



A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF DHANYA NAGARA KWATHA WITH KARISHA PINDA SWEDA AND RASONADI KWATHA WITH KARISHA PINDA SWEDA IN THE MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

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Amavata is a disease caused due to the vitiation of *vata* and *ama*. Vitiating *vata* propels *ama* throughout the body through *Dhamanis* and takes *ashraya* in the *shleshma sthana* especially in *sandhis*. Rheumatoid Arthritis is one among the disease which can be brought under the umbrella of *Amavata* due to the prevalence and predominance in the signs and symptoms. The treatment should be planned in such a way that both *samprapthi vighatana* and symptomatic relief can be achieved. Keeping this in mind, the present study was planned a comparative evaluation of *Dhanya Nagara Kwatha* and *Rasonadi Kwatha* internally with *Karisha Pinda sweda* as *bahya kriya*. The study was directed towards evaluation on the efficacy of above both drugs with *Karisha pinda sweda* both as *amapachana* and *Vatahara* and thereby *Vyadhihara*.

A comparative clinical study done on 40 patients of *Amavata* w.s.r to Rheumatoid Arthritis selected from OPD and IPD of SKAMCH&RC Bengaluru and made into two groups. In both groups patients were given *Sarvanga Karisha Pinda Sweda* for first 7 consecutive days along with *Dhanya Nagara Kwatha* in Group A and *Rasonadi Kwatha* in Group B. 24ml of each *kashaya* was administered internally in the morning and evening before food for 17 days followed by follow up after 7days. Total of 24days study was taken up.

The effect of treatment has showed statistically highly significant results in both the groups with *p* value <0.001 in almost all the parameters. On comparison between the groups, Group B had shown statistically better result than Group A which can be concluded that *Rasonadi Kwatha* with *Karisha Pinda Sweda* has shown better effect in reducing the symptoms of *Amavata*.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Dhanya Nagara Kwatha*, *Rasonadi Kwatha*, *Karisha Pinda Sweda*.

INTRODUCTION

Ayurveda, the science of life emphasize mainly on two goals such as maintenance of health and the curing of the ailment. A systemized daily routine i.e. *Dinacharya*, *Ritucharya* and *Pathya ahara viharas* helps one to achieve the above mentioned goals. The fight for existence and the need for survival has taken a toll in human life to such a greater extent that health is coming as secondary for him. Prior importance should be given to our *Shareera* as it is the vital factor in carrying out the pursuits of life. Abnormal food habits, style of living and emotional stress has paved way to the development of numerous disease affecting various aspects of life. *Amavata* is one of the challenging diseases thus developed due to the unhealthy habits and unawareness of the importance of maintaining health, equilibrium of *Agni* and *Doshas*. *Amavata* is the prime disease which

makes the person crippled and unfit for an independent life. *Amavata* possess a challenge to the physicians due to its chronic nature, difficulty, complications.

The term *Amavata* is originated from the words 'Ama' and 'Vata'. The hallmark of *Amavata* is the progressive pathological influence of *Ama* and *Vata* in the synovial joints and the resultant degeneration of joints. The sign and symptoms of *Amavata* are more or less resembling with Rheumatoid Arthritis.

Rheumatoid Arthritis is a chronic inflammatory disease of unknown etiology marked by a symmetric, peripheral polyarthritis. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability.^[1] The prevalence of Rheumatoid arthritis is approximately 1% of the global population

and in Indian population it is around 0.9%; Women are affected 3 times more often than men. The incidence of Rheumatoid Arthritis increases between 25 and 55 yrs of age; hence it hampers with the creative years of life. Despite the awareness of the disease, proper explanation for the cause and source of Rheumatoid Arthritis are still obscure in modern science. Hence no rational curative measures are known. Anti-inflammatory analgesics and Disease Modifying Anti Rheumatic Drugs are the drugs of choice in contemporary system of medicine. The Ayurvedic line of treatment defends a good deal on the pathogenesis and the stage of disease. Ayurveda emphasizes *Shodhana* and *Shamana* treatments in *Amavata*. Among *Shamana* *oushadhis*, many preparations are with easily available and cost effective ingredients which is an important factor considering the chronicity in the disease pathogenesis and hence need for a prolonged duration of the treatment. Here a sincere attempt has been made to provide a better management of *Amavata*. considering the need of the the present study entitled, "A comparative clinical study to evaluate the effect of *Dhanya Nagara Kwatha* with *Karisha Pinda sweda* and *Rasonadi Kwatha* with *Karisha pinda sweda* in the management of *Amavata* w.s.r to Rheumatoid Arthritis" is found beneficial in alleviating the signs and symptoms of the above condition.

Objectives of the study

- To evaluate the effect of *Dhanya Nagara Kwatha* along with *Karisha Pinda Sweda* in the management of *Amavata*.
- To evaluate the effect of *Rasonadi Kwatha* along with *Karisha Pinda Sweda* in the management of *Amavata*.
- To compare the effects of *Dhanya Nagara Kwatha* along with *Karisha Pinda Sweda* and *Rasonadi Kwatha* along with *Karisha Pinda Sweda* in the management of *Amavata*.

MATERIAL AND METHODS

- 40 Patients presenting with clinical features of *Amavata* (Rheumatoid Arthritis) coming under the inclusion criteria approaching the OPD and IPD of Sri Kalabyraveshwaraswamy Ayurvedic Medical College, Hospital & Research Centre, Bengaluru were selected for the study.

The sample collection was initiated with post approval from the Institutional Ethics Committee.

Inclusion criteria

- Patients presenting with *lakshanas* of *Amavata* were selected.
- Patients presenting with the signs and symptoms of Rheumatoid Arthritis were selected.
- Patients of age group 16-70 years irrespective of gender, religion and occupation.

Exclusion criteria

- Patients with other systemic or metabolic disorder such as hypertension and diabetes which interfere with the treatment.
- Patients presenting with complications of Rheumatoid Arthritis such as Rheumatoid Nodules and joint deformity (Swan neck deformity and Boutonniere deformity).
- All connective tissue disorder (Osteoarthritis, SLE etc.) other than Rheumatoid Arthritis.

Investigations

Blood for Hb %, Total Count, Differential Count, Erythrocyte Sedimentation Rate, Rheumatoid factor, C-reactive Protein, RBS

Intervention

The study was intervened for a duration of 24 days which is divided into Treatment 17 days and Follow up study comprising 7days.

Administration of drug

Group-A

- In this group patients were given *Sarvanga Karisha Pinda Sweda* for first 7 consecutive days along with *Dhanya Nagara Kwatha* 24ml was administered internally in the morning and evening before food for 17 days.

Group-B

- In this group patients were given *Sarvanga Karisha Pinda Sweda* for first 7 consecutive days along with *Rasonadi Kwatha* 24ml was administered internally in the morning and evening before food for 17 days.

Total duration of study: 24 Days.

Assessment criteria

The clinical findings were noted in specially designed case proforma and assessment was done on Day 1 (Before Treatment), Day7 (Mid Treatment- After *Karisha Pinda Sweda* along with oral medication), Day18 (After Treatment- After oral Medication alone) and Day 25 (After Follow Up-After the completion of the course of Treatment).

The assessment was done based on Subjective and Objective parameters.

Statistical analysis

Statistical Analysis was done using SPSS VER.20.

Observations

In the present study maximum 15(37.5%) patients belong to age group of 51-60 years, 35(87.5%) patients were female, 28(70%) were homemaker, 25(62.5%) were having mixed diet, 25(62.5%) patients had *mandagni*, 35(87.5%) were having *nidraviparyaya*, 20(50%) patients were having *virudhasana*, 18(45%) were doing *vishamashana*, 16(40%) patients were doing *adhyashana*, 26(65%) patients were having *snigdha ahara*, 25(62.5%) patients were having *ati-guru*,

19(47.5%) were having *ati madhura* and 31(77.5%) patients were having *dadhisewana*, 21(52.5%) patients were doing *ati shrama*, 25(62.5%) were doing *diwaswapna*, 17(42.5%) were doing *ratrijagarana* and 18(45%) patients were doing *vegadharana*. 11(27.5%) patients were having *shoka* and 9(22.5%) were having *chinta*, 40(100%) patients were giving complaints of *Angamarda*, 36(90%) were having *Aruchi*, 28(70%) were having *Trushna*, 36(90%) were having *Jwara*, 40(100%) were having *Alasya*, 36(90%) were having *Apaka* and 40(100%) were having *Gaurava*, *shoonagata* and *stabdhata*. 40(100%) patients were complaining *Hasta sandhi shula*, 40(100%) patients of *Janu sandhi shula*, 33(82.5%) patients of *Gulpha sandhi shula*, 27(67.5%) patients were complaining *Pada sandhi shula*, and 20(50%) patients of *trika shoola*, *Sandhishotha* and *sandhishoola* was found in all 40(100%) patients.

RESULTS

The subjective parameters like *Sandhishoola*, *Sandhishotha*, *Sparshaasahishnutha*, *Sandhigraha*, *Angamarda*, *Aruchi*, *Trushna*, *Alasya*, *Gaurava*, *Jwara* and *Apaka* were subjected to Wilcoxon test to compare the Mean Rank within the group and Mann Whitney test to compare the Mean Rank difference between the groups. The objective parameters like grip strength and RAPID3 were subjected to statistical test paired 't' test and Unpaired 't' test for within the group and in between the groups analysis respectively. The differences in the mean values were considered Highly significant at $p < 0.001$ and $p < 0.01$, Significant at $p < 0.05$ and Non-significant at $p > 0.05$.

Effect of Treatment on *Sandhishoola* in between the Groups.

<i>Sandhi shoola</i>	Group A		Group B		Mann Whitney U	Z Value	P Value	Remark
	MR	SR	MR	SR				
MT	21.88	437.50	19.12	382.50	172.000	-1.025	0.305	NS
AT	24.80	496.00	16.20	324.00	114.000	-2.984	0.003	NS
AF	24.62	492.50	16.38	327.50	117.500	-2.430	0.015	S

No Significant difference in between the groups statistically at MT, AT (>0.05) and Significant difference in between the group at AF (<0.05), However the mean

rank of Group B is smaller than that of Group A, hence the reduction in the *Sandhishoola* is comparatively better in Group B.

Effect of Treatment on *Sandhishotha* in between the Groups.

<i>Sandhi shotha</i>	Group A		Group B		Mann Whitney U	Z Value	P Value	Remark
	MR	SR	MR	SR				
MT	23.00	460.00	18.00	360.00	150.000	-1.869	0.062	NS
AT	23.58	471.50	17.42	348.50	138.500	-2.001	0.045	S
AF	22.50	450.00	18.50	370.00	160.000	-1.275	0.202	NS

No Significant difference in between the group statistically at MT, AF (>0.05) and Significant difference in between the group at AT (<0.05), However the mean

rank of Group B is smaller than that of Group A, hence the reduction in the *Sandhishotha* is comparatively better in Group B.

Effect of Treatment on *Sparsha asahishnuta* in between the Groups.

<i>Sparsha asahishnuta</i>	Group A		Group B		Mann Whitney U	Z Value	P Value	Remark
	MR	SR	MR	SR				
MT	20.80	416.00	20.20	404.00	194.000	-0.182	0.855	NS
AT	21.40	428.00	19.60	392.00	182.000	-0.527	0.598	NS
AF	21.82	436.50	19.18	383.50	173.500	-0.788	0.430	NS

No Significant difference in between the group statistically at MT, AT, AF (>0.05), However the mean rank of Group B is smaller than that of Group A, hence

the reduction in the *Sparsha asahishnuta* is comparatively better in Group B.

Effect of Treatment on *sandhigraha* in between the Groups.

<i>Sandhi graha</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	25.20	504.00	15.80	316.00	106.000	-3.082	0.002	HS
AT	23.58	471.50	17.42	348.50	138.500	-2.125	0.034	S
AF	24.40	488.00	16.60	332.00	122.000	-2.391	0.017	S

Highly Significant difference in between the groups statistically at MT (<0.01) and significant difference in between the groups at AT and AF (<0.05). However the

mean rank of Group B is smaller than that of Group A, hence the reduction in the *Sandhigraha* is comparatively better in Group B.

Effect of treatment on *Angamarda* in between the Groups.

<i>Angamarda</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	23.52	470.50	17.48	349.50	139.500	-1.827	0.068	NS
AT	23.98	479.50	17.02	340.50	130.500	-2.099	0.036	S
AF	23.62	472.50	17.38	347.50	137.500	-1.796	0.073	NS

No Significant difference in between the group statistically at MT and AF (>0.05), significant difference in between the group at AT (<0.05). However the mean rank of Group B is smaller than that of Group A, hence the reduction in the *Angamarda* is comparatively better in Group B.

Effect of treatment on *Aruchi* in between the Groups.

<i>Aruchi</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	20.95	419.00	20.05	401.00	191.000	-0.282	0.778	NS
AT	23.18	463.50	17.82	356.50	146.500	-1.598	0.110	NS
AF	22.18	443.50	18.82	376.50	166.500	-0.958	0.338	NS

No Significant difference in between the group statistically at MT, AT and AF (>0.05). However the mean rank of Group B is smaller than that of Group A, hence the reduction in the *Aruchi* is comparatively better in Group B.

Effect of treatment on *Trushna* in between the Groups.

<i>Trushna</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	21.40	428.00	19.60	392.00	182.000	-0.541	0.589	NS
AT	22.15	443.00	18.85	377.00	167.000	-0.997	0.319	NS
AF	20.62	412.50	20.38	407.50	197.500	-0.073	0.942	NS

No Significant difference in between the group statistically at MT, AT and AF (>0.05).. However the mean rank of Group B is smaller than that of Group A,

hence the reduction in the *Trushna* is comparatively better in Group B.

Effect of treatment on *Alasya* in between the Groups.

<i>Alasya</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	18.75	375.00	22.25	445.00	165.000	-1.007	0.314	NS
AT	18.92	378.50	22.08	441.50	168.500	-0.922	0.357	NS
AF	17.42	348.50	23.58	471.50	138.500	-1.812	0.070	NS

No Significant difference in between the group statistically at MT, AT and AF (>0.05). However the mean rank of Group A is smaller than that of Group B,

hence the reduction in the *Alasya* is comparatively better in Group A.

Effect of treatment on *Gaurava* in between the Groups.

<i>Gaurava</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	24.00	480.00	17.00	340.00	130.000	-2.128	0.033	S
AT	24.30	486.00	16.70	334.00	124.000	-2.319	0.020	S
AF	24.45	489.00	16.55	331.00	121.000	-2.267	0.023	S

Significant difference in between the group statistically at MT, AT and AF (<0.05). However the mean rank of Group B is smaller than that of Group A, hence the

reduction in the *Gaurava* is comparatively better in Group B.

Effect of treatment on *Jwara* in between the Groups.

<i>Jwara</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	22.75	455.00	18.25	365.00	155.000	-1.335	0.182	NS
AT	22.38	447.50	18.62	372.50	162.500	-1.112	0.266	NS
AF	22.95	459.00	18.05	361.00	151.000	-1.463	0.143	NS

Non-significant difference in between the group statistically at MT, AT and AF (>0.05). However the mean rank of Group B is smaller than that of Group A,

hence the reduction in the *Jwara* is comparatively better in Group B.

Effect of treatment on *Apaka* in between the Groups.

<i>Apaka</i>	Group A		Group B		Mann Whitney U	Z value	P value	Remark
	MR	SR	MR	SR				
MT	19.08	381.50	21.92	428.50	171.500	-0.839	0.401	NS
AT	19.98	399.50	21.02	420.50	189.500	-0.308	0.758	NS
AF	19.15	383.00	21.85	437.00	173.000	-0.779	0.436	NS

Non-Significant difference in between the group statistically at MT, AT and AF (>0.05). However the mean rank of Group A is smaller than that of Group B,

hence the reduction in the *Apaka* is comparatively better in Group A.

Effect of treatment on RAPID3 in between the Groups.

RAPID3		Mean	SD	SE	MD	PSE	t-value	P value	Remarks
MT	Group A	15.125	1.207	0.269	-1.350	0.663	-2.034	0.049	NS
	Group B	13.775	2.712	0.606					
AT	Group A	14.720	1.077	0.241	-1.055	0.643	-1.640	0.109	NS
	Group B	13.665	2.668	0.596					
AF	Group A	14.725	1.233	0.275	-0.890	0.663	-1.342	0.187	NS
	Group B	13.835	2.696	0.602					

No Significant difference in between the group statistically at MT, AT, AF (>0.05). However the mean of Group B is smaller than that of Group A, hence the

reduction in the RAPID3 is comparatively better in Group B.

Effect of treatment on Grip Strength in between the Groups.

Grip strength		Mean	SD	SE	MD	PSE	t-value	P value	remarks
MT	Group A	63.60	5.374	1.202	3.500	1.824	1.919	0.063	NS
	Group B	60.10	6.138	1.372					
AT	Group A	64.70	5.202	1.163	4.000	1.838	2.176	0.036	S
	Group B	60.70	6.367	1.424					
AF	Group A	63.10	5.046	1.128	3.700	1.780	2.078	0.045	S
	Group B	59.40	6.159	1.377					

No significant difference in between the groups statistically at MT (>0.05) and significant difference in between the groups at AT and AF (<0.05), however the mean of Group B is smaller than that of Group A. Hence the improvement in Grip Strength is comparatively better in the Group B.

DISCUSSION

Amavata manifested due to *Viruddha Ahara-chesta*, *Mandagni*, *Nischalatha* and doing *Vyayama* immediately after the intake of *Snigdha Bhojana*.^[2] These are important factors for the initiation of disease process as these will lead to the production of *Ama*. For the persons who have proper *Agni* will not be affected by these *Nidan*s. In the presence of sedentary life style and *Mandagni* if a person involve himself in *Viruddha Ahara* and *Cheshta* and does exercise immediately after *Snigdha ahara* leads to the manifestation of the disease *Amavata*. This could be because normally, the circulation of *Rasa and Rakta* is more towards *Koshta* for the digestion of meal. But, when a person indulges in any type of *Vyayama* just after consuming meal, circulation is deviated from *Koshta* to the *Shakha* resulting in a relative decrease of supply to the *Koshta*. By this act, the process of digestion and absorption get hampered. Therefore improper digestion leads to formation of *Ama* presenting with *Sama Lakshana* similar to the prodromal of Rheumatoid Arthritis like fatigue, weakness, joint stiffness, vague arthralgia and myalgia.

Sandhi Shula, *Sandhishotha*, *Sandhistabdhat*a are the cardinal clinical features of this disease, apart from this many general symptoms like *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gourava*, *Jwara*, *Apaka* ^[3] are seen in this disease. Though *Ama* and *Vata* are chief pathogenic factors, *Kapha* and *Pitta* are also invariably involved in the pathogenesis of *Amavata*.

Samanya Lakshanas can be compared with the prolonged Pre-articular phase of Rheumatoid Arthritis: *Aruchi* - anorexia, *Alasya* -fatigue, *Jwara*- fever, *Angamarda* - malaise.

Lakshanas with symptoms of Rheumatoid arthritis: *Shula*- pain in the joints, *Shotha* - swelling, *Stabdhatrata*-early morning stiffness, *Jwara* -fever, *Shula* and *Shotha* of *Hasta* (Pain and swelling in IPJ), *Pada* (MTJ), *Gulpha* (Ankle joint), *Trika*.

Angamardha is caused due to the *Samarasa* and *Vata Prakopa*. *Aruchi* manifests due to the vitiation of the *Bhodaka Kapha* by the *Ama*. *Alasya* is due to the *Ama* and *Dooshitha Kapha* and *Rasa*. *Jwara* due to *Ama*, *Agni* along with the *Doshas* is expelled from *Amashaya* leading to *Jwara*. *Sandhi Shula* is produced due to the deposition of the *Ama* in the joints and *Prakupitha Vata*. *Sandhi Vakra* due to the improper nourishment of the *Sthanika Dhatus* and *Upadhatus* due to *Ama*.

Probable mode of action of *dhanyanagara kwatha*, *rasonadi kwatha* & *karisha pinda sweda*

Probable mode of action of *Dhanyanagara Kwatha*^[4]
Dhanya Nagara Kwatha contains *Dhanyaka* which has *Deepana-Pachana Karma*, *Nagara* has *Deepana* and *Kapha-vatahara Karma*, *Erandamoola* has *Vata-kaphahara*, *Shoolahara*, *Shophahara* and *Rechana Karma*. Due to these properties it does *amapachana*, removes *abhishyandata* in *srotas*. In *Phalashruthi* of *Dhanya Nagara Kwatha* has mentioned “*Jayedamaanilavyatha*”

Probable mode of action of *Rasonadi Kwatha*^[5]

Rasonadi Kwatha contains *Rasona*, *Shunti* and *Nirgundi*. *Rasona* has *Ushana*, *Teekshan Guna* and *Katu Vipaka* which acts on *ama*, *vata* and *kapha*. *Nagara* is having *Katu rasa*, *ushna veerya* *Deepana Pachana* properties. *Nagara* is *Katu-tikta Rasa* it has *soola* and *shothahara* properties. The combination of whole is *Katu pradhana tikta*, *Ruksha* and *Teekshna guna*, *ushna veerya*, *Katu vipaka*, *Deepana* and *kapha Vatahara*. It acts against the *snigdha Picchila pradhana guna* of *ama* and it reduces the *sarvadaihika ama lakshanas*.

Probable mode of action of *Karisha pinda Sweda*^[6]

In *Karisha Pinda Sweda*, *Karisha* is having *Laghu*, *Ruksha*, *Teekshna Guna* and *Ushna Veerya* which mainly acts on the *Ama*, due to *Ushna guna*, *Sheeta-shoola Vyuparame Sthamba Gourava Nigraha*, *Agnerdeepthi*, *Bhaktashradha*, *srotasam nirmaltvam*, *Sandhi Sthabda Hanti* properties acted on most of *lakshanas* of *Amavata*.

CONCLUSION

- ❖ *Amavata* is characterized by both *Samanya Lakshanas* and *Pravrudha Lakshanas*.
- ❖ Many Auto immune disorders are coming under the umbrella of *Amavata* among them one of the prominent and prevalent is Rheumatoid Arthritis in which the signs and symptoms of *Amavata* can be correlated.
- ❖ *Samprapthi Vighatana* in *Amavata* is achieved by administering drugs having *Gunas* like *Ushna*, *Teekshna*, *Sookshma*, *Vishadha*, *Laghu* and with *Pachana*, *Deepana* and *Shodhna dravyas*.
- ❖ The present study is a comparative clinical study where in 40 patients of either gender diagnosed with *Amavata* w.s.r to Rheumatoid Arthritis were randomly assigned into two groups comprising of 20 patients in each. The patients of Group A were given *Sarvanga Karisha Pinda Sweda* for first 7 consecutive days along with *Dhanya Nagara Kwatha* 24ml was administered in the morning and evening before food for 17 days and The patients of Group B were given *Sarvanga Karisha Pinda Sweda* for first 7 consecutive days along with *Rasonadi Kwatha* 24ml was administered in the morning and evening before food for 17 days.

- ❖ The overall observation in the study revealed that the maximum number of patients were females, within the age group of 41 – 50 years, belonging to middle class, Hindu religion, married, having mixed diet, disturbed sleep and studied up to Graduate presenting with maximum *lakshanas* of *Amavata* for the duration of >1 years - ≤4 year.
- ❖ The parameters like *Angamarda*, *Aruchi*, *Trushna*, *Gourava Jwara*, RAPID3, Grip-Strength revealed Statistically better results in Group B than Group A
- ❖ The parameter like *Alasya*, *Apaka* revealed statistically better results in Group A than Group B. The effect of treatment has showed statistically highly significant results in both the groups with *p* value <0.001 in almost all the parameters. On comparison between the groups, Group B had shown statistically better result than Group A which can be concluded that *Rasonadi Kwatha* with *Karisha Pinda Sweda* has shown better effect in reducing the symptoms of *Amavata*.

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