



Management of *Amavata* by *Langhana* Therapy-A Single Case Study.

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ABSTRACT:

Amavata is a common crippling and disabling disorder which affects the functional mobility of the patient in jeopardy. *Amavata* has symptoms similar to Rheumatoid Arthritis. RA has a prevalence of approximately 0.8% of the population, where women are affected 3 times more than the men. Recent reports suggest that RA affect about 1% of world population. Even in allopathic medicine, there is no current complete cure to RA, but managed with mere pain killers and immune suppressing therapies, long term use of which leads to many side effects. In Ayurvedic classic, the general principle for the management of *Amavata* mentions procedures like *Langhanam* (Reduction) *Swedanam*(*Sudation*) (mainly *Ruksha Swedana*), *Deepana Aushadas* (Kindling medicine) like *Katu*, *Thikta aushad* (medicine with *tiktha katu rasa*), *Deeepana* (kindling), *Virechana* (purgation), *Snehapana* (oelation), *Vast* (panchakarma procedure). This article is a review of Ayurvedic management of *Amavata* where only *Langhana* (reduction) line of treatment for *Amavata* is used, It is considered as the first line of treatment. This article is written to emphasise the role of *Langhana Upakrama* in *Amavata* management without using any one of the *Bhrimhana Upakramas* (Nourishment therapies). Here a case report of *Amavata* treated for a period of 16 days and thereby achieving remarkable reduction in pain and swelling with *Langhana* (Reduction) line of management is explained. Also, a follow up for a period of 1 month is taken where the patient had no recurrence of similar joint pains and swellings.

Keywords: *Ama*, *Amavata*, *Langhana*, *Agni*.

INTRODUCTION

Amavata is a disease caused due to vitiation or aggravation of *Vatha* associated with *Ama*. Vitiating *Vatha* circulates the *Ama* all over the body through *Dhamanias* (arteries) which gets localised in *Sleshma Sthana Amashaya*, *Sandhi* etc. producing symptoms such as stiffness, swelling and pain in small and big joints. Symptoms of *Amavata* are similar to Rheumatism. Rheumatism includes rheumatoid arthritis and rheumatic fever etc. Rheumatoid Arthritis is a chronic,

Inflammatory, systemic autoimmune disease affecting the joints with varying severity among patients. Ayurvedic concept of *Amavata* is a broader and deeper one where it includes metabolism error starting from food digestion and ending with improper tissue formation and tissue metabolism, thereby producing different pathologies at tissue level causing joint pains, swellings, stiffness and in severe cases deformities.. *Ama* results due to disturbance



of Agni .Agni is the fire present in the human body where according to its type it performs in different levels including *Jataragni* ,*Dhatwagni* and *Bhutagni* .It is a prime and ultimate factor in the process of maintenance of life, where the concept of Agni is a physiological approach and concept of Ama is a pathological one. Among these pathology, *Amavata* as a disease was first coined in *Madhavanidana* in 11th century with well defined aetiopathogenesis, clinical presentation and specific emphasis of *Mandagni* and *Ama* playing the central role. *Amavata* manifestation and its severity is based on presence of *Ama* condition. Since *Ama* is having equal qualities to *Kapha*, its affinity is mostly towards *Sleshma Sthana*.The *Sthanasamsraya* (localization)of disease is at *Sleshmasthanana* ,ie involving all synovial joint other than extra articular structures. Further, *Ama* may be nutritionally un-important but it is immunologically powerful in evoking strong immune response. This results in formation of antibody complex, which is a deadly combination and finally get deposited into the *Sleshmika Sthana* and synovial tissue surrounding the joints, It cause inflammatory reactions and destroy the normal tissues, leading to pain and swelling. As it has got a wide spectrum of pathogenesis, with varied symptomatology, *Amavata* has been extensively compared to RA.As already stated, even in allopathic system-they are managed with immune suppressing disease modifying Anti-Rheumatic drugs(DMARD). Generally *Amavata* is managed with great challenges. The first and foremost challenge being the extermination of *Ama* from the body-which is usually a long ,tedious and time consuming process. Therefore ,In present case we modified the treatment modality where atypical treatment manner like *Vaiswanara Dhanyamla Vasthi* which is very cost effective and easily affordable for patients in a developing country like India was used. With this *Vaiswanara dhanyamla vasthi* we have also succeeded in erasing the first and foremost challenge in treatment of *Amavata* ,as by using this atypical treatment mode *Ama* removal from the body was attained very easily and within short duration of time.The second challenge rises when the *Brimhana* mode of treatment starts-after doing *Ama* removal procedures-where there is an increased chance of recurrence of *Ama*, if not initially freed from the body. Thereby the complete symptoms relapse within the treatment period. Hence ,here in this case we focused on quick relief of *Ama* from the body and only on *Langhana* mode of treatment so as to avoid the recurrence of symptoms which may arise while doing the *Brimhana* line of treatment. In this case we also aimed to give

treatments to the patient which will be reasonably affordable for the patient as her financial status was very low. Thus with this case we have proved that with judicious use of medicines and procedures-*Ama* retrieval from the body can be made faster and minimal *Langhana* mode of treatment is capable for giving quicker and durable relief for the patient.

MATERIALS AND METHODS

Case study

A 56 years old female patient who works as a home maid came to OPD of VAC Ollur, complaining of chronic polyarthralgia-B/L shoulder,B/L elbow,B/L wrist,B/L knees,B/L ankle joint, lumbosacral intervertebral joints, swelling and stiffness of joints since 3 years. Her vitals were normal and she had attained menopause at age 51. After primary examinations at OPD in She was asked for a blood investigation Blood R/E, CRP and RA. On next day after blood investigation she was diagnosed Rheumatoid arthritis(*Amavatha*) and was admitted in IPD. Her Initial pain and stiffness started with Sacroiliac joint and gradually progressed to other joints. Recently 2 weeks before she developed evening rise of temperature and morning stiffness, lasting longer than an hour, involving small joints like PID, DIP joints B/L upper limb and lower limb, also MTP and MCP joints. Pain is gradual in onset , aggravates in morning time, during cold exposure, at nights ,on rest and activities, relieves hot application. She also complains burning pain and bilateral palmar aspect since 2 week. She was admitted in IPD for better treatments after taking OPD medicines for several weeks.

On 1/12/22 Wong Baker faces pain rating scale rated 8 out of 10.

Examination done on 1/12/22-**Table 1**

Blood routine examination on 1/12/23

ESR-45 mm/Hr

CRP-14 IU/ml

RA factor-positive

2010 ACR/EULAR classification criteria for RA showed value of 7

1.Joint distribution:

1-large joint-0

2-2-10 large joints-1

3-4-10 small joints-3

4->10 joints-5

2.Serology:

Negative R.F Negative ACPA-0

Low positive R.F or low positive ACPA-2
High positive R.F or high positive ACPA-3

3.Acute phase reactants

Normal CRP and ESR-0

Abnormal CRP and abnormal ESR-1

4.Symptom duration

<6 weeks-0

>6 weeks-1

Ayurvedic Assessment Of Ama² :Table 2

Ayurvedic Assessment Of Sama Vata²:Table 3

Treatments Done

- Drugs for *Deepana*(kindling)and *Pachana*(digestive): *Amruthotharam Kasayam*,*Shaddharanam Choornam*
- *Lepanam* for *Amapachana* (for digesting ama):*Kottamchukkadi Choornam*,*Jadamayadi Choornam in Dhanyamla*
- For *Amahara* oeleminating ama)and *Shothohara* (for removing oedema):*Vaiswanara vasthi*
- For *Ruksha Sweda*(dry sudation): *Dhanyamladhara*, *Dhanyakizhi* dipped in *Dhanyamla*
- For *Virechanam*(Purgation): *Gandharvahastha Erandam*

Therapeutic Intervention

Table showing materials for management of *amavata* :Table 4

Table showing *Langana Upakrama* done in *amavata* :Table 5

RESULTS

Final *Ama Lakshana*² Assessment: Table 6

Final *Ayurvedic* Assessment of *Samavatha*²:Table 7

Musculo skeletal examinations done on discharge:

Table 8

Hematological test: Table 9

Review for a period of 1 month after Discharge :

Review on 1st week after discharge: no joint pain or swellings

Review on 2nd week after discharge: no joint pain or swellings

Review on 3rd week after discharge: fever due to respiratory infection

Review on 4th week after discharge: pain on right thigh due to activities

After taking ayurvedic IP management for *Amavata*, strictly focusing on *Langhana* mode for a period of 2

weeks, patient got drastic relief from pain and other *Ama* symptoms and also had no recurrence of similar pains for a period of 1 month , by continuing internal medications.

DISCUSSION

By focusing on *Langhana* mode of treatment for *Amavata* all the medicines and procedures used in this case are of *Langana* nature. *Amruthotharam kasayam* is explained in *Jwara chikitsa(treatment of fever)*³.It is effective in all inflammatory conditions and for correcting *Amavata*. As patient presents evening rise of temperature ,this *Kasaya* also works by its *Pachana Karma*.*Shaddharanam churnam* is given twice daily.It is helpful for correcting *Amavata* in the patient .*Yogaraja guggulu* is *Deepana*(increases digestive power) in nature⁴.It is also effective in conditions affecting *Sandi*(joints),*Majja*(marrow) .It is effective in inflammatory arthritis ,helps in strengthening musculo skeletal and nervous system. It gave best result as the patient was associated with *Kaphanubandha Vata Vikara*(diseases arising due to kapha and vata)

Rasna saptakam kasaya is effective in all rheumatic complaints-especially pain in ankle,flanks,joints and pelvic region¹.After 10 days of treatment ,the patient presented with relief from fever and decrease in general *Ama* symptoms also shift of the complaint from whole joint pain to strictly these joints-choise of *Kasaya* was changed from *Amruthotharam kasaya* to *Rasna saptakam kasaya*.

Treatment procedures were started with *Vaiswanara vasthi*. All ingredients in *Vaiswanara churna* has *Vata-Kaphahara* ,*Deepaniya*,*Srothohara* and *Amahara* properties⁵.In this case *Dhanyamla* is used as *Amladravya* which is having *Amahara* and *Vatahara* property. After 3 days of *Vaiswanara vasthi* patient presented remarkable decrease in pain.*Vaiswanara vasthi* is done here as a *Churna vasthi* or *Ruksha vasthi*. In this case we are focusing only on *Langana* mode of treatment.The term *Rukshana* and *Langana* are used in similar meaning. The *Rookshana* effect that is produced in the body by oral intake of medicines in so many drugs can be achieved in faster way through administration of *Vasthi* in short days.

Dhanyamla vaiswanara vasthi is administered in the pain and swelling condition of Rheumatoid arthritis condition. *Dhanyamlam* by its *Ushna*, *Tikshna* and *Vyavayi* property is capable of penetrating the *Sukshma srotas*, does *Stroto Shodhana* and helps in the spreading of active principles of *Dhanyamlam* and *Vaiswanara choorna* at *Dhatu* level. Thus *Dhanyamlam* acts as a vehicle to carry the *Vaiswanara choorna* having *Deepana*,*Pachana* properties

through the *Sukshma srotas*. This facilitates *Ama pachana* at *Dhatu* level, relieves *Dhatwagni mandya* and enhances the *Dhatwagni*. Thus the primary *Samprapti vighatana* of the *Roga* is initiated by the synergetic action of *Dhanyamla* and *Vaiswanara choorna*, the *Vasthi* becomes more powerful and produces quicker results. As *Amapachana* occurs, the inflammation starts to reduce. As a result, pain, swelling, tenderness and warmth of the joints and constitutional features like feeling of cold, lack of interest, fatigue and heaviness of body starts to reduce. The appetite of the patient increases due to *Agnideepana* and constipation is also relieved due to *Vata anulomana*.

Dhanyamladhara has *Daha*, *Jwarahara* properties and it alleviates *Vata-kaphaja Vyadhi* by internal and external uses. It helps in compacting, reducing inflammation and muscular pains. At this stage of treatment as the patient had localized pain in specific regions of the body, initially *Dhanyamla dhara* was opted.

Later when the pain reduced and it became bearable for the patient, treatment procedure which has action in deeper *Dhatu(tissue)* level and which has musculo skeletal effect was needed. Thus *Dhanyakizhi* was started.

Dhanyakizhi done by dipping in *Dhanyamla* is useful in treating painful swellings.

Then *Virechanam* is done with *Gandarvahashta eranda*. *Gandarvahashta eranda* has *Snigdha*, *Tikshna* and *Sukshma Guna*. It does *Deepana*, *Pachana*, and *Tridosha Samana* and moreover *Eranda taila* is specifically indicated for *Virechana* in *Amavatha*⁶.

CONCLUSION

Shamana chikitsa refers to all the ayurveda procedures and protocols that reduce, suppress and eliminate disease symptoms. According to Charaka, "*Samprapthi vikatanameva chikitsa*". Procedures like *Langanam*, *Swedanam* (mainly *ruksha*), *Deepana Aushadas* like *Katu*, *Thiktha* (drugs which are appetizers having bitter and pungent taste) are involved in *Samprapthi Vikatana (stage wise treatment)* of *Amavata*. Here the challenge was to use financially affordable treatment for *Ama Pachana* and *Shamanam* as the patient was physically unfit for any *Panchakarma Shodana* procedure. Also fast retrieval of *Ama* from the body was also a greater task.

Amavata is the disease having *Vata* and *Kapha* predominance and origin from both *Pakwasaya* and *Amasaya*. The *Vasthi* plays an important role in *Amavata Churna Vasthi* administered here significantly reduced *Amavata* symptoms like *Agnidourbalya*, morning

stiffness, *Gourava*, *Utsaha hani* (lastitude), *Vairasya* (anorexia) etc. Also it showed significant results in reducing swelling and improving the range of motion of involved joints.

As *Samana Chikitsa* by using *Langhana* therapy is intended to make the patient recover and feel healthier by relieving the disease symptoms. Hence while the inherent disease might still be present the patient undergoing *Samana Chikitsa* can control the symptoms. Hence, this approach primarily has symptom care as its focus, and we succeeded in almost 90% relief of symptoms presented by the patient. Also with this case report we can substantiate that even without moving on to *Brimhana* mode of treatment as mentioned in *Amavata Chikitsa* classic for *Amavata Chikitsa* principle after the initial *Amapachana* (digesting of *ama*), i.e. mere *Langhana* mode of treatment itself offers symptomatic relief. The *Langhana* alone will be able to prevent reappearance of symptoms as patient was followed up for one month.

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Table 1: Musculo skeletal examinations done on 1/12/22

JOINT NAME	INSPECTION	PALPATION	RANGE OF MOVEMENTS
1.Shoulder joint	Moderate swelling present	Slight rise in temperature Tenderness: grade 2	Possible with pain
2.Elbow joint	Mild swelling present	Slight rise in temperature Tenderness :grade 2	Flexion,extension Possible with pain
3.Wrist joint	Mild swelling present	Slight rise in temperature Tenderness: grade 2	Possible with pain
4.Knee joint	Marked swelling present	Marked rise in temperature Tenderness: grade 3	Not possible due to pain
5.Ankle joint	Mild swelling present	Slight rise in temperature Tenderness: grade 2	Possible with pain
6..PIP of hand	Mild swelling present	Slight rise in temperature Tenderness :grade 1	Flexion ,extension painful
7.DIP of hand	Mild swelling present	Slight rise in temperature Tenderness :grade 1	Flexion, extension painful
8.MTP joint	Mild swelling present	Slight rise in temperature Tenderness : grade 1	Flexion, extension painful
9.MCP joint	Mild swelling present	Slight rise in temperature Tenderness: grade 1	Flexion, extension painful
10, SI joint	No swelling	Tenderness grade 1	Abduction ,external rotation painful

Table 2:Ayurvedic assessment of Ama

AMA ASSESMENT	1/12/22
<i>Srothorotham</i>	Absent
<i>Balabramsham</i>	Present
<i>Gouravam</i>	Present
<i>Anila moodhatha</i>	Present
<i>Alasya</i>	Absent
<i>Apakthy</i>	Present
<i>Nishteeva</i>	Present
<i>Malasangam</i>	Absent
<i>Aruchi</i>	Present
<i>Klama</i>	Present

Table 3:Ayurvedic assessment of Samavata

Features	1/12/22
<i>Vibandham</i>	Absent
<i>Agnisadam</i>	Present
<i>Sthambam</i>	Present
<i>Aantha kujanam</i>	Absent
<i>Vedana</i>	Present
<i>Shopha</i>	Present
<i>Nisthodam</i>	Present
<i>Kramasho angaani peeda</i>	Present

Table 4:Materials for the management of Amavata

MEDICINE	DOSE	DURATION	ANUPAMA	DATE OF ADMINISTRATION
<i>AMRUTHOTHARAM KASAYAM</i>	15 ml kasaya	2 BD	-----	1/12/22 TO 10/12/22
<i>SHADDHARANAM CHOORNAM</i>	5 g	2 BD	Lukewarm water	1/12/23 to 16/12/22
<i>YOGARAJA GUGGULU</i>	1 NO	2 BD	kasaya	1/12/22 to 16/12/22
<i>RASNASAPTAKAM KASAYAM</i>	15 ml	2 BD	-----	11/12/22 to 16/12/22

Table 5:Table showing Langhana Upakrama done in Amavata

Sr.no	procedure	medicine	Date of administration
1	<i>Vaiswanara vasthi</i>	<i>Vaiswanara churnam:25g</i> <i>Indupp :15 g</i> <i>Dhanyamlam:500 ml</i>	2/12/22 to 4/12/22
2	<i>Ruksha swedam</i>	<i>Dhanyamladhara</i> <i>Dhanyakizhi dipped in dhanyamla</i>	5/12/22 to 8/12/22 9/12/22 to 15/12/22
3	<i>Lepanam</i>	<i>Kottamchukkadi choornam+Jdamayadi</i> <i>choornam in Dhanyamla</i>	1/12/22 to 10/12/22
4	<i>Virechanam</i>	<i>Gandarvahastha erandam(20 ml)</i>	16/12/22

Table 6:Final Amavata Vishesha Lakshana Assessment

Features	1/12/22	8/12/22	13/12/22
<i>Hashta Pada Thrika Gulfa Sopha and Ruk</i>	Present	Absent	Absent
<i>Janu Uru Pradesha Ruk and Sopha</i>	Present	Absent	Absent
<i>Vrishchika Damsha Vedana</i>	Present	Absent	Absent
<i>Daham</i>	Present	Absent	Absent
<i>Agnimandyam</i>	Present	Absent	Absent
<i>Dourbalyam</i>	Present	Absent	Absent
<i>Bramam</i>	Absent	Absent	Absent
<i>Murcha</i>	Absent	Absent	Absent
<i>Hridgraham</i>	Present	Present	Absent
<i>Pratakalina Jadyatha</i>	Present	Present	Absent

Table 7: Final Ayurvedic Assesment of Samavatha

Features	1/12/22	8/12/22	13/12/22
<i>Vibandham</i>	Absent	Absent	Absent
<i>Agnisadam</i>	Present	Absent	Absent
<i>Sthambam</i>	Present	Absent	Absent
<i>Aanthra kujanam</i>	Absent	Absent	Absent
<i>Vedana</i>	Present	Absent	Absent
<i>Shopha</i>	Present	Absent	Absent
<i>Nisthodam</i>	Present	Absent	Absent
<i>Kramasho angaani peeda</i>	Present	Present	Absent

Table 8: Musculo skeletal examinations done on discharge

JOINT NAME	INSPECTION	PALPATION	RANGE OF MOVEMENTS
1.Shoulder joint	No swelling	No tenderness & no rise in temperature	All movements possible
2.Elbow joint	No swelling	No tenderness & no rise in temperature	Flexion and extension possible without pain
3.wrist joint	No swelling	No tenderness & no rise in temperature	All movements possible
4.knee joint	No swelling	No tenderness & no rise in temperature	All movements possible
5.Ankle joint	No swelling	No tenderness & no rise in temperature	All movements possible
6.PIP of hand	No swelling	No tenderness & no rise in temperature	Flexion and extension possible without pain
7.DIP of hand	No swelling	No tenderness & no rise in temperature	Flexion and extension possible without pain
8.MTP joint	No swelling	No tenderness & no rise in temperature	Flexion and extension possible without pain
9.MCP joint	No swelling	No tenderness & no rise in temperature	Flexion and extension possible without pain

Table 9:Hematological Test

BEFORE TREATMENT	AFTER TREATMENT
RA:26 IU/ml	RA:15 IU/ml
CRP 14 IU/ml	CRP:8 IU/ml

Before Treatment

Particulars	Result	Normal
HAEMATOLOGICAL TEST		
Total R. B. C	4.8 millions/ μ l	3.3 - 6 millions/ μ l
Total W.B.C	9000 cells/ml	4000-10000 cells/ml
ESR	45 mm/hr	0-29mm/hr
Haemoglobin	12 gm%	10-15.5gm%
Differential (Schilling Count) Neutrophils	55 %	50-70%
Differential (Schilling Count) Lymphocytes	38 %	20-40%
Differential (Schilling Count) Eosinophils	7 %	1-15 %
MCV	71.8 fl/red cell	80 - 100fl/red cell
MCH	26.8 pico gram	26 - 34pico gram
MCHC	37.5 gm%	32.5 - 36gm%
HCT	34.9 g%	35-54g%
Platelet Count	248000 cell/ml	150000-450000/ml of blood

After Treatment

<u>LABORATORY REPORT</u>		
Test No: 8564		Test Date: 17-Dec-22 10:05
M.R.D Number: 243865		Room No: KC-82
Patient's Name: OMANA		IP No:
Doctor's Name: Dr.Abdul Ravoof		Age: 56 Sex: F
Particulars	Result	Normal
HAEMATOLOGICAL TEST		
Total R. B. C	5.5 millions/ul	3.5 - 6 millions/ul
Total W.B.C	6500 cells/ml	4000-10000 cells/ml
ESR	60 mm/hr	0-29mm/hr
Haemoglobin	12.0 gm%	10-15.5gm%
Differential (Schilling Count) Neutrophils	58 %	50-70%
Differential (Schilling Count) Lymphocytes	38 %	20-40%
Differential (Schilling Count) Eosinophils	04 %	1-15 %
MCV	71.8 fl/red cell	80 - 100fl/red cell
MCH	24.3 pico gram	26 - 34pico gram
MCHC	33.9 gm%	31.5 - 36gm%
HCT	39.5 g%	35-54g%
Platelet Count	193000 cell/ml	150000-450000/ml of blood
Page 1 of 1		
		Lab. Technician :

<u>Vaidyaratnam Ayurveda College Hospital</u> Thaikkattussery P.O, Thrissur Dist., Kerala. Ph : 0487-2353066		
<u>LABORATORY REPORT</u>		
Test No: 1426		Test Date: 01-Dec-22 12:55
M.R.D Number: 243865		Room No: KC-82
Patient's Name: OMANA		IP No:
Doctor's Name: Dr.Abdul Ravoof		Age: 56 Sex: F
Particulars	Result	Normal
CRP	14 IU/ml	<8 IU/ml