

Therapeutic Efficacy of Haritaki Churna with Guduchi Kwath in Vatarakta with Special Reference to Gout – An Interventional Pilot Study

Dr. Swati Mishra^{1*}, Dr. Vijay Bahadur Singh²

¹Final Year PG Scholar, Department of Kayachikitsa, Government Ayurvedic College, Kadamkuan, Patna, Bihar, India

²Guide and Head of Department, Department of Kayachikitsa, Government Ayurvedic College, Kadamkuan, Patna, Bihar, India

*Corresponding Author: Dr. Swati Mishra, Final Year PG Scholar, Department of Kayachikitsa, Government Ayurvedic College, Kadamkuan, Patna, Bihar, India

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ABSTRACT

Background – According to *Ayurveda*, *Vata* has been described as the most significant amongst the *Tridosha*. Hence, the imbalance of *Vata* can cause a lot of diseases. One such affliction is *Vatarakta*. *Vatarakta* is the disease which is caused by vitiation of *Vata Dosha* as well as *Rakta Dhatu*. Aggravated *Vata* becomes *Aavruta* and is blocked by the already vitiated *Rakta*, in turn leading to further aggravation of *Vata*. Then, this aggravated *Vata* vitiates whole the *Rakta Dhatu* leading to the disease. It is a *Santarpana- Janya Vyadhi* hence *Aam dosh* is dominant initially. It is an extremely painful condition and the pain is said to resemble *Akhovish*. This disease is correlated to gout in contemporary science. Gout is a progressive, painful and debilitating form of inflammatory arthritis that has been affecting human since a very long time. Common sign and symptoms of gout include severe pain that feels like pricking or cutting in the feet, making it difficult to put feet on the ground, profound dryness, wasting and loss of sensation.

Materials and Methods - The current study is a single arm open label clinical trial to evaluate the efficacy of *Haritaki churna* with *Guduchi kwath* in patients of *Vatarakta* or gout. Specific subjective and objective criterias are set up to evaluate the results after the trial of 45 days. Wilcoxon signed rank test was used to analyze the data.

Result - Statistical data has shown significant ($P < 0.05$) reduction was found in all subjective parameters like *sandhi shoola*, *sandhi shotha*, *sparsha agyatawam* and *kandu*.

Conclusion - *Haritaki churna* with *guduchi kwatha* was found to be effective in reducing the sign and symptoms of *vatarakta* without causing any side-effect.

KEYWORDS

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1. INTRODUCTION

According to *Ayurveda*, *vata* is the root cause of almost all joint disease due to its predominant nature among all the other *doshas*. It also explains the importance of blood in the sustenance of the vital force of life. Both *Vata Prakopaka* and *Rakta Dushtikara Nidana* are involved in *Samprapti* of *vatarakta*. When a person does not opt for different procedures of purification like *Vamana* and *Virechana* or due to any kind of trauma, *Rakta dhatu* gets vitiated. When the same person with vitiated *Rakta dhatu* starts taking *Vata- Prakopaka Ahara* and *Vihara*, become prone to *Vata Vridhhi*. Already vitiated *Rakta Dhatu* obstructs the path of *Vridhha Vata*, in which the *Vata* must flow. Vitiated *Vata* becomes *Aavrut* with vitiated *Raktadhatu*. This *Vridhha* and obstructed *Vata* in turn vitiates the whole *Rakta* and manifests as *Vatarakta*.^[1]

Acharya Sushruta has stated that the etiological factors like *ruksha*, *sheeta*, *ushna*, *amla*, *kshara* etc. lead to vitiation of *Vata dosha* and *Rakta dhatu*. This morbid *Rakta Dhatu* in turn causes obstruction to the

passage of morbid *Vata Dosha*. When this process continues there will be further vitiation of both the *Dosha* and *Dhatu*. This condition finally manifests as *Vatarakta*.^[2]

The management of *vatarakta* includes oleation as the first process so as to reduce the vitiated *vata*, followed by mild therapeutic purgation with unctuous substances or with dry substances. Subsequently, after purgation, the patient should be given frequent *basti* (enema) including both *anuvasana basti* (unctuous enema) and *niruha basti* (enema made from decoction of medicinal herbs).^[3] *Rakta dushti* and *Margavarana* by *Rakta* is the predominant pathology of *Vatarakta* and this leads to *shoola*. Hence *Raktamoksana* is considered as first line of treatment

of both the forms of *Vatarakta*. *Raktamokshana* by *Jaloukavacharana* method is the better choice in case affected site have symptoms like *Ruk*, *Daha*, *Toda* and *Shoola*.

This disease is correlated to gout in contemporary science due to its similarity in causative factors,

pathogenesis and symptoms. Gout is a progressive, painful and debilitating form of inflammatory arthritis that has been affecting human beings since a very long time. This disease is precipitated by the saturation, followed by crystallization of uric acid, also known as monosodium urate (MSU) crystals. Uric acid is produced through the degradation of purines, which is derived from cell turn-over, dietary intake and de-novo synthesis.^[4] Common sign and symptoms of gout include severe pain that feels like pricking or cutting in the feet, making it difficult to put feet on the ground, profound dryness, wasting and loss of sensation. The incidence of gout increases as the age advances and mostly affects middle aged to elderly men and post-menopausal women, although more common in men. Gout usually has a tendency to act up like flares, which means that the arthritis remits completely and then reoccur again with increasing frequency. Established criteria for the diagnosis of gout include the presence of urate crystals in joint fluid, the development of a tophus, or the presence of the characteristic clinical picture.^[5]

Gout if left untreated poses a huge burden on the global health system, as chronic gout causes tophi formation, chronic joint pain, erosion and damage to joints which ultimately results in increased morbidity and disability-adjusted years. Current trends for managing acute and chronic cases of gout include the use of non-steroidal anti-inflammatory drugs (NSAIDs), colchicine, or glucocorticoids. To prevent recurrent gout flares, the primary goal is to reduce serum urate concentrations, and lifelong administration of urate-lowering drugs is crucial. Lifestyle modifications and educational programmes focusing on dietary improvement could also be useful for long-term prevention of episodes or flares in people with gout.^[6]

This study is designed to evaluate the effects of *haritaki* and *guduchi kwath* in the signs and symptoms of *vatarakta*. This study aims to find another safe and reliable method of treatment of a disease with increasing incidence and limited treatment options.

1.1 OBJECTIVES

1. To study the aetiology and pathology of *Vatarakta* and learn the proper management as per *Ayurveda* and modern point of view.
2. To evaluate the efficacy of *haritaki churna* with *guduchi kwath* on *vatarakta*.
3. To note if there is any side effect after giving the chosen drug

2. MATERIALS AND METHODS

The current study is a single arm open label clinical trial to evaluate the efficacy of *Haritaki churna* with *Guduchi kwath* in patients of *Vatarakta* or gout. The patients obtained from OPD and IPD of kayachikitsa department of our hospital who have symptoms of *vatarakta* (Gout) will be taken randomly in no particular order. Treatment was given for 45 days

and the observations were analysed on the basis of assessment subjective and objective parameters. The information gathered based on above observations was subjected to statistical analysis and percentage of relief was calculated.

Ethical clearance was taken from Institutional Ethical Committee (IEC). CTRI Registration was obtained and the number was CTRI/2025/03/081582. A consent form was prepared to take the consent of the patient.

2.1 Inclusion Criteria

- 1.Age: -18 year to 65 years.
- 2.Sex: both sexes
- 3.Patient having the clinical feature of *vaatrakta* & Gout
- 4.Patient willing to give consent for trial.

2.2 Exclusion Criteria

- 1.Age: - less than 18 years and more than 65 years.
- 2.Patient suffering from uncontrolled diabetes, cancer, cardiac problems, uncontrolled hypertension, acquired immunodeficiency syndrome(AIDS), tuberculosis (TB), renal disorder.
- 3.Pregnant women and lactating mother.

2.3 Subjective Criteria

1. *Sandhi Shoola*
(Joint pain)
2. *Sandhi Shotha*
(Swelling of joint)
3. *Sparsha Agyatawam*
(Numbness)
4. *Kandu* (Itching)

2.4 Objective Criteria

1. S. uric acid
2. RA factor
3. ESR

2.5 TRIAL DRUG

Haritaki churna and guduchi kwath were chosen for this study. Drug was given for 45 days with follow ups in between.

Table no.1- Rasapanchaka of both drugs used in the study

Ingredient	Botanical Name	Ras	Guna	Virya	Vipaka	Dosh shamana
HARITAKI	<i>Terminalia chebula</i>	Kashay pradhan	Laghu Ruksha	Ushna	Madhura	Tridosh shamak
GUDUCHI	<i>Tinospora cordifolia</i>	Tikta, Katu, Kashay	Guru, Snigdha	Ushna	Madhur	Tridosh shamak

DOSE OF FORMULATION

- *Haritaki churna* - 3 gm
- *Sahapana* – *guduchi kwath* 40mL
- **Route of administration** - Oral.
- **Duration of trial** - 45 days
- **Follow up** - After 15 days (2 follow ups)

Statistical method

Wilcoxon matched pair test used for to statistically analyse the data.

Adherence and Tolerability: Patient was co-operative and followed every instruction advised to him. Regular telephonic follow ups were taken and adherence was confirmed. Also during treatment, he never complained about any problem or side-effect of drug.

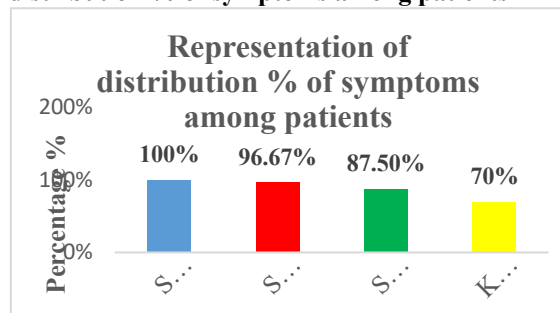
Adverse reaction- none

3. RESULTS

Table no.2 - Distribution according to symptoms reported in all the 30 patients of Vatarakta

CHIEF COMPLAINTS REPORTED	NO.OF PATIENTS	PERCENTAGE%
Sandhi Shoola	30	100
Sandhi Shotha	29	96.67
Sparshaagyatwa	21	87.5
Kandu	27	70

Graph no. 1- Graphical Representation of distribution % of symptoms among patients



Since observations are taken on ordinal scale (with grading as specified above), Wilcoxon signed ranked test was considered for testing the effect of *haritaki churna* with *guduchi kwath* on the patients before treatment and after the treatment. This table shows that after the given treatment, for the parameters *Sandhi shoola*, *Sandhi Shotha*, *sparsha agyatawam* and *kandu* p value is less than 0.05 (5% level of significance). So we can conclude that the effect of *haritaki churna* with *guduchi kwath* is **highly significant for all the 4 subjective parameters** chosen in this study.

Table no. 3- Effect of *haritaki churna* with *guduchi kwath* on subjective parameters of vatarakta-

	Mean	SD			%	
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Parameters	BT	AT	BT	AT	Z value	P value	Effect	Results
Sandhi Shoola	2.2	0.67	0.0	0.0	-4.78	0.00	70.	HS
Sandhi Shotha	1.87	0.63	0.0	0.0	-4.59	0.00	66.07	HS
Sparshaagyatwa	1.03	0.33	0.0	0.0	-3.60	0.00	67.74	HS
Kandu	1.97	1.3	0.0	0.0	-3.18	0.00	33.90	SS

Graph no 2: Representation of effect of *haritaki churna* with *guduchi kwath* on subjective parameters.

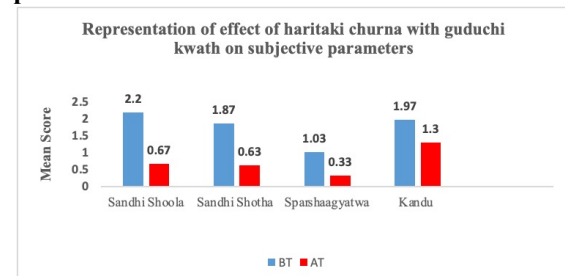


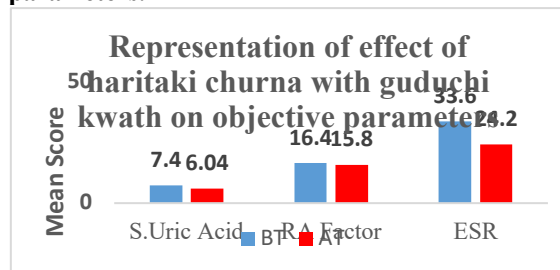
Table no. 4- Effect of *haritaki churna* with *guduchi kwath* on objective parameters of vatarakta

Parameter	Mean		Median		SD		Paired t test	P value	% effect	Results
	BT	AT	BT	AT	BT	AT				
S.Uric Acid	7.40	6.04	7.2	6.15	0.9	0.5	8.2	0.00	18.42%	HS

RA	1	1	1	1	6	6	1.	0.	3.	N
Fac	6	5	4	4	.	.	94	0	66	S
tor	.	.			3	4		6	%	
	4	8			3	0		2		
ES	3	2	3	2	7	5	7.	0.	28	H
R	3	4	2	5	.	.	39	0	.1	S
	.	.			5	8		0	%	
	6	2								

Since observations are taken on ratio scale with continuous data, paired t test is considered here for testing the effect of treatment on the patient status before and after the given treatment of *haritaki churna* with *guduchi kwath*. This table shows that among the 3 objective parameters, the p value of two of the parameters uric acid and ESR is less than 0.05. For the parameter RA factor, the p value is more than 0.05. So we can conclude that the effect of *haritaki churna* with *guduchi churna* is highly significant for 2 parameters and non-significant for one.

Graph no 3: Representation of effect of haritaki churna with guduchi kwath on objective parameters.



4. DISCUSSION

Musculoskeletal or joint related diseases have become very common in today's fast growing world due to faulty diet and lifestyle, reduced physical activity and environmental changes. In this study, an attempt has been made to review and understand an important musculoskeletal disease that affects many people around the world. Thus, proper and timely management is the need of the hour to protect against this disease. In this study, *haritaki* and *guduchi* have been chosen for the research work. After the treatment, highly significant relief for all the 4 subjective parameters chosen in this study. There was also substantial improvement seen in the chosen objective criteria for this study.

4.1 PROBABLE MODE OF ACTION OF HARITAKI CHURNA

Vatarakta is a *vata-rakta pradhana vyadhi*. All the subjective criterias used in this study reflects towards these *doshas* as their cause. *Vata dosha* manifests as *Sandhi shoola*, *Shotha*, *Sparsha agyatwa*, *Sandhi-vikriti*. *Haritaki* drug possess potent *tridosha-shamaka*, *anulomaka* and *srotovishodhan* properties, making it an effective

option for management of *vatarakta*. *Haritaki* has *ushna guna* and *madhura vipaka* [7] which helps to pacify *vata*, making it a correct choice of drug for treating *vatarakta*.

Haritaki has a wide variety of bioactive compounds like *chebulin*, *chebulagic*, *corilagin*, and various amino acids thus serving as a potent immunomodulatory. [8] *Haritaki* also contains tannins in great amount which exhibits great anti-inflammatory and analgesic effect thus working on the core pathogenesis and clinical features of the disease and providing relief to patients.

4.2 PROBABLE MODE OF ACTION OF GUDUCHI KWATH

Guduchi has *tikta* and *kshaya rasa*, *ushna virya* and *madhura vipaka* [9] thus leads to reduction in all symptoms of *vatarakta* disease. *Ushna veerya* and *madhura vipaka* attributes to its *vatahara* nature, while *tikta rasa* makes it a *pitta-rakta shamaka*. Due to these properties, *Acharya Charaka* have included *Guduchi* as a part of *daha prashmana gana*. It also is *vedanasthapak* in nature, thus helps in subsiding various features of *vatarakta*. *Guduchi* is a very potent *rakta shodhaka* thus it helps in alleviating the *rakta dushti* which is the main cause of this disease. *Guduchi* contains polysaccharides which make it a good uricosuric and diuretic drug, which reduces the deposited uric acid crystals. *Guduchi* also has anti-inflammatory and analgesic effects which helps to reduce the symptoms of *vatarakta*.

5. CONCLUSION

It was observed that all the patients had improvement in the symptoms of *vatarakta*. After observing the overall condition of all the patient treated with *haritaki churna* with *guduchi kwatha* showed promising results. Statistical analysis of all the parameters within all patients showed significant result with a p value less than 0.05 in all the subjective parameters and most of the objective parameters as well. The given intervention also helped in reducing the characteristic inflammatory markers of the body ESR. However, it also needs to be noted that the sample size used in this study is only 30 patients which is not significant enough to standardized results obtained because a certain kind of diversity in the participants is required for better establishment and understanding of the results. Also the duration of the study is not significant enough for more promising results.

Authors Contribution-

Conceptualization and clinical management: SM

Data collection and Literature search: SM, S

Writing- Original draft: SM

Reviewing & Editing: S, VBS

Approval of Final manuscript: SM, S, VBS

Conflict of Interest –The authors declare no conflicts of interest.

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