



Research Article

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

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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 *Shamanoushadhi 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 subjective 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 *Shamanoushadhi* (*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 1988¹⁸⁷ 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 spondylosis 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 dravya 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

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Type of Vasti								
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	-
Hridgraha	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%

PIP	05	33.33%
Others	0	-

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
<i>Sandhi Shoola</i>	3.26	2.13	34.69%	0.83	0.21	5.26	<0.001	H.S
<i>Sandhi Shotha</i>	2.13	1.53	28.12 %	0.50	0.13	4.58	<0.001	H.S
<i>Stabdata</i>	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
<i>Sandhi Shoola</i>	2.13	0.46	78.25 %	0.72	0.18	8.91	<0.001	H.S
<i>Sandhi Shotha</i>	1.53	0.26	82.60 %	0.45	0.11	10.71	<0.001	H.S
<i>Stabdata</i>	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
<i>Sandhi Shoola</i>	3.26	0.46	85.71 %	0.86	0.22	12.58	<0.001	H.S
<i>Sandhi Shotha</i>	2.13	0.26	87.50 %	0.74	0.19	9.72	<0.001	H.S
<i>Stabdata</i>	1.4	0.26	80.95%	0.51	0.13	8.5	<0.001	H.S

Sandhi Shoola showed 85.71% relief which was statistically highly significant at the level of $p < 0.001$ ($t = 12.58$). *Sandhi Shotha* showed 87.50% relief which was statistically highly significant at the level of $p < 0.001$ ($t = 9.72$). *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
<i>Sparshaasahitwa</i>	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
<i>Sparshaasahitwa</i>	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
<i>Sparshaasahitwa</i>	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 a 88.57% relief which was statistically highly significant at the level of $p < 0.001$ ($t = 7.75$) in. Grip strength showed a 80% 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
<i>Angamarda</i>	15	15	6	60%
<i>Shoonatanga</i>	4	4	0	100%
<i>Shoola</i>	12	12	6	50%
<i>Aruchi</i>	11	11	0	100%
<i>Trushna</i>	6	6	0	100%
<i>Alasya</i>	8	8	2	75%
<i>Gaurava</i>	7	7	1	85.71%
<i>Jwara</i>	6	6	0	100%
<i>Apaka</i>	3	3	0	100%
<i>Praseka</i>	3	3	0	100%
<i>Utsahahani</i>	5	5	3	40%
<i>Vairasya</i>	3	3	0	100%

<i>Daha</i>	2	2	0	100%
<i>Bahumootrata</i>	0	0	0	-
<i>Kukshi katinya</i>	0	0	0	-
<i>Kukshi shoola</i>	2	2	0	100%
<i>Aanaha</i>	1	1	0	100%
<i>Aantrakoojana</i>	2	2	0	100%
<i>Chardi</i>	4	4	0	100%
<i>Nidraviparyaya</i>	10	10	3	70%
<i>Bhrama</i>	0	0	0	-
<i>Moorcha</i>	0	0	0	-
<i>Hridgraha</i>	5	5	2	60%
<i>Vitvibandha</i>	13	13	2	84.61%
<i>Jadhya</i>	1	1	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 *Angamarda*. 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 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.

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*, *Ruksha*, *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 relives 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 *Tridoshhara* 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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