

# Study the Efficacy of *Eranda Taila* and *Triphala Kwath* in *Vatarakta*

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**Abstract:** **Background:** *Vatarakta* is a widespread metabolic disorder characterized by an imbalance of both *Vata Dosha* and *Rakta Dhatu*. Clinically, it closely correlates with Gouty Arthritis. The condition manifests as *Sandhi Shoola*, *Sandhi Sotha*, *Sandhi Stabdhatta*, *Daha*, *Toda*, *Twak Vaivarnyata*, and *Kandu*. The modern therapy depends on NSAIDs and uricosuric medications, both of which only provide symptomatic relief. Ayurveda recommends *Sneha Yukta Virechana* by using the drugs *Eranda Taila* and *Triphala Kwath*. These drugs promote *Deepana* and *Pachana* of *Ama Dosha* as well as *Vatanulomana*, *Pitta Nisarana*, and *Rakta Vishodhana* by removing the *Avarana* developed by the *Doshas*. **Methods:** Forty patients who met the criteria were selected from the OPD of GACH, Patna, fulfilling the criteria, and almost all the patients completed the trial. The trial drug '*Eranda Taila* and *Triphala Kwath*' was given to the patients orally for 30 days, and three planned follow-ups were conducted to assess the clinical status: the first on day seven, the second on day fifteen, and the final evaluation on day thirty. **Conclusion:** A total of 95% of patients were noted to have improved signs and symptoms. In contrast, the remaining individuals with a chronic history of the disease showed no improvement.

**Keywords:** *Vatarakta* management, Ayurvedic detox therapy, *Eranda Taila*, *Triphala Kwath*, Gouty arthritis relief

## 1. Introduction

The term *Vatarakta* is derived from the words *Vata* and *Rakta*. This is a major health issue resulting from India's rapid industrialization and growth. Both factors hold equal clinical significance in the development of the disease, as the pathophysiology of *Vatarakta* involves the simultaneous vitiation of *Vata Dosha* and *Rakta Dhatu*.

The *Charaka Samhita* incorporates several acronyms for the disease *Vatarakta*, including *Adhyavata*, *Khudda Vata*, *Vata Balasa*, and *Vatarakta* <sup>(1)</sup>. *Amla*, *Katu*, *Kshara*, *Tikshna Bhojana*, *Ajirna Bhojana*, *Viruddhasana*, *Adhyashana*, *Dadhi*, *Aranala*, *Souvira*, *Sukta*, *Divaswapna*, *Achankraman Sheelanam*, *Shukumar Purusha*, and so forth; these are all the reasons why *Rakta* gets vitiated <sup>(2)</sup>. Additionally, several elements, including *Ambu Krida*, *Plavana*, *Langhana*, *Vega Nigrahan*, *Kashaya*, *Katu*, *Tikta Bhojana*, travel on *Haya Ushtra Yana*, *Vyavaya*, *Vyayama*, *Prajagarana*, *Shoka*, and others, aggravate *Vata Dosha* <sup>(3)</sup>.

In the disease *Vatarakta*, both factors *Vata* and *Rakta* undergo independent aggravation (*Swatantra Prakopa*), which plays a significant role in its manifestation <sup>(4)</sup>. The vitiated *Rakta* blocks the natural channel of the already aggravated *Vata* due to the aforementioned etiological factors. The pathological process is accelerated by this impediment (*Avarana*), which prevents *Vata Dosha* from moving naturally (*Gati*).

In modern science, the disease *Vatarakta* is correlated with Gouty Arthritis. This condition is a congenital defect in purine metabolism characterized by pain and swelling of the first metatarsophalangeal joint, which subsequently affects other joints. It is accompanied by an abnormal increase in urate levels, resulting from overproduction, underexcretion, or both

<sup>(5)</sup>. Sudden, intense flare-ups of joint pain, swelling, redness, and tenderness characterize it. The prevalence of gout varies across populations, ranging from 0.2 to 3.5 per 1000, with an overall prevalence of 2.0 to 26 per 1000 <sup>(6)</sup>.

NSAIDs and corticosteroids are among the medications used in contemporary treatment regimens; these medications primarily relieve symptoms rather than address the underlying cause of the disease. Additionally, patients may encounter several negative side effects related to these drugs. On the other hand, the traditional *Ayurvedic* scriptures provide a detailed description of *Vatarakta Chikitsa*, describing a thorough and suitable course of treatment meant to address the problem holistically.

It primarily employs unique therapeutic approaches founded on the ideas of *Samshamana* (pacificatory therapies) and *Samshodhana* (purificatory therapies). Three primary aspects support the *Ayurvedic* management approach: *Chikitsa Siddhanta* (therapeutic concepts), *Chikitsa Vyavastha* (therapy methods), and *Pathya–Apathya* (wholesome and unwholesome food and lifestyle measures). Again, the management of *Vatarakta* is principally categorized into three major varieties: *Antah Parimarjana*, *Bahya Parimarjana*, and *Rakta Vishravana*.

The ultimate goal of *Antah Parimarjana* treatments, such as *Snehapana*, *Vamana*, *Virechana*, *Basti*, and *Rakta Vishravana*, is to maintain internal purification. Additionally, it incorporates *Deepana* and *Pachana* as foundational therapies (which stimulate *Agni*, improve digestion, and prevent the production of *Ama*). *Bahya Parimarjana* includes topical medicines such as *Alepa*, *Abhyanga*, *Parisheka*, and *Upanaha*.

In this case, Sneha-Yukta Virechana was the primary therapeutic approach <sup>(7)</sup>. For *Vatarakta* to be effectively managed, the classical *Samhitas* emphasize the need for consistent, protracted administration of *Sneha-Yukta Virechana* and *Basti*. This method breaks the underlying pathophysiology and has long-lasting therapeutic effects, making it advantageous for both *Gambhira Vatarakta* and *Uttana Vatarakta*. In this particular study, a highly potent combination, as mentioned in the *Charaka Samhita*, i.e., *Erand Taila* and *Triphala Kwath*, was selected. When used in combination, these medications exert a synergistic effect and are very beneficial in the management of *Vatarakta* <sup>(8,9)</sup>.

## 2. Materials and Methods

### Materials:

- Selection of patients:** Following their compliance with the inclusion and exclusion criteria, patients were chosen from the Panchakarma O.P.D. of Government Ayurvedic College and Hospital, Kadamkuan, Patna.
- Trial Drug:** In this scenario, "*Erand Taila* and *Triphala Kwath*" is the experimental medication. Every component used in the medications was gathered from the *Rasa Shastra* and *Bhaishajya Kalpana* departments and manufactured in the GACH pharmacy in Patna.

### Methods:

**Ethical clearance and CTRI registration:** The Institutional Ethical Committee of GACH, Patna, under Aryabhata Knowledge University, granted the ethical clearance certificate. Clinical Trial Registry-India (CTRI) registration number for the trial was CTRI/2025/02/081043.

**Method of Collection of Data:** A specifically designed case proforma was used to gather data.

**Study Design:** Patients were placed in a single group for this investigation. It is a simple random technique clinical trial.

**Sample Size:** 40

**Statistical Method:** The Wilcoxon Signed Rank Test was used to assess variables that were measured on an ordinal scale with graded categories. A paired t-test was used to evaluate the objective parameter.

A complete medical history was obtained, and a physical examination was conducted using both *Ayurvedic* and modern diagnostic procedures. All patients were examined for demographic information, including age, gender, religion, habitat, diet, sleep pattern, addiction, family history, chronicity, exercise, marital status, occupation, socioeconomic status, and so on. A detailed proforma was prepared to assess all these patient conditions.

### Inclusion criteria

- Patients of any gender between the ages of 30 and 65.
- The signs and symptoms are based on both *Ayurvedic* and modern perspectives.
- Patients having serum uric acid concentration >7.0 mg/dl in males and >6.0 mg/dl in females.
- Pre-diagnosed case of *Vatarakta*.

### Exclusion Criteria

- Patients less than 30 years and more than 65 years.
- Patients with severe deformities and complications as stated in *Ayurvedic* literature.
- Patient having RA factor positive.
- Any other complications like Diabetes mellitus, Obesity, Tuberculosis, Hypertension, etc.
- Patient having secreting tophus.

The diagnostic and assessment criteria were chiefly divided into subjective criteria, general functional assessment, and objective criteria. Among those, the subjective criteria (chief complaints) include *Sandhi Shoola* (joint ache), *Sandhi Sotha* (joint swelling), *Sandhi Stabdhatta* (joint stiffness), *Daha* (burning sensation), *Toda* (pricking pain), *Twak Vaivarnyata* (discoloration of skin), *Kandu* (itching), and *Anwita* (joint deformity). The functional criteria include the general functional capacity, and the objective criteria mainly include ESR, Serum uric acid, and CRP. The above signs and symptoms and functional assessment were recorded in grades 0 to 3 and assessed.

### Subjective Criteria:

#### *Sandhi Shoola* (Joint ache)

- 0 - No pain.
- 1 - Mild pain, manageable pain with no functional limitation.
- 2 - Moderate pain affects some activities.
- 3 - Severe pain, difficulty in joint movement, which restricts daily activities.

#### *Sandhi Sotha* (Joint swelling)

- 0 - No swelling.
- 1 - Mild swelling.
- 2 - Moderate, localized swelling.
- 3 - Marked swelling with puffiness, reduced motion.

#### *Sandhi Stabdhatta* (Joint stiffness)

- 0 - No stiffness.
- 1 - 5 min to 2 hours.
- 2 - 2 hours to 8 hours.
- 3 - More than 8 hours.

#### *Daha* (Burning sensation)

- 0 - Absent.
- 1 - Mild occasional burning.
- 2 - Moderate burning.
- 3 - Severe burning, disturbing sleep, and daily activities.

#### *Toda* (Pricking pain)

- 0 - Absent.
- 1 - Mild pricking pain.
- 2 - Moderate pricking, having discomfort.
- 3 - Severe sensation similar to a needle stabbing.

#### *Twak Vaivarnyata* (Discoloration of skin)

- 0 - Normal colour of skin.
- 1 - Mild discolouration.
- 2 - Moderate discolouration.
- 3 - Gross discolouration.

**Kandu (Itching)**

- 0 - Absent.
- 1 - Mild occasional itching.
- 2 - Moderate itching.
- 3 - Severe itching.

**Anwita (Joint deformity)**

- 0 - No deformity.
- 1- Mild deviation, small subcutaneous tophi.
- 2- Visible deformity with mild functional restriction, medium-sized tophi.
- 3- Gross deformity with significant limitation of movement, large, multiple, or ulcerated Tophi present.

**Functional Criteria**

**General Functional Capacity**

- 0 - Capacity to perform every activity without difficulty.
- 1 - Capacity to perform all activities, but with difficulty.
- 2 - Capacity to perform a few activities, but always needs help.
- 3 - Unable to do activities.

**Selection of Drugs:**

Drug name: *Erand Taila* and *Triphala Kwath*

Route of administration: oral

Dose:

**Table 1:** shows the dosage of *Erand Taila* and *Triphala Kwath*

<i>Kostha</i>	<i>Erand Taila</i>	<i>Triphala Kwath</i>
<i>Mridu Kostha</i>	5 ml	30 ml
<i>Madhya Kostha</i>	5 ml	40 ml
<i>Krura Kostha</i>	10 ml	50 ml

Frequency: Once daily

Duration: 30 days

Follow-up: This protocol includes three follow-ups—the first on day 7, the second on day 15, and the final one on day 30. Patients were thoroughly evaluated.

The trial drug, i.e., *Erand Taila* and *Triphala Kwath*, is mentioned in *Charaka Samhita*, acts as an excellent medication for *Deepana*, *Pachana*, *Anulomaka*, *Sheeta*, *Twachya*, *Sothahara*, *Vedanahara*, and *Raktastambhaka*. The trial drug, i.e., *Erand Taila* and *Triphala Kwath*, with all its ingredients, is listed in

**Table 2:** Shows the list of Ingredients:

Sl. No	Name	Latin Name	Parts used	Proportion
1.	<i>Haritaki</i>	<i>Terminalia chebula</i>	Fruit pulp	1 part
2.	<i>Bibhitaki</i>	<i>Terminalia bellirica</i>	Fruit pulp	1 part
3.	<i>Amalaki</i>	<i>Emblica officinalis</i>	Fruit pulp	1 part
4.	<i>Erand Taila</i>	<i>Ricinus communis</i>	<i>Beeja</i> (Seed)	Quantity required

**Table 3:** Represents the drugs and their properties and effects on the chief signs and symptoms

S. N	Drugs	Karma	Effect
1.	<i>Triphala Kwath</i>		Specifically, <i>Pitta - Kapha Hara</i> (Commonly <i>Tridosha Shamak</i> ) <sup>(10)</sup>
	<i>Haritaki</i>	<i>Deepana, Pachana, Vatanulomana, Sotha Hara, Vedana Hara, Rasayana</i>	The activity of <i>Deepana</i> and <i>Pachana</i> stimulates the <i>Agni</i> . Removing the impediment that prevents the gati of <i>Vata</i> and encourages its downward movement. <i>Kashaya</i> and <i>Tikta Rasa</i> of <i>Haritaki</i> aid in removing excess fluid and inflammatory substances from the tissue, thereby reducing the <i>Sotha</i> (edema). Because it possesses the property of <i>Vata Shamak</i> , generally <i>Tridosha Hara</i> <sup>(11)</sup> , it serves as a natural analgesic by calming aggravated <i>Vata</i> . To prevent subsequent flare-ups, <i>Haritaki</i> acts as a <i>Rasayana</i> , aiding tissue healing and strengthening immunity.
	<i>Bibhitaki</i>	<i>Deepana, Anulomana, Sothahara, Rakta Sthambhak, Vedana- Sthapana</i>	<i>Bibhitaki</i> possesses a <i>Ushna Virya</i> with the qualities of <i>Laghu</i> and <i>Ruksha</i> <sup>(12)</sup> , so that it primarily acts on <i>Kleda</i> and <i>Kapha</i> ; It acts as <i>Sothahara</i> by effectively extracting the metabolic byproducts from the tissues. By virtue of <i>Deepan Karma</i> and <i>Ushna Virya</i> , it ignites the <i>Jatharagni</i> , resulting in <i>Pachana</i> of <i>Dosha</i> and its downward movement, i.e., <i>Anuloman</i> . <i>Vedanasthapana</i> is provided by <i>Bibhitaki</i> by reducing <i>Vata - Kapha Dosha</i> , stabilizing the <i>Rakta</i> , and lowering the pressure brought on by <i>Sotha</i> (swelling) as it functions as <i>Tridosha Hara</i> , principally <i>Kapha-Pitta Shamak</i> <sup>(13)</sup> .
	<i>Amalaki</i>	<i>Rasayana, Twachya, Rakta - Sthambhak, Dhatu Vriddhikara</i>	The <i>Pitta</i> and <i>Rakta</i> are extremely agitated in <i>Vatarakta</i> . Because of its <i>Sheeta Virya</i> <sup>(14)</sup> , <i>Amalaki</i> is ideal for <i>Pitta Shamana</i> , which pacifies <i>Rakta</i> . All of these activities aid in restoring the skin tone altered by <i>Vatarakta</i> . Chronic <i>Vatarakta</i> frequently results in joint degeneration or the atrophy of tissues surrounding the joints. It encourages the <i>Dhatu</i> to develop and become stronger by virtue of its <i>Rasayana</i> property. It frequently exhibits <i>Tridosha-Hara</i> qualities, but exclusively <i>Pitta Shamak</i> <sup>(15)</sup> .
2.	<i>Erand Taila</i>	<i>Deepana, Twachya, Shoola Hara, Sotha Hara, Vedana Sthapana, Balya</i>	<i>Erand Taila</i> has a distinct <i>Tikshna</i> and <i>Sukshma</i> quality <sup>(16)</sup> . For the purpose of eliminating <i>Ama</i> , it enters the <i>Srotas</i> . It ignites <i>Agni</i> indirectly by eliminating the sludge ( <i>Ama</i> ) that obstructs the digestive fire. <i>Shoola</i> means sharp pain in <i>Ayurveda</i> , whereas <i>Vedana Sthapana</i> means stabilization and restoration of normal sensation. The pricking sensations ( <i>Toda</i> ) are prevented by <i>Erand</i> , which is the ultimate <i>Vata-hara</i> . <i>Erand Taila</i> has modest purgative properties. It acts as an anti-inflammatory by removing the metabolic toxins from the body ( <i>Sroto Vishodhana</i> ) by creating a "downward pull" when the bowels are cleared, as it acts as a <i>Mridu Virechaka</i> along with <i>Sotha Hara</i> . After using this consistently for several days, the <i>Shoola</i> (Pain) and <i>Sotha</i> (swelling) are greatly reduced. Primarily, it has <i>Tridosha-Shamak properties</i> , in addition to functioning mainly as a <i>Kapha-Vata Shamak</i> <sup>(17)</sup> .

**3. Observation**

The following tables represent the statistical analysis of the signs & symptoms concerned and their improvement after the completion of the trial period.

**Table 4:** Represents the statistical analysis of the chief complaints

Sr. No.	Parameter	% Effect	Test Statistic (W)	P value	Significance
1	<i>Sandhi Shoola</i>	56.10%	-5.516	<0.05	Significant
2	<i>Sandhi Sotha</i>	61%	-4.345	<0.05	Significant
3	<i>Sandhi Stabdhatta</i>	58.50%	-5.548	<0.05	Significant
4	<i>Daha</i>	66.20%	-4.824	<0.05	Significant
5	<i>Toda</i>	58.80%	-2.226	<0.05	Significant
6	<i>Twak Vaivarnyata</i>	71.00%	-3.640	<0.05	Significant
7	<i>Kandu</i>	73.30%	-2.810	<0.05	Significant
8	<i>Anwita</i>	0.00%	0	1	Not Significant

**Table 5:** Represents the statistical analysis of the objective parameters

S. No.	Parameter	% Effect	Test Statistic (t)	P value	Significance
1	ESR	46.80%	20.06	<0.05	Significant
2	Serum Uric Acid	17.20%	20.497	<0.05	Significant
3	CRP	52.78%	20.969	<0.05	Significant

#### 4. Result & Discussion

There were 40 patients registered for this trial, and nearly all completed it. Thirty-three of these were men, and seven were women. The majority of the 33 males were business owners and employees, who are known for their stressful and repetitive work schedules. It represents *Ayurvedic* principles; excessive levels of stress and a lifestyle lacking in physical activity (*Achankramanasheelata*) are common causes of *Vatarakta*. In these situations, *Vata* and *Rakta* are more susceptible to vitiation. Housewives made up a moderate percentage of the patients, i.e., 5, as they were accustomed to *Divaswapna* and the monotonous workload of domestic duties.

According to the statistical analysis shown in Table No. 03, *Sandhi Shoola* improved by 56.1% after the experiment was over. The result is statistically significant, as indicated by the computed test statistic (W) of -5.516 and a p-value < 0.05. The primary cause of *Sandhi Shoola* is the vitiation of *Vata Dosha* or *Avarana* of *Vata* by *Rakta*. *Snigdha Guna* of *Eranda Taila* effectively counteracts the *Rukshata* of aggravated *Vata* and induces *Vatanulomana*. Continuous administration of *Eranda Taila* in a prescribed dose relieves the obstruction and facilitates the natural *Gati* of *Vata Dosha*, which prevents the further obstruction of *Vata Dosha*, which improves symptoms and eventually stops the pathophysiology of *Vatarakta*.

In *Sandhi Sotha*, the improvement was 61%. With a P-value < 0.05 and a computed test statistic (W) of -4.345, the finding is statistically significant. The accumulation of *Ama* and *Kapha Dosha* is the primary cause of *Sandhi Sotha*, which obstructs the channels. Both *Eranda Taila* and *Triphala* have *Deepana* qualities that ignite the *Agni* and promote *Ama Pachana*. Additionally, due to its *Ruksha Guna* and *Kashaya Rasa*, *Triphala* helps in *Lekhana* (scraping) of metabolic wastes, such as *Ama*, and alleviates exacerbated *Kapha* from the micro-channels. The *Sukshma Guna* of *Eranda Taila* helps to penetrate deeply into the channel and facilitate the liquefaction of stiffened *Ama*, expelling it out through *Adhobhaga*. Thus, resulting in a good response to the symptom by preventing the pathogenesis of the disease, *Vatarakta*.

In *Sandhi Stabdhatta*, the improvement was 58.5%. The result is statistically significant, as indicated by the computed test

statistic (W) of -5.548 and a P-value < 0.05. *Stabdhatta* is the characteristic feature of aggravated *Vata Dosha*. *Eranda Taila* pacifies this with its inherent properties, such as *Snigdhatta*, *Ushnata*, etc. *Eranda Taila* is also known as *Vata - Kapha Shamaka*. Thus, the consistent use of the drug does not allow the accumulation of *Vata* and *Kapha* by aborting the pathogenesis of the disease and resulting in an improved response to the symptoms.

The improvement rate in *Daha* was 66.2%. Statistical significance was established by the computed test statistic (W) of -4.824 and a P-value < 0.05. *Rakta Dusti* and *Pitta Dosha* are involved in these manifestations. As an efficient *Pitta Shamaka*, *Triphala* helps to normalize *Rakta Dhatu* by facilitating the elimination of exacerbated *Pitta* through *Adhobhaga*. To relieve symptoms and restore *Doshik* equilibrium, the excess *Ushnata* of blood is drawn out from the *Sakha* (*Twak* and *Sandhi*) and expelled from the *Kostha* through the process of *Virechana*. This mechanism results in a good clinical response by inhibiting the pathogenesis of *Vatarakta* and preventing the aggravation of *Pitta Dosha* and *Rakta Dhatu*.

In *Toda*, the percentage improvement was 58.8%. With a P-value less than 0.05 and a computed test statistic (W) of -2.226, the result is statistically significant. *Toda* is described as a sharp, pricking pain that results from the intense aggravation of *Vata Dosha*, which indicates the *Margavarodha* of *Vata*. By virtue of its *Anulomana* attribute, *Eranda Taila* inhibits the pathogenesis of *Vatarakta* and helps *Vata Dosha* to move downward normally, reducing the agitated *Dosha* and successfully minimizing its symptoms.

In *Twak Vaivarnyata*, the improvement was 71.0%. With a P-value < 0.05 and a computed test statistic (W) of -3.640, the final result is statistically significant. *Twak Vaivarnyata* is a direct manifestation of *Rakta Dusti* in *Vatarakta*. Clinically, the skin may appear discoloured (i.e., reddish, purple, or dusky brown) because of the excessive heat within the peripheral tissues and the stagnated vitiated blood. *Vata* exacerbates this disease, which is mostly brought on by *Ama*. *Triphala* acts as an excellent *Pitta-Shamaka*, also very helpful in *Rakta Vikara*. The *Sukshma Guna* of *Eranda Taila* can reach the minute *Srotas* of the skin and helps to liquefy sluggish and thickened blood. In this way, removal of *Avarana* (obstruction) restores the microcirculation of the skin, which

allows stagnant, thickened blood to be removed. In this way, it provides a significant response to the symptoms.

In *Kandu*, the percentage improvement was 73.3%. The result is statistically significant, as indicated by the computed test statistic (W) of -2.810 and a P-value < 0.05. *Kandu* (itching) in *Vatarakta* denotes the participation of *Rakta Dusti* and *Kapha Dosha*. *Triphala* is widely known as *Kapha-Pitta Hara*. Its *Madhura Rasa* and *Sheeta Guna* alleviate *Pitta*, while its *Ruksha Guna* and *Kashaya Rasa* pacify *Kapha*. *Erand Taila* facilitates the free flow of *Doshas* by breaking the obstruction between *Kapha* and *Rakta* through the use of *Tikshna* and *Sukshma Guna*. As a result, the combined action of *Erand Taila* and *Triphala Kwath* encourages the removal of excess *Pitta* and *Kapha* through *Adhobhaga*, providing long-lasting relief from the symptoms.

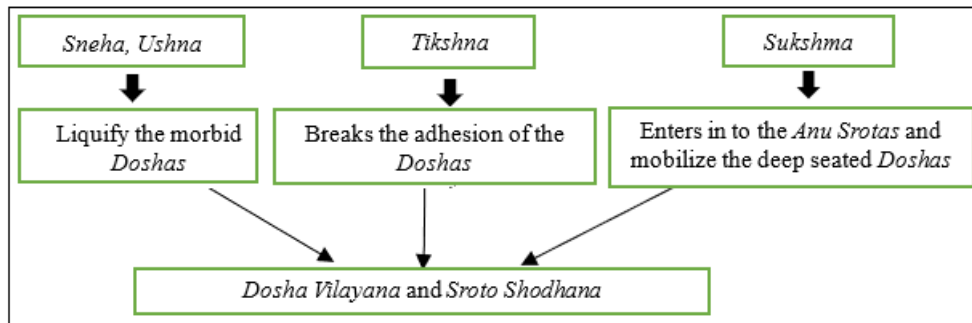
In *Anwita*, the percentage improvement was 0.0%. The result is not statistically significant, as indicated by the computed test statistic (W) of 0.000 and P-value of 1.000. It occurs in severe form in the case of chronic *Vatarakta*, where the vitiated *Vata* and *Rakta* penetrate the deeper *Dhatus*. But it is also found in *Uttana Vatarakta*, which is mild in nature. Contractures, structural alterations, and a loss of proper joint alignment (*Khanjata*, *Pangulya*, etc.) are consequences of this. However, the result was non-significant in this particular criterion as it required a long-term treatment plan along with additional medication.

Table No. 04 indicates that the ESR decreased by 46.8%. With a P-value < 0.05 and a computed test statistic (t) of 20.060, the ultimate result is statistically significant. An active inflammatory process involving the blood and joints is reflected in an increased ESR. The combined effect of the drug helps to reduce ESR by eliminating excessive *Pitta* through *Adhobhaga*, resulting in the pacification of aggravated *Rakta* and minimizing the inflammatory activity. Thus, it provides a significant result on this particular objective parameter.

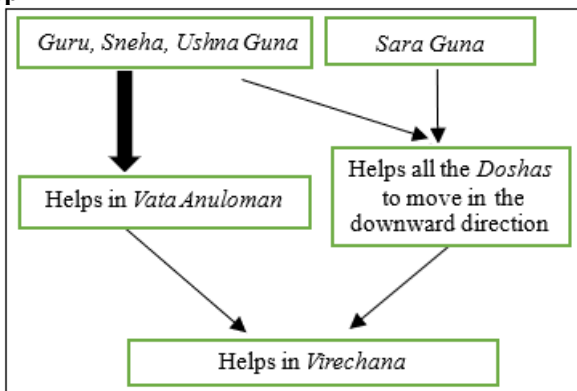
The percentage decrease in serum uric acid was 17.2%. A P-value < 0.05 and a computed test statistic (t) of 20.497 suggest that the effect is statistically significant. As a *Mridu Virechaka*, *Erand Taila* gently stimulates bowel motions to aid in the elimination of metabolic wastes. *Mandagni*, a sign of reduced metabolic activity, was seen in 67.5% of patients, as previously mentioned. Together, *Triphala* and *Erand Taila* improve digestion and support liver function by enhancing *Agni* (metabolic correction). In the end, this helps control uric acid levels by ensuring that Proteins are metabolized properly and prevent the overproduction of purine byproducts.

In C-reactive protein (CRP), the percentage reduction was 52.78%. The result is statistically significant, as indicated by the computed test statistic (t) of 20.969 and a P-value < 0.05. CRP is the main indicator of acute inflammation. These two formulations use a synergistic "dual-action" strategy to decrease CRP: by metabolic detoxification and inhibiting the inflammatory precursors.

Step - 1



Step - 2



Step - 3

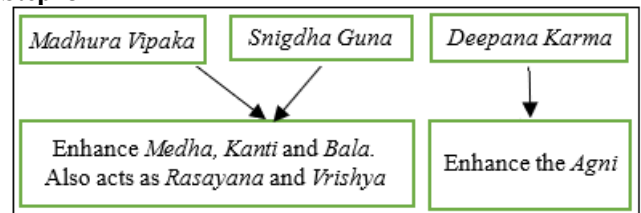
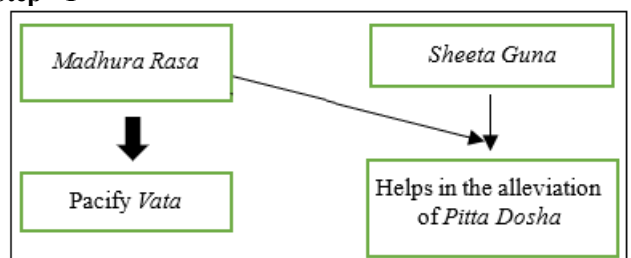


Figure 1: Represents the drugs and their mode of action: Mode of Action of Erand Taila

Step - 1





- Year- 2021 Part-3 Chikitsa Sthana-29/5-8, page no. - 960.
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