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A case report on the management of *Amavata* by *Agni Chikitsa Lepa* with *Manjishtadi Kshara Basti*

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ABSTRACT

Treatment of the disease with the collective involvement of *Agni*, multiple *Dhatu* and *Dosha* are challenge to the clinical practitioner. One such disease with increasing prevalence is *Amavata*. The involvement of *Agni*, *Ama*, all the *Dosha* and multiple *Dhatu* makes it difficult to manage. The *Sama* stage of the disease with the involvement of *Vata* and *Kapha* is to be managed with *Deepana*, *Pachana*, *Ruksha*, *Ushna*, *Teekshna* line of management. As there is involvement of *Vata* and *Kapha*, *Basti Chikitsa* formulated on the basis of *Teekshna*, *Kaphaghna Basti* are the ideal treatment. With this concept in backdrop, a male patient diagnosed as *Amavata* with raised RA factor was treated with *Agnichikitsa Lepa* externally and *Manjistadi Kshara Basti* in *Kala Basti* course for 7 days. Clinically patient showed significant reduction in symptoms of *Amavata*, RA factor, ESR, Uric acid after 7 days of course. Hence, combined *Rukshana*, *Deepana*, *Pachana* with *Vata*, *Kapha Shamana* will help in managing the *Amavata*.

Key words: *Amavata*, *Ayurveda*, *Agnichikitsa Lepa*, *Manjistadi Kshara Basti*, *Kaphagna Basti*, *Rukshana*.

INTRODUCTION

Rheumatoid arthritis is a chronic, progressive autoimmune disease characterized by bilateral symmetrical involvement of joints with some systemic clinical features.^[1] The prevalence rate of this disease is about 3% with male to female ratio of 1:3. Rheumatoid factors are proteins produced by immune system that can attack healthy tissue in the body. High levels of Rheumatoid factor (RF) in the blood are most

often associated with autoimmune diseases such as Rheumatoid arthritis and Sjogrens syndrome. The presence of RF does not necessary indicate the presence of RA. If RF is negative then suggest sero negative arthritis. The ESR measures the degree of inflammation in the joints.

Clinical features of *Amavata* resembles with symptoms of Rheumatoid arthritis.^[2] *Amavata* is mainly produced due to *Ama* and vitiation of *Vata Dosha*. The *Ama* is carried by the aggravated *Vata* and deposited in *Shleshma Sthana* like *Sandhi* producing features like *Angamardha*, *Aruchi*, *Alasya*, *Sandhiruk*, *Sandhishotha*.^[3] When the *Gambheera Dhatu* are involved, the disease will present with a painful crippling state in the patient.

These symptoms hamper the quality of life of the patient affecting physical, psychological, economical and social life of the patient. Hence, early management in the form of normalizing *Agni* and *Vata* becomes the prime line of treatment in *Amavata*.

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The management of *Amavata* includes *Langhana*, *Swedana* and use of drugs having *Tikta*, *Katu Rasa* with *Deepana* property.^[4] This line helps in the management of associated *Ama*. The *Agni Mandya* and *Sama* stage are contraindicated for any other treatment. Hence, removing the *Ama* in *Koshta* and *Shakha* and enhancing/normalizing *Jataragni* are of prime importance in the management of *Amavata*. As the *Ama* is *Jataragni* is circulated all over the body including deeper *Dhatu* is by the aggravated *Vata Dosha*, controlling *Vata Dosha* is also the prime line of management. Hence, a combination of treatment, which act on *Agni*, removing the *Ama Dosha*, controlling the *Vata* and *Kapha Dosha*, helps in formation of normal foremost *Rasa Dhatu* are of treatment of choice in initial stages of *Amavata*.^[5]

The *Agni Chikitsa Lepa* is an important *Deepana*, *Pachana*, *Rukshana Chikitsa* practiced since decades in the management of *Saama* diseases. As the name suggests, its main site of action is *Jataragni* with action on *Rasa Dhatu*. The 10 drugs used in the preparation is having *Ruksha*, *Ushna*, *Teekshna* property by virtue of which it will cause *Agni Deepana*, *Ama Pachana*.^[6] Once the *Agni* is normal, the *Ama* is removed in *Koshta*. The foremost *Rasa Dhatu* will be formed normally leading to the nourishment of all other *Dhatu*s. Hence, the basic *Samprapti* is reversed in *Amavata* if managed early.

As there is involvement of *Kapha Dosha* with *Vata*, *Basti* is to be selected as a line of management. The *Basti* formulated should have *Ushna*, *Teekshna*, *Kapha Vatahara* property. Hence *Kshara Basti* is formulated based on the concept of *Kaphaghna Basti*.^[7] *Manjista* effect on *Tridosha* - It is *Madhura*, *Kashaya* and *Tiktarasa*. *Ruksha* and *Guru Guna*. *Ushna Virya* and *Katu Vipaka*.^[8] The bioactive ingredients in this red root makes it a *Kapha-Pitta Shamaka Dravya* i.e., actively balances the *Pitta Dosha* and *Kapha* and *Vata Dosha*. As there is involvement of *Rakta Dosha*, the *Teekshna Basti* may cause *Rakta Dooshana*. The *Manjista* which is having the *Rakta Prasadana* effect will take care of the *Rakta Dosha*. With this idea in back drop, a case was selected and treated with *Agni Chikitsa Lepa*

externally with *Manjistadi Kshara Basti* in a course of *Kala Basti*. The details of the case treated are;

CASE REPORT

A male patient of aged about 57 years working as farmer presented with complaints of multiple joint pain since 3 years associated with swelling over the joints and morning stiffness.

Detailed history

A male patient of aged about 57 years k/c/o HTN apparently healthy 3 years back. Joint pain initially started in the proximal interphalangeal joints bilaterally in the upper limb, after a week he noticed stiffness in the fingers. Later pain started in the B/L elbow joints in the period of 5 month. Gradually pain started in wrist, shoulder, knee and ankle joints bilaterally. Severity of the pain started increasing and associating with swelling, redness. Nature of pain is throbbing type. Pain aggravating in morning hours after getting up from the bed, after intake of sweet food, curd, fruits like banana and stiffness in the joints at least for 30 mins. Pain used to relive to some extent after exercise. There was reduced appetite, excessive salivation, loss of taste, heaviness, no interest in routine work. No h/o of fever.

Treatment history

There was a history of occasional joint pain since 2018 and most of the time it was mild in nature and rarely required any anti-inflammatory and analgesics. A single dose of non steroidal anti inflammatory drug was sufficient for pain relief. In the beginning pain got reduced due to analgesic medication and later again there was severe aggravation of pain. For further management he approached our hospital.

Details of the examination are given in Table no. 1 and Table no. 2.

Table 1: Examination

| | |
|--------------|-----------------|
| <i>Nadi</i> | <i>84/min</i> |
| <i>Mutra</i> | <i>Prakruta</i> |
| <i>Mala</i> | <i>Amayukta</i> |

| | |
|--|-------------|
| Jihva | Upalepatwam |
| Shabdha | Prakruta |
| Sparsha | Ruksha |
| Druk | Prakruta |
| Aakruti | Prakruta |
| Prakriti | Vata-Pitta |
| Sara, Satva, Saatmya, Samhanana, Pramana | Madhyama |
| Aharashakti, Vyayamashakti | Alpa |
| Vaya | Madhyama |

Table 2: General examination

| | |
|-----------------------------|---|
| Appetite | Reduced |
| Bowel | Once in 2 days hard stools associated with bloating in the abdomen. |
| Micturation | Regular |
| Sleep | Disturbed due to pain |
| Systemic examination | |
| RS | NVBS heard |
| CVS | S1S2 heard, no murmur |
| CNS | HMF intact |

Musculo skeletal system examination - on 26/8/2020

Inspection

- Difficulty in extension of phalanges of both upper limbs
- Difficulty in flexion of arms
- Swelling in the Interphalangeal joints

Palpation

- Tenderness in between shoulder, wrist, knee and ankle joints,
- Raise in temperature

Hematological report - 26/8/2020

- Hb - 14.9gm%
- ESR - 30mm/hr
- Uric acid - 7.2mg/dl
- RA factor - 62.0 IU/ml positive
- CRP - negative
- A.S.O - negative

Based on above history, clinical examination, investigations, patient was diagnosed as *Amavata* with *Saama* stage. Hence, planned for *Agnichikitsa Lepa* externally and *Manjistadi Ksara Basti* in *Kala Basti* course for 7 days.

Treatment

Agni Chikitsa is a therapy practiced since decades in the hospital. Basically, it was practiced in a folklore practitioner family in Bolambar, Ankola district which was modified and prescribed in our hospital.

Table 3: The Ingredients of Agni Chikitsa Lepa

| Name of the drug | Quantity |
|--|-----------------------------------|
| Dry drugs | |
| 1. <i>Lashuna (Allium sativum)</i> | 10 buds |
| 2. <i>Lavanga (Syzygium aromaticum)</i> | 10gm |
| 3. <i>Maricha (Piper nigrum)</i> | 10gm |
| 4. <i>Sarshapa (Brassica campestris)</i> | 5gm |
| 5. <i>Haridra (Curucuma longa)</i> | 5gm |
| Wet Drugs | |
| 6. <i>Kshudra agnimantha (Clerodendrum phlemoidis)</i> | ▪ Leaves of these drugs are used. |

| | |
|---|---|
| 7. Vanatulasi (<i>Ocimum basilicum</i>) | <ul style="list-style-type: none"> ▪ Each drug is taken in equal quantity ▪ Quantity sufficient enough to prepare a paste to apply all over the body of the patient ▪ Quantity varies according to the patient |
| 8. Nirgundi (<i>Vitex nigundo</i>) | |
| 9. Papata (<i>Pavetta indica</i>) | |
| 10. Bandha (<i>Bradelta scandes</i>) | |

Preparation of Agni Chikitsa

All the wet drugs (fresh leaves of *Kshudra Agnimantha*, *Vana Tulasi*, *Nirgundi*, *Papata*, *Bandha*) were washed and the thick mid veins present in the leaves were removed and chopped into small pieces. Then dry drugs are added and grinded into a smooth semisolid paste by adding required quantity of boiled and cooled water. Fresh paste of *Agni Chikitsa* was prepared daily just before application during the course of treatment.

Method of application and administration

Patients were asked to take hot water bath.

It is advised in 3 forms;

- *Pralepa*
- *Pradeha*
- *Alepa*

Pralepa - It can be applied in cold form, thin and it can be removed as soon as it gets dried or allowed to remain even after drying as per the requirement.

Pradeha - Can be applied hot or cold, thick and removed soon after drying.

Alepa - It can be applied hot or cold, is neither too thin nor too thick can be removed soon after drying or can be allowed to remain for some time even after drying.

Agni Chikitsa was applied in opposite direction of hair follicle to the whole body below the neck in thickness of approximately 2.6mm. Paste falls off from the body of the patient when it is dried. It was not removed manually. Whole procedure was repeated for 7 days. During these 7 days patients were asked to take light

diet in the form of rice gruel and green gram soup. Hot water should be used for drinking as well as bathing.

Manjistadi Kshara Basti

Basti is administered in *Kala Basti* course. The dose and ingredient of *Basti* are;

Dose of Basti

Matrabasthi with *Brihath Saindavadi Taila* - 80ml

Manjistadi Ksara Niruha Basti - 480ml

The ingredients and its quantity in Matra Basti

- *Saindhava Lavana* (Rock salt)
- *Shreyasi* (*Scindapsus officinalis*)
- *Rasna* (*Pluchea lanceolata*)
- *Shatapushpa* (*Anethum sowa*)
- *Yavani* (*Trachyspermum ammi*)
- *Maricha* (*Piper nigrum*)
- *Shunti* (*Zingiber officinalis*)
- *Kusta* (*Saussurea lappa*)
- *Sauvarchala* (*Sochal salt*)
- *Vida* (*Vida salt*)
- *Ajamoda* (*Carum roxburghianum*)
- *Madhuka* (*Glycyrrhiza glabra*)
- *Jiraka* (*Cuminum cyminum*)
- *Pushpaka* (*Inula racemosa*)
- *Kana* (*Piper longum*)
- *Eranda Taila* (*Ricinus communis*)
- *Shatapushpa Ambu* (*Anethum sowa*)
- *Kanji* (*Fermented gruel*)
- *Mastu* (*Curd water*)

Method of preparation

All the ingredients are mixed and boiled till total moisture is lost from the oil, and then filtered. The filtrate is then stored in a clean bottle away from heat, light and moisture. (Bhaishajya Ratnavali 29/222-227)

Table 5: The Ingredients and its quantity in Kshara Basti

| Ingredients | Quantity |
|---|----------|
| Makshika | 80 ml |
| Saindhava Lavana | 5 gm |
| Moorchitha Tila Taila | 60 ml |
| Manjistadi Kalka <i>(Manjista - Rubia cordifolia), (Amalaki - Emblica officinalis, Vibitaki - Terminalia bellerica, Haritaki - Terminalia chebula), (Guduchi - Tinospora cordifolia), (Nimba Twak - Azadiracantha indica), (Shatha Pushpa - Pimpinella anisum)</i> | 40gm |
| Manjistadi Kwatha <i>(Manjista - Rubia cordifolia), (Amalaki - Emblica officinalis, Vibitaki - Terminalia bellerica, Haritaki - Terminalia chebula), (Katuki - Picrorhiza kurrooa), (Daruharidra - Berberis aristata), (Guduchi - Tinospora cordifolia), (Nimbatwak - Azadiracantha indica),</i> | 100 ml |
| Gomutra | 100 ml |
| Kaanji | 100 ml |
| Total | 480ml |

Preparation of Manjistadi Kshara Basti

The above Basti drugs are mixed in a standard order into a smooth mixture. It is filtered, made luke warm and filled in the enema can.

The Basti was administered adopting standard operative procedure.

Table 6: The course of Basti given was;

| Days | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------|---|----|----|----|----|----|----|---|
| Morning | | MK | MK | MK | MK | MK | MK | M |
| Afternoon | M | M | M | M | M | M | M | M |

Manjistadi Kshara Basti is a type of Niruha Basti having Tikshna Guna, Lekhana property.

OBSERVATIONS

Table 7: Related with Basti Pratyagamana Kala

| Date | | 26/8/2020 | 27/8/ | 28/8/ | 29/8/ | 30/8/ | 31/8/ | 1/9 | 2/9 |
|------------------------|-----------|------------|----------|-------------|-------------|-------------|-------------|-------------|-------------|
| Dose | Morning | - | 48 Om l | 48 Om l | 48 Om l | 48 Om l | 48 Om l | 48 Om l | 60 ml |
| | Afternoon | 60ml | 60 ml | 60 ml | 60 ml | 60 ml | 60 ml | 60 ml | 60 ml |
| Time of Administration | Morning | - | 6.3 OA M | 6.3 OA M | 6.3 OA M | 6.3 OA M | 6.3 OA M | 6.3 OA M | 6.3 OA M |
| | Afternoon | 2.30 PM | 2.3 OP M | 2.3 OP M | 2.3 OP M | 2.3 OP M | 2.3 OP M | 2.3 OP M | 2.3 OP M |
| Time of Expulsion | Niruha | - | 6.3 5A M | 6.4 0A M | 6.3 5A M | 6.4 0A M | 6.4 5A M | 6.4 5A M | 6.4 0A M |
| | Matra | 6PM | 6.3 OP M | 6P M | 7P M | 7P M | 8P M | 9P M | 9P M |
| Retention Time | Niruha | - | 5m in | 10 min | 5m in | 10 min | 15 min | 15 min | 10 min |
| | Matra | 3Hrs 30Min | 4 Hrs | 3Hrs 30 Min | 4Hrs 30 Min | 4Hrs 30 Min | 5Hrs 30 Min | 6Hrs 30 Min | 6Hrs 30 Min |
| Number of Evacuations | Niruha | | 3 | 4 | 3 | 4 | 3 | 3 | 3 |
| | Matra | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 |

Table 8: Samyak Nirudha Lakshana

| Lakshana | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Mala Shodhana | + | + | + | + | + | + | + | + |

| | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|
| Mutra Shodhana | - | - | - | - | + | + | + | + |
| Adho Vayu Nirgamana | - | - | + | + | + | + | + | + |
| Ruchi | - | - | - | + | + | + | + | + |
| Agnideepti | - | - | - | + | + | + | + | + |
| Ashaya Laghuta | - | - | - | + | + | + | + | + |
| Rogopashanti | - | - | - | - | - | + | + | + |
| Prakritista | - | - | - | - | - | + | + | + |
| Bala | - | - | - | + | + | + | + | + |

Table 9: Samyak Anuvasana Lakshana

| Lakshana | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Shakruta Shodhana | + | + | + | + | + | + | + | + |
| Dhatu Prasada | - | - | - | - | + | + | + | + |
| Indriya Prasada | - | - | - | - | + | + | + | + |
| Swapna Bahulya | - | - | - | - | | + | + | + |
| Shareera Lagava | - | - | - | - | + | + | + | + |
| Bala Janana | - | - | - | - | - | - | + | + |
| Mutra Shodhana | - | - | + | + | + | + | + | + |
| Adhovayu Nirgamana | + | + | + | + | + | + | + | + |

RESULTS

After 7 days of treatment, there was significant improvement seen in clinically and Shamana Oushadi was given in Basti Parihara Kala after that again

hematological test was done there was significant improvement seen. The severity of symptoms like multiple joint pain, swelling, morning stiffness were reduced significantly. Appetite is normal. Weakness reduced. Hematological test showed significant changes which are mentioned in Table no. 8

Table 8: Hematological test

| Investigation | On 26/8/2020 | On 18/9/2020 |
|-------------------|-----------------|-----------------|
| Hb (GM%) | 14.9 | 14 |
| ESR (mm/1 hour) | 30 | 15 |
| Uric Acid (mg/dl) | 7.2 | 5.6 |
| RA Factor (IU/ml) | 62.0 (Positive) | 36.4 (Positive) |
| CRP (mg/L) | Negative | Negative |
| A.S.O (IU/ml) | Negative | Negative |

DISCUSSION

Amavata is a chronic disease and usually manifest itself over a period of a few months due to indulged in Viruddhaahara, Snigdhaahara, Vishamashana, Divaswapna, Chinta, Bhojanottara Vyayama. All these factors lead to Mandagni and formation of Ama.^[9] In this patient Nidanams like excessive consumption of food like sweet, curd, banana leads to Kapha Vridhi and formation of Ama. The Ama is carried by the aggravated Vata and deposited in Shleshma Sthana like Sandhi producing features like Angamardha, Aruchi, Alasya, Sandhiruk, Sandhishotha.^[10] When the Gambheera Dhatu are involved, the disease will present with a painful crippling state in the patient. These symptoms hamper the quality of life of the patient affecting physical, psychological, economical social life of the patient.^[11] Hence, early management in the form of normalizing Agni and Vata becomes the prime line of treatment in Amavata.

The Pradeha Chikitsa for Vatavyadhi should be having Ushna nature (Kolakulathadi Lepa). Meanwhile another verse suggests the Gandhoushadha as Pradeha which is Vatahara.^[12] The present Agnichikitsa Lepa is prepared by Ushna Veerya Dravya,

Gandhoushadha and *Vatahara Dravya*. Meanwhile in *Jwara Chikitsa Adhyaya* in the context of *Agurvadhi Taila*^[13] the medicines mentioned for the preparation are made into *Sukoshna, Pradeha* which may be used for the treatment of both *Vatavyadhi* and *Jwara Chikitsa*. To treat disease *Amavata* having surplus of *Vata* and *Kapha Dosha*, *Agni Chikitsa Lepa* is introduced. This is having *Vatahara, Sama Kaphahara, Gandhoushadha* property.

Manjistadi Ksara Basti

Basti is by nature *Vatahara*.^[14] *Manjistadi Ksara Basti* having the ingredients which is already mentioned processes *Vatahara, Rakthaprasadaka, Kaphahara, Samadosha Nivaraka* properties. Owing to the *Kshariya* nature of the *Basti* which is aptly fitting the *Samprapthi Ghataka* like *Rasa, Raktha, Vata, Kapha* and *Samadosha*. Thus, the treatment of *Agni Chikitsa Lepa* and *Manjistadi Ksara Basti* helps to mitigate the *Dushitha Dosha* and *Dushya*.

CONCLUSION

From this study it can be concluded that *Amavata* can be effectively and safely treated by using *Manjistadi Ksara Basti*. But this a single case study, hence to prove the efficacy there is need to conduct study on large number of patients.

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