Research Article

A CLINICAL STUDY IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) THROUGH KSHARA VASTI ALONG WITH SHAMANOUSHADI

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ABSTRACT

Amavata is a disorder where in lot of similarity is seen with Rheumatoid arthritis. This is a systemic chronic inflammatory joint disorder which affect predominantly to synovial joints. Cardiac involvement, symmetrical involvement of joints along with pain, stiffness and swelling with number of systemic complications resembles the disease Amavata.

Methods: A total of 15 patients considering inclusion and exclusion criteria were selected to study Amavata in detail according to Ayurvedic texts and Rheumatoid Arthritis of modern medicine. Kshara Vasti schedule followed by Shananooshadhi Simhanada Guggulu 500mg twice and Rasna Saptak Kwatha 40ml as Anupana for 45 days was given for 38 days with 1 month follow-up period.

Results: Out of 15, 11 patients (73%) falls under marked relief category, 3 patients (20%) falls under moderate relief category and lastly 1 patient (6%) falls under mild relief category in objective parameters. In the objective parameters, 9 patients (60%), 11 patients (73.33%) falls under marked relief category of grip strength and tenderness respectively. 03 patients (20%), 2 patients (13.33%) falls under moderate relief category of grip strength and tenderness respectively. 03 patients (20%), 2 patients (13.33%), 14 patients (93.33%) falls under mild relief category of grip strength, tenderness and E.S.R respectively. 1 subject (6.66%) falls under no relief category of E.S.R.

Conclusion: All parameters of assessment but Kshara Vasti showed better improvement in the symptoms of the disease Amavata.

KEYWORDS: Amavata, Rheumatoid Arthritis, Kshara Vasti, Simhanada Guggulu, Rasna Saptak Kwatha.

INTRODUCTION

Amavata is a disorder similarity seen with Rheumatoid arthritis and is a systemic chronic inflammatory joint disorder, which affect predominantly symmetrical involvement of joints along with pain. The incidence of Rheumatoid Arthritis increases between 25 and 55 years of age, after which it plateaus until the age of 75 and then decreases. The onset is more frequent during 4th and 5th decade of life with 80% of patients developing the disease between the ages of 35 to 50 years. The incidence of Rheumatoid Arthritis is 3 cases per 10,000 populations per annum. Onset is uncommon under the age of 15 and from then the incidence rises with the age until the age of 80.

In India the prevalence rate is 0.1 – 0.4% with women affected 3 to 5 times as often as men. The prolonged use of modern medicines shows some side effects and therefore an attempt was made to find an effective Ayurvedic treatment modality.

OBJECTIVES

1. To evaluate the efficacy of Kshara Vasti in the management of Amavata.

2. To evaluate the efficacy of Simhanada Guggulu along with Rasna Saptak Kwatha.

MATERIALS AND METHODS

The present study, ‘A Clinical Study in the Management of Amavata (Rheumatoid Arthritis) Through Kshara Vasti along with Shananooshadhi (Simhanada Guggulu, Rasna Saptak Kwatha)’ was carried out.
Materials
The following materials were used in the Clinical Trial
1. *Agnitundi Vati*[^1]
2. *Kshara Vasti*[^2]
3. *Brihat Saindhavadi Taila*[^3]
4. *Simhanada Guggulu*[^4]
5. *Rasna Saptak Kwath*[^5]

Methods
Source of Data
Patients attending the O.P.D. and I.P.D. of Post Graduate Department of Kayachikitsa, Ayurveda Mahavidyalaya Hospital, Hubli, were selected for the study.

Methods of collection of Data
a. A clinical survey of patients attending the OPD and IPD of P.G Department of Kayachikitsa, Ayurveda Mahavidyalaya Hospital, Hubli.
b. Clinical evaluation of patients was done by collection of data through history, physical examination, and laboratory tests.
c. The data which were obtained by the clinical trial were statistically analyzed;

Inclusion Criteria
Patients fulfilling the following conditions were included for the study:
1. *Amavata* diagnosis was done on the basis of signs and symptoms described in Ayurvedic classics.
2. Patients diagnosed as per the criteria laid down by American Rheumatism Association 1988 were selected.
3. Patients of age group between 20-60 yrs, of both sex and chronicity less than five year duration were selected.
4. Patients fit for *Kshara Vasti karma* were selected.

Exclusion Criteria
1. Uncontrolled metabolic disorders such as Diabetes or Hypertension
2. Patients with cervical or Ankylosing spondylitis or S.L.E or Pregnancy.
3. Patients with chronicity of disease more than 5 years with any joint deformity.
4. Steroid dependent Patients.

Parameters of Study
Subjective Parameters
Clinical features of *Amavata* such as
1. *Sandhi Shoola* (Pain)
2. *Sandhi Shotha* (Swelling)
3. *Stabdata* (Morning stiffness)

Objective Parameters
1. R.A
2. E.S.R
3. *Sparshaasahitwa* (Tenderness)

Study design: Comparative Clinical Study
Sample Size
15 patients diagnosed as *Amavata* were selected.

Investigations
Blood-Hb%, E.S.R, R.A factor, V.D.R.L, Urine- Albumin, R.B.C, Sugar

Special Investigation - Radiography (joint involved) if necessary

Interventions
1. Oral administration of *Agnitundi Vati* 250mg was given thrice daily half an hour before food with *Ushnodaka* as *Amapachana*
2. *Kshara Vasti* in *Yoga Vasti* schedule for 8 days.
3. After *Kshara Vasti*, *Simhanada Guggulu* 500mg tablet was given twice daily before food with *Rasna Saptak Kwatha* (48ml) as *Anupana* for 30 days for orally.
4. *Pathya Ahara* and *Vihara* were advised to all the patients.

Duration: 38 days
Follow-up: 1 month

Preparation of *Kshara Vasti*
The duration of *Kshara Vasti* course was 8 days (i.e. *Yoga Vasti* schedule). In this course 5 *Anuvasana Vasti* with *Brihat Saindhavadi Taila* and 3 *Niruha Vasti* with *Kshara* were administered. The procedure was started with *Anuvasana Vasti*.

*Kshara Vasti Dravya* quoted by Vangasen was collected. The usual dose for *Kshara Vasti* is almost 6 *Prasrutha*. But as the *Vasti* is a *Tikshna Vasti* because the quantity of *Gomootra* mentioned by Acharya is 8 *Pala*, it was assumed after pilot study on 6 patients that the prescribed dosage of *Gomootra* is difficult to adopt in all cases of *Amavata*. So we have selected to reduce the quantity of *Gomootra* to 4 *Pala*, half of its usual dose and correspondingly the dosage of ingredients were fixed and to overcome one of the *Vasti draya dosas* told by Acharya Sushruta i.e., *Hinta*- less quantity in relation to the age and condition, we had added 200ml of *Rasna Saptak Kwatha* to the *Kshara Vasti*.
Table 1: Data Related To Administration of Vasti

| Type of Vasti | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 |
|--------------|------|------|------|------|------|------|------|------|
| Dose         |      |      |      |      |      |      |      |      |
| Time of Administration |      |      |      |      |      |      |      |      |
| Time of expulsion |      |      |      |      |      |      |      |      |
| Retention time |      |      |      |      |      |      |      |      |
| No. of evacuation |      |      |      |      |      |      |      |      |
| Any other features |      |      |      |      |      |      |      |      |

Table 2: Showing Distribution Based on General Symptoms

| Other symptoms       | No. of Patients | Percentage |
|----------------------|-----------------|------------|
| Angamarda            | 15              | 100%       |
| Shoonatanga          | 4               | 26.66%     |
| Shoola               | 12              | 79.99%     |
| Aruchi               | 11              | 73.33%     |
| Trushna              | 6               | 39.99%     |
| Alasya               | 8               | 53.33%     |
| Gaurava              | 7               | 46.66%     |
| Jwara                | 6               | 39.99%     |
| Apaka                | 3               | 19.99%     |
| Praseka              | 3               | 19.99%     |
| Utsahahani           | 5               | 33.33%     |
| Vairasya             | 3               | 19.99%     |
| Daha                 | 2               | 13.33%     |
| Bahumootrata         | 0               | -          |
| Kukshi katinya       | 0               | -          |
| Kukshi shoola        | 2               | 13.33%     |
| Aanaha               | 1               | 6.66%      |
| Aantrakoojana        | 2               | 13.33%     |
| Chardi               | 4               | 26.66%     |
| Nidraviparyaya       | 10              | 53.33%     |
| Bhrama               | 0               | -          |
| Murcha               | 0               | -          |
| Hridgraaha           | 5               | 33.33%     |
| Vitvibandha          | 13              | 86.66%     |
| Jadhya               | 1               | 6.66%      |

A maximum of 100% patients reported Angamarda as a general symptom followed by Shoola reported by 79.99% patients, Vitvibandha by 86.66%, Aruchi by 73.33%, Nidraviparyaya by 53.33%, Alasya by 53.33%, Trushna by 39.99% Gaurava by 46.66% and Jwara by 39.99%.

Table 3: Showing Distribution Based on Rheumatoid Factor

| R.A. factor | No. of Patients | Percentage |
|-------------|-----------------|------------|
| Positive    | 06              | 39.99%     |
| Negative    | 09              | 59.99%     |

In the present study 9 patients (59.99%) showed R.A. factor negative in serologic tests while 16 patients (39.99%) were of positive cases.
### Table 4: Showing Distribution of Pain Based on Joint Involvement

| Joints          | No. of Patients | Percentage |
|-----------------|-----------------|------------|
| **Upper extremities** |                 |            |
| Shoulder        | 07              | 46.66%     |
| Elbow           | 09              | 59.99%     |
| Wrist           | 15              | 100%       |
| MCP             | 10              | 66.66%     |
| PIP             | 15              | 100%       |
| **Lower extremities** |                 |            |
| Knee            | 06              | 39.99%     |
| Ankle           | 08              | 53.33%     |
| MTP             | 06              | 39.99%     |
| PIP             | 05              | 33.33%     |
| Others          | 0               | -          |

A maximum of 100% patients reported pain in the inter-phalangeal joints, 96.66% patients, wrist joint of hand followed by Meta-carpophalangeal 66.66%, 53.33% patients by ankle joint, elbow 59.99% and knee joint by 39.99% patients, shoulder joint by 46.66% patients and metatarsal 39.99% and inter-phalangeal joint of foot by up to 33.33% patients.

### Table 5: Showing Distribution of Swelling Based on Joint Involvement

| Joints          | No. of Patients | Percentage |
|-----------------|-----------------|------------|
| **Upper extremities** |                 |            |
| Shoulder        | 03              | 19.99%     |
| Elbow           | 04              | 26.66%     |
| Wrist           | 13              | 86.66%     |
| MCP             | 05              | 33.33%     |
| PIP             | 14              | 93.33%     |
| **Lower extremities** |                 |            |
| Knee            | 03              | 19.99%     |
| Ankle           | 07              | 46.66%     |
| MTP             | 03              | 19.99%     |
| PIP             | 05              | 33.33%     |
| Others          | 0               | -          |

A maximum of 93.33% patients reported swelling in the Inter-phalangeal joints of hand followed by wrist joint by 86.66% patients, ankle joint by 46.66% patients and Meta-carpophalangeal and knee joint by 19.99% patients.

### Table 6: Showing Distribution of Stiffness Based on Joint Involvement

| Joints          | No. of Patients | Percentage |
|-----------------|-----------------|------------|
| **Upper extremities** |                 |            |
| Shoulder        | 07              | 46.66%     |
| Elbow           | 09              | 59.99%     |
| Wrist           | 15              | 100%       |
| MCP             | 10              | 66.66%     |
| PIP             | 15              | 100%       |
| **Lower extremities** |                 |            |
| Knee            | 06              | 39.99%     |
| Ankle           | 08              | 53.33%     |
| MTP             | 06              | 39.99%     |
A maximum of 100% patients reported stiffness in the wrist joint and Inter-phalangeal joints of hand followed by Meta-carpophalangeal 66.66% and ankle joint by 53.33% patients, elbow 59.99% and knee joint by 39.99% patients, shoulder joint by 46.66% patients and metatarsal 39.99% and Inter-phalangeal joint of foot by up to 33.33% patients.  

Table 7: Showing Distribution of Tenderness Based on Joint Involvement

| Joints          | No. of Patients | Percentage |
|-----------------|-----------------|------------|
| **Upper extremities**                       |
| Shoulder        | 03              | 19.99%     |
| Elbow           | 04              | 26.66%     |
| Wrist           | 13              | 86.66%     |
| MCP             | 05              | 33.33%     |
| PIP             | 14              | 93.33%     |
| **Lower extremities**                        |
| Knee            | 03              | 19.99%     |
| Ankle           | 07              | 46.66%     |
| MTP             | 03              | 19.99%     |
| PIP             | 05              | 33.33%     |
| Others          | 0               | -          |

A maximum of 93.33% patients reported tenderness in the Inter-phalangeal joints of hand followed by wrist joint by 86.66% patients, ankle joint by 46.66% patients and Meta-carpophalangeal and knee joint by 33.33% patients.

**GRAPHS OF OBSERVATIONS**

**RESULTS**

The results are considered as mirror of the scientific research done by the scholar. The results obtained on Subjective and Objective Parameters are given as follows.

Table 8: Kshara Vasti Effect of Therapies on Subjective Parameters

|                | BT mean | AT mean | % of Relief | SD  | SE  | ‘t’   | P      | Remarks |
|----------------|---------|---------|-------------|-----|-----|-------|--------|---------|
| **Sandhi Shoola**       | 3.26    | 2.13    | 34.69%      | 0.83| 0.21| 5.26  | <0.001 | H.S     |
| **Sandhi Shotha**       | 2.13    | 1.53    | 28.12%      | 0.50| 0.13| 4.58  | <0.001 | H.S     |
| **Stabdata**           | 1.4     | 0.60    | 57.14%      | 0.41| 0.10| 7.48  | <0.001 | H.S     |

**Sandhi Shoola** showed 34.69% relief which was statistically highly significant at the level of p<0.001 (‘t’=5.26). **Sandhi Shotha** showed 28.12% relief which was statistically highly significant at the level of p<0.001 (‘t’=4.58). **Stabdata** showed a 57.14% relief which was statistically highly significant at the level of p<0.001 (‘t’=7.48).

Table 9: Effect of Shamanoushadhi (Duration=30 days) after Vasti on Subjective Parameters

|                | BT mean | AT mean | % of Relief | SD  | SE  | ‘t’   | P      | Remarks |
|----------------|---------|---------|-------------|-----|-----|-------|--------|---------|
| **Sandhi Shoola**       | 2.13    | 0.46    | 78.25%      | 0.72| 0.18| 8.91  | <0.001 | H.S     |
| **Sandhi Shotha**       | 1.53    | 0.26    | 82.60%      | 0.45| 0.11| 10.71 | <0.001 | H.S     |
| **Stabdata**           | 0.6     | 0.26    | 55.55%      | 0.48| 0.12| 2.64  | <0.02  | S       |

**Sandhi Shoola** showed 78.25% relief which was statistically highly significant at the level of p<0.001 (‘t’=8.91). **Sandhi Shotha** showed 82.60% relief which was statistically highly significant at the level of p<0.001 (‘t’=10.71). **Stabdata** showed 55.55% relief which was statistically significant at the level of p<0.02 (‘t’=2.64).

Table 10: Showing the Effect of Total Therapy on Subjective Parameters

|                | BT mean | AT mean | % of Relief | SD  | SE  | ‘t’   | P      | Remarks |
|----------------|---------|---------|-------------|-----|-----|-------|--------|---------|
| **Sandhi Shoola**       | 3.26    | 0.46    | 85.71%      | 0.86| 0.22| 12.58 | <0.001 | H.S     |
| **Sandhi Shotha**       | 2.13    | 0.26    | 87.50%      | 0.74| 0.19| 9.72  | <0.001 | H.S     |
| **Stabdata**           | 1.4     | 0.26    | 80.95%      | 0.51| 0.13| 8.5   | <0.001 | H.S     |
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Sandhi Shoola showed 87.50% relief which was statistically highly significant at the level of p<0.001 (‘t’=9.72).

Sandhi Shotha showed 85.71% relief which was statistically highly significant at the level of p<0.001 (‘t’=12.58).

Stabdata showed 80.95% relief which was statistically highly significant at the level of p<0.001 (‘t’=8.5).

| Table 11: Showing the Effect of Vasti on Objective Parameters |
|-------------------------------------------------------------|
| **BT mean** | **AT mean** | **% of Relief** | **SD** | **SE** | **‘t’** | **P** | **Remarks** |
| Sparshaasahitwa | 2.33 | 1.26 | 45.71% | 0.70 | 0.18 | 5.87 | <0.001 | H.S |
| Grip strength | 2.66 | 2.2 | 17.50% | 0.51 | 0.13 | 3.5 | <0.01 | S |

Sparshaasahitwa showed 45.71% relief which was statistically highly significant at the level of p<0.001 (‘t’=5.87). Grip strength showed a 17.50% relief, which was statistically significant at the level of p<0.01 (‘t’=3.5).

| Table 12: Effect of Shamanoushadhi (Duration = 30 days) after Vasti on Objective Parameters |
|------------------------------------------------------------------------------------------|
| **BT mean** | **AT mean** | **% of Relief** | **SD** | **SE** | **‘t’** | **P** | **Remarks** |
| Sparshaasahitwa | 1.26 | 0.26 | 78.94% | 0.65 | 0.16 | 5.91 | <0.001 | H.S |
| Grip strength | 2.2 | 0.53 | 75.75% | 0.89 | 0.23 | 7.17 | <0.001 | H.S |

Sparshaasahitwa showed 78.94% relief which was statistically highly significant at the level of p<0.001 (‘t’=5.91). Grip strength showed 75.75% relief which was statistically highly significant at the level of p<0.001 (‘t’=7.17).

| Table 13: Showing the Effect of Total Therapy on Objective Parameters |
|---------------------------------------------------------------------|
| **BT mean** | **AT mean** | **% of Relief** | **SD** | **SE** | **‘t’** | **P** | **Remarks** |
| Sparshaasahitwa | 2.33 | 0.26 | 88.57% | 1.03 | 0.26 | 7.75 | <0.001 | H.S |
| Grip strength | 2.66 | 0.53 | 80.00% | 0.74 | 0.19 | 11.11 | <0.001 | H.S |

Sparshaasahitwa showed an 88.57% relief which was statistically highly significant at the level of p<0.001 (‘t’=7.75). Grip strength showed an 80.00% relief which was statistically highly significant at the level of p<0.001 (‘t’=11.11).

| Table 14: Showing the Effect of Total Therapy on E.S.R Values |
|---------------------------------------------------------------|
| **Groups** | **BT mean** | **AT mean** | **% of Relief** | **SD** | **SE** | **‘t’** | **P** | **Remarks** |
| Group A | 63.33 | 37.66 | 40.52% | 4.95 | 1.27 | 20.07 | <0.001 | H.S |

Total Therapy on E.S.R Values showed a 40.52% relief which was statistically highly significant at the level of p<0.001 (‘t’=20.07).

| Table 15: Effect of Total Therapy on RA Factor |
|-----------------------------------------------|
| **RA factor** | **B.T.** | **%** | **AT** | **% of Relief** |
| Positive | 6 | 39.99% | 6 | 39.99% |
| Negative | 9 | 59.99% | 9 | 59.99% |

| Table 16: Effect of Total Therapy on General Symptoms with respect to number of Patients |
|---------------------------------------------------------------------------------------|
| **General Symptoms** | **n** | **B.T.** | **A.T.** | **Relief in Percentage** |
| Angamarda | 15 | 15 | 6 | 60% |
| Shoonatanga | 4 | 4 | 0 | 100% |
| Shoola | 12 | 12 | 6 | 50% |
| Aruchi | 11 | 11 | 0 | 100% |
| Trushna | 6 | 6 | 0 | 100% |
| Alasya | 8 | 8 | 2 | 75% |
| Gaurava | 7 | 7 | 1 | 85.71% |
| Jwara | 6 | 6 | 0 | 100% |
| Apaka | 3 | 3 | 0 | 100% |
| Praseka | 3 | 3 | 0 | 100% |
| Utsahahani | 5 | 5 | 3 | 40% |
| Vairasya | 3 | 3 | 0 | 100% |
Effect on the General Symptoms

100% relief was observed in symptoms Shoonatanga, Aruchi, Trushna, Jwara, Apaka, Praseka, Vairasya, Daha, Kukshi shoola, Aanaha, Aantrakoojana, Chardi and Jadhya. 84.61% relief was observed in the symptom Vitvibandha. 85.71% relief was observed in the symptom Gaurava. 75% relief was observed in the symptom Alasya. 60% relief was observed in the symptom Angamardha. While least relief i.e. upto 50% was observed in the symptoms like Shoola.

Table 17: Showing the Total Effect of the Therapy on 15 cases of Amavata on Subjective Parameters

| Assessment criteria              | (n=15) |
|----------------------------------|--------|
| 0- 25% No Relief                 | 0      |
| 26 -50% Mild Relief              | 1      |
| 51-75% Moderate Relief           | 3      |
| Above 75% Marked Relief          | 11     |

Out of 15 patients, 19 patients (63.33%) falls under marked relief category, 3 patients (30%) falls under moderate relief category and lastly 01 patients (6.66%) falls under mild relief category.

Table 18: Total Effect of the Therapy on 15 cases of Amavata on Objective Parameters

| Assessment Criteria | Grip strength | In % | Tenderness | In % | E.S.R | In % |
|---------------------|---------------|------|------------|------|-------|------|
| 0- 25% No Relief    | 0             | -    | 0          | -    | 1     | 6.66%|
| 26 -50% Mild Relief | 3             | 20%  | 2          | 13.33%| 14    | 93.33%|
| 51-75% Moderate Relief| 3        | 20%  | 2          | 13.33%| 0     | -    |
| Above 75% Marked Relief | 9     | 60%  | 11         | 73.33%| 0     | -    |

➢ Out of 15 patients, 9 patients (60%), 11 Patients (73.33%) falls under marked relief category of grip strength and tenderness respectively.
➢ 03 patients (20%), 2 patients (13.33%) fall under moderate relief category of grip strength and tenderness respectively.
➢ 03 patients (20%), 2 patients (13.33%), 14 patients (93.33%) falls under mild relief category of grip strength, tenderness and E.S.R respectively.
➢ 1 subject (6.66%) falls under no relief category of E.S.R.

DISCUSSION

Agnitundi Vati

Agnitundi Vati is administered initially for the purpose of achieving Amapachana. Moreover, Amapachana is considered to be an essential procedure before administering the Shodhana treatment.

Brihat Saindhavadi Taila

Eranda taila is the main ingredient in Brihat Saindhavadi taila. This taila is indicated for Amavata Chikitsa by both Chakradatta and Bhavamishra in the form of Pana, Vasti, and Abhyanga measure. It is also having specific Amavatahara action. Bhavamishra has compared the Eranda with a Lion.6

Simhanada Guggulu

The constituents of Simhanada Guggulu rich in Katu and Tikta Rasa, Ushna Veerya, these qualities will work at the level of Ama by Deepana and Pachana activities, substantiating the classics Tikta Deepanani Katuni cha.
The Parada being the Yogavahi it might carry the drug to its target tissue Sandhi. Kajjali may acts as the catalytic promoter to the drug. Parada and Gandhaka being the Rasayana drugs these may act at the level of autoimmune antibodies as Immuno-modulators, helping in alleviating the free radicals produced during the disease process. Triphala is also an antioxidant acts at the level of free radicals and corrects the constipation along with tonifying the gastro intestinal tract leading to detoxification of the whole body. It also improves digestion and assimilation. Chitraka being the very good Agnideepaka, Shothhara, Shoolhara as it contains the Katu Rasa, Laghu, Raksha, Tikshna Guna, Ushna Veerya and Katu Vipaka corrects the Ama. Haritaki is a natural rejuvenator. It tones the diseased body and cleanses the Endotoxins (Ama). Vibhitaki being the good Chedaniya drug it clears the mucus from the Srotas and relieves the Srotorodha. Amalaki is the highest natural source of Vitamin C shows anti-inflammatory activities and Immuno-modulator. So it acts on local pathology of the disease. Guggulu having the more affinity towards the skin and joints it reaches the drug to its site of action. It is a very good Shothhara and Shoolhara, which may act on the Sandhi relieving the pain and swelling.

**Rasna Saptak Kwatha Churna**

This was used for Anupana in this clinical trial. All the ingredients of this Churna mostly possess Vatakaphahara or Tridoshha property and having actions like Amapachana, Shothhara, Vedanasthapaka and Anulomaka etc. It is indicated especially in reference of Amavata in Bhaishajya Ratnavali in Amavata Chikitsa Adhyaya.

**CONCLUSION**

Out of 15 patients, 19 patients 11 (63.33%) falls under marked relief category, 3 patients (30%) falls under moderate relief category and lastly 01 patients (6.66%) falls under mild relief category in subjective parameters. Out of 15 patients, 9 patients (60%), 11 patients (73.33%) were markedly improved in grip strength and tenderness respectively. All parameters of assessment but Kshara Vasti showed better improvement in the symptoms of the disease Amavata.

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