanand Tripathi,. Reprint: 2007, Varanasi: Chaukhmba Subharti Prakashan, Sutrasthan, 26/12, p.-335.
6. Agnivesha. Charaka Smahita, revised by Charaka and Dridhabala, with Ayurveda Chandrika, Hindi commentary of Chakrapanidatta, edited by: Brahmanand Tripathi,. Reprint: 2002, Varanasi: Chaukhmba Subharti Prakashan, Chikitsasthan, 29/157, p.-1007.
7. https://www.cdc.gov/gout/basics. Cited date: May 2019.
8. https://www.ncbi.nlm.nih.gov/gout. Cited date: May 2019.
9. https://www.ncbi.nlm.nih.gov/gout/treatment. Cited date: May 2019.
10. Bhavmishra. Bhavprakasha. Edited by: Pt.Brahmshankar mishra, 11th edition, 2004,Varanasi;Chaukhambha Sanskrit sansthan; Vataadivarga,Shloka no.3.p.-513.