# INTRODUCTION
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There have been a conversions of data from many different sources on the use of immuno-suppressive therapy in the treatment of Rheumatoid Arthritis (RA). Most important is the presence of an aberrant immune response in these patients. Low dose methotrexate (MTX) (5 to 15mg once weekly) is now being used more often before therapy with gold salts or D-penicillamine. In 25%-40% of patients treated with methotrexate, an improvement in symptoms was observed as compared with improvement in patients no taking the drug ***(Harris, 1990).***

Methotrexate is an effective agent for the treatment of (RA). It is now widely prescribed for patients who did not tolerate or respond favourably to gold compounds or D-penicillamine ***(Korn and Dehoratius, 1989).***

Suppression of Rheumatoid Factor (RF) in (RA) had been variably attributed to the use of remittive agents per se or to clinical improvement associated with their use. There have been conflicting reports with regard to the influence of methotrexate (MTX) on serum (RF) levels in RA ***(Alarcon et al., 1990).***

Appropriate patient selection, patient education and meticulous monitoring are required to reduce the potential for adverse reaction ***(Weinbaltt, 1989).***

## ***AIM OF THE WORK :***

The aim of this study is to assess the effect of (MTX) therapy on the clinical and laboratory profile of patients with(RA).