



CLINICAL STUDY TO EVALUATE THE EFFICACY OF AMRIT MANJIRI AND MAHARASNADI KWATH IN THE MANAGEMENT OF AMAVATA

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ABSTRACT

Amavata is one of the chronic diseases mainly affecting the joints with some other constitutional symptoms which make the life of the patient almost crippled and restrict the patient to the bed. It is seen most commonly in the patients due to their changing dietetic habits, social structure, environment and mental stress and strain. It is a Shula Pradhana Vyadhi, the intensity of the pain is high grade among the other diseases. It is not only a disorder of locomotor system but is a systemic disease and is named after its chief pathogenic constituents i.e. Ama and Vata. Rheumatoid Arthritis is a chronic multisystem disease of unknown cause and can be defined as a chronic polyarthritis affecting mainly the more peripheral joints, running a prolonged course with exacerbation and remission and accompanied by a general systemic disturbance. The disease is characterized by swelling of the synovial membrane and periarticular tissues, subchondral osteoporosis, erosion of cartilage and bone and wasting of the associated muscles. The management of rheumatoid arthritis is still in enigma for modern science. Chakrapani was the pioneer of laying down the principle and line of treatment of Amavata. The line of treatment laid down by Chakrapani denotes firstly the Pachan of Ama, then restoration of Agni and finally control of Vata Dosha. The objectives of this study are to understand the clinical presentation, the utility of herbo-mineral compounds in Amavata. 30 cases were selected through random sampling. The patients were treated with hydromineral compounds of Amrit Manjiri and the polyherbal formulation of Maharasnadi Kwath and for 30 days. Out of 30 patients 6.67% patients showed excellent and marked improvement, 36.67% patients showed moderate improvement and 50% patients showed mild improvement. The outcome revealed a better therapeutic efficacy of Amrit Manjiri and Maharasnadi Kwath in the symptom of Amavata and general functional capacity, walking time, grip strength and foot pressure of patients without any adverse effects.

KEYWORDS: Amavata, Rheumatoid Arthritis, Amrit Manjiri and Maharasnadi Kwath.

INTRODUCTION

Amavata is one of the chronic diseases mainly affecting the joints with some other constitutional symptoms which make the life of the patient almost crippled and restrict the patient to the bed. It is seen most commonly in the patients due to their changing dietetic habits, social structure, environment and mental stress and strain. Ama and Vata are the two main pathognomic factors held responsible for causation of Amavata. Derangement of Agni that is Agnimandya is a chief factor responsible for the formation of Ama, which is the main pathological entity of the disease. The etiological factor for both vitiation of Vata and formation of Ama are responsible for the manifestation of the disease. Excessive consumption of Nidana of Amavata in the pre-existing stage of Mandagni leads to formation of Ama and simultaneous vitiation of Tridosha, especially the Vata Dosha. The samprapti originates initially from the Annavaaha Srotasa and in due course spreads to the other Srotasa mainly Rasavaaha, Asthivaaha and Majjivaaha Srotasa. The Dushtas mainly involved in this disease are Rasa, Mansa, Asthi and Majja. It is mostly the disease of Madhyama Roga Marga with Chirakari Swabhava.

Sandhi is the main site of Abhivyakti of Lakshana. Ama, under the influence of vitiated Vata, comes to Sleshmasthanas mainly in sandhi and gets lodged there. Sandhishoola, Sandhishotha, Stabdhatata and Sparshasehatva are the cardinal features of Amavata. The disease runs a chronic course of Jadya, Sankocha, Angavaikalya Mansakshaya etc. are responsible for crippling the patients. In Amavata patient's other constitutional symptoms such as Alasya, Aruchi, Balabhransha, Vivandha, Apakti etc. are typically found.

The disease rheumatoid arthritis is chronic in nature and affects mostly the middle-aged group. It is one of the common debilitating diseases by the virtue of its chronicity and implications. The onset of disease is frequent during the 4th and 5th decade of life with 80% of patients developing the disease between 35 -50 years of age. Community prevalence study shows that females are more sufferers than male and the ratio of occurrence between them is 3:1. About 10% of the patients are affected by first degree relative. A genetic susceptibility to altered immune responses probably is important in Rheumatoid arthritis. Management of Rheumatoid arthritis includes use of analgesics, steroids for the pain management which are having several adverse reactions and drug dependency.

The first and foremost aim of the Chikitsa is to do Sampraptivighatana. Chakrapani was the pioneer of laying down the principle and line of treatment of Amavata. Rukshasweda and Upnaha were added afterward by Bhavaprakasha and Yogaratnakar to the measures mentioned by Chakrapani. Ama and Vata are the two chief pathognomic factors in production of Amavata. The line of treatment laid down by Chakrapani denotes firstly the Pachan of Ama, then restoration of Agni and finally control of Vata Dosha. The treatment includes – Langhan (light diet or fasting), Swedana (fomentation), drugs having Tikta, Katu Rasa and Deepana, Pachan (appetizers, digestives and carminatives) action, Virechana (therapeutic purgation), Snehapana (oleation) and Anuvashana (therapeutic enema) as well as Kshara Basti.

The use of drugs having the Langhan properties are beneficial in Pachan of Ama and correct the Mandagni. Once the Ama is cured, and the strength of the Agni is restored the measure to control the Vata can be instituted. Langhan also creates hunger reflex in the patients resulting indirectly in enhanced production of internal corticosteroids which provide a beneficial effect by reducing the Inflammation. On the whole due to Langhan, Amapachan takes place reducing the symptoms produced as a result of Ama. Keeping in mind the high prevalence of the disease, rate of disability in productive span of life, intensity of symptoms of disease, lack of current effective treatment and considering classical reference of the drugs, a randomized clinical trial was initiated.

Ayurveda management is clinically proven to give long lasting relief with minimal side effects and least recurrence rate. Hence Ayurveda intervention seems to be more satisfactory because of their sustained effects and multiple systemic regenerative actions without any harm. In Ayurved the main line of treatment is to correct the Agni Dushti by following Langhan and administering drugs which are Amapachan and Agni deepan in action. Hence, the study is planned to evaluate therapeutic effects of Amrit Majiri and Maharasnadi Kwath in the management of Amavata.

AIM & OBJECTIVES - The aims and objectives of the study are:

1. To evaluate the efficacy of Amrit Manjiri and Maharasnadi Kwath in the management of Amavata.
2. To provide a reliable, cost effective Ayurvedic treatment for Amavata

METHODOLOGY OF THE RESEARCH WORK

It is an open labelled randomized observational clinical trial. Patients were registered and selected for the study after getting voluntary consent. The patients were assigned in a single group consisting of 30 patients excluding dropouts with pre, mid and post-test study design.

Methods of collection of Data

- Patients fulfilling the criteria for the diagnosis of the disease were registered for the present study irrespective of their age, sex, religion etc. The patients were selected on the basis of criteria of inclusion and exclusion criteria.
- A clinical evaluation of patients was done by collection of data through information obtained by history, physical examination, and laboratory tests including radiological investigations.

Inclusion Criteria

- Patients suffering from classical features of Amavata explained in texts.
- No discrimination of gender, chronicity or socio-economic status.
- Patients with the age group of 21-60 years.

Exclusion Criteria

- Patients with other serious systemic disorders with Amavata.
- Chronic cases with permanent deformity for more than 10 years
- Age less than 21 years and more than 60 years

Withdrawal Criteria

- Personal matters
- Aggravation of complaints
- Intercurrent illness
- Any other difficulties
- Leave against medical advice

Criteria for Selection of Drug

Amrit Manjiri (Bhaishajya Ratnavali Amavata Rogadhikar 171-173) – Amrit Manjiri is a herbo-mineral formulation which contains Shuddha Hingul, Shuddha Vatsanabh, Pippali, Marich, Tankan, Jatikosh in equal proportion and bhavna of Jambir Swarasa. It is used in the treatment of Agnimandya (Loss of appetite), Ajirna (Indigestion), Samavata (Rheumatism), Kasa (Cough), Shwasa (Asthma), Sarvangagrahan (Bodyache) and Jirna Jwara (chronic fever).

Table No. 1- The herbo-mineral compound Amrit Manjiri

Sr.No.	Ingredients	Botanical Name/Chemical Name	Part Used	Proportion
1	Hingul	Sulphuretum hydrargyria /mercury sulphide	Mineral ore	1 Part
2	Vatsanabh	Aconitum ferox	Root	1 Part
3	Pippali	Piper longum	Fruit	1 Part
4	Marich	Piper nigrum	Fruit	1 Part
5	Tankan	Sodium pyroborate/ Borax	Mineral	1 Part
6	Javitri	Myristica fragrans	Kosh	1 Part
7	Jambir Swarasa	Citrus limon	Fruit	q.s.

Maharasnadi Kwath (Sharangdhara Samhita Madhyam Khand 2/89-95 Sahasrayogam) - It is a polyherbal formulation that pacifies inflammation, muscle-joint pain and stiffness. It is used in paralysis, rheumatism and

arthritis. It reduces the inflammation of joints, minimizes the stiffness in muscles and rejuvenates the surrounding tissues to give long lasting relief. It has Ama Pachak actions, which reduces Amavisha and facilitates their quick elimination from the body.

Table No. 2- The polyherbal formulation of Maharasnadi Kwath

Sr.No.	Ingredients	Botanical Name/Chemical Name	Part Used	Proportion
1	Rasna	Pluchea lanceolata	Root	2 parts
2	Eranda	Ricinus communis	Root	1 part
3	Devadaru	Cedrus deodara	Heart wood	1 part
4	Shati	Hedychium spicatum	Rhizome	1 part
5	Vacha	Acorus calamus	Root	1 part
6	Vasa	Adhatoda vasica	Whole plant	1 part
7	Sunthi	Zingiber officinale	Rhizome	1 part
8	Harad	Terminalia chebula	Fruit	1 part
9	Bala	Sida cordifolia	Root	1 part
10	Chavya	Piper chaba	Fruit	1 part
11	Musta	Cyperus rotundus	Root	1 part
12	Punarnava	Boerhavia diffusa	Root	1 part
13	Guduchi	Tinospora cordifolia	Stem	1 part
14	Vridhdharu	Argyreia speciosa	Stem	1 part
15	Shatapushpa	Anethum sowa	Fruit	1 part
16	Gokshura	Tribulus terrestris	Fruit	1 part
17	Ashwagandha	Withania somnifera	Root	1 part
18	Shatavari	Asparagus racemosus	Root	1 part
19	Ativisha	Aconitum heterophyllum	Root	1 part
20	Garmala	Cassia fistula	Stem bark	1 part
21	Pippali	Piper longum	Fruit	1 part
22	Sahachara	Barleria prionitis	Whole plant	1 part
23	Dhanyaka	Coriandrum sativum	Fruit	1 part
24	Brihati	Solanum indicum	Whole plant	1 part
25	Kantakari	Solanum surratense	Whole plant	1 part
26	Dhamasa	Fagonia arabica	Whole plant	1 part

The drugs Amrit Manjiri and Maharasnadi Kwath are well known for having analgesic and anti-inflammatory actions. Thus, the combination was used as Shamana Yoga having Vata-kaphahara property.

Treatment Schedule

1. Amrit Manjiri – 2 tablets (approximately 125 mg each) BD after food with honey
2. Maharasnadi Kwath – 20 ml BD with equal quantity of Luke warm water

Total duration – 30 days

Diagnostic Criteria

Patients having classical features of Amavata related to joints and other general symptoms like Angamarda, Aruchi, Trishna, Alasya, Gaurava, Klama, Apaka and Jwara. The base of criteria led down by American Rheumatism Association was taken into consideration as follows –

- * Early morning stiffness > 1 hour
- * Arthritis of three or more joints
- * Arthritis of hand joints
- * Symmetrical arthritis
- * A positive serum Rheumatoid Factor (R.A. Test)
- * Typical Radiological changes

Diagnosis of Rheumatoid Arthritis made with 4 or more criteria.

Diet Regimen

While prescribing the diet of the patients, the concept of Pathya-apathya related to Ama was kept in mind; light diet was advised as per the status of Agni.

Criteria for Assessment

The assessment was made before and after one month of the completion of treatment on scoring of signs and symptoms of Amavata and functional parameters. Results were analyzed statistically as per the assessment chart.

Instrumentation: Scoring pattern was developed according to severity of symptoms.

Table No. 3- Symptoms related to joints and other symptoms

Symptom	Score	Symptom	Score
Joint Pain		Swelling of the joint	
No pain	0	No swelling	0
Mild pain of bearable nature, comes occasionally	1	Slight swelling	1
Moderate pain, but no difficulty in joint movement	2	Moderate swelling	2
Severe pain, difficulty in joint movement	3	Severe swelling	3
Tenderness of the joints		Stiffness of the joint	
No tenderness	0	No stiffness or stiffness lasting for 5 min	0
Subjective experience of tenderness	1	Stiffness lasting for 5 min to 2 hours	1
Wincing of face on pressure	2	Stiffness lasting for 2 to 8 hours	2
Resist to touch	3	Stiffness lasting for more than 8 hours	3
Shifting of joint pain		Warmth of the joint	
No shifting of joint pain	0	Normal temperature	0
Occasional shifting of joint pain	1	Mild temperature	1
Mild shifting of joint pain	2	Moderate temperature	2
Moderate shifting of joint pain	3	Raised temperature when compared to the normal	3
Restriction of movements of the joint		Other symptoms score	
No restriction of joint movement	0	Any improvement in symptom after the treatment	1
Mild restriction of joint movement	1	Complete remission of symptom after treatment	0
Moderate restriction of joint movement	2	No change (Symptoms present before starting the treatment)	2
Complete restriction of joint movement	3		

Other symptoms are Jwara (Fever), Shirshool (Headache), Nidranasha (Insomnia), Kandu (Itching), Daha (Burning sensation), Stemitya, Bahumutrata (Polyurea), Brahm (Vertigo), Hridayagraha, Angagraha, Gaurav (Heaviness), Alasya (Drowsiness), Mukhprasek (Stomatitis), Aruchi (Anorexia), Trishna (Thirst), Kshudhanasha (Loss of appetite), Chardi (Vomiting), Antrakujan, Vibandha (Constipation), Kukshishool (Backache), Anaha.

Table No. 4- Functional Assessment (Objective Parameters) -

Parameters	Score	Parameters	Score
Walking Time		Grip Strength	
15-20 sec.	0	200mmHg or more	0
21-30 sec.	1	199-120 mmHg	1
31-40 sec.	2	119-70 mmHg	2
> 40 sec.	3	Under 70 mmHg	3
Foot Pressure		General functional capacity	
25-21 kg	0	Complete ability to carry on all routine duties	0
20-16 kg	1	Adequate normal activity despite slight difficult in joint movement	1
15-10 kg	2	Few activities are persisting but patient can take care of himself	2
<10 kg	3	Few activities are persisting and patient requires an attendant to take care of himself	3
		Patients are totally bed ridden	4

Assessment of total effect: The total effect of treatment was assessed as;

Assessment	Score
Complete Remission	- 100%
Marked Improvement	- >75 to 99%
Moderate Improvement	- >50 to 75%
Mild Improvement	- >25 to 50%
Unchanged	- 0-25%

OBSERVATION

The effect of Amrit Manjiri and Maharasnadi Kwath were studied in 30 patients suffering from Amavata (Rheumatoid Arthritis), fulfilling the inclusion criteria. The observations were as follows: Maximum number of patients were obtained in the age group of 31- 40 years that is 40% followed by 26.67% patients in the age group of 41-50 years, 23.33% patients in the age group of 21-30 and 10% patients in the age group of 51 to 60 years. Male patients were 40% and female patients were 60%. Most of the patients 76.67% were Housewives and doing desk work and the maximum numbers of patients i.e. 40% were from the Middle-income group. Most of the patients 80% were taking a mixed type of diet. 73.33% of patients were having Mandagni and 66.67% were having Madhyam Kostha. Family history was present in 53.33% of patients. 36.67% of patients were suffering from Amavata from the last 6-12 months. Maximum number of patients were having Akal Bhojan, Ahit Bhojan, Viruddha Ahara, Atiruksha, Sheeta Drava, Divaswap, Ratrijagaran, Atishram, Vyayam, Shoka, Chinta, Bhaya and Krodha as main causative factors. Knee involvement was present in 100% patients followed by ankle joint and meta-tarsophalangeal and metacarpophalangeal joints. Rheumatoid nodules were present in 26.67% patients. Joint deformities (flexion contractures, Swan neck, Boutonniere, Ankylosis, Ulnar deviation) were present in 36.67%.

RESULTS

The clinical study of Amrit Manjiri and Maharasnadi Kwath provided a highly significant effect on joint symptom i.e. pain, swelling, tenderness, stiffness, shifting pain, warmth of joint and restriction of movement and functional parameters i.e. walking time, grip strength, foot pressure and general functional capacity. The relief percentage in individual symptoms of Amavata (Rheumatoid Arthritis) revealed a better therapeutic efficacy of the treatment. The overall assessment showed 6.67% patients showed excellent and marked improvement, 36.67% patients showed moderate improvement and 50% patients showed mild improvement after completion of one-month treatment.

Table No. 5- Effect of treatment on Joint symptoms of Amavata patients

Symptoms	n	Mean		Mean Diff.	Relief %	SD	SE	't'	P
		BT	AT						
Pain	30	2.50	1.03	1.47	58.80	0.51	0.09	10.66	<0.001
Swelling	28	2.32	0.64	1.68	72.41	0.48	0.09	10.18	<0.001
Tenderness	22	2.09	1.00	1.09	52.15	0.68	0.15	6.31	<0.001
Stiffness	26	2.31	0.73	1.58	68.39	0.50	0.10	9.31	<0.001
Shifting Pain	30	2.40	0.90	1.50	62.50	0.51	0.09	12.83	<0.001
Warmth of Joint	23	2.17	1.09	1.09	50.23	0.42	0.09	6.75	<0.001
Restriction of movement	22	1.95	1.00	0.95	48.71	0.49	0.10	5.70	<0.001

Table No. 6- Effect of Treatment on general symptoms of Amavata Patients

Symptoms	n	Mean		Mean Diff.	Relief %	SD	SE	't'	P
		BT	AT						
Jwara	23	2.00	0.78	1.22	61.00	0.42	0.09	13.84	<0.001
Shirshool	18	2.00	1.11	0.89	44.50	0.58	0.14	6.47	<0.001
Nidranasha	07	2.00	1.29	0.71	35.5	0.49	0.18	3.87	<0.001
Kandu	08	2.00	0.88	1.12	56.00	0.35	0.12	9.200	<0.001
Daha	08	2.00	0.88	1.12	56.00	0.35	0.12	9.00	<0.001
Stemitya	18	2.00	1.06	0.94	47.00	0.64	0.15	6.27	<0.001
Bahumutrata	07	2.00	0.86	1.14	57.00	0.38	0.14	8.00	<0.001
Bhrama	07	2.00	1.14	0.86	43.00	0.38	0.14	6.00	<0.001
Hridyagraha	19	2.00	1.05	0.95	47.50	0.52	0.12	7.88	<0.001
Angagraha	17	2.00	1.18	0.82	41.00	0.39	0.10	8.64	<0.001
Gaurav	19	2.00	1.05	0.95	47.50	0.52	0.12	7.88	<0.001
Alasya	17	2.00	1.18	0.82	41.00	0.39	0.10	8.64	<0.001
Mukhaprasek	19	2.00	1.00	1.00	50.00	0.53	0.14	9.25	<0.001
Aruchi	05	2.00	1.40	0.60	30.00	0.55	0.24	2.44	<0.01
Trishna	20	2.00	1.05	0.95	47.50	0.51	0.11	8.32	<0.001
Shudhanasha	14	2.00	0.93	1.07	53.50	0.27	0.07	15.00	<0.001
Chhardi	05	2.00	1.20	0.80	40.00	0.45	0.20	4.00	<0.01
Antrakujan	09	2.00	1.11	0.89	44.50	0.33	0.11	8.00	<0.001
Vibandh	18	2.00	1.06	0.94	47.00	0.64	0.15	6.27	<0.001
Kukshishool	07	2.00	1.43	0.57	28.50	0.53	0.20	2.83	<0.01
Anaha	06	2.00	1.17	0.83	41.50	0.41	0.17	5.00	<0.01
Shuntanga	22	2.00	1.27	0.73	36.50	0.46	0.10	7.48	<0.001

Table No. 7- Effect of Therapy on Functional Assessment of Amavata patients

Objective Parameters	Mean		Mean Diff.	Relief %	SD	SE	't'	P
	BT	AT						
Walking Time	40.60	24.00	16.60	40.88	4.26	0.78	14.64	<0.001
Grip strength	12.13	17.57	-5.43	44.76	1.81	0.33	11.54	<0.001
Foot pressure	97.20	138.23	-41.03	42.21	17.16	3.13	11.69	<0.001
General functional capacity	1.97	0.93	1.03	52.28	0.49	0.09	7.91	<0.001

Table No. 8- Effect of treatment on Blood examinations

Symptoms	Mean		Mean Diff.	Relief %	SD	SE	't'	P
	BT	AT						
RA factor	1.00	0.82	0.18	18.00	0.39	0.08	2.16	<0.05
Hb%	12.57	13.10	-0.53	4.21	0.36	0.07	1.60	>0.05
ESR	14.00	8.87	5.13	36.64	2.86	0.52	5.13	<0.001
TLC	7020	6905	115	1.63	52.7	9.63	0.68	>0.05
Neutrophil	57.67	62.60	-4.93	8.54	2.63	0.48	4.60	<0.001
Lymphocytes	35.33	30.23	5.10	14.43	3.09	0.56	5.05	<0.001
Eosinophil	4.43	5.30	-0.87	19.63	1.01	0.18	3.78	<0.001
Monocyte	2.47	1.77	0.70	28.34	0.60	0.11	4.32	<0.001

Table No. 9- Overall effect of Amrit Manjiri and Maharasnadi Kwath in patients of Amavata

Result	Score	Number of patients	Percentage
Complete Remission	100%	0	-
Excellent Improvement	>75 to 99%	2	6.67
Marked Improvement	>50 to 75%	2	6.67
Moderate Improvement	>25 to 50%	11	36.66
Mild Improvement	Up to 25%	15	50
Unchanged	0%	0	0

DISCUSSION

The disease Amavata is in mere correlation with Rheumatoid arthritis where both of the conditions are characterized by inflammation of joints, fever and exacerbations and remission of symptoms. In the Samprapti of Amavata, it has been described that Ama and Vata are the basic pathogens in the disease manifestation of Amavata. Jatharagnimandya is the prime factor for the initiation of Ama formation in Amashaya, further due to Jatharagnimandya other bodily Agni also get Mandavastha, which in turn results in formation of Ama at Dhatu level, the Ama thus formed is termed as Samasara, Samarakta and so on, was taken into general circulation by provoked Vata which ultimately get Sthanasamshraya in Sleshmasthan and thus produces Amavata.

It is a disease which pictures clinically with sandhigata lakshana chiefly, but it is more than a systemic generalized disease. Rupas of Amavata are clearly described in Madhav Nidan, Bhavaprakasha, Yogaratnakar, Vangasen Samhita and others; Harita has given a unique feature according to the involvement of Ama dosha. Due to nidana sevana Ama is allowed to accumulate and it moves to the different locations of kapha in the body. When Ama is allowed to accumulate in the joints they become congested with kapha. Soon the circulatory channels that supply these regions become congested as well. Eventually this blockage affects the heart which then become the seat of the disease. Once kapha has become vitiated the other doshas eventually becomes involved. To restore homeostasis the bodies will initiate a local inflammatory process in the joint in order to cook the accumulated Ama. The hallmark of Amavata is the progressive pathological effect of vata in the synovial joints and the subsequent joint degeneration, despite the shothatmaka prakriya.

Acharya Bhela has given a good indication for the treatment of Amasaya gata vata which mostly resembles the treatment principles of Amavata. Astanga Hridaya gives a good description regarding the Ama chikitsa like – Pachan, deepana, Langhan, shodhana etc. However, the basic approach in the treatment of Amavat should be three-fold. 1. Support & enhance digestion (Agni) 2. Facilitate the removal of Ama from the body 3. Repair damaged tissue and restore vitality (oja)

As per principles of Ayurveda Amavata was managed by normalizing the Agni with the help of Ama Pachaka Dravyas, which performs the deepana and Pachan actions, simultaneously a compound which significantly controls and eliminates Prakupita Vata Dosha by its Vatanulomana property. All these qualities are present in the ingredients of Amrit Manjiri and Maharasnadi Kwath. Katu-Tikta rasa pradhana, Ushna Guna, Katu Vipaka and Vatakapha shamak guna in the form of drugs acts as Deepan, Pachan and Srotasshodhana.

Effect of treatment on Agni – Due to Katu, Tikta Rasa, Katu Vipaka, Ushma Veerya and Laghu Guna it works as an Agnideepana dravya which also works as Agnivaradhaka property. **Ama** – Katu Tikta Rasa leads to Amapachan which helps in reducing symptoms like Jwara, Shotha, Shula, Alasya. Due to Amapachan Srotorodha is a reduced lead to its first step in Samprapti Vighatana. **Vata** – It acts as Vatahara, Shula-Shothahara dravya due to its Ushna guna. **Pitta** – It acts as a Pittavaradhaka dravya leads to Pachakapitta vardhana and Ama Pachan. **Kapha** – Katu, Tikta Rasa, Ushna guna acts as Kaphahara, Kledshoshaka dravya. **Dushya** – It acts as Sama Rasa Dhatu to convert it to Nirama Rasa Dhatu which helps with the Sampraptivighatana. **Srotas** – Due to Katu, Ushna and Sukshma guna it removes the obstruction of srotasa.

As the ingredients of drugs having Amapachan, Agnideepana, Vatashamana and Srotoshodhana and Rasayana properties. Hence the drugs Amrit Manjiri and Maharasnadi Kwath provide Amapachan, Anuloman, Deepana, Kaphvatahara, Pachan, Shothahara and Vedanasthapana action. It acts as analgesic, anti-inflammatory, antioxidant and antirheumatic.

CONCLUSION

The present observational clinical study signifies the role of Amrit Manjiri and Maharasnadi Kwath in the treatment of Amavata (Rheumatoid Arthritis). Both the drugs chosen for the study are Amapachan, Agnideepana, KaphaVatashamana, Srotoshodhana, Anulomana in nature. So, by virtue of their, they help in the treatment of Amavata. The drugs may act as analgesic, anti-inflammatory, antioxidant and anti-rheumatism. The drugs provided significant improvement in joint symptoms, generalized symptoms, functional capacity and hematological parameters in a relatively short period of time. It can be adopted as a cost-effective simple treatment on O.P.D basis too with no adverse reactions and better results. In order to authenticate the findings obtained in the present analysis, more research with larger samples, comparative study, pharmaceutical and analytical study would be beneficial.

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