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Ayurvedic Intervention of Shamana Chikitsa Coupled With Intermittent Shodhana Chikitsa Effectively Reduces the Need for DMARDs in Rheumatoid Arthritis (~Amavata): A Case Report

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ABSTRACT:

Rheumatoid arthritis (RA) is a chronic autoimmune disorder characterized by inflammation of synovial joints, leading to pain, swelling, stiffness, and progressive joint damage. Conventional treatment provides symptomatic relief but may cause adverse effects, highlighting the need for alternative approaches like Ayurveda**.** A 37-year-old female from Haryana presented with pain and swelling in small joints of bilateral hands and feet, wrists, and shoulders, along with morning stiffness. Examination showed tenderness and restricted, painful joint movements. Diagnosis was based on clinical features and ACR-EULAR 2010 criteria. Laboratory findings were Anti-CCP 169 U/ml, RA factor 135.16 IU/ml, ESR 39 mm/hr, and CRP 2.09 mg/dl. Treatment included *Shodhana Chikitsa* (*Vaitarana Basti, Baluka Sweda, Shunthi Lepa*) and ***Shamana Chikitsa*** (*Singhnaad Guggulu* 500 mg twice daily and *Dashmool Kwath* 40 ml once daily). Mild improvement was seen after first admission. After two months and repeat therapy, significant improvement in symptoms and mobility was observed. Follow-up reports showed Anti-CCP 134 U/ml, RA factor 46.4 IU/ml, ESR 22 mm/hr, and CRP 1.25 mg/dl. Combined *Shodhana* and *Shamana Chikitsa* demonstrated significant improvement in clinical symptoms and inflammatory markers, suggesting an effective Ayurvedic management approach for RA.

KEYWORDS: *Amavata*, Rheumatoid arthritis, *Shamana Chikitsa*, *Shodhana Chikitsa, Vaitarana Basti.*

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INTRODUCTION:

Rheumatoid arthritis (RA) is the most prevalent inflammatory arthritis and the second most common arthritis after osteoarthritis. It is an autoimmune illness marked by persistent inflammation and joint destruction.[1] Compared to men; women are impacted two times more frequently. The prevalence of RA is 460 per 100000 (0.46%) globally. The frequency of RA peaks between the ages of 65 and 80, and the risk rises with age.[2]Ayurvedic physicians find a similarity between presentation of RA to a clinical entity described as *Amavata* in classical Ayurveda texts. The primary pathogenic components of *Amavata* are, *Ama and Vata*, the *ama* which is resultant of derangement of *Agni,* particularly *Jatharagni*, while circulating through *dhamnies* find refuge in the *sleshma sthana* [*Amashya* and *Sandhi]*,[3] results in stiffness, body ache, anorexia, polydipsia, lassitude, heaviness of body, fever, indigestion of food and swelling. Ayurvedic physicians refer to the condition as a *Chirkari* (chronic) sickness of *Madhyama Rogamarga* since it mostly affects joints. According to Ayurvedic classical texts, *Amavata* can be effectively treated with *Langhana* (fasting or light diet), *Deepana* (interventions that increase appetite), *Ama-pachana* (interventions that digest biotoxins), *Snehapana* (internal oleation), *Swedana* (fomentation), *Virechana* (therapeutic purgation), and *Basti* (medicated enema).[4]

CASE REPORT:

A 37- year- old patient, a housewife, of *Pitta-Kaphaja Prakriti,* residing in Haryana, suffering from pain in multiple joints of body visited the outpatient department of Kayachikitsa of Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi.

The patient was suffering from pain in the metacarpophalangeal joint and proximal interphalangeal joint of bilateral hand along with swelling, morning stiffness and restricted range of motion from the past 5 years. Gradually she developed pain and swelling in bilateral shoulder joint, bilateral knee joint and in right wrist joint along with reduced appetite. The pain was so severe that she had disturbed sleep at night. Sometimes the pain was so severe that she didn't get relief even after taking painkillers.

The patient didn't report any family history of Rheumatoid Arthritis.

Clinical findings

Musculoskeletal Examination:

Swelling of metacarpophalangeal joint and proximal interphalangeal joints of bilateral hand and right wrist joint.

Range of motion-

Painful Palmar flexion and Dorsiflexion of Right wrist.

Painful Flexion, Extension, Abduction, Adduction of bilateral Metacarpophalangeal joint, bilateral Shoulder joint and pain in Flexion, Extension of bilateral Proximal interphalangeal joint.

O/P- Tenderness was observed in joints of bilateral hand and bilateral Shoulder joint.

No abnormality was detected in CVS, CNS, GI and Respiratory system.

Laboratory investigations revealed elevated ESR, Rheumatoid Factor, Anti-CCP antibodies, and CRP, confirming active seropositive rheumatoid arthritis as mentioned in table: 3d and figure 1a, 2a, 3a, and 4a.

The EULAR disease activity score indicated high disease activity at the time of initial assessment as mentioned in table: 3d.

Blood investigations

RA Factor (Quantitative) - 135.16 IU/ml
Anti-CCP - 169U/ml
ESR - 39mm/hr
CRP - 2.09 mg/dl

EULAR Score was 10 on (8/07/2025).

Timeline: Mentioned in table-1

Diagnostic Assessment

In Musculoskeletal system

Morning stiffness > 1 hr.

Swelling of metacarpophalangeal joint and proximal interphalangeal joints of bilateral hand and right wrist joint.

Range of motion-

Painful Palmar flexion and Dorsiflexion of Right wrist.

Painful Flexion, Extension, Abduction, Adduction of bilateral Metacarpophalangeal joint, bilateral Shoulder joint and pain in Flexion, Extension of bilateral Proximal interphalangeal joint.

O/P- Tenderness was observed in joints of bilateral hand and bilateral Shoulder joint.

No abnormality was detected in CVS, CNS, GI and Respiratory system.

The laboratory investigations revealed elevated parameters as mentioned in table: 3d and figure 1a, 2a, 3a, and 4a.

Blood investigations

RA Factor (Quantitative) - 135.16 IU/ml
Anti-CCP - 169U/ml
ESR - 39mm/hr
CRP - 2.09 mg/dl

A key diagnostic challenge in this case was the absence of imaging studies, which limited structural assessment of joint involvement.

"The prognosis of *Amavata* in this case is evaluated as fair due to the chronicity of the disease, involvement of multiple joints, presence of *Ama* and *Agnimandya*, absence of severe deformities, and moderate strength of the patient". Although a full recovery is unlikely, considerable symptomatic alleviation can be obtained with the *Shodhana* and *Shamana Chikitsa*.

THERAPEUTIC INTERVENTIONS:

After confirming the diagnosis, the treatment was accomplished in two phases- *Shodhana Chikitsa* followed by *Shamana Chikitsa* as mentioned in Table 2. The treatment planned was *Baluka Swedana* along with *Vaitaran basti* and external application of *Shunthi lepa* for a period of 15 days. *Singhnadh guggulu* 500 mg two times a day after meal, *Dashmool Kwath* 40 ml a day empty stomach in morning, *Pravalpanchamrita Rasa* 125mg twice a day after meal, *Punarnava mandoor* 250mg twice a day and *Ajmodadi churna* 3gm at bedtime with lukewarm water was also given to the patient. After 15 days, the patient suffered from abdominal cramps, so

Singhnadh guggulu was stopped and *Yograja guggulu* 500 mg twice a day empty stomach with dashmool kwatha was was started.

Follow up & Outcomes

The patient adhered strictly to the treatment regimen (*Baluka swedana, Vaitaran basti, Shunthi lepa* local application, and internal drugs like *Yogaraja guggulu, Dashmoola kwatha, Pravalpanchamrita rasa*, *Punarnava mandoor,* and *Ajmodadi churna*) and *pathya*, verified during each follow up. Interventions were well-tolerated; except episodes of abdominal cramps after taking *Singhnaad guggulu* which was later replaced with *Yograja guggulu*. Significant results were observed in Symptoms, DAS- 28 Score and laboratory investigations as mentioned in Table 3a, 3b, and 3c respectively. No unanticipated events noted.

Table 1: Important dates & Events in the case

Date	Event
2020	The patient had pain in small joints of the bilateral hand occasionally.
2024	She continued taking painkillers by herself for pain management. Gradually she developed pain in bilateral shoulder joint, bilateral knee joint and pain, stiffness and swelling in right wrist joint along with reduced appetite.
8/07/25	She came to CBPACs and was admitted in the Kayachikitsa ward. *Baluka swedana for 30 minutes, Vaitaran basti* and local application of *shunthi lepa* once a day for 15 days was planned along with oral medications-*Singhnad guggulu* 500mg twice a day empty stomach with D*ashmool kwatha, Dashmool kwatha* 40 ml once a day empty stomach*, Ajmodadi churna* 3gm at bedtime with lukewarm water*, Punarnava mandoor* 250mg twice a day with lukewarm water, and *Praval panchamrit rasa*125mg twice a day after meal with lukewarm water.
23/07/25	The patient was discharged with mild improvement in pain, stiffness and swelling in small joints of bilateral hands along with improvement in reduced appetite. Same oral medicines were continued till 2 months.
23/09/25	Moderate Improvement in pain and swelling and morning stiffness in multiple joints. Same oral medications were continued.
1/10/25	*Baluka swedana, Vaitaran basti* and local application of *shunthi lepa* for 15 days.
15/11/25	Significant improvement was present in pain, swelling, stiffness in bilateral joints of hand, feet, shoulder, knee joint along with improved appetite.

Table 2: Interventions in Management of the case

Intervention	Doses & Duration	Rationale of intervention	Outcome of intervention
Baluka swedana	For 15 days as mentioned in table 1	*Shoshan* of *ama*[12]	Reduction in swelling, pain and morning stiffness
Vaitarana basti	For 15 days as mentioned in table 1	*Vata-Kaphashama*[13]	
Shunthi lepa	For 15 days.	*Vata-Kaphashamak Shothahara Vedanahara*[14]	
Singhnadh guggulu	500mg twice daily in empty stomach for 15 days.	*Ama pachana Agni deepana* ***Vedanasthapana Srotoshodhaka*****[15]**	Patient reported cramps in the abdomen so medicine was stopped and replaced with Yograj guggulu
Yograja guggulu	500mg twice daily in empty stomach for 113 days.	*Agnivardhak Deepana Pachana Rasayana Shothahara*[16]	Reduction in morning stiffness and pain.
Dashmool Kwath	40ml once a day empty stomach for 128days.	*Shothahara, Vedanahara*[17]	Reduction in swelling and pain
Pravalpanchamrita Rasa	125mg twice a day after meal for 128 days.	Rich source of calcium [18]	Reduction in pain and crepitus.
Punarnava mandoor	250mg twice a day for 128 days.	*Raktavardhaka*[19]	Stability in haemoglobin levels.
Ajamodadi churna	3gm at bedtime with lukewarm water for 128 days.	*Deepana* and *Pachana*[20]	Improves appetite.

Table 3a: Progress in Clinician/ Patient based outcomes

Outcome Parameter	**At Beginning**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**
Sandhi ruja (joint pain)	5	4	3	3	3	2	1
Sandhi shotha (joint swelling)	4	3	2	3	2	2	1
Stabdhata(stiffness)	3	3	3	2	2	1	1
Sparshasahyata (tenderness about the joints)	4	4	3	3	1	1	1
Ushnata (heat over the affected joints)	2	1	1	2	0	0	0
Agnimandya (Loss of appetite)	4	3	3	2	1	0	0

Table 3b: Grading of Symptoms

Grading of Symptoms
Grade 0 - not aware of symptoms, no hampering of daily activities, and OTC medications required.
Grade 1- aware of symptoms, no hampering of daily activities, and no OTC medications required.
Grade 2- aware of symptoms, hampering daily activities, requirement of OTC medicine two times a week
Grade 3- aware of symptom, hampering daily activities, requirement of OTC medicine three-four times a week
Grade 4 - aware of pain, hampering daily activities, requirement of OTC five to six times a week.
Grade 5: Symptoms not relieved by OTC medicine

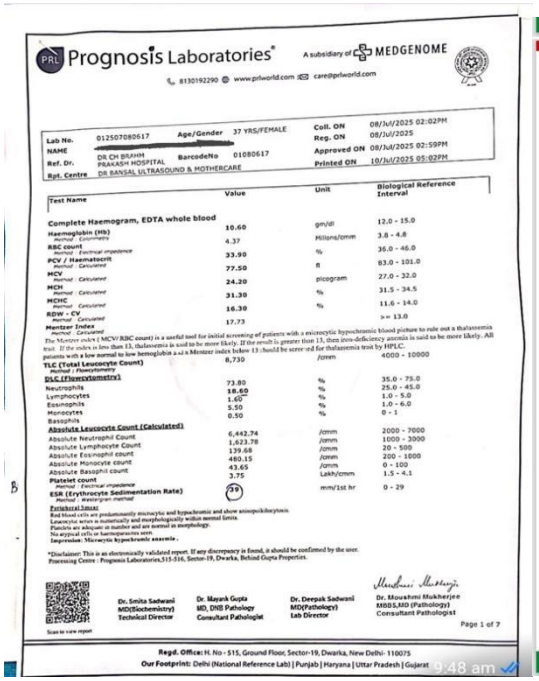
Table 3c: Progress in DAS-28 Score

DAS28=0.56× √(TJC28) +0.28× √SJC 0.70×ln (ESR)+0.014×VAS

	Before Treatment 8/07/25	**After Treatment 15/11/25**
Total no. of tender joints (TJC)	12	6
Total no. swollen joints (SJC)	15	10
ESR	39mm/hr	22mm/hr
VAS	70mm	30mm
DAS-28 Score	6.57 (High disease activity)	4.83 (Moderate disease activity)

Table 3d: Progress in lab based/ radiological outcomes

Outcome Parameter	Normal values	Before treatment		After treatment
Anti- CCP Antibody	<10 U/ml	169 U/ml	-	134U/ml
RA Factor (Quantitative)	<14 IU/ml	135.16 IU/ml	-	46.4 IU/ml
CRP (Quantitative)	upto0-6 mg/dl	2.09mg/dl	-	1.25mg/dl
ESR	0-20 mm/hr	39mm/hr	21mm/hr	22mm/hr
Haemoglobin	12.0-15.0gm/dl	10gm/dl		10.2gm/dl
Eular score	0-10 Threshold >6	10		8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Complete Haemogram, EDTA whole blood

Test Name	Value	Unit	Biological Reference Interval
Haemoglobin (Hb)	10.60	gm/dl	12.0 - 15.0
RBC count	4.37	Millions/cmm	3.8 - 4.8
PCV / Haematocrit	33.90	%	36.0 - 46.0
MCV	77.50	fl	83.0 - 101.0
MCH	24.20	picogram	27.0 - 32.0
MCHC	31.30	%	31.5 - 34.5
RDW - CV	16.30	%	11.6 - 14.0
Mentzer Index	17.73		>= 13.0
TLC (Total Leucocyte Count)	8,730	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	73.80	%	35.0 - 75.0
Lymphocytes	18.60	%	25.0 - 45.0
Eosinophils	1.60	%	1.0 - 5.0
Monocytes	5.50	%	1.0 - 6.0
Basophils	0.50	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	6,442.74	/cmm	2000 - 7000
Absolute Lymphocyte Count	1,623.78	/cmm	1000 - 3000
Absolute Eosinophil count	139.68	/cmm	20 - 500
Absolute Monocyte count	480.15	/cmm	200 - 1000
Absolute Basophil count	43.65	/cmm	0 - 100
Platelet count	3.75	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate)	39	mm/1st hr	0 - 29

Peripheral Smear
RBC are predominantly microcytic and hypochromic and show anisopoikilocytosis.
Leucocytes are numerically and morphologically within normal limits.
Platelets are adequate in number and are normal in morphology.
No atypical cells or haemoparasites seen.
Impression: Microcytic hypochromic anaemia .

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Figure: 1a- Hb and ESR before treatment


CENTROMED
LABS PVT. LTD

Name : [redacted]
Age/Gender : 37 Years / Female
Ref.By : DR.SELF
Req No. : DEL2559422
Sample Type : WB-EDTA
Client Name : DR BANSAL ULTRASOUND AND MOTHERCARE
Vial ID : 2416096
Collected On : 15-Nov-2025 04:44 PM
Registered On : 15-Nov-2025 04:40 PM
Reported On : 15-Nov-2025 06:04 PM
Client Code : CMLDED09

Complete Blood Analysis (CBA)

Test Name	Observed Values	Units	Biological Reference Intervals
* HAEMOGLOBIN	10.2	gm%	12.0 - 15.0
* RBC Count	4.32	millions/cumm	3.8-4.8
* WBC Count	8100	cells/cumm	4000-11000
Method:Electrical Impedence			
* PLATELET COUNT	3.96	lakhs/cumm	1.5 - 4.5
Method:Impedance and Light Scattering			
* Packed Cell Volume(PCV)	32.8	%	40 - 50
Method:Cum.RBC Pulse Hight detection			
* MCV	76	fL	80 - 100
* MCH	23.5	pg	27 - 33
* M C H C	31.0	g/dL	32.0 - 34.0
* MPV (MEAN PLATELET VOLUME)	6.8	pg	7.5 - 11.2
* RDW - CV	14.8	%	11.5 – 14.5
* RDW-SD	40	fL	39.0-46.0
DIFFERENTIAL COUNT			
* NEUTROPHILS	68	%	50 - 75
Method:Impedance/ Leishman's Stain & Microscopy			
* LYMPHOCYTES	25	%	20 - 40
Method:Impedance/ Leishman's Stain & Microscopy			
* EOSINOPHILS	02	%	02 - 06
* MONOCYTES	05	%	02 - 08
* BASOPHILS	00	%	0 - 1
* ABSOLUTE NEUTROPHIL COUNT	5508.00	cells/cumm	2000 - 7000
* ABSOLUTE LYMPOCYTE COUNT	2025.00	cells/cumm	1000-3000
* ABSOLUTE EOSINOPHIL COUNT	162.00	cells/cumm	50-500
* ABSOLUTE MONOCYTE COUNT	405.00	cells/cumm	200 - 1000
* ABSOLUTE BASOPHIL COUNT	0.00	cells/cumm	20 - 100
Method:Analyzer / Microscopy			
PERIPHERAL SMEAR			
* RBC	Mild degree microcytic hypochromic.		
* WBC	Within normal limits.		
* PLATELETS	Adequate.		
* IMPRESSION	Mild degree microcytic hypochromic blood picture.		
* ESR	22	mm/hr	0 - 10
Method:Westergren Method			

Impression : No Abnormal Cells/Haemoparasites Seen.

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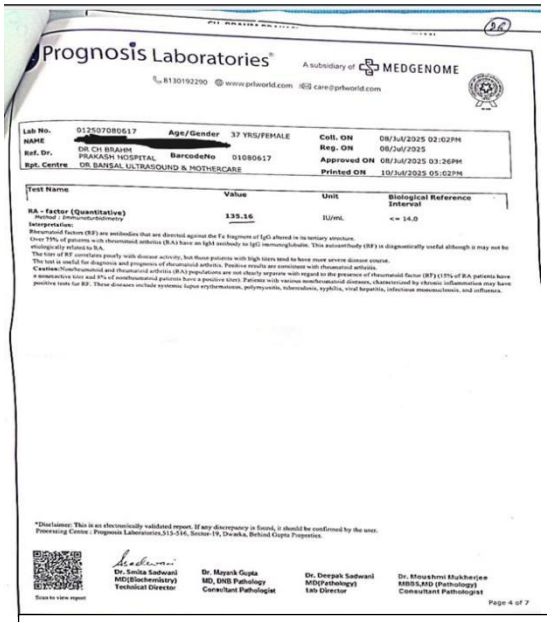
Figure: 1b- Hb and ESR after treatment



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Lab No.	012507080617	Age/Gender	37 YRS/FEMALE
NAME	[redacted]	Coll. ON	08/Jul/2025 02:02PM
Ref. Dr.	DR CH BRAHM PRAKASH HOSPITAL	Reg. ON	08/Jul/2025
Rpt. Centre	DR BANSAL ULTRASOUND & MOTHERCARE	BarcodeNo	01080617
		Approved ON	08/Jul/2025 03:26PM
		Printed ON	10/Jul/2025 05:02PM

Test Name	Value	Unit	Biological Reference Interval
RA - factor (Quantitative)	135.16	IU/mL	<= 14.0

Interpretation:
Rheumatoid factors (RF) are antibodies that are directed against the Fc fragment of IgG altered in its tertiary structure.
Over 75% of patients with rheumatoid arthritis (RA) have an IgM antibody to IgG immunoglobulin. This autoantibody (RF) is an diagnostically useful although it may not be etiologically related to RA.
The titer of RF correlates poorly with disease activity, but those patients with high titers tend to have more severe disease course.
The test is useful for diagnosis and prognosis of rheumatoid arthritis. Positive results are consistent with rheumatoid arthritis.
Caution:Non-rheumatoid and rheumatoid arthritis (RA) populations are not clearly separate with regard to the presence of rheumatoid factor (RF) (15% of RA patients have a nonreactive titer and 8% of nonrheumatoid patients have a positive titer). Patients with various nonrheumatoid diseases, characterized by chronic inflammation may have positive tests for RF. These diseases include systemic lupus erythematosus, polymyositis, tuberculosis, syphilis, viral hepatitis, infectious mononucleosis, and influenza.

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Figure: 2a- RA Factor before treatment

CENTROMED LABS PVT. LTD

Name	[redacted]		
Age/Gender	: 37 Years / Female	Vial ID	: 2416097
Ref.By	: DR.SELF	Collected On	: 15-Nov-2025 04:44 PM
Req No.	: DEL2559422	Registered On	: 15-Nov-2025 04:40 PM
Sample Type	: Serum	Reported On	: 15-Nov-2025 05:56 PM
Client Name	: DR BANSAL ULTRASOUND AND MOTHERCARE	Client Code	: CMLDED09

Rheumatoid Factor (RA test)

Test Name	Observed Values	Units	Biological Reference Intervals
* RA-RHEUMATOID FACTOR (QUANTITATIVE)	46.4	IU/mL	< 14 : Negative > 14 : Positive

Method:Spectrophotometry.

INTERPRETATION:
Rheumatoid factors are proteins produced by the immune system. Normally, the immune system attacks disease-causing substances like viruses and bacteria. Rheumatoid factors attack healthy joints, glands.
An RF test is most often used to help diagnose rheumatoid arthritis. Rheumatoid arthritis is a type of autoimmune disorder that causes pain, swelling, and stiffness of the joints. Rheumatoid factors may also be a sign of other autoimmune disorders, such as juvenile arthritis, certain infections, and some types of cancer.

Note : Kindly correlate clinically.

Dr.Mohan Reddy K M.Sc.Ph.D.
Sr.SCIENTIST

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Figure: 2b- RA Factor after treatment

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Lab No.	012507080617	Age/Gender	37 YRS/FEMALE
NAME	[redacted]	Coll. ON	08/Jul/2025 02:02PM
Ref. Dr.	DR CH BRAHM PRAKASH HOSPITAL	Reg. ON	08/Jul/2025
Rpt. Centre	DR BANSAL ULTRASOUND & MOTHERCARE	BarcodeNo	01080617
		Approved ON	08/Jul/2025 03:26PM
		Printed ON	10/Jul/2025 05:02PM

Test Name	Value	Unit	Biological Reference Interval
Thyroid profile, Total (T3,T4,TSH)			
T3 (Triiodothyronine) , serum Method : ECLIA	1.17	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	12.20	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	5.27	uIU/ml	0.27 - 4.2

Interpretation:
- Primary hypothyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding protein.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

Anti CCP antibodies, serum Method : ECLIA	169.00	U/ml	<17.0

Interpretation:
Anti CCP antibodies are autoantibodies against citrullinated proteins found in rheumatoid arthritis patients. Detection of these antibodies is one of the most sensitive assays available for diagnosis of Rheumatoid arthritis. The test has a sensitivity of 67.4% and a specificity of 97% respectively. It can be used as a prognostic assay also as high levels of the antibody in a diagnosed patient indicate a more aggressive course. Treatment with disease modifying drugs is not associated with a significant reduction in the level of these antibodies in large clinical trials that have been done.

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Figure: 3a- Anti- CCP before treatment

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CENTROMED LABS PVT. LTD

[redacted] W/O RAM NIWAS 287851

Age/Gender	: 37 Years / Female	Vial ID	: 2416097
Ref.By	: DR.SELF	Collected On	: 15-Nov-2025 04:44 PM
Req No.	: DEL2559422	Registered On	: 15-Nov-2025 04:40 PM
Sample Type	: Serum	Reported On	: 15-Nov-2025 05:56 PM
Client Name	: DR BANSAL ULTRASOUND AND MOTHERCARE	Client Code	: CMLDED09

Anti Cyclic Citrullinated Peptide Antibody (CCP)

Test Name	Observed Values	Units	Biological Reference Intervals
* Anti Cyclic Citrullinated peptide Antibody(ANTI CCP Ab)	134.0	AU/ml	Negative : < 10 Positive : > 10

Method:ELISA.

INTERPRETATION:
- Anti-citrullinated protein antibodies (ACPAs) are autoantibodies, that are directed gainst peptides and proteins that are citrullinated. They are present in the majority of patients with rheumatoid arthritis. Clinically, cyclic citrullinated peptides (CCP) are frequently used to detect these antibodies in patient serum. ACPA are more specific than rheumatoid factor, they are used to distinguish various causes of arthritis.
- A positive anti-CCP test result can be used as a prognostic tool to determine the severity of symptoms the patient may have throughout their disease course. Anti-CCP positive patients can potentially experience a more aggressive disease course.
- However, this can also depend on many different factors and varies between each individual. The prognosis of anti-CCP positive patients also depends greatly on early diagnosis of rheumatoid arthritis as well as early initiation of treatment.
- Anti-CCPs have shown to be present in patients with other connective tissue disorders like systemic lupus erythematosus (SLE).
- Despite these rare cases, a positive anti-CCP test is considered highly specific to rheumatoid arthritis (meaning a negative test does not rule out the disease, but a positive result rules it in).

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Figure: 3b- Anti- CCP after treatment

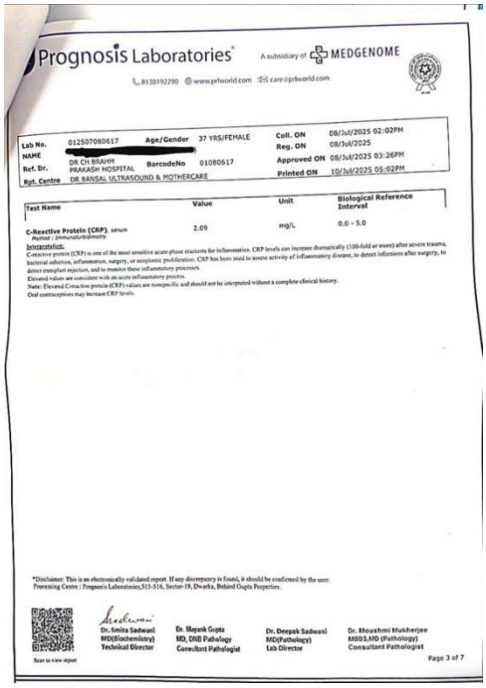

Figure- 4a- CRP before treatment **Figure: 4b -** CRP after treatment

DISCUSSION:

The current management plan is *Shamana Chikitsa* mentioned in *Ayurveda* classical literature coupled with intermittent *Sanshodhana Chikitsa*. *Shamana Chikitsa* was planned with inclusion of a *Guggulu* preparation, *Singhnaad Guggulu* and *Yogaraja Guggulu* with *Anupana* of *Dashmoola Kwatha*. Additionally, *Pravala Panchamrita Rasa* and *Punarnava Mandoora* were added. The management was planned to target both the underlying pathology and symptomatic burden of the disease.

The combination of *Baluka Swedana*, *Vaitarana Basti*, and local application of *Shunthi Lepa* provided synergistic benefits through *Ruksha-Ushna*, *Vata-Kapha shamana*, and *Srotoshodhana* effects, thereby relieving stiffness, pain, and inflammation caused due to *ama samprikta vata dosha*.

Baluka Swedana -It enables in *Shoshan* (digestion and drying) of *Ama* present in *Kapha sthana* (joints) consequently lowering stiffness of the joint and assuaging the pain. *Swedana* also increases the *Dhatwagni*, thereby enhancing its feature and mobility, mainly the joints in this case.[5]

Vaitarana Basti - Because of its *laghu*(lightness), *ruksha*(dryness), *ushna*(hotness), and *tikshna*(sharpness) *guna* it reaches to *pakwasaya*, thus pacifying *Vata dosha*.[6]

Yogaraja Guggulu **-** *Yograja Guggulu* exhibits anti-inflammatory activity primarily through inhibition of the 5-lipoxygenase pathway, resulting in decreased leukotriene synthesis. This mechanism suppresses inflammatory mediator production, reduces inflammatory cell recruitment, and attenuates tissue inflammation,

supporting its therapeutic role in *Amavata*.[7]

Dashmoola Kwath - Prostaglandins are responsible for Vasodilation, edema and pain and *dashmool* inhibits this prostaglandin synthesis thus reducing the prostaglandin-mediated vascular changes which in turn reduces inflammatory exudate formation.
Dashmool reduces the vasodilation and pain receptor sensitization which suppress the swelling and pain respectively. *Dashmoola* contains phytochemicals which modulates the COX pathway, reducing inflammatory mediator release.[8]

Ajmodadi Churna - *Ajmodadi Churna,* referenced in the *Sharangdhara Samhita*, is a powerful Ayurvedic formulation for treating *Amavata*. The ingredients of this formulation possess properties like *Katu* and *Tikta Rasa*, *Ushna Virya, Laghu, Ruksha, Tikshana Guna, and Katu Vipaka*. It helps in enhancing the digestion and elimination of *Ama*, making it effective for treating *Amavata*.[9]

Punarnava Mandoor- *Triphala (Emblica officinalis), Trikatu(Piper longum,Piper nigrum,and Zingiber officinale Rosc.), Chitraka (Plumbago zeylanica), Vidanga(Embelica ribes),* and *Pippalimula(Piper longum)* are among the constituents in the formulation that have carminative, *Deepana,* and *Pachana* qualities that improve drug absorption and digestion. Classical scriptures describe *Punarnava*, as *Panduhara.*[10]

Praval Panchamrit Rasa **-** recognized in Ayurveda as a natural and abundant source of calcium and has been traditionally utilized as a calcium supplement for centuries. The drugs are of *Madhur, Tikta, Kashaya* and *katu rasa*, *Madhur vipaka* and Sheet virya which are *Arka ksheer* has *deepana, pachna karma* due to its *katu, tikta* rasa and pacifies vata dosha due to its *ushna virya.* Calcium is a vital mineral required for numerous physiological processes, including various cellular functions. It plays a crucial role in maintaining bone integrity and overall skeletal health.[11]

This integrated strategy resulted in significant improvement in pain, joint mobility, and functional capacity, highlighting the advantage of combining *Shodhana* and *Shamana* therapies. Additionally, the absence of adverse effects and good patient compliance underscore the clinical feasibility and safety of the protocol.

Limitation of the management:
The patient has to stay indoors during IPD treatment. This leads to isolation of the patient from family and may lead to impairment in personal and professional life. It increases the cost of treatment also. So IPD treatment should be reserved for the patients who are not responding to OPD level treatment.
Follow-up
The patient was followed up at regular intervals of 15 days, one month, and two months after discharge. *Singhnadh guggulu* 500 mg two times a day after meal, *Dashmool Kwath* 40 ml a day empty stomach in morning, *Pravalpanchamrita Rasa* 125mg twice a

day after meal, *Punarnava mandoor* 250mg twice a day with lukewarm water and *Ajmodadi churna* 3gm at bedtime with lukewarm water was continued during the course of treatment. But after 15 days,*Singhnadh guggulu* was stopped and *Yograja guggulu* 500 mg twice a day empty stomach with *dashmool kwatha* was continued during each follow up.

Pathya -apathya

Pathya (Wholesome): The patient was advised to consume warm water (*koshnajal*) throughout the day, as it aids in *Ama pachana* and reduces *Vata-Kapha* aggravation. Light, warm, freshly cooked, easily digestible foods (*laghu, ushna ahara*) were recommended, including bottle gourd (lauki), Ridge gourd (turai), , barley (*yava*), moong dal (*mudga*), bitter gourd (*karela*), drumstick (*shigru*), and ginger (*shunthi*) in diet. Garlic (*lasuna*) and turmeric (*haridra*) were encouraged as condiments due to their *Deepana-Pachana* and anti-inflammatory properties. Gentle physical activity, adequate rest, and avoiding exposure to cold, wind, and dampness were also advised.

Apathya (Unwholesome): The patient was advised to strictly avoid cold, heavy, and oily foods (*sheeta, guru, snigdha ahara*) such as curd (*dadhi*), black gram (*masha*), refrigerated foods, and excessive intake of sour, salty, and spicy substances, as these aggravate *Ama* and *Vata-Kapha dosha*. Excessive physical exertion, suppression of natural urges (*vegadharana*), day sleep (*diwaswapna*), mental stress, and exposure to cold and humid environments were also contraindicated, as they worsen the *Amavata* pathology.

CONCLUSION:

Thus, the multimodal Ayurvedic protocol-*Baluka Swedana* and *Shunthi Lepa* for *Bahya swedana*, *Vaitarana Basti* for *Shodhana,* and *Shamana* with *Yograja Guggulu*, *Dashmool Kwath*, *Pravalpanchamrit Rasa*, *Punarnava Mandoor*, and *Ajmodadi Churna* -yielded significant *Amavata* reversal, evidenced by symptom amelioration and lab normalization: anti-CCP from 169 to 134 U/mL, RA factor 135.16 → 46.4 IU/mL, CRP 2.09 → 1.25 mg/dl, ESR 39→22 mm/hr, Hb 10→10.2 g/dL over 45 days. This aligns with *Chakradatta's Amavata Chikitsa* (Ch. 25), where *Ruksha Swedana* and *Basti* clears *Srotorodha* and *Ama,* while *Guggulu*-based *Shamana chikitsa* enhances *Agni* and *Sandhi bala*, explaining inflammatory marker decline unlike steroid-dependent allopathy. The multimodal *Ayurvedic* regimen comprising *Shodhana* and *Shamana* therapy produced marked clinical and serological improvement in *Amavata* as mentioned in table; 3d and figure: 1b, 2b, 3b, and 4b. The therapeutic outcome supports the principles of *Chakradatta Amavata Chikitsa*, where *Ruksha Swedana*, *Basti*, and *Guggulu*-based formulations alleviate *Ama*, remove *Srotorodha*, enhance *Agni*, and improve *Sandhi bala*, thereby reducing systemic inflammation and disease activity.

Comparable cases report partial relief with isolated *Swedana* and *Basti*, but this integrated *Shodhana-Shamana* approach uniquely achieved near-

normal labs without adverse events, addressing refractory RA gaps.

Data availability:

This is an original publication, and the lead investigators have made all data available for review only.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

Though limited to one patient, these findings endorse early *Ayurvedic* intervention for *Amavata* w.s.r. RA, warranting prospective trials to validate efficacy."

Authors' contributions:

Equally contributions by all authors to conception, design, data collection, analysis, drafting, and final approval of the manuscript.

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