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CLINICAL EVALUATION OF COMPARATIVE STUDY OF THE EFFICIACY OF THERAPEUTIC EFFECT OF AMAVATARI RASA WITH AJMODADHI CHURNA AND SIMHNAD GUGGULU IN THE MANAGEMENT OF AMAVATA.

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ABSTRACT: *Amena Sahita Vata Amavata*¹. The virulent *Ama* circulates in the whole body propelled by the vitiated *Vata Doshas*, which in turn produces blockage in the body channels, that stations itself in the *Sandhi* giving rise to *Amavata*. The combination of *Ama* & *Vata* form *Amavata*², which in turn shows the predominance of *Ama* & *Vata* in the *Samprapti* of *Amavata*. *Ajeerna* is the main culprit, which increases the production of *Ama*³ & this *Ama* when mixes with *Vata*, produces the disease called *Amavata*, in which *Ama* is produced by *Agnimandya* of both *Jatharagni* and *Dhatwagnis*. From above, it is very much clear that although *Ama* is a cause for various diseases, but in *Amavata*, it is both *Ama* & *Vata* which get vitiated simultaneously & the disease gets manifested itself mainly in joints of *Hasta*, *Pada*, *Sira*, *Trika*, *Gulpha*, *Janu* & *Uru*. The main symptoms produced due to this disease are *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gouravam*, *Apaka* & *Shotha*⁴. *Amavata* as we all know, is mainly the disease of *Rasavaha Strotasa*, which is generally an outcome of *Agnidushti*, *Amotpatti* and *Sandhivikruti*. The therapy which thus normalize *Agni*, Metabolizes *Ama*, and Regulates *Vata* and maintain healthy *Sandhi* and *Sandhistha Shleshma* will be the supreme one for this disease. So, the existing study thus focuses on the systemic assessment of *Amavata* w.s.r. Rheumatoid Arthritis, as per our *Ayurveda* classics and its management. So, randomized parallel group Comparative study was used to evaluate the effect of *Amvatari Rasa* and *Ajmodadhi Churna* with *Simhanada Guggulu* in the management of *Amavata* w.s.r. to Rheumatoid Arthritis. This Study was conducted on 34 patients selected randomly from OPD of DAC Jalandhar Punjab and was divided into 2 groups. Group I and Group II having 17 patients in each group. Group B were managed with *Amvatari rasa* 2 capsule BD with lukewarm water and *Ajmodadhi Churna* 3gm TDS with lukewarm water while Group A were managed with *Simanada Guggulu* 500mg bd with lukewarm water for 42 Days. Results showed statistically significant difference in effect of Group I and Group II on subjective parameters like *Angamarda*, *Trishna*, *Aruchi*, *Trishna*, *Alasya*, *Gouravam*, *Apaka* & *Shotha*. etc. *Amvatari Rasa* and *Ajmodadhi Churna* are found to be more effective than *Simhanada Guggulu* for all assessment criteria in the management of *Amavata*.

KEYWORDS: *Amavata*, *Ama*, *Langhan*, *Aruchi*, *Trishna*, *Alasya*, *Gouravam*, *Apaka*, *Shotha*, *Swedan*, *Shamana chikitsa*, *Virechan*, *Agni-dushti*, *Amotpatti*, *Sandhivikruti*, Rheumatoid Arthritis.

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INTRODUCTION:

Amavata is basically made up of a combination of two words, *Ama* and *Vata*⁵. The disease is mainly caused due to derangement of Agni like *Jatharagni*, *Dhatvagni* and *Bhutagni* etc. ensuing in the production of *Ama* and this *Ama* gets circulated in the complete body by means of the vitiated *Vata* and thus gets positioned in the *Shleshmasthanas* (*Amashaya*, *Asthisandhi* etc) inflicting pain, stiffness and swelling over the small and big joints making a person feel like lame⁶. In this way, the virulent *Ama* which when gets circulated in the whole body, gets propelled by the vitiated *Vata Doshas*, which in turn leads to blockage in the body channels, that in turn stations itself in the *Sandhi* giving rise to *Amavata*⁷. *Ajeerna* in turn helps to increase the production of *Ama* & along with *Vata*, it thus produces *Amavata*. The scientific presentation of *Amavata* closely mimics Rheumatoid Arthritis, which is basically a continual inflammatory, unfavourable and deforming symmetrical polyarthritis related with systemic involvement. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men. Allopathic treatment although provides symptomatic relief but the underlined pathology remains untreated due to absence of effective therapy, which in turn rise to many side effects, toxic symptoms and adverse reactions. The *Ayurvedic* treatment thus not only devoid such type of sick effect, but also presents a higher way by treating Agni and *Ama* at its roots. The concepts of administration of *Amavata* as per our classics are *langhana*, *Swedana*, *Dravyas* having *Tikta*, *Katu Rasa*, *Deepan Pachana* as *Shamana chikitsa*. We all know, that the first specified

description of *Amavata* as a sickness is observed in *Madhav Nidan*.

AIMS AND OBJECTIVE :-

Primary Objective - To determine the clinical efficacy of *Amvatari Rasa* and *Ajmodadhi Churna* in the management of *Amavata* w.s.r. to Rheumatoid Arthritis.

Secondary Objective :- To determine the clinical safety of *Simhnad Guggulu* in the management of *Amavata* w.s.r. to rheumatoid arthritis

MATERIALS AND METHODS

Selection of the Patient :- The patients are selected from the OPD of DAC Jalandhar Punjab. A sample of 36 patients were selected, two left the study and finally 17 patients in each group were assessed in the clinical study.

Study Design /Study type – Randomized clinical trial

Masking - Single blind

Timing - Prospective

Number of patients - 32 (16 in each group)

No of Groups -2

Duration of trial – 42 days

Follow up visit - After every 14 days till the completion of trial

Diagnostic Criteria: The patients were diagnosed based on clinical features of *Amavata* as well as Rheumatoid Arthritis, as per American College of Rheumatology (ACR) , Rheumatoid Arthritis can be diagnosed with the help of following criteria:-

- 1) Morning stiffness
 - 2) Arthritis of three or more joint areas
 - 3) Arthritis of hand joints
 - 4) Symmetrical Arthritis
 - 5) Rheumatoid nodules
 - 6) Serum Rheumatoid factor
 - 7) Radiographic changes
- Out of above seven, atleast four of the criteria, should be present in patient for

more than or equal to 6 weeks in order to meet the diagnosis of Aamvata.

Inclusion Criteria

- 1) Patients in the age group between 30 - 70 years, irrespective of gender and socioeconomic status were selected for this study.
- 2) Patient with signs and symptoms of Amavata w.s.r. to Rheumatoid Arthritis as described in texts and fulfil the diagnostic criteria.

Exclusion Criteria

- 1) Patients with age group below 30 and above 70 years.
- 2) Pregnant and lactating mothers
- 3) Any Malignancy
- 4) Patients having any type of arthropathy such as neoplasm of spine, ankylosing spondylosis, osteoarthritis, traumatic arthritis and pyogenic osteomyelitis etc.
- 5) Patients suffering from chronic renal, respiratory, cardiac and hepatic disorders.
- 6) Patients having history of taking any anticoagulant/antiplatelets were also excluded from this trial.

Investigations

- 1) TLC, DLC, ESR, Hb gm%

Table 1 :- CONTENTS OF SIMHNAD GUGGULU⁸:-

S.No.	Name of the Drug	Latin name	Family	Part used	Proportions
1	Haritaki	Terminila chebula (Retz.)	Combretaceae	Pericarp	1 Part
2	Vibhitaki	Terminila bellirica(Roxb.)	Combretaceae	Pericarp	1 Part
3	Amalaki	Emblica officinalis (Gaertn.)	Euphorbiaceae	Pericarp	1 Part
4	Shudh guggulu	Commiphora wightii (Hook ex. Stocks)	Burseraceae	Oleo- Gum Resin	1 Part
5	Erand Tail	Ricinus communis (Linn.)	Euphorbiaceae	Seed oil	1 Part
6.	Shudh gandhaka	Sulphur			4Part

- 2) Serum uric acid, RA Factor
- 3) FBS, Blood Urea, Serum Creatinine, SGOT, SGPT, Urine Rout

ine and microscopic examination

Grouping of Patients: Study was conducted randomly on 32 patients in two groups (16 patients in each group). Group II was managed with Amvatari Rasa and Ajmodadhi Churna ,while Group I was managed with Simhnada Guggulu.

1 patient dropped out from Group I and Group II, due to failure of taking treatment as per our standards. These 2 patients were excluded from the present clinical study. Hence the effect of therapy was studied on 30 enrolled patients.

a. Drug -Aamvatari rasa

Dose:- 2 tab BD

Anupana :- Lukewarm water

b. Drug-Ajmodadi churna

Dosage- 3gm thrice in a day

Route of administration- Oral

Anupana- Lukewarm water

c. Drug- Simhnada Guggulu

Drug dosage 500mg thrice in a day

Route of administration-Oral

Table 2:- Contents of Amvatari Rasa⁹:-

S.No	Name of the Drug	English name	latin	quantity	action
1	Parada	Purified mercury		1Part	Quick relief from symptoms
2	Gandhaka	Purified sulphur		2 Parts	Rejuvenator
3	Haritaki	chebulic myrobalan	Terminalia chebula	1Part	Rejuvenator
4	Vibhithaki	Belliric myrobalan	Terminalia bellerica	1 Part	Rejuvenator
5	Aamlaki	Indian Gooseberry	Embllica officinalis	1Part	Rejuvenator
6.	Vahni	Root of leadwort	Plumbago zeylanica	4 Parts	Carminative
7.	Guggulu	Indian bedelium	Commiphora mukul	5 Parts	Shoolahar,lekhana
8.	Erand Taila	Castor oil	Ricinus communis	Quantity sufficient	Vata Doshahara

Table 3 :- Contents of Ajmodadi churna¹⁰:-

S.No.	Name of the Drug	latin name	Quantity
1	Ajamoda	Trachyspermum roxburghianum	1Part
2	Vidanga	Embelia ribes	1 Part
3	Saindhav Lavana	Rock salt	1Part
4	Devadaru	Cedrus deodara	1 Part
5	Chitraka	Plumbago zeylanica	1Part
6.	Pippalimoola	Llong pepper root	1 Part
7.	Shatpushpa	Anethum sowa	1 Part
8.	Pippali	Piper longum (fruit)	1 Part
9.	Maricha	Black pepper	1 Part
10.	Haritaki	Terminilia chebula	1 Part
11.	Vridhdadaruka	Argyreia speciosa	1 Part
12.	Nagara	Ginger	1 Part

Assessment Criteria

Subjective Criteria- These are the subjective criteria given in the classical texts.

- 1) Angamarda
- 2) Aruchi
- 3) Trishna
- 4) Alsaya
- 5) Gauravata
- 6) Jwara
- 7) Agnimandya
- 8) Jadya
- 9) Sparshashtva

10) Sandhishoola

11) Sandhishotha

12) Vidvibandha

13) Nidraviparaya

Objective Criteria: All the routine laboratory investigations were done along with diagnostic Hematological Investigations like CBC, ESR, SGOT/SGPT, B.Urea, S.creatinine and blood sugar estimation is done for the safety profile of the patient before treatment and after treatment. C -reactive protein (CRP titer) Rheumatoid factor (RA titer)

Final assessment of Results :-

Statistical Analysis: Data obtained during the trial was tabulated and statistically analysed using Student Paired 't' Test. The result was

categorized significant or insignificant depending upon the value of p. Highly significant p value <0.001, Significant, p value <0.05, Insignificant p value >0.05

OBSERVATIONS AND RESULTS :-**Table 4: The incidence of signs and symptoms of Amavata in 32 patients**

Sign and symptoms	Group I (n=17)	Group II (n=17)	Total
Angamarda	17	17	34 (100%)
Aruchi	17	16	33 (96.9%)
Trishna	16	17	33 (96.9%)
Alasya	17	16	33 (96.9%)
Gauravata	17	16	33 (96.9%)
Agnimandya	15	17	32 (93.7%)
Jadya	16	16	32 (93.7%)
Sparshashtva	15	17	23(81.2%)
Sandhishoola	14	14	28(81.25%)
Sandhishotha	14	14	28 (81.2%)
vidvibandha	13	15	28 (81.2%)
Nidraviparaya	13	12	25 (71.9%)

Table 5: Effect of therapy on subjective criteria of Amavata Parameters:

Parameters	No. of Patients	Gp	Mean BT	Mean AT	% Changes	SD±	SE±	T value	P value	Sig
Angamarda	14	I	0.7	0.3	43.4%	0.4	0.1	2.6	0.01	S
	14	II	0.49	0.3	41.9%	0.4	0.1	2.9	0.02	S
Aruchi	13	I	1.77	0.6	66.8%	0.6	0.1	6.9	0.03	HS
	15	II	1.89	1.2	51.9%	0.3	0.19	7.2	0.04	S
Trishna	12	I	0.72	0.4	45.4%	0.4	0.12	2.7	0.01	S
	13	II	0.66	0.3	43.8%	0.4	0.14	2.9	0.02	S
Alasya	17	I	2.12	1	52.9%	0.6	0.18	6.8	0.032	HS
	16	II	2.12	1.5	39.9%	0.9	0.7	5.9	0.04	S
Gauravata	15	I	1.57	0.6	57.89%	0.5	0.15	6.08	0.03	HS
	17	II	1.86	0.5	60.99%	0.5	0.2	6.12	0.034	HS
Jwar	2	I	0.26	0.2	23.9%	0.4	0.1	0.5	0.58	IS

	4	II	0.23	0.19	23%	0.5	0.15	0.45	0.47	IS
Agnimandya	12	I	1.46	0.33	76.8%	0.64	0.13	4	0.03	HS
	13	II	1.43	0.78	55.9%	0.53	0.65	6.8	0.03	S
Jadya	16	I	1.76	1.52	40%	0.56	0.12	3.8	0.43	S
	16	II	1.88	1.76	39.1%	0.43	0.11	2.3	0.03	S
Sparshashyata	17	I	1.52	0.79	45%	0.35	0.14	2.5	0.03	S
	16	II	1.53	0.89	44%	0.34	0.09	9.5	0.04	S
Sandhi Shoola	17	I	1.92	0.87	67%	0.46	0.07	8.7	0.03	HS
	17	II	1.86	0.89	64.1%	0.43	0.12	9.4	0.04	HS
Sandhi Shotha	16	I	1.55	0.78	60.1%	0.45	0.21	7.8	0.03	S
	17	II	1.59	0.4	75.2%	0.41	0.08	8.9	0.04	HS
Vidhvibandha	15	I	0.97	0.23	43%	0.45	0.07	11.2	0.05	S
	17	II	1.01	0.45	39.89%	0.35	0.12	6.2	0.03	S
Nidravipraya	17	I	1.31	0.78	46%	0.45	0.13	9.3	0.04	S
	16	II	1.34	0.80	43.89%	0.46	0.12	5.8	0.02	S

Table 6: Intergroup comparison of subjective criteria of Amavata

Symptoms	Percentage of relief Group I	Percentage of relief Group II	of difference in %	P Value	Sign
Angamarda	43.4%	41.9%	1.5 %	0.44	IS
Aruchi	66.8%	51.9%	14.9%	0.03	S
Trishna	45.4%	43.8%	1.6%	0.11	IS
Alasya	52.9%	39.9%	13%	0.03	S
Gauravata	57.89%	60.99%	3.1%	0.24	IS
Jwar	23.9%	23%	0.9%	0.21	IS
Agnimandya	76.8%	55.9%	20.9%	0.03	S
Jadya	40%	39.1%	0.9%	0.34	IS
Sparshashyata	45%	44%	1%	0.12	IS
Sandhi Shoola	67%	64.1%	2.9%	0.19	IS
Sandhi Shotha	60.1%	75.2%	15.1%	0.04	S
Vidhvibandha	43%	39.89%	3.11%	0.25	IS

Nidravipraya	46%	43.89%	2.11%	0.45	IS
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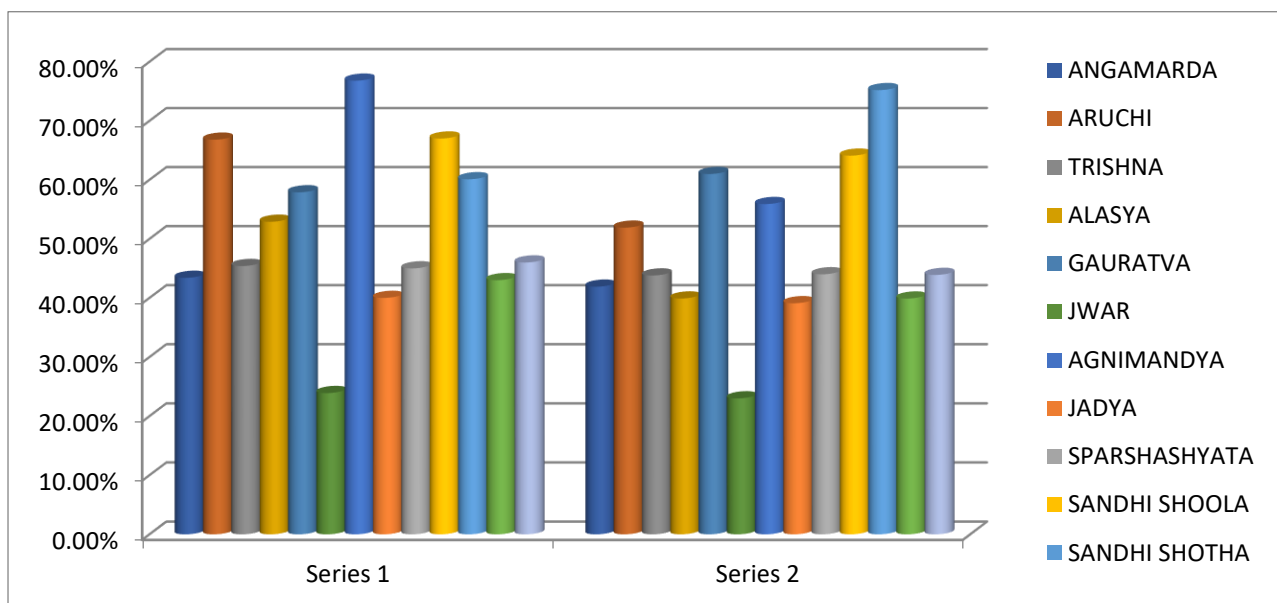


Table 7: Effect of therapy on objective Parameters :-

Category	Gp	Mean BT	Mean AT	% Changes	SD	SE	T value	P value	Sign
Tlc	I	9990	9,200	7.98%	4.5	478.6	1.4	>0.05	IS
	II	8,500	8,400	1.18%	2.43	560.1	0.8	>0.05	IS
Neutrophils	I	57	56	3.4%	9.7	2.04	0.7	>0.05	IS
	II	61.2	58	5.3%	11.1	2.03	0.3	>0.05	IS
Lymphocytes	I	32	31	6.07%	3.4	1.67	2.5	>0.05	IS
	II	29	29	3.3%	3.2	1.79	0.6	>0.05	IS
Mixed cells	I	10	9	10%	3.4	2.69	0.6	>0.05	S
	II	8.0	7	12.5%	3.9	0.6	2.1	>0.05	IS
Esr	I	85	60	12.4%	9.21	3.4	3.4	<0.05	S
	II	75	50	24.92%	11.7	7.2	3.2	<0.05	S
RA factor	I	5.5	5.5	0	1.2	0.02	0.1	<0.05	IS
	II	5	5	0	1.0	0.01	0.1	<0.05	IS
Crp	I	51.5	22.6	27.93	2.3	13	6.2	<0.05	S
	II	49	22.8	25.2	4.8	1.79	6.0	<0.05	S
Sgot	I	44	38	15.6	6.8	1.41	9.0	0.053	IS
	II	33	30	11.8	5.0	1.05	1.0	0.08	IS
Sgpt	I	36	31	11.4	12	2.59	7.39	0.07	IS
	II	41	38	9.5	3.3	0.8	1	0.10	IS
Tsb	I	0.5	0.5	0	0.1	0.04	2.8	0.43	IS
	II	0.6	0.4	33.3	0.1	0.01	0.3	0.45	IS
Dsb	I	0.2	0.1	5	0.16	0.04	2.5	0.13	IS
	II	0.1	0.2	0	0	0.001	0.2	0.21	IS

Fbs	I	114	115	0	15.5	3.2	3.2	0.09	IS
	II	100	111	0	18.4	3.8	0.2	0.09	IS
Cholesterol	I	186	166	7.8	60	10.3	6.7	0.08	IS
	II	156	140	6.7	58	12.3	2.5	0.32	IS
Tg	I	165	150	6.3	27	5.7	6.1	0.09	IS
	II	175	164	3.5	14	4.8	1.2	0.08	IS
Hdl	I	42	39	2.5	4.1	0.9	0.8	0.07	IS
	II	48	44	4.3	9	1.9	1.89	0.07	IS
Ldl	I	72	60	14.3	16	2.9	4.4	0.06	IS
	II	52	50	0	10	1.99	1.8	0.06	IS
Vldl	I	52	45	11	26.5	10	9.8	0.10	IS
	II	46	41	8.9	3	0.7	0.7	0.06	IS
B.urea	I	26.7	35.3	0	4.3	0.89	0.9	0.07	IS
	II	22	21	4.5	7.4	1.69	1.7	0.05	IS
S.creatinine	I	0.6	0.4	44.3	0.1	0.03	1.6	0.53	IS
	II	0.5	0.5	0	0.16	0.01	1.7	0.05	IS
Sgot	I	52	30	60%	6.8	1.42	9.0	0.003	S
	II	36	22	35.29%	5.0	1.05	1.0	0.002	S
Sgpt	I	43	20	54.55%	12	2.6	7.4	0.004	S
	II	45	22	52.17%	3.3	0.8	1	0.001	S
Tsb	I	0.6	0.5	16.37%	0.1	0.04	2.8	0.43	IS
	II	0.6	0.4	33.33%	15.5	0.01	0.3	0.45	IS
Dsb	I	0.2	0.19	5%	18.4	0.04	2.5	0.13	IS
	II	0.1	0.22	17%	60	0.001	0.2	0.21	IS
Fbs	I	114	110	0%	15.5	3.2	3.2	0.09	IS
	II	118	115	0.2%	18.4	3.8	0.2	0.09	IS
Cholesterol	I	185	178	1.11%	60	10.3	6.7	0.08	IS
	II	180	160	9.57%	58	12.3	2.5	0.32	IS
Tg	I	210	160	20%	27	5.7	6.1	0.09	IS
	II	185	174	4.33%	14	4.8	1.2	0.08	IS
Hdl	I	52	50	0	4.1	0.9	0.8	0.07	IS
	II	58	52	8.1%	9	2	1.89	0.07	IS
Ldl	I	82	78	2.5%	16.0	3	4.4	0.06	IS
	II	56	54	0%	10	2	1.8	0.06	IS
Vldl	I	55	40	26.4%	26.5	10	9.8	0.10	IS
	II	52	42	16%	3	0.7	0.7	0.06	IS
B.urea	I	28.7	28.2	0.5%	4.3	0.9	0.9	0.07	IS
	II	22.5	21	4.6%	7.4	1.7	1.7	0.05	IS
S.creatinine	I	0.99	0.8	11.1%	0.1	0.03	1.6	0.53	IS
	II	0.7	0.5	16.6%	0.16	0.01	1.7	0.05	IS

There was a statistically significant decrease (p value= 0.031) in Angamard . In group II only

41.9 % decrease in Angamarda was observed after the therapy which was statistically

significant (p value= 0.03). In group I only a 66.8% decrease in Aruchi was observed after the therapy which was statistically significant (p value= 0.031). There was a statistically highly significant decrease (p value = 0.031) in Aruchi by 51.9% in group II. There was a statistically significant decrease (p value=0.018) in Trishna by 45.6% in group I. In group II only 43.8 % decrease in Trishna was observed after the therapy which was statistically significant (p value = 0.02). In group I only a 52.9% decrease in Alasya was observed after the therapy which was statistically highly significant (p value= 0.032). Whereas in group II, 39.9 % decrease was observed with p value= 0.04 which was statistically significant. There was a statistically highly significant decrease (p value<0.001) in Gauravata by 57.89% in group I. In group II only a 60.99 % decrease in Gauravata was observed after the therapy which was statistically highly significant (p value <0.001). In group I only 23.9% decrease in Jwara was observed after the therapy which was statistically insignificant (p value =0.58). In group II only 23% decrease in Jwara was observed after the therapy which was statistically insignificant (p value=0.47). In group I only 76.8% decrease in Agnimandya was observed after the therapy which was statistically highly significant (p value=0.031). There was a statistically significant decrease p value= 0.03 in Agnimandya by 55.9% in group II. There was a statistically significant decrease (p value=0.04) in Sparsh Ashyata by 45% in group I. In group II only 44% decrease in Sparsh Ashyata was observed after the therapy which was statistically significant p value = 0.03. There was statistically highly significant decrease (p value<0.001) in Sandhi Shoola by 67% in group I. In group II only 64.1% decrease in Sandhi Shoola was

observed after the therapy which was statistically significant (p value=0.032). There was statistically significant decrease in Sandhi Shotha by 60% with p value = 0.04 in group I. In group II only 75.2% decrease in Sandhi Shotha was observed after the therapy which was statistically highly significant (p value = 0.051). There was a statistically significant decrease (p value=0.03) in Vidvibandha by 43% in group I. In group II only 39.8% decrease in Vidvibandha was observed after the therapy which was statistically significant (p value=0.04). There was a statistically significant decrease (p value=0.02) in Nidravipraya by 46% in group I. In group II only 43.89% decrease in Nidravipraya was observed after the therapy which was statistically significant (p value=0.02). In the present study, no considerable change was noticed in Hb, TLC, DLC, FBS, blood urea and serum creatinine after treatment in both the groups, except ESR and CRP. In ESR there was 24.92% reduction in group I and 19.4% in group II. Both groups showed statistically significant result with (p value<0.05). In CRP Percentage of relief were 27.93% and 25.2% percentage respectively in Group I and Group II the result in both groups were statistically significant (p<0.05). Inter group comparison revealed that result was statistically insignificant in both groups.

OBSERVATION

All the maximum contents of the proposed drugs are Katu-Tikta Rasa and Ushana Virya Pradhana, which in turn have Deepana-Pachana property. Due to Agnimandya at the level of Jatharagni or Bhutagni, Rasadhatu and Anna were not digested properly and this forces them to turn into Ama¹¹... At this stage, Simhanada Guggulu , Aamvatari Rasa and ajmodadhi rasa shows the Amapachana effect. All the general pharmacodynamic

properties of drug i.e Laghu, Tikshna, Ruksha Guna, Tikta Rasa and Ushana Virya are against the Guru Snigadha Picchila and Sheeta properties of Ama. Ama formation is stopped by the Deepneeya action. Associated symptoms Like Vidvibandh and Anaha are reduced by Anulomana i.e purgative properties of the drugs. simhnad Guggulu, relieves the symptoms of Sandhishoola and Shotha by analgesic and anti-inflammatory action. The type of Sangha Strotodushti that occurs in Amavata gets treated with the help of the properties of the proposed drug like Laghu, Ruksha and Ushana Virya that helps to remove Strotokleda, Shodhana and Klednashakaguna. Almost all these drugs have Ushana Virya, Laghu Ruksha Guna, Amahara, Deepana Vatakaphahara and Shotha, Shoolghana properties. By the Ushna Ruksha and Laghu Guna, it does the Pachana of Ama, which is seated in local Sandhis. Shandhi shotha in Amavata is brought about by the accumulation of Kapha Dosha and Ama. This Amapachana properties of all these drugs, further does the liquefaction of Ama, leading to Sroto Vikasa by its Ushana Guna, which in turn enhances circulation, that is further helpful in moving Ama from Sandhi into circulation leading to Sthabdata nasha and thus the joint movements come to normal.

CONCLUSION:

The following conclusion may be drawn based on observations and analysis made in the clinical study The trial drugs Amvatari Rasa and Ajmodahi churna Churna showed statistically significant results in subjective parameters Angamarda, Trishna, Apaka, Jadya, Sparsh Ashyata, Vidvibandha and Nidravipraya. The objective parameter i.e CRP, ESR showed statistically significant results in both groups but the maximum decrease was observed in Group II. In addition to these parameters, the trial drugs

simhnad Guggulu and ajmodadi churna also showed significant results in SGOT. Hematological and other biochemical investigations i.e TLC, DLC, blood urea, serum creatinine, SGPT and Serum lipid profile remained within normal range in both the groups after the completion of the trial drugs. No adverse effects of simhnad guggulu, amvatari rasa and ajmodadi churna were reported during the trial period. Thus on the basis of the present clinical study it was concluded that Amvatari rasa along with ajmodadi churna is more efficient than simhnad guggulu alone in improving signs and symptoms of Amavata patients.

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