ABSTRACT

The disease *Amavata* 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 complications. The onset of disease is frequent during 4th and 5th decade of life with 80% of patients developing the disease between 20-50 years of age. Study shows that female are more sufferers than male and the ratio of occurrence between them is 3:1. It is also estimated that frequency is often associated with remission of the disease in last trimester with subsequent relapses after delivery. According to modern medicine, it can be correlated with Rheumatoid arthritis, which is a chronic autoimmune disease that causes inflammation and deformity of the joints. Due to their similar mode of presentations, the disease “Rheumatoid Arthritis” can be broadly grouped under the heading *Amavata*. Due to chronicity of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study with hope to develop effective medication for it. The aim of this study to evaluate the role of *Virechana Karma* and *Simhanada Guggulu* in the management of *Amavata*. To prove the practical approach of management of *Virechana* with *Simhanada Guggulu* in the management of *Amavata*, a randomized open clinical trial on 25 uncomplicated subjects of Rheumatoid Arthritis was conducted. *Virechana* has been carried
out with with *Gandharvahastadi Eranda Taila* and *Samshana drug* (*Simhanada Guggulu*) 500 mg will be given thrice in a day. In present study total 25 patients were selected. Stastical analysis showed better results in relieving the signs and symptoms of *Amavata*. The response was encouraging and has created scope for further studies.

**KEYWORDS:** *Amavata*, Rheumatoid arthritis, *Virechana*, *Simhanada Guggulu*.

**INTRODUCTION**

*Ayurveda*, the fountain head of Indian medicine was conceived as a science and preached in this country some thousands of years ago. With the march of time, most of the dietary habits, social structure and lifestyle have been changing. Occurrence of *Amavata* on a large scale is one of the outcomes of this modification. According to modern science, this disease looks similar to Rheumatoid arthritis in clinical relationship.[1]{ref} It is chronic inflammatory joint disease in which there is swelling, tenderness and destruction of synovial joints.[2]{ref} Prevalence of Rheumatoid arthritis per 100000 population in India, In males it was nil, in age group between 45- 59 whereas females count is 1775, In age group of 60-74, 1136 males was found to have rheumatoid arthritis and 1914 females have this disease.[3]{ref} The prevalence of Rheumatoid arthritis in India is quite similar to that reported from the developed countries. It is higher than that Reported from china, 7 million patients in India is found to have rheumatoid arthritis.[4]{ref} *Amavata* was first described as an independent disease in *Madhava Nidana*.[5]{ref} The word *Amavata* is made up of a combination of two words, *Ama* and *Vata*.[6]{ref} The disease is mainly due to derangement of Agni, like *Jatharagni, Dhatvagni* and *Bhutagni* etc. resulting in the production of *Ama* and this *Ama* circulates in the whole body by the vitiated *Vata* and gets located in the *Sandhis* (joints), causing pain, stiffness and swelling over the joints.[7]{ref} Moreover, the chief pathogenic factors being contra indicatory in nature possess difficulty in treatment. No doubt allopathic system of medicine has got an important role in the management of this disease by overcoming pain, restricted movement and crippling caused by the articular disease. Drugs are available to ameliorate the symptoms due inflammation in the form of NSAIDS and the long term suppression is achieved by the DMRADs. But most of the NSAIDS have gastrointestinal side effects.[8]{ref} Hence, the management of this disease is somewhat lacking in other system of medicine and patients are continuously looking with a hope towards *Ayurveda*. For present study, as *Samshamana* therapy *Simhanada Guggulu* has been chosen, as *Shodhana* therapy *Virechana* has been chosen which is mentioned in *Chakradutt*.
AIMS AND OBJECTIVES

- To evaluate the role of Virechana\(^9\) and Simhnada Guggulu\(^{10}\) with Rasna Saptak Kwatha in the disease Amavata.\(^{11}\)

MATERIAL AND METHOD

DRUGS FOR VIRECHANA KARMA

1. Deepana-Pachana – It is carried out with Panchakola Churna (Pippali, PippaliMoola, Chavya, Chitraka, Nagara)\(^{12}\) 3 gm thrice in a day with luke warm water for three days.

2. Abhyantara Snehana - with Guggulu Tiktakam Ghritam\(^{13}\) in increasing dose till the Samyak Suddhi Lakshan are achieved with Luke warm water as Anupana. After Samyak Suddhi Lakshan, Bahya Snehana and Sarvanga Swedana is carried out with Saindhavaad Taila\(^{14}\) and Dashmool Kwath for three days.

3. Virechana - done with Gandharvahastadi Eranda Tail (30 to 50 ml) according to Koshtha of patients & severity of disease.

SAMSAMANA DRUG: Sighnada Guggulu 500mg thrice a day after meal (2 tablets thrice a day)

Duration: Three and half months with Koshtna Jala as Anupana.

Contents of drug and preparation of Group-A

<table>
<thead>
<tr>
<th>DRUG</th>
<th>BOTANICAL NAME</th>
<th>PROPORTION OF DRUG</th>
<th>PART USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shiva</td>
<td>Terminalia chebula</td>
<td>3 part</td>
<td>FRUIT</td>
</tr>
<tr>
<td>Vibhitaki</td>
<td>Terminalia bellirica</td>
<td>3 part</td>
<td>FRUIT</td>
</tr>
<tr>
<td>Amalaki</td>
<td>Emblica officinalis</td>
<td>3 part</td>
<td>FRUIT</td>
</tr>
<tr>
<td>Erand Taila</td>
<td>Ricinus communis</td>
<td>5 part</td>
<td>ROOT</td>
</tr>
<tr>
<td>Shuddha gandhaka</td>
<td></td>
<td>1 part</td>
<td>NIRYASA</td>
</tr>
<tr>
<td>Shuddha guggulu</td>
<td>Commiphora mukul</td>
<td>1 part</td>
<td></td>
</tr>
</tbody>
</table>

Shiva, Vibhitaki, Amalaki taken in equal quantity and to make coarse powder. This coarse powder should be mixed with 16 times of water and boil on low flame with constant stirring to reduce to 1/4\(^{th}\), after that it should be filtered using cloth, add Gandhak, Guggulu powder in amount of 50 gm, Erand Taila in amount of 250 ml and kept in iron vessel, after that cook it by Guggulu Paka Vidhi and Made it in vati form in dose of 250 mg. Due to its Kattu, Tikta Rasa, Ushna Virya, Amapachak & Kaphavatashamak properties it helps to dismantle the pathogenesis of Amavata.
SELECTION OF PATIENT
Patients were selected on the basis of presence of classical symptomatology from Rishikul Govt. Ay. College and Hospital P.G. Department of Panchakarma Haridwar, (U.K.) and Kripayananam Research & Therapy Centre (Panchakarma Chikitshalaya) Gandhi Road, kankhal Haridwar (U.K.).

CRITERIA FOR INCLUSION
According to A.R.A (American Rheumatoid. Association)\textsuperscript{[15]}
1) Morning Stiffness > 1 hour.
2) Arthritis of 3 or more joints
3) Arthritis of hand joints
4) Symmetrical arthritis
5) Presence of Rheumatoid nodules
6) Presence of Rheumatoid factors
7) Radiological Changes
8) Diagnosis of RA made with 4 or more symptoms.
9) Age 20 to 60 yrs.
10) Chronicity up to 10 yrs.
11) Sex- Male and Female
12) Classical features of Amavata i.e. Agnimandya, Aruchi, Apaka, Angamarda, Trishna, Gaurava, Alasya, Jwara, Praseka, Utsahahani, Asyavariasya, Daha, Bahumutrata, Kukskithanya, Kushishula, Nidraviparyaya, Chhardi, Bhrama, Murchha, Hritgraaha, Hritgaurava, Vid-Vivandhav, Amatisara, Jadya, Antrakujana, Anaha, Daurbalya, Klama and Siroruja\textsuperscript{[16]}

CRITERIA FOR EXCLUSION
1) Patient aged below 20 years and above 60 years.
2) Chronicity more than 10 yrs.
3) Patient of Vatrakta (gout), Sandhivata (Osteo-arthritis), Tubercular arthritis, Gonorrhoeal arthritis, malignant arthritis, Psoriatic arthritis, Osteomyelitis, acute pyogenic-arthritis.
4) Complications associated with any other systemic disease.
5) Juvenile type of Amavata.
6) Bhedavastha of the disease (Permanent deformities).
GROUPING
Patients were selected from Rishikul Govt. Ay. College and Hospital P.G. Department of Panchakarma Haridwar, (U.K.) and Kripayanam Research & Therapy Centre (Panchakarma Chikitshalaya) Gandhi Road, kankhal Haridwar (U.K.).
Total 25 no. of patients were selected for study.
The patients of this group were given Virechana by classical method for 15 days followed by Simhanada guggulu for three and half months.

CRITERIA FOR ASSESSMENT
The results of the therapy were assessed on the basis of clinical signs and symptoms mentioned in Ayurveda classics as well by ARA 1988. Functional capacity of the patients was also assessed and laboratory investigations were repeated at the end of the treatment. The details about the assessment are as follows.

Clinical Assessment[17]
The changes observed in the signs and symptoms were assessed by adopting suitable scoring method and the objective signs by using appropriate clinical tools. The details of scoring pattern adopted for assessment of clinical signs and symptoms is as follows.

(i) Pain in joint

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No pain</td>
</tr>
<tr>
<td>01</td>
<td>Mild pain (bearable in nature, occurs occasionally)</td>
</tr>
<tr>
<td>02</td>
<td>Moderate pain, but no difficulty in joint movement, appears frequently &amp; requires</td>
</tr>
<tr>
<td>03</td>
<td>Slight difficulty in joint movements due to pain or severe pain, requires medication and may remain throughout the day</td>
</tr>
<tr>
<td>04</td>
<td>More difficulty in moving the joints and pain is severe, disturbing sleep and requires strong analgesics</td>
</tr>
</tbody>
</table>

(ii) Swelling of the joint

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No swelling</td>
</tr>
<tr>
<td>01</td>
<td>Mild swelling</td>
</tr>
<tr>
<td>02</td>
<td>Moderate swelling</td>
</tr>
</tbody>
</table>
• Severe swelling 03

(iii) Stiffness of the joints
• No stiffness or stiffness lasting < 5 min 00
• Stiffness lasting for 5 min to 2 hrs. 01
• Stiffness lasting for 2 to 8 hours 02
• Stiffness lasting for more than 8 hours 03

(iv) Tenderness of joints
• No tenderness 00
• Subjective experience of tenderness 01
• Wincing of face on pressure 02
• Wincing of face with withdrawal of affected parts on pressure 03
• Resist to touch 04

(v) Redness of joints
• Redness observed before treatment 00
• Reduction in redness after treatment 01
• No redness 02
• No change after treatment 02

(vi) Warmth of joint: The temperature of the joint surface was measured using the digital skin temperature measuring instrument. The temperature was compared with the normal body surface. The rise in the temperature of joint surface was scored as follows.
• Raised temperature when compared to the normal body surface 02
• Fall in local warmth 01
• Normal temperature 00
• No change after treatment 02

(vii) Knuckle swelling: To measure the knuckle swelling, jeweler’s rings were used. In this method the rings were tried starting from the highest number and the number of the ring
which passed through the knuckle easily with least resistance was noted. Any change in the number of ring after the treatment was recorded.

(viii) **Muscle wasting:** To have an objective view of muscle wasting, the circumference of arm, forearm, thigh and leg measured. The circumferences were taken at the mid point of these parts.

(ix) **General symptoms:** General symptoms of *Amavata* like *Agnimandya*, *Aruchi*, *Apaka*, *Angamartha*, *Trishna*, *Gaurava*, *Alasya*, *Jwara*, *Praseka*, *Utsahahani*, *Asyavariasya*, *Daha*, *Bahumutrata*, *Kuksikathinya*, *Kukshishula*, *Nidraviparyaya*, *Chhardi*, *Bhrama*, *Murchha*, *Hritgraha*, *Hritgaurava*, *Vid-vivandhav*, *Amatisara*, *Jadya*, *Antrakujana*, *Anaha*, *Daurbalya*, *Klama* and *Siroruja* were scored as mentioned below.\[18]\n
- Symptom observed before treatment: 00
- Some relief after treatment: 01
- Complete relief after treatment: 02
- No improvement after treatment: 02

(2) **Functional Assessment**\[19]\n
Following periodical functional tests were carried out for objective assessment of the improvement of *Amavata* patients.

(i) **Walking time**

The patients were asked to walk a distance of 50 feet and the time taken was recorded before and after the treatment by using stop watch.

(ii) **Grip Strength**

To find the functional capacity of the affected upper limb, the patient’s ability to compress an inflated ordinary sphygmomanometer cuff under standard conditions was recorded before and after the treatment.

(iii) **Foot pressure**

To have an objective view of the functional capacity of the legs, foot pressure was recorded by the ability of the patients to press a weighing machine.
(iv) General Functional Capacity

- Complete ability to carry on all routine duties without handicap 00
- Adequate normal activity despite slight difficulty in joint movement 01
- Few activities are persisting but patient can take care of himself 02
- Few activities are persisting and patient requires and attendant to take care of himself 03
- Patients is totally bed ridden 04

(3) Investigations

For the purpose of assessing the general condition of the patient and to exclude other pathologies the following investigations were carried out.

(i) Rheumatoid factor
(ii) Haematological Investigation
(iii) Urine Analysis
(iv) Stool Analysis
(v) Biochemical Investigations

Assessment of Result

Total assessment of the therapies was done on the basis of relief in the main signs and symptoms of disease, Agnidushti and general signs and symptoms of disease. On the basis of these criteria total patients were divided in five categories as below.

- Complete remission 96 - 100%
- Marked improvement 76 - 95%
- Moderate improvement 51 - 75%
- Mild improvement 26 - 50%
- Unchanged 0 - 25%

STATISTICAL ANALYSIS

Mean score (X), standard deviation (S.D), Standard error (SE), paired TDS test were carried out at the level of 0.05, 0.01 and 0.001 of p level. Then after the results were interpreted as under –
OBSERVATION & RESULTS

GENERAL SYMPTOMS

Table –1: Effect of therapy on Angamarda

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angamarda  n=25</td>
<td>2.625</td>
<td>1.6875</td>
<td>18.2%</td>
<td>0.5</td>
<td>0.125</td>
</tr>
</tbody>
</table>

Table –2: Effect of therapy on Knuckle swelling

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knuckle swelling, n= 20</td>
<td>2.625</td>
<td>1.6875</td>
<td>18.2%</td>
<td>0.5</td>
<td>0.125</td>
</tr>
</tbody>
</table>

Table –3: Effect of therapy on walking time

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=25</td>
<td>2</td>
<td>0.8125</td>
<td>59.4%</td>
<td>0.4031</td>
<td>0.1008</td>
</tr>
</tbody>
</table>

Table –4: Effect of therapy on foot pressure

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=25</td>
<td>2.3125</td>
<td>1.9375</td>
<td>16.27</td>
<td>0.5</td>
<td>0.125</td>
</tr>
</tbody>
</table>

Table –5: Effect of therapy on general functional capacity

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=25</td>
<td>2.25</td>
<td>6.25</td>
<td>11.1%</td>
<td>0.2372</td>
<td>0.1118</td>
</tr>
</tbody>
</table>

Table –6: Effect of therapy on Serum Calcium Level.

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1.6875</td>
<td>15.6%</td>
<td>0.4787</td>
<td>0.1197</td>
<td>2.6112</td>
</tr>
</tbody>
</table>

Table –7: Effect of therapy on E.S.R. value

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.125</td>
<td>1.815</td>
<td>14.7</td>
<td>0.6021</td>
<td>0.1505</td>
<td>2.0761</td>
</tr>
</tbody>
</table>
Table–8: Effect on Haematological value.

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Mean Score</th>
<th>%</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.125</td>
<td>1.81</td>
<td>14.7%</td>
<td>0.6021</td>
<td>0.1505</td>
<td>2.076</td>
</tr>
</tbody>
</table>

OVERALL EFFECT OF THERAPY

<table>
<thead>
<tr>
<th>Effects</th>
<th>No. of Patients</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Remission</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Marked Improvement</td>
<td>3</td>
<td>12%</td>
</tr>
<tr>
<td>Moderate Improvement</td>
<td>6</td>
<td>24%</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>8</td>
<td>32%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>8</td>
<td>32%</td>
</tr>
</tbody>
</table>

DISCUSSION

☆ For the study drug chosen is Simhanad Guggulu having Katu, Tikta Rasa, Laghu, Ruksha Guna, Ushna Virya & Katu Vipaka Vedanasthapana.Deepana-Pachana, Rasayana, therefore it is having Vatakaphashamak, Amapachaka, Srotoshodhaka properties it is a known drug for Vata vyadhis, Asthi-Majja-Sandhi & Snayugata Vata.

☆ For the study Virechana Karma is selected as Sodhana therapy, as Virechana Karma is directly mentioned in Chikitsa Sutra of Amavata by Chakradutt and other texts. Accumulation of free radicals is one type of Mala Sanchaya for which Virechana Karma was selected for the present study as a Sodhana measure.

☆ Furthermore, though Virechana Karma has been described to be the best treatment for Pitta Dosha, it is effective in the vitiated Kapha and Vata Dosha also to some extent. So Virechana Karma is best Sodhana measure for Amavata.

☆ Maximum numbers of patients had involvement of Kapha Vridhdi & Prakopa, followed by Vata Vridhdi & Prakopa, Dosha & Dushti of Rasavaha, Asthivaha, Majjavaha, Purishvaha & Annavaha Srotas which is in accordance with the main Srotas involved in the Amavata Roga Samprapti.

☆ None of the patients was found complete cure because of short duration course of therapy as well as chronic nature of disease.
Probable mode of action of Simhnada Guggulu in Amavata

☆ As the present disease is born out from the vitiated Vata and Kapha, in this present study selected Shamana yoga was Simhnad Guggulu which has a definite action on vitiated Vata Kapha Dosha.

☆ Specially, Tikta and Katu Rasa present in Simhnad Guggulu possess the antagonistic properties to that of Ama and Kapha which are the chief causative factors in this disease. Because of their Agnivriddhikar property they increase digestive power which also digests Amarasa and reduces the excessive production of Kapha and also removes the obstruction of the Srotas. Because of Ushna Virya it also alleviates vitiated Vata.

☆ Due to Agni Deepana Guna of Katu Rasa, Agni Deepana Karma occurs then Pachana Karma of Ushna Virya, Katu Rasa & Kaphahara Karma of Ruksha, Laghu Guna, & Ushna Virya Amadosha Pachana occurs. Lekhana Karma of Laghu Guna and Tikta Rasa removes adhered Dosha from the Dushita Srotas.

☆ The Ushna properties of Simhanad Guggulu do not allow the Ama to linger at the site of pathogenesis and to create Srotorodha. But it reduces Srotorodha and pain. It has also the antagonistic action of Sheeta and Ruksha Guna of Vata. Thus controls Ama and Vata together and minimize the process of pathogenesis.

☆ After Srotovivronoti Karma of Katu Rasa and Agnideepana, Srotovishodhona Karma by Deepana, Pachana, Lekhana action Srotovisodhana occurs. This leads to assimilates undigested and immature Amarasa.

☆ Due to Bhuktama Shoshayati Karma after Pachana Karma of Katu, Tikta Rasa and Ushna Virya absorbed excessive Dravta which leads to Samyaka Yuktamagni.

☆ Due to Ushna Virya and Katu Vipaka of Simhnad Guggulu Vatashamana occurs. After Samyaka Yuktamagni and Vatasaama Amavata Vyadhi Shamana occurs.

Probable mode of action of Virechana with Gandharvahastadi Eranda Tail in Amavata

☆ The properties of Gandharvahastadi eranda taila mentioned in various classics are Vatakaphahara, dipana, bhedana, amasodhana, srotovisodhana, sothahara, vrisya. Eranda taila has been described in the treatment of amavata by almost all acharyas.

☆ It acts by the formation of alkali ricinoleate as a result of saponification in the duodenum which gently stimulates the intestine glands and peristalsis and is a painless, speedy and fairly mild purgative operating within 2 to 6 hrs. The oil is expelled with the last motion.

☆ Virechana is indicated in Amavata because of the following reasons.
1) Production of Ama is the result of involvement of Pitta Sthana and Kledaka Kapha both. Kledaka Kapha after leaving its normal site settle at Pitta Sthana, thus hampering the digestive activity of Pachaka Pitta. Virechana removes the Kledaka Kapha from the Pitta Sthana. It is the most suited therapy for the Sthanik Pitta Dosha.

2) Symptoms of Amavata like Anaha, Vibandha, Katisula are indicative of Pratiloma Gati of Vayu, which is made Anulomana by Virechana.

CONCLUSION

Amavata is one of the most challenging problem that reduces functional capacity. After completion of present study and analyzing different criteria following conclusion can be drawn, Simhanada Guggulu is best Samshana drug and Guna of drug (i.e. Katu, Tikta Rasa, Agnideepana, Pachana, Usna Virya) helps to dismantle the Samprapti of Amavata. The trial drug along with Virechana Karma is effective in the management of Amavata with respect to its different feature. Samshana drug along with Virechana has provided better relief in most of the cardinal, associated, general features of the disease at significant level. Since it is an autoimmune disorder, permanent relief to patients is not possible due to its remission nature, but Simhanada Guggulu along with Virechana Karma can improve the life and general conditions, so that patients can carried out their daily routine activities without any difficulty. Inspite of this, trial study did not show any adverse effect during the course of treatment and during follow up period. So, it is quite effective and safe treatment in the management of Amavata.

REFERENCES

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