



IJAYUSH
International Journal of AYUSH
 AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
<http://internationaljournal.org.in/journal/index.php/ijayush/>

International Journal
 Panacea
 Research library
 ISSN: 2349 7025

Original Research Article

Volume 13 Issue 10

October 2024

AN OPEN LABEL CASE SERIES IN THE TREATMENT OF AMAVATA VYADHI THROUGH DASHAVIDHA-PARIKSHA W.S.R. RHEUMATOID ARTHRITIS

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ABSTRACT

The terms *Ama* and *Dashavidha-Parikshna* are combined to form *Amavata*. A person becomes lame due to the disease, which is often caused by *Agni* derangement such as *Jatharagni*, *Dhatvagni*, *Bhutagni*, etc. This leads to the production of *Ama*, which circulates throughout the body via vitiated *Dashavidha-Parikshna* and is positioned in the *Shleshmasthan* (*Amashaya*, *Asthisandhi*, etc.), causing pain, stiffness, and swelling over both small and large joints. According to their similarity in medical aspects, the scientific presentation of *Ama Dashavidha-Parikshna* strongly resembles the distinct range of rheumatological disorders known as rheumatoid arthritis. Rheumatoid Arthritis (RA) is a symmetrical polyarthritis that is persistently inflammatory, malignant, and associated with systemic involvement. It has been reported that the incidence of rheumatoid arthritis in India varies between 0.15 and 1.35% in males and between 0.5 and 3.8% in women. Allopathic medicine relieves symptoms, but because there is no effective therapy, the underlying disease is left untreated, leading to a multitude of side effects, toxic symptoms, and unpleasant responses. In addition to being free of this kind of side effect, *Ayurvedic* medicine offers a superior method of treating *Agni* and *Ama* by addressing their underlying causes. *Ama Dashavidha-Parikshna* administration notions include *Deepan Pachana* as *Shamana Chikitsa*, *katu Rasa*, *Langhana*, *Swedana*, and *Dravyas* containing *tikta*. The current all the study provides a *Ayurvedic* assessment of *Ama Dashavidha-Parikshna* with respect to Rheumatoid Arthritis from all the classics of *Ayurveda* and its care, because *Madhav Nidan* is reported to have witnessed the first specific description of *Ama Dashavidha-Parikshna* as an illness.

KEYWORDS- *Amavata*, *Rheumatoid Arthritis Shamana Chikitsa*, *Shodhana Chikitsa*, etc.

INTRODUCTION

Ama Dashavidha-Parikshna is a sickness where *Ama*, due to vitiated *Dashavidha-Parikshna Dosha*, collects *Sleshma Sthana*, a condition that is commonly referred to as rheumatoid arthritis. The modern era's shifting lifestyles, consumption of unhealthy fast food, inactivity, etc., all contribute to *Mandagni*, which in turn causes the formation of *Ama*. *Sandhi Shotha*, *Shoola*, *Sparshaasahatwa*, and *Gatrastabdhata* are the symptoms of *Amavata*, which arises when *Ama* mixes with the vitiated *Dashavidha-Parikshna Dosha* in *Sleshmasthana*. *Ama Dashavidha-Parikshna* has clinical characteristics with rheumatoid arthritis. a long-term inflammatory condition impacting several joints, including the minor and major joints. in the hands and feet.¹ It has been reported that the incidence of rheumatoid arthritis in India varies between 0.15 and 1.35% in males and between 0.5 and 3.8% in women.² Anytime *Ama* localizes in bodily tissue or joints, it can cause associated joints to experience pain, stiffness, edema, soreness, and other symptoms.³ *AmaDashavidha-Parikshna* and RA, an autoimmune disease that results in symmetrical polyarthritis and persistent inflammation, have many characteristics.⁴ *Nidana Parivarjana*, or avoiding the causes of a sickness, is the first and most important step in *Ayurvedic* treatment of any illness. A *Shodhana* (biological cleaning of the body) procedure called *Vivechana karma* is used to balance the *Pitta Dosha* in particular and the vitiated *Dosha* in general.⁵ In order to successfully control *Amavata*, this study utilized both therapy techniques, namely *Nidana Parivarjana* and *Virechana karma*.

METHODOLOGY

The data of *Ama Dashavidha-Parikshna* collected from different Sources like – Authentic websites (Ayu, NCBI, NLM, J-AIM, etc.), different articles published in Scopus and Web of Science, etc.

CASE SERIES – 1

A 56-year-old female patient came to us with chief complaint of- *Ubhya parvasandhi shool*, *AngAmarda*, *Ubhya janusandhi shool-shotha*, *Aruchi*, *Ubhya manibandha shool*, *Shotha & sparsha-asahatwa*, Morning stiffness, *Ubhya Ansa-kurpara sandhi shool*.

HISTORY OF ILLNESS

Four years ago, the patient was normal. The patient has had bilateral finger pain (*Ubhya parvasandhi shool*), bilateral knee pain and swelling (*Ubhya janusandhi shool-shotha*), bilateral ankle pain and swelling (*Ubhya Ansa-kurpara sandhi shool*), bilateral *manibandha shool*,

Shotha & Sparshaasahatwa, AngAmarda, Aruchi, and morning stiffness since that time. After trying allopathic medicine and seeing only brief alleviation, the patient chose to try *Ayurvedic* medicine. Thus, the patient went to the OPD of *Kaya Chikitsa* of IIMT *Ayurvedic* medical College and hospital, Meerut, Uttar Pradesh. for more *Ayurvedic* therapy.

PERSONAL HISTORY

- **Occupation:** Teacher.
- **Diet:** Vegetarian.
- **Appetite:** Irregular.
- **Allergy:** No history of any drug or food allergy.

ASHTAVIDHA- PARIKSHA

1. *Nadi:* 76/min
2. *Mala:* Constipation
3. *Mutra:* 3 to 4 time in day, 1 to 2 times in night
4. *Jihva:* *Niram*
5. *Shabda:* *Prakrut*
6. *Sparsha:* *Anushna*
7. *Drik:* *Prakrut*
8. *Akriti:* *Thin*

DASHAVIDHA-PARIKSHNA

1. *Dashavidha-Parikshna:* *Vata -Pittaja*
2. *Dosha-* *Vata-pradhana*,
3. *Dooshya-* *Rasa, Meda, Ashti, Majja*.
4. *Satwa:* *Madhyama*.
5. *Sara:* *Madhyama*
6. *Samhanana:* *Madhyama*
7. *Pramana:* *Madhyama*
8. *Satmya:* *Sarva Rasa*
9. *AhaRasakti:* *MadhyAma*
10. *VyayAmasakti:* *MadhyAma*
11. *Vaya:* 56 years

MANAGEMENT OF AMA VATA**TABLE NO. 1 MANAGEMENT OF AMA VATA**

Sr. No	Dravya	Dose	Duration	Anupana
1	<i>Simhanad Guggul</i>	250 mg	2 BD	Lukewarm water
2	<i>Mahayogaraj Guggul</i>	250 mg	2 BD	Luke warm water
3	<i>Rasnasaptakam Kwath</i>	2 TSF	Twice in day	Luke warm water

PANCHKARMA PROCEDURE

- *Snehana- Vishagharbha taila*
- *Swedana-Valuka-pottli*
- *Virechana- Eranda tail (5 ml in morning)*

ASSESSMENT CRITERIA**TABLE 2: GRADING OF SANDHISHOOLA (PAIN)**

Sr.no	Severity of Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

TABLE 3: GRADING OF SANDHISHOTHA (SWELLING)

Sr.no	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

TABLE 4: GRADING OF SPARSHASAHATWA (TENDERNESS)

Sr.no	Severity of Tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Winching of face on pressure	2
4	Winching of face and withdrawal of the affected part on pressure	3

HETU/ ETIOLOGY OF AMAVATA

- 1) *Viruddha Ahara* - This is a major factor in the development of *Ama*.
- 2) *Viruddha Cheshta: Mandagni* causes *Ama Dashavidha-Parikshna* to be generated.
- 3) *Nischalata*: The primary factor causing the body to accumulate *Ama* is a sedentary lifestyle or lack of physical activity.
- 4) *Sangndham bhuktavato Annam Vyayama*: Getting up and moving quickly after consuming a large meal makes the body produce *Ama*.

DISCUSSION

Langhana: - which aids in *Ama* digestion, is the first line of therapy for *Amavata*. Here, "*Langhana*" refers to the consumption of light meals rather than total fasting. Each person's experience of *Langhana* has a different duration based on their unique potential.

Swedana: - anything that releases *Sheeta*, *Gaurava*, and *Stambha* and causes perspiration. With *Stambha*, *Gaurava*, and *Sheeta* as *Pradhan Lakshanas*, *Ama Dashavidha-Parikshna* is a *Dashavidha-Parikshna Kapha Pradhan Vyadhi*. *Ruksha Swedana* (*Valuka* and *Pottali*) is the *Swedana* mentioned here.

Snehana: It is forbidden in *Aamavastha* because it aggravates *Ama*. However, it's necessary to calm the *Dashavidha-Parikshna Dosa Snehana* and eliminate the *Dosa sanga*. In *Amavata*, *Vishagarbha taila* is a *vyadhi pratyanka Snehana*.

Aushadhi Chikitsa:⁶ *Pachak, Tikta, and Katu Aahar & Aushadhi:* - In *Amavata*, drugs with the properties of *Katu* (pungent), *Tikta* (bitter), and *Deepana* and *Pachana* are advised. These medications have the properties of *AaPachana*, hence they could be able to relieve *shotha* and *Shoola*.

Simhanada Guggulu is the recommended medication for *AmaDashavidha-Parikshna(RA)* because of its ability to strengthen joints, calm vitiated *Dashavidha-Parikshna* and *kapha*, especially in the joints, and enhance digestive fire (*Agni*).

Mahayogaraj Guggul: This medication is listed under *AamVatarogadhikara Bhishjyarnawali*. *Guggulu* resin, *Vidanga* fruit, *Ajwain seed*, *Chavya* root, *Shunthi* root, *Pippali* fruit, *Musta* root, *Chitrak* root, *Guduchi* stem, and *Haritaki* fruit are among its contents. *Triphala* is a concoction of three fruits. Bones that deteriorate in *AamDashavidha-Parikshna* can be healed with this medication.

Rasnasaptakam Kwath: *Rasna*, *Amruta*, *Aragvadha*, *Devdaru*, *Trikantaka*, *Ernada*, *Punarnava*, and *Shunthi* are all contained in it. It functions as an appetizer, immunomodulator, *Vata-kapha shAmaka*, *Shoolaghna* (analgesic), and carminative.

Virechana - Combined, *Shunthi-siddha Eranda tail* (5 ml in the morning) functions as a Vata-kapha shAmak, immunomodulator, and shothahara (anti-inflammatory). *Shunthi* is the best *aampachk*, *shothaghan*, and *eranda tail* is one of the greatest medications listed in *AamVata*.

OBSERVATION AND RESULT

Within four days, the patient's swelling and soreness decreased. Within ten days, all symptoms showed signs of recovery. After a follow-up of 28 days, almost all symptoms had disappeared. Following our effective course of therapy, we monitored the patient every 7 days for the following three months. I discovered that there are no symptoms at all (apart from sporadic, mild knee discomfort, which is reasonable given the patient's age and chronic illness).

TABLE 5: ASSESSMENT OF SANDHI-SHOOL

Left		Name of Joints	Right	
Before	After		Before	After
3	0	<i>Parvasandhi</i>	2	0
2	0	<i>Janusandhi</i>	2	0
3	0	<i>Manibandha</i>	3	1
2	0	<i>Ansa sandhi</i>	2	0
2	0	<i>Kurpara sandhi</i>	3	1

TABLE 6: ASSESSMENT OF SANDHI-SHOTHA.

Left		Name of Joints	Right	
Before	After		Before	After
2	0	<i>Janusandhi</i>	2	0
3	0	<i>Manibandha</i>	3	1

TABLE 7: ASSESSMENT OF SPARSHASAHATWA (TENDERNESS).

Left		Name of Joints	Right	
Before	After		Before	After
3	0	<i>Manibandha</i>	2	0

TABLE 8: ASSESSMENT OF ANGAMARDA (MALAISE).

<i>Angamarda</i>	
Before	After
3	0

TABLE 9: ASSESSMENT OF ARUCHI.

<i>Aruchi</i>	
Before	After
3	0

TABLE 10: ASSESSMENT OF MORNING STIFFNESS.

Morning stiffness	
Before	After
2	0

CONCLUSION

One of the most common diseases in the modern period is *Amavata*, which presents a difficult problem for medical research. A systematic treatment protocol based solely on *Ayurvedic* principles is necessary because *Ama* and *Dashavidha-Parikshna* have properties that are opposite poles of each other, and the addition of *uthana dhatu* (*RASA*) and *gambhera dhatu* (*ASTHI*) complicates matters. Since any action taken will primarily oppose one another, a cautious approach can only be advantageous to the patient. In order to prevent malformations with the right care, early diagnosis is essential. Panchakarma methods can aid with autoimmune mobility and the eradication of *BahuDoshavastha*. This case study demonstrates that *Virechan Karma* is a more effective therapy approach for *Amavata*, both in terms of symptom relief and biochemical parameter correction.

CASE SERIES – 2

HISTORY OF ILLNESS

A 52-year-old female patient arrived with a one-year history of wrist and hand joint edema, low-grade fever that flared up and discomfort in several joints. Ankle, knee, and bilateral shoulder joints were eventually affected by the discomfort, which first began in the hands and wrist joints. The pain was intense, pins and needles. It was made worse by cold exposure and relaxation, and made better by exercise, hot weather, and sun exposure. In addition to joint discomfort, she also had stiffness in a number of joints, which was worse in the morning and after inactivity and persisted for one to two hours. The patient additionally reported that both of her hands and wrist joints swelled.

EXAMINATION

GENERAL PHYSICAL EXAMINATION

At the time of obtaining their history, the patient was cooperative, completely cognizant, and well-oriented to time, location, and people. She looked about his age, with a modest build. The skin tone was normal, showing no signs of hypo- or hyperpigmentation. There was no visible skin lesion. A lateral third of the eyebrows was not lost, and the eyebrows were B/L symmetrical. No periorbital edema was seen. Student: RRR will light B/L. There was no evidence of any discharge, collection, infection, or inflammation in the ear, nose, throat, or paranasal sinuses. The lips had a rosy hue. There was good oral hygiene maintenance.

Systemic examination of respiratory, cardiovascular, CNS and G.I.T. system revealed no abnormality detected.

TABLE 1: LOCAL EXAMINATION

Inspection		
	Upper Limb	Lower Limb
Joint involved	PIP, MCP and wrist joints	Bilateral knee and ankle joint
Movement	Bilateral restricted (Wrist joints)	Bilateral restricted (Knee joints)
Symmetry	Symmetrical	Symmetrical
Swelling	Present in B/L PIP, MCP	Not present
Deformity	Not present	Not present
Redness	present	present
Palpation		
Temperature	raised	raised
Joint crepitus	Not present	Present at knee joints B/L
Nodules	Not present	Not present

DIFFERENTIAL DIAGNOSIS

- *Amavata*
- *Sandhi Dashavidha-Parikshna*
- *Vatarakta*

INVESTIGATION

- Hb - 12.5 g/dl
- TLC – 9000 mcl
- DLC –
 - L- 26%,
 - M-15.5%
 - N-67.2%
 - PLT - 180000/mcL
- ESR - 112 mm fall in first hour
- RA Factor - positive
- C- reactive protein - positive
- S. Uric acid – 6.1 mg/dl
- All other parameters remain same.

POSITIVE FINDINGS FOR DIAGNOSIS

- Clinical presentations
- Intermittent low- grade fever

INVESTIGATIONS

- Swelling in bilateral hands
- Elevated ESR
- Positive serum rheumatoid factor
- Positive C-reactive protein
- Symmetrical involvement of more than 3 joints i.e., wrist, knee and ankle joints
- Morning Stiffness

DIAGNOSIS

The American Rheumatology Association's 1988 criteria and the symptoms listed in the traditional Ayurveda manual were used to make the diagnosis.

TABLE 2: CRITERIA FOR DIAGNOSIS OF RHEUMATOID ARTHRITIS

Criteria	Score
Joints affected	
1 large joint	0
2-10 large joint	1
1-3 small joints	2
4-10 small joints	5
Serology	
Negative RF and ACPA	0
Low positive RF or ACPA	2
High positive RF or ACPA	3
Duration of symptoms	
< 6 weeks	0
> 6 weeks	1
Acute phase reactants	
Normal CRP and ESR	0
Abnormal CRP and ESR	1

THERAPEUTIC FOCUS: The patient received therapy using *Langhana*, *Deepana-Pachana*, and oral medications such as *Singhnada Guggulu*, *Vishtinduk Vati*, *Dashmoola Kasayam*, and *Baluka Swedana* in accordance with the principles of *Ama Dashavidha-Parikshna Chikitsa* as stated in *Ayurvedic* classics.

TABLE 3: TREATMENT PROTOCOL

Medicines	Dose	Route	Anupana
<i>Langhana</i>			
<i>Deepana-Pachana</i>			
<i>Ruksha Swedana</i>	Once a day		
<i>Singhnada Guggulu</i>	500mg twice a day after meal	Oral	Plain Water
<i>Laksha Guggulu</i>	250 mg twice a day after meal	Oral	Luke warm Water
<i>Dashmoola Kasaya</i>	40 ml with equal quantity of water	Oral	Plain Water

ADVISED- The patient was instructed to avoid AAmajanya Aahara and to engage in general physical activity (Dadhi, Mashapishtkam, Matsay, Guda, Ksheer, Upodika, Dushtaneeram, PurvaVataViruddha, Vegarodha, VishAmasana)

ASSESSMENT

The American Rheumatology Association (1988) and clinical signs and symptoms described in *Ayurvedic* texts were used to evaluate the outcomes. The following system was used to score the symptoms:

TABLE 4- ASSESSMENT CRITERIA

Angamarda	
No <i>Angamarda</i>	0
Occasional <i>Angamarda</i> but patient is able to do usual work	1
Continuous <i>Angamarda</i> but patient is able to do usual work	2
Continuous <i>Angamarda</i> which hampers routine work	3
Patient is unable to do any work	4
Aruchi	
Normal desire for food	0
Eating timely without much desire	1
Desire for food, little late than normal time	2
Desire for food only after long intervals	3
No desire for food at all	4
Trishna	

Normal feeling of thirst	0
Frequent feeling of thirst, but satisfaction with normal amount of liquid intake	1
Satisfaction after increased intake of fluids, but no awakening during night	2
Satisfaction after increased intake of fluids with regular awakening during nights	3
No Satisfaction after heavy intake of fluids	4
<i>Alasya</i>	
No <i>Alasya</i>	0
Starts work in time with efforts	1
Unable to start work in time but completes the work	2
Delay in the start of work and unable to complete it	3
Never able to start the work and always likes rest	4
<i>Gauravta</i>	
No feeling of heaviness	0
Occasional heaviness in body but can-do usual work	1
Continuous heaviness in body but can-do usual work	2
Continuous heaviness that hampers usual work	3
Unable to do any work due to heaviness	4
<i>Apaka</i>	
No <i>Apaka</i> at all	0
Occasional indigestion once or twice a week in one meal	1
Occasional indigestion 3-5 times a week in one meal	2
Indigestion 3-5 times week in both meals	3
Indigestion after every meal	4
<i>Agni Daurbalaya</i>	
No <i>Agnimandya</i>	0
Occasional <i>Agnimandya</i> 1-2 times a week	1
<i>Agnimandya</i> 3-4 times a week	2
<i>Agnimandya</i> 4-6 times a week	3
Continuous <i>Agnimandya</i>	4
<i>Vairasyata</i>	
Normal taste of mouth	0
Occasional sensation of unpleasant taste	1
Continuous sensation of unpleasant taste but vanishes after eating something	2

Continuous mild sensation of unpleasant taste which persist after eating	3
Severe unpleasant taste throughout the day	4
<i>Daha</i>	
No burning sensation	0
Occasional retrosternal burning	1
Occasional retrosternal, palm and sole burning	2
Intermittent burning sensation throughout the body	3
Continuous burning sensation throughout the body	4
<i>Bahu Mutrata</i>	
Absent	0
Urine >3 times at night	1
Urine >5 times at night	2
Urine >7 times at night	3
<i>Kukshi Kathinya</i>	
Absent	0
Transient	1
Frequent	2
Regular	3
<i>Jadya</i>	
No morning stiffness	0
Morning stiffness more than ½ hour but less than 1 hour	1
Morning stiffness > 1 hour but < 6 hours	2
Stiffness all the day through	3
<i>Sandhishula</i>	
No pain	0
Pain only on movement	1
Pain on rest but no disturbance on routine	2
Severe pain, disturbance on routine activity	3
<i>Sandhijadyata</i>	
No stiffness	0
Stiffness persistently only for half an hour to one hour in the morning	1
Stiffness persisting for a long time (>1 hour)	2
Stiffness for whole day and night	3

<i>Sandhishotha</i>	
No swelling	0
Mild swelling	1
Moderate swelling	2
Marked swelling	3

OBSERVATIONS AND RESULTS

TABLE 5: EFFECT OF THERAPY BEFORE AND AFTER TREATMENT

Assessment criteria	Before Treatment	After Treatment
RA factor	Positive	Negative
CRP	Positive	Negative
ESR	112 Mm fall in 1 st hr.	22 Mm fall in 1 st hr.
<i>Sandhishool</i>	Grade 3	Grade -1
<i>Sandhijadyata</i>	Grade 3	Grade 1
<i>Sandhishotha</i>	Grade 3	Grade 1
<i>AngAmarda</i>	Grade 3	Grade 0
<i>Aruchi</i>	Grade 3	Grade 1
<i>Trishna</i>	Grade 2	Grade 0
<i>Alasya</i>	Grade 2	Grade 0
<i>Gauravta</i>	Grade 2	Grade 0
<i>Apaka</i>	Grade 3	Grade 1
<i>Agni</i> Daurbalaya	Grade 3	Grade 1
<i>Vairasyata</i>	Grade 3	Grade 0
<i>Daha</i>	Grade 3	Grade 1
<i>Bahu</i> <i>Mutrata</i>	Grade 1	Grade 0
<i>Nidra Vipraya</i>	Grade 3	Grade 0
<i>Jadya</i>	Grade 2	Grade 0

DISCUSSION

The two main *Doshas* in *Ama Dashavidha-Parikshna* are *Ama* and *Vata*. The biological energy that permeates the body and recognizes and promotes all activity is called *Vata*. *Vata*'s functional normalcy is hampered when its *Gati* is impeded by *Ama* in *Srotasa*, and this is what leads to different *Vatavyadhi*. Since *Ama* and *Dashavidha-Parikshna Dosha* are mostly responsible for the illness, *Vatahara* and *Amapachaka Chikitsa* are the prescribed treatments in this instance.

MODE OF ACTION OF DRUGS

Langana (fasting)- refers to food that makes the body feel lighter and is the first line of treatment for *Amavata*, which aids in *Ama's Pachana*. The local *Swedana* of *Ruksha* and *Deepana-Pacha* soothe the body's vitiated *Dashavidha-Parikshna* and aid in the *Pachana* of *Ama*. With its *Ushna Guna*, *Swedana Karma* helps to dissolve the vitiated *Ama Dosha* and opens the channels, allowing *Dashavidha-Parikshna* to flow normally. *Swedana*'s scope and intensity vary according to the time of year, the person applying it, and the location.

Simhnada Guggul possess qualities that aid in disrupting the pathophysiology of *Amavata*, such as *Katu*, *Tikta Rasa*, *Laghu*, *Ruksha Guna*, *Ushnavirya*, *Katu Vipaka*, *Vedhnasthapana*, *Amapachak*, and *Srotoshodhaka*.⁷

Laksha Guggul mostly made up of *Kuchla*, as well as *Maricha*, *Chincha Phala*, *Supari*, and other elements with qualities similar to *Vata-Kapha Shamana* and *Ama Pachan*. It also lessens joint stiffness.⁸

Ruksha Baluka Sweda possess comparable attributes to *Shoshana* of *Ama*, which is located in the *Sleshmasthanas* (joints), hence relieving the patient's pain and stiffness.⁹

CONCLUSION

The current case study leads to the conclusion that the treatment's outcomes were positive. *Ama Dashavidha-Parikshna* (rheumatoid arthritis) can be effectively treated with *Ayurvedic* medicine in conjunction with *Panchakarma* and herbal-mineral medications, as outlined in traditional literature. This can significantly reduce symptoms and improve quality of life. Thus, future *Ama Dashavidha-Parikshna* instances may be treated using this sort of technique.

CASE SERIES – 3

HISTORY OF ILLNESS

In the OPD of *Kaya Chikitsa* at the IIMT *Ayurvedic* Medical College and Hospital in Meerut, Uttar Pradesh, a 62-year-old labourer with complaints of pain and swelling in both knee joints for six months, pain in both wrist joints, loss of appetite for three months, and morning stiffness

lasting longer than 45 minutes for three months was seen. The patient was well before the six-month mark. Pain and edema began to develop gradually in both knee joints. He then started to have pain in both wrist joints. For a month, he had been complaining of morning stiffness and appetite loss. He sought allopathic therapy for it, but the results were insufficient, so he went to the IIMT *Ayurvedic* Medical College and Hospital in Meerut, Uttar Pradesh, for more care.

There was no prior medical history of HTN, DM TYPE 2, or any other serious condition.

EXAMINATION

The patient's vitals were within normal ranges. A systemic examination turned out nothing unusual. *Niram was Jivha*. The remainder of the *Ashtavidha Pariksha* fell within acceptable bounds.

LOCAL EXAMINATION

- Swelling presents on both wrist and knee joints.
- Tenderness presents on both wrist and knee joints.
- Local temperature-Raised
- Range of movement-Restricted and painful movement of both knee and wrist joints

DIFFERENTIAL DIAGNOSIS

- *Ama Dashavidha-Parikshna*
- *Sandhi Vata*
- *Vatarakta*

INVESTIGATIONS

- Complete blood Count (CBC)
- ESR
- CRP
- RA test
- S. Uric Acid

DIAGNOSIS:

Based on the symptoms listed in *Ayurvedic* classics and the 1988 criteria established by the American Rheumatology Association, *Ama Dashavidha-Parikshna* (rheumatoid arthritis) was identified.

TREATMENT PLAN**TABLE NO.1. ABHYANTAR CHIKITSA**

Sr. No.	Medicine	Dose	Anupana	Duration
1	<i>Simhanada Guggul</i>	500 mg, twice a day	<i>Koshna jala</i>	30 days
2.	<i>Laksha Guggulu</i>	250 mg, twice a day	<i>Koshna jala</i>	30 days
3.	<i>Rasanadi Kwath</i>	20 ml, twice a day	<i>Koshna jala</i>	30 days

- **Bahya- External Treatment**
- **Vishagarbha Tail- For local application**
- **Swedana- Valuka Pottali Sweda**
- **Duration- 30 days.**
- **Pathya-Apathya (dos and don'ts) - Advised to patient as follow:**

TABLE NO. 2 PATHYA-APATHYA

	Pathya	Apathya
<i>Aaharaja</i> (Food)	<i>Yava (barley), kulattha (horse gram), raktashali (rice),</i>	Flour of <i>mash</i> (black gram), Rajmah (kidney beans), sweets.
	<i>shigru (drum sticks), punarnava, karvellak (bitter gourd), parawar, ardrak (ginger)</i>	Fast food, uncooked food, salty, spicy, oily food.
	<i>rasona</i> or ginger (shodhit with <i>takra</i>)	
	<i>Jangal mansa</i> (meat).	Fish
	Hot water	<i>Cold water</i> , Curd, jaggery, milk, cold beverages ,ice creams.
<i>Viharaja</i> (Behaviour)	Sunlight exposure for at least 15 minutes in a day. <i>Pranayam, yoga, meditation</i>	Daytime sleeping, <i>vegavadharan</i> (suppression of natural urges); exposure to cold, wind, A.C. excess of stress

FOLLOW UP - After 60 days**ASSESSMENT CRITERIA:****TABLE NO.3.-GRADING OF SANDHI SHOOLA (PAIN)**

Sr.no	Severity of Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

TABLE NO.4.-GRADING OF SANDHISHOTHA (SWELLING)

Sr.no	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

TABLE NO.5.-GRADING OF SPARSHASAHATWA (TENDERNESS)

Sr.no	Severity of tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	3
4	Wincing of face and withdrawal of the affected part on pressure	4

OBJECTIVE CRITERIA:**TABLE NO.6.-GRADATION OF FOOT PRESSURE**

Sr.no	Foot pressure (In kg)	Grade
1	25-21 kg	0
2	20-16 kg	1
3	15-10 kg	2
4	<10 kg	3

TABLE NO.7.-GRADATION OF WALKING TIME

Sr.no	Walking time (for 25 feet in number of seconds)	Grade
1	15-20 sec	0
2	21 – 30 sec	1
3	31-40 sec	2
4	>40 sec	3

OBSERVATIONS AND RESULTS**TABLE NO. 8.-ASSESSMENT OF SANDHISHOOLA**

TABLE NO. 3: ASSESSMENT OF SANDSHOULDER				
Left	Name of joint		Right	
BT	AT		BT	AT
3	1		Knee joint	2
3	0	Wrist joint	3	1

TABLE NO. 9.-ASSESSMENT OF SANDHISHOTHA

TABLE NO. 3: ASSESSMENT OF SANDHROPHIA				
Left		Name of joint	Right	
BT	AT		BT	AT
2	1	Knee joint	2	0
3	0	Wrist joint	3	1

TABLE NO. 10.-ASSESSMENT OF SPARSHASAHATWA

Left	Name of joint		Right	
BT	AT		BT	AT
2	0	Knee joint	3	1
3	1	Wrist joint	2	0

TABLE NO. 11.-ASSESSMENT OF OBJECTIVE CRITERIA

Criteria	BT	AT
Foot pressure (In kg)	3	0
Walking time (for 25 feet in number of seconds)	2	0

INVESTIGATIONS

TABLE NO.12.-SHOWING LABORATORY VALUES BEFORE AND AFTER TREATMENT

Investigations	B.T.	A.T.
Hb%	13.4 gm%	14.1 gm%
TLC	9,600/cumm	66,00/cumm
Neutrophils	78%	67%
Lymphocytes	33%	22%
Monocytes	4%	2%
Eosinophils	3%	2%
Total Platelet Count	3.25 Lacs/cu.mm	2.20 Lacs/cu.mm
ESR	52 mm/hr	23 mm/hr
RA Test	Positive	Negative
CRP	Positive	Negative
Uric acid	5.6 mg/dl	2.9 mg/dl

DISCUSSION

The first person to describe the *Chikitsa Siddhant* for *Ama Dashavidha-Parikshna* was Chakradatta. It contains *Ksharabasti*, *Virechana*, *Snehapana*, *Anuvasana*, *Langhana*, *Swedana*, and medications with *Tikta*, *Katu Rasa*, and *Deepana* actions. Upanaha sans *Sneha* has been added by *Yogaratanakara* to these medicinal practices.¹⁰

The primary cause of *Ama Dashavidha-Parikshna* is the vitiation of the *Dashavidha-Parikshna Dosha* and the creation of *Ama*. The primary source of *Ama* production is *Mandagni*. *Langhana* is regarded as the most effective cure for *Ama* in *Yogaratanakara*. The patient was instructed to take *Laghu Ahar*, or *Langhana*. *Ama Dashavidha-Parikshna* is regarded as a *Rasaja Vikara* and an *Amasayotha vyadhi*. In cases like these, *Langhana* is the primary line of therapy.¹¹

Swedana have been specifically recommended when *Stambha*, *Gaurava*, and *Shula* are present. Because *Ama* is present in *Amavata*, *Rukshasweda* has been promoted there as *Valukapottali*. By calming the vitiated *Dashavidha-Parikshna Dosha*, it relieves stiffness and soreness.

The patient was administered *Simhanada Guggul* 500 mg twice a day, *Laksha Guggul* 250 mg twice a day, and *Rasanadi Kwatha* 20 ml twice a day with lukewarm water. The qualities of *Simhanada Guggul* include *Laghu*, *Ruksha*, *Ushna*, and *Tikshna*. The majority of *Simhanada Guggul*'s medications include the following benefits: *Ama-Pachan* (neutralizing biotoxins), *Deepan* (enzyme activating), *Shothaghna* (oedema lowering), *Shoolghna* (analgesic), *Jwaraghna* (antipyretic), *Balya* (enhances energy), and *Amavatahara* (anti-rheumatic). It reduces *Ama* (biotoxins) and stops more *Ama* (biotoxins) from entering the body. It also improves *Agni-Bala* (digestive and metabolic capability). This helps break the *Samprapti* (pathogenesis) of *Ama Dashavidha-Parikshna* and lessens the clinical symptoms of *Ama Dashavidha-Parikshna* (rheumatoid arthritis)¹²

Rasanadi Kwath possesses qualities related to *Ama Pachana*, *Deepana*, *Vatahara*, and *Shulaghna* that aid in breaking *Samprapti* and easing *Ama Dashavidha-Parikshna* symptoms.¹⁰ *Dhatu* (*Datura metel* Linn), *Vatsanabha* (*Aconitum ferox*), *Eranda* (*Ricinus communis*), and *Vatahar* medications are present in *Vishgarbha Tail*. These medications' *vedanasthapana*, *shothahar*, *swedajanana*, *dipana*, and *Pachana* qualities aid in pain relief through *VatashAman* and result in *Aampachana* when used topically. The patient's assessment, conducted both before and after therapy, revealed improvements in both the subjective and objective criteria.¹³

CONCLUSION

This case study leads to the conclusion that *Acharya Chakradatta's Chikitsa Siddhant* is a safe and effective way to cure *Amavata*. However, given this is a single case study, more patient data must be gathered in order to demonstrate the treatment's effectiveness.

CASE SERIES – 4

A 43-year-old male patient initially complained of discomfort and swelling in his right wrist, metacarpophalangeal, and interphalangeal joints. Joint pain and slight stiffness were present. In addition, he had mild symptoms such as anorexia, nausea, constipation, and body heaviness.

GENERAL PHYSICAL EXAMINATION

- **B.P.**= 130/80 mmHg,
- **HR** = 76/min,
- **Pallor** = absent,
- **Icterus** = absent
- **Cyanosis** = absent
- **Clubbing** = absent.
- **CVS:** S1 S2 Normal
- **Chest:** B/L equal air entry with no added sound
- **CNS:** Patient conscious, well oriented to time, place, person.

METHODS FOR DETERMINING OBJECTIVE PARAMETERS

Grip power and pressing power: By evaluating pressing strength and grip power, the functional state of the wrist, metacarpophalangeal, and interphalangeal joints was evaluated. In order to perform the grip power test, patients had to hold the inflated sphygmomanometer cuff with both palms and fingers independently. The rise in manometer readings was measured in millibars of mercury at the *Ama Dashavidha-Parikshna* patients' registration and follow-up visits. The sphygmomanometer cuff was inflated to its basal value and set on the table to measure the pressing power. The patient was instructed to push the inflated cuff with each hand independently while seated in front of the table on a chair. Pressure should be given to all affected upper limb joints when pressing the cuff, and the patient's ability to do so is measured at registration and at follow-up visits by measuring the rise in the mercury column in millimetres of mercury. The sphygmomanometer's cuff was inflated to a basal value of 30 mm of Hg in both tests. Grading was completed.¹⁴

GRADING FOR ASSESSMENT OF DISEASE

PAIN

- 0 No pain
- 1 Pain complaints but tolerable
- 2 Pain complaints difficult to tolerate and taking analgesic once a day
- 3 Intolerable pain and taking analgesics two times a day
- 4 Intolerable pain and taking analgesics more than two times in a day.

SWELLING

- 0 No swelling
- 1 Feeling of swelling + Heaviness
- 2 Apparent swelling

3 Huge (Synovial effusion) swelling

TENDERNESS

0 No tenderness

1 Mild tenderness

2 Moderate tenderness

3 Severe tenderness

STIFFNESS

0 No stiffness

1 20% limitation of normal range of mobility

2 50% limitation of mobility

3 75% or more reduction of normal range of movement

GRIP POWER AND PRESSING POWER

0 = 200 mmHg

1 = 198 – 120 mmHg

2 = 118 – 70 mmHg

3 = <70 mmHg

GRADING OF SUBJECTIVE AND OBJECTIVE PARAMETERS BEFORE TREATMENT

- Pain: 3
- Stiffness: 2
- Tenderness: 3
- Press power: 3
- Swelling: 2
- Grip power: 3

LABORATORY INVESTIGATION

- Hb: 10.5 gm%;
- TLC: 13,230/cumm;
- ESR: 28 at the end of first hour,
- RA factor: Positive.

DIAGNOSIS

On the basis of the 1987 revised criteria by American College of Rheumatology for diagnosis of rheumatoid arthritis, diagnosis of Rheumatoid Arthritis was made.

CLINICAL EXAMINATION

DASHVIDHA PARIKSHA

- *Prakriti: Dashavidha-Parikshna- Pittaja*
- *Abhyarana Shakti: Madhyam*
- *Vikriti: Tridoshaja*
- *Jarana Shakti: Madhyam*
- *Sara: Madhyam*
- *Vyayam Shakti: Madhyama*
- *Samhana: Madhyama*
- *Vaya: Vridha*
- *Ahara Shakti: Madhyam*
- *Satva: Madhyam*
- *Satmya: Madhyam*
- *Bala: Avara*

ASTAVIDHA PARIKSHA

- *Nadi: Dashavidha-Parikshna-Pittaja*
- *Akriti: Prakrut*
- *Jihva: Nirama*
- *Sabda: Prakrut,*
- *Mala: Constipation.*
- *Sparsa: Ruksha*
- *Mutra: Prakrut*
- *Drika: Prakrut*

SAMPRAPTI GHATAKAS

- *Dosha: Tridosha (Dashavidha-Parikshana dominated)*
- *Vyakti Sthana: Sandhi*
- *Dushya: Rasa, Mamsa, Asthi, Majja.*
- *Roga marga: Madhyama*
- *Adhithana: Sandhi, Hridaya*

- *Vyadhi Avastha: Jeerna*
- *Samuthana: Ama-Pakvashya*
- *Agni: Manda*
- *Srotas: Rasvaha, Annavaaha, Asthivaha, Majjavaha, Udakavaha*

TREATMENT

Rheumatoid arthritis and *Ama Dashavidha-Parikshna* are comparable in Ayurveda. Hence, *Deepana*, *Pachana*, and *Snehana* were performed in accordance with the *Ama Dashavidha-Parikshna Chikitsa* Sutra. After that, *bringhan Chikitsa* was completed for *Apuna Bhav*.

FOLLOWING TREATMENT SCHEDULE WAS SELECTED:

- *Arogyavardhini Vati* -2 tablets (500 mg) twice a day
- *Simhanada Guggulu* 2 tablets (500 mg) twice a day
- *Shunthi Kwatha* (20ml) with *Eranda Taila* (5ml) in morning on empty stomach.

AFTER COMPLETION OF 3 MONTHS' THERAPY

- *Shunthi Kwath* 15 ml for twice a day with Luke warm water

RESULT

Following a 7-day course of therapy, symptoms such as nausea and anorexia were entirely resolved at the initial follow-up. There was a little improvement in joint discomfort, soreness, and stiffness. Following a three-month course of therapy, there was a significant shift in the following parameters:

- Pain: 0
- Tenderness: 1
- Swelling: 0
- Stiffness: 1
- Press power: 1
- Grip power: 1

All of the patient's symptoms had been resolved by the time of the final follow-up, and all of the objective parameters were returned to normal (all grade 0).

LABORATORY FINDINGS AFTER COMPLETION OF TREATMENT:

- Hb: 12.2 g%;
- TLC: 9,000/comm;

- ESR:09;
- RA factor: negative.

DISCUSSION

The two main elements in the pathophysiology of *Ama Dashavidha-Parikshna* are *Ama* and *Vata*. Since *Agni* is always impaired in diseases, *Ama Pachana* and *Deepana* are crucial in *Chikitsa*.

Deepana Pachana: At the beginning of the therapy, as mentioned in *Ama Dashavidha-Parikshna Chikitsa*. *Shunthi Kwatha* was used for *Deepana-Pachana*. *Deepana*, *Vibandhahara*, is *Shunthi*. It aids in *Ama Pachana* as well because of its *Pachana* activity. is hence beneficial in *Samprapti Vighatana*.¹⁵

Simhanada Guggulu: All in all, the medications in *Simhanada Guggulu* include the following qualities: *laghu*, *ruksha*, *ushna*, and *tikshna*¹⁶. The majority of medications function in a *Vata-kaphash Amaka* manner. This characteristic, which causes antagonism to *kapha* and *Ama*, significantly improves illness signs and symptoms. *Balya Chikitsa* and *Apunarbhava*: It was a chronic illness. The patient's ailment causes physical and mental weakness. *Poshana* becomes agitated too because of *Agnimandya* and *Ama's* persistent presence. *Balya Chikitsa* was thus offered to the patient in order to address all of these issues and help him achieve *bala*. It is termed *Apunarbhava Chikitsa* because there is no risk of recurrence because the patient obtains *bala* and the medications are *Rasayana*. The medication *Balya*, *Bringhana*, and *Rasayana* is utilized.¹⁷

CONCLUSION

It may be inferred from this case study that rheumatoid arthritis and *Ama Dashavidha-Parikshna* are comparable conditions. The growing anxiety over this ailment on a daily basis might be alleviated with the help of Ayurveda. We may get the greatest outcomes for treating many different ailments similar to this one when we follow the *Ayurvedic* treatment plan as prescribed by Ayurveda, taking into account the patient's health and the stage of the disease.

CASE SERIES -5

CHIEF COMPLAINT: On April 1, 2024, a 40-year-old female patient came to our hospital's *Kayachikitsa* O.P.D. department complaining of three years of *Shotha*, *Stambha*, and *Shoola* in several joints.

PRESENT HISTORY: At the metacarpophalangeal joint in both hands, a 40-year-old female patient complained of stammering and discomfort. She gradually started to experience the same stiffness and discomfort in her wrist and knee joints. Later, she intermittently had *Shotha*, or swelling over the afflicted joints. The elbow and ankle joints eventually started to suffer from it as well. The patient was having difficulty moving around and carrying out her everyday tasks. For one year, the patient had been treated with anti-inflammatory allopathic drugs. The drugs gave her some temporary relief, but shortly after, her problems returned. The patient subsequently came to our hospital in order to receive additional care.

PAST HISTORY: No history of DM TYPE 2, HTN, Thyroidism or any major illness.

FAMILY HISTORY: no complaints.

PERSONAL HISTORY:

- *Ahara: Mixed diet*
- *Vihara: Divaswapa, Ati-charana*
- *Nidra: Khandita Nidra*
- *Mala Pravrutti: AsAmayak*
- *Mutra Pravrutti: Samyak*
- *Vyasana: Tea and coffee (5-6 times a day)*

ASHTHAVIDHA PARIKSHANA:

- *Nadi: 82/min*
- *Mala: Constipation*
- *Mutra: Prakruta*
- *Jivha: NirAma*
- *Shabda: Prakrut*
- *Sparsha: Ushna (Alpa)*
- *Druka : Prakrut*

- *Akruti: MadhyAma*

GENERAL EXAMINATION VITALS:

- **Pulse rate:** 82/min
- **Blood pressure:** 110/70 mm Hg
- **Temperature:** 98.9 F
- **Respiratory rate:** 21/min

SYSTEMIC EXAMINATION: -Upon assessment, the patient was discovered to be cognizant and have good temporal and spatial orientation. The patient's central nervous system, respiratory system, and heart were all determined to be clinically normal. The results of the perineal examination were normal.

LOCAL EXAMINATION: Upon musculoskeletal assessment, bilateral wrist, knee, and facial joints showed significant pitting oedema. Tenderness was felt when the meta-carpo-phalangeal and wrist joints were palpated. Joint deformity was not discovered.

BLOOD INVESTIGATION: The routine blood investigations of the patient were found to be -

- **Hemoglobin** – 11.3 gm/dl
- **Erythrocyte sedimentation Rate** – 62 mm at end of 1 hr
- **RA factor** – Positive
- **TLC, DLC, S. Uric acid** values were within normal limits.

AYURVEDIC TREATMENT PLAN:

The treatment began from the first visit of the patient in the O.P.D. The treatment was practised for 2 months with every 7 days of follow up. The treatment given is as follows:

TABLE NO.1.- AYURVEDIC TREATMENT PLAN

Treatment	Medicine	Dose
	<i>Arogyavardhini vati</i>	2 tablets twice daily
	<i>MaharasNadi Kwatha</i>	2 tablets twice daily
	<i>Vata-vidhwans Rasa</i>	20 ml every morning
	<i>Valuka Pottali sweda</i>	Twice daily

CRITERIA FOR SELECTION OF MEDICINE:

The *Karmukta* of the formulation's constituents was taken into consideration while choosing the oral medications that were given. They are believed to inhibit the *Ama Dosha* in the *Ama Dashavidha-Parikshna* along with the *Dashavidha-Parikshna* and Kapha. Additionally, they alleviate *Ama Vata*'s symptoms and indicators¹⁷ the formulation's specifics are shown below:

TABLE NO.2.- DRUG AND COMPOSITION

Drug	Composition
<i>Arogyavardhini vati</i>	<i>Shuddha Parad, Shuddha Gandhaka, loha bhasma, Tamra bhasma, abhrakha bhasma, Haritaki, AMalaki, bibhitaki, shilajatu, Guggul, chitraka, eranda, katuki, nimba.</i>
<i>MaharasNadi Kwatha</i>	<i>Rasna, dhAmasa, bala, eranda, devdaru, shati, vacha, vasaka, suntha, haritaki, chavya, musta, punarnava, guduchi, vidhara, saunf, gokshura, ashwagandha, ativisha, Amaltas, shatavari, sahchara, pippali, dhanyaka, kanthakari, brihati</i>
<i>Vata-vidhwans Rasa</i>	<i>Shuddha Parad, Shuddha Gandhaka, loha bhasma, Tamra bhasma, abhrakha bhasma, Vatsanabha, AMalaki, Tankan, Pippali, marich, suntha, chitraka, bhringaraj, kushta, nirgundi, arka, tAMalaki, chandrashura.</i>

ASSESSMENT CRITERIA: The patient was assessed on the basis of clinical signs and symptoms of *Ama Dashavidha-Parikshna* as mentioned in the *Ayurvedic* texts and the criteria fixed by the American Rheumatology Association (1987). The effect of the therapy was recorded using the grading scale below.

SUBJECTIVE PARAMETERS:**TABLE NO.3.- SUBJECTIVE PARAMETERS**

Symptoms	0	1	2	3	4
<i>Jwara</i>	Absent	Mild	Moderate	High	Hyperpyrexia
<i>Aruchi</i>	Absent	Occasional	Intermittent	Often	Always
<i>AngAma rda</i>	Absent	Occasional	Intermittent	Often	Always
<i>Sandhi-</i>	No pain	Mild pain	Moderate pain	Severe pain	Severe pain
<i>Shoola</i>		bearable		with slight	with moderate

					ght	ore
					difficulty i n	difficulty i n
					movement	movement
Sandhi-	Absent	Mild, >1 0%	Moderate,>1 0%	Severe,>20 %		Severe,>20 %
shotha		increased	increased	increased		increased
		circumfere nce	circumferenc e	circumfere nce		circumfere nce
		of affec ted	of affected joint	of affect ed		of affect ed
		joint		joint		joint
Sandhi-	Absent	Mild stiffness	Moderate	Sever e		Severe
sthabdha ta		lasting l ess	stiffness lasting	stiffn ess	f o r	stiffness for
		than an hour	more than a n	more	2 - 8	more than 8
			hour	hours		hours
Sparsha	No	Mild	Moderate	Severe		Severe
sahishnu ta	tendern ess	tenderness	tenderness	tenderness		tenderness
						with
						resistance t o
						touch

OBJECTIVE PARAMETERS:**TABLE NO.4.- OBJECTIVE PARAMETERS**

Parameters	0	1	2	3
General function capacity	Ability to do daily activities without difficulty	Ability to do daily activities with difficulty	Ability to do few daily activities, always need help	Bed /Chair ridden (cannot perform any daily activity)
Gripping power	200 mm Hg or more	199-120 mm Hg	119-70 mm Hg	Under 70 mm Hg
Walking time (25 feet in no. of seconds)	15-20 sec	21-30 sec	31-40 sec	>40 sec

OBSERVATIONS:**TABLE NO.5.- OBSERVATIONS OF SYMPTOMS**

Symptoms	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
<i>Jwara</i>	2	1	0	0
<i>Aruchi</i>	2	1	0	0
<i>AngAmarda</i>	3	2	1	0
<i>Sandhishotha</i>	3	2	1	0
<i>Sandhisthabdhata</i>	3	2	1	0

TABLE NO.6.- OBSERVATIONS OF SANDHISHOOLA IN DIFFERENT JOINTS:

Joint	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
Metacarpophalangeal joint	2	1	0	0
Wrist joint	2	2	1	0
Elbow joint	3	1	0	0
Ankle joint	3	2	0	0
Knee joint	2	2	1	0

TABLE NO.7.-OBSERVATIONS OF SPARSHASAHISHNUTA IN DIFFERENT JOINTS:

Joint	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
Metacarpophalangeal joint	2	1	1	0
Wrist joint	3	1	1	0
Elbow joint	2	1	0	0
Ankle joint	1	1	0	0
Knee joint	3	2	1	0

TABLE NO.8.- FUNCTIONAL ASSESSMENT:

Functional assessment	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
General functional capacity	2	2	1	0
Gripping power	3	2	1	1
Walking time (25 feet in no. of sec)	3	2	1	0

TABLE NO.9.- HAEMATOLOGICAL PARAMETERS:

Parameters	Before treatment	After treatment
Haemoglobin (gm/dl)	11.2	12.6
ESR (mm at end of 1 hour)	62	27
RA factor	Positive	Negative

DISCUSSION

The primary cause of *Amavata*, a complex and progressive illness, is the development of *Ama*. And because of other *Aharatmaka* and *Viharatmaka* components like *Viruddhashana*, *Ativyayama*, *Divaswapna*, etc., *Mandagni* gives rise to this *Ama*. The *Ama* and the vitiated *Dashavidha-Parikshna* are circulated throughout the body, with the *Ama* residing mostly in the synovial joints, or *Sleshma-sthana*. Additionally, it ignites the *Ama Dashavidha-Parikshna* pathology, resulting in symptoms like *Sthamba*, *Shotha*, and *Shoola* in various bodily joints. Reducing and stopping the generation of *Ama* via *Aampachana* (metabolism) and restoring the vitiated *Dashavidha-Parikshna* and *Kapha Doshas* are the major goals of therapy for *Amavata*. As a result, the medication was given appropriately. Additionally, it aids in the mending of damaged connective tissues.

A traditional preparation that keeps the *Dashavidha-Parikshna Dosha* in equilibrium is the *Vata-Vidhwansa Rasa*. It is commonly used to treat a variety of ailments, including paralysis, neuralgia, and *Vata-vikaras*. *Arogyavardhini Vati* is a *Rasakalpa* that improves and detoxifies the *Rakta* and *Rasa dhatus*. It also serves as an agent for *Deepana* and *Pachana* and normalizes the *Mandagni*. *Maharasanadi Kwatha* has *Deepana* and *Pachana* activities coupled with anti-inflammatory properties like *Shunthi*, *Guduchi*, and *Devdaru*, among others. Additionally, the early morning (*Abhakta*) administration period, when the *Koshta* is free of *Kapha-utklesha*, was essential for *Agni-Deepana* and for the medication to being absorbed by the *Agni*.

Dry fomentation with *valuka-pottali sweda* was applied externally. It has been indicated for treating *Kaphaja* diseases and has *Rukshana* property. The *Ama* generated in the *Ama Dashavidha-Parikshna* is aided in its *Shoshana* (metabolism) by this dry *Swedana*. By causing sweating, *Valuka Swedana* helps release joint discomfort and stiffness, allowing for more mobility and range of motion. Additionally, the *Swedana* improves the function of the afflicted joint by raising its *Dhatvagni*.

Thus, after just 60 days, the medication regimen mentioned above was able to disrupt the disease's etiology and alleviate *Ama Dashavidha-Parikshna* symptoms. The medications helped the patient feel better while also halting the disease's future development.

CONCLUSION

The *Ama Dashavidha-Parikshna* symptoms were successfully relieved by the oral and local drugs included in the above-mentioned therapy regimen. The patient's range of motion improved and the medications were well-tolerated. If a bigger sample needs to be treated, the identical procedure must be followed. The results of the case study can be confirmed by a thorough clinical investigation with a sizable sample size.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NIL

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