



A NOVEL ASPECT OF PANCHAKARMA IN THE MANAGEMENT OF JUVENILE RHEUMATOID ARTHRITIS - A CASE STUDY

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Received 18th July 2023; Revised 20th Sept. 2023; Accepted 10th Dec. 2023; Available online 1st Sept. 2024

<https://doi.org/10.31032/IJBPAS/2024/13.9.8332>

ABSTRACT

Juvenile Rheumatoid Arthritis is one of the chronic diseases of the childhood period that has articular as well as non-articular effects. It is an Auto-immune disorder that usually has a life-long clinical course, with intermittent exacerbations and remissions and highly variable severity. JRA is correlated with the *Amavata* in Ayurved. Here, *Ama* represents the non-digested material that forms the first *dhatu*; *rasa*. *Ama annarasa* travels in the body due to vitiated *Vata* that obstructs *Srotas*-the minute channels that mainly contribute to nourishment. This whole process causes the Stiffness and Heaviness of *Sandhi* defined as *Amavata*. The patient in this case study has had a known case of Juvenile Rheumatoid Arthritis since the age of 10 years and she was on constant allopathic medicines like Analgesics, NSAIDs and DMARDs. The patient had mainly involvement of bilateral knee joints along with bilateral wrists and ankle joints and thus it was categorized in the oligoarthritis category of the JRA. Oligoarthritis predominantly affects the joints of the lower extremities, with the knee being most frequently involved (30-50% of the cases). Although there is no direct mention of the JRA in Ayurved classics the treatment can be customized based on the *Paradi Guna* that facilitates the physician to modify the line of the treatment as per the need. Here, the general

line of treatment was followed as *Rukshana, Svedana, Snehapana, Virechana, Abhyanga, Janubasti* and *Shodhana Basti*.

Keywords: *Amavata, Juvenile Idiopathic Arthritis, Panchakarma, Virechana, Basti Karma, Holistic Medicine*

1. INTRODUCTION:

Juvenile Rheumatoid Arthritis or Juvenile Idiopathic Arthritis is the most common chronic rheumatic disease of childhood and a leading cause of short and long-term disability. It is a broad term that describes a clinically heterogeneous group of Arthritis of unknown cause, which began before 16 years of age. It includes several disease categories which have distinct presentation, and clinical manifestations. Globally, approximately 3 million children and young adults are estimated to suffer from JRA [1]. The global prevalence of JRA has been estimated to range from 3.8 to 400/100,000 with an incidence of 1.6 to 23/100,000 [2]. Girls were consistently found to be at a higher risk than boys and the oligoarticular subtype was found to be predominant among other subtypes [3]. In the aspect of Treatment, none of the available drugs of modern medicine has curative potential. Non-steroidal anti-inflammatory drugs (NSAIDs) have been the mainstay treatment for all forms of JIA [4]. In the management of JRA, Intra-articular corticosteroid (IAC) injections are widely used, particularly in Oligoarthritis, for rapid relief of inflammatory symptoms and functional improvement [5]. Methotrexate (MTX)

remains the most widely used conventional DMARD in the management of JRA because of its effectiveness in achieving disease control and acceptable toxic effects [6]. It requires regular blood tests due to its side effects, i.e., liver problems, cirrhosis, and bone marrow deterioration [7]. Hydroxychloroquine can be used for long-term treatment of RA. Common side effects include problems in the GI tract, skin, and central nervous system [8]. Surgical approaches to irreversible joint contractures, dislocations, or joint replacement may be indicated, although the role of Orthopedic surgery in JRA is much more limited than in the past [9]. Thus to avoid the adverse side effects of the medications due to the above course and to overcome the future risks that will arise in the disease progression other branches of medicines must provide the secondary option for the patients of JRA. In Ayurved a detailed description of the disease is available. Nidanapanchaka is the key to understanding any disease in Ayurved [10].

NIDANAPANCHAKA OF AMAVATA:

1. *Nidana: Viruddha Ahara* and *Cheshta* (Improper Diet and Regimen), *Mandagni* (Low Digestion Power), *Nishchala* (Devoid of any physical

work), *Vyayama* just after taking *Snigdha Bhojana* [11].

2. *Poorvarupa*: Not any specific given.
3. *Rupa*: *Angamarda* (Bodyache), *Aruchi* (Disliking), *Trushna* (Excess Thirst), *Alasya* (Lethargy), *Gaurava* (Heaviness), *Jvara* (Fever), *Apaka* (Indigestion), *Angashoonata* (Swelling over body parts) [12].

Ruja and *Sotha* are located at some specific parts like the Hand, Leg, Head, Ankle, *Trik*, Knee, *Uru* (Thigh) and the nature of pain is the same as the stings of Scorpion.

Upadrava: *Agnidaurbalya* (Depletion of Agni), *Praseka* (Excess Salivation), *Aruchi* (Disliking), *Gaurava* (Heaviness), *Utsaha Hani* (Loss for will to do work), *Vairasya* (Tastelessness of mouth), *Daha* (Burning Sensation), *Bahumootrata* (Polyurea), *Kukshi Kathinata* (Hardness of Abdomen), *Shoola* (Pain), *Nidraviparyaya* (Alteration in Sleep Pattern), *Trut* (Thirst), *Chardi* (Vomiting), *Bhrama* (Dizziness), *Moorcha* (Syncope), *Hrudagraha* (Stiffness at Cardiac region), *Vid Vibaddhata* (Hardening of Stool), *Jadya*, *Antrakunjana* (Abdominal sounds), *Anaha* (Bloating with constipation) and other *Kastha Upadrava* (Many other painful conditions like *Khanjata*, etc) [13].

Dosha vishesha Lakshana:

Pitta: *Daha* (Burning), *Raga* (Redness)

Vata: *Shoola* (Pain)

Kapha: *Stimita* (Thickness), *Guru* (Heavy), *Kandu* (Itching) [14].

4. *Upashaya*: *Svedana*, *Katu* and *Tikta Ahara*.
5. *Samprapti*: *Ama* that is produced due to *Nidana* with the help of *Vayu* reaches at the *Shleshma Sthana* of the body (*Uarah* (Chest), *Kantha* (Neck), *Shira* (Head), *Kloma*, *Parva* (Joints), *Amashaya* (Stomach)). In too much *Vidagdha Avastha* it reaches *Dhamani* and with the help of *Vata*, *Pitta* and *Kapha* gets further vitiation and causes *Srotasa Abhishyanda*. This resulted in the formation of *Amavata* [15].

Ayurved provides a multilevel treatment approach in such cases that gives relief in the complaints and provides easiness in day-to-day work. In this case, *Amavata* was diagnosed as the patient had symptoms like *Angamarda* (Bodyache), *Gaurava* (Heaviness), *Jvara* (Fever), *Apaka* (Indigestion), *Angashoonata* (Swelling over Body parts) along with *Ruja* (Pain) and *Sotha* (Swelling) locates at some specific parts like Hand, Leg, Ankle, Knee and nature of pain is same as the stings of Scorpion. The wide range of pathology of the JRA can be tackled with modification of the classical protocol of treatment of the disease after applying the proper *Yukti*. To describe the whole course of the treatment

that was provided to the patient and thus get direction to treat such cases is the main aim of this Article.

1.1 CASE REPORT:

Demographic Data of the Patient is given in **Table 1**.

Chief complains:

- Severe Pain, Swelling and Stiffness of B/L Knee Joints (More in Right than Left knee) (Since 15 days)
- B/L Ankle Joints swelling
- Restricted movement of Right Knee
- Walking Difficulty

Past history:

- K/C/O: Juvenile Rheumatoid Arthritis since 2013
- H/O: Frequent Pain, Swelling and Stiffness of B/L Knee Joints (Since 2013) (More in Right than Left knee)

Present illness:

- A 20-year-old female patient presented at Parul Ayurved Hospital OPD with significant complaints of severe pain, swelling, and stiffness in both knee joints, with the right knee being more affected than the left. She also experienced swelling in both ankle joints and had restricted movement in her right knee, which made walking difficult. This patient had a history of Juvenile Rheumatoid Arthritis (JRA) since

the age of 11, diagnosed based on symptoms and elevated RAF levels at that time.

- In the initial stage of the disease, she suffered from swelling, pain, and stiffness in both knees, with the right knee being more severely affected, leading to difficulty in walking. The condition was accompanied by a persistent fever for approximately 4 months during that period. As time progressed, other joints such as both ankle joints were also involved, causing extreme pain that the patient likened to the sting of a scorpion, as per her history. Additionally, the movement of her bilateral wrists was completely restricted.
- From 2015, the patient underwent a treatment regimen that included Immunosuppressant, Anti-pyretic, Analgesics, NSAIDs, along with Multivitamins and Ayurvedic procedures like *Abhyanga*, *Svedana*, *Virechana* and *Basti Karma*. In 2018, due to a recurrence of restricted movement, she received two sessions of chemotherapy for RA and knee gel injections to prevent further damage to her knee joints and avoid the need for knee replacement.

- In late 2021, she experienced subluxation in her right knee, and an MRI revealed Advanced Osteoarthritis (OA) of the knee joint with loose bodies. Although arthroscopy was suggested, the patient chose to avoid it as her symptoms did not worsen significantly. By the end of 2022, the allopathic consultant recommended observing her condition for three years, hoping that her age may facilitate the development of cartilage, allowing for local administration of injections to avoid knee replacement. The management approach included oral medications such as Analgesics, Immunosuppressants and Multivitamins and she used supportive measures like knee caps, belts, and a supporting stick to distribute the weight of her knees.
- In April 2023, an X-ray of her right knee showed lateral subluxation and marked reduced joint space in both compartments, indicating marked osteoarthritis. The patient was also advised to undergo an RA test that was 331 IU/ml at that time.
- While I can provide general information, the patient needs to continue following the guidance of

her healthcare providers, rheumatologists, and Ayurvedic consultants for the most suitable management and treatment of her condition. They are better equipped to assess her case comprehensively and make informed decisions about her care.

Personal history:

- Diet: Vegetarian, *Ruksha* (food have dry property), *Katuahara* (Spicy food), *Pishtanna* (Fine Flour-Fast Food)
- Appetite: Low
- Sleep: Disturbed due to pain
- Bowel: Irregular occasional constipation
- Micturition: Normal
- Addiction: No specific addiction
- Blood Group: O+ve

1.2 EXAMINATION:

General examination:

The general condition of the patient was fair.

- No pallor seen
- Pulse-78/min
- BP: 120/82 mm of hg
- CVS: S1, S2 Normal
- Ht: 162 cm
- Weight: 62 Kg
- CNS: Conscious and well oriented.
- RS: Auscultation of the lungs reveals clear breath sounds in both the anterior and posterior regions.
- P/A: The abdomen is soft and non-tender on palpation.

Local examination:

- Swelling of B/L Knee joints more in the Right Knee than the Left Knee.
- Swelling of B/L Ankle Joints.
- The rising temperature of the Right Knee joint.

- Pain of B/L Knee on Movement.
- Restricted movement of the Right Knee.

Clinical examination:

The clinical examination was found as per **Table 2.**

Name		XYZ
Age & Sex		20/ Female
OPD	Number	23012950
	VISIT DATE	20/06/2023
IPD	Number	232152
DOA TO DOD	VISIT DATE	20/06/2023 To 13/07/2023
Occupation		Student

Table 2

CLINICAL EXAMINATION	20/06/2023
ACR criteria for RA assessment	06
VAS scale	07
B/L Knee Examination	Shown in Table No. 6
Right knee ROM	Painful with restricted

Ashtavidha pariksha:

- Nadi (Pulse)- Vata Pitta
- Mala (Bowel habits)- Irregular
- Mutra (Urine)- NAD
- Jivha (Tongue)- Mild coated
- Shabda (Voice of patient)- NAD
- Sparsha (Touch)- Samshitoshna

- Druk (Eye & Vision)- NAD
- Akrti (Body built)- Madhyama (Medium)

1.3 INVESTIGATION:

The comparative blood investigation reports are given in **Table 3.**

Table 3

Blood Investigations	22/06/2023	17/07/2023
Hb (mg/dl)	12.3	13.7
RBC (mill/cumm)	3.98	4.74
WBC (/cumm)	10500	8280
Platelets (/cumm)	378000	350000
ESR (mm/hr)	12	06
RAF (IU/ml)	244	188

Samprati Ghataka:

Agni: Jatharagni, Rasagni

Srotas: Pranavaha, Udakavaha, Annavaha, Rasavaha

Dosha: Vatashleshmaja Tridosha

Dushyha: Ahararasa, Rasa

Samutthana: Pakashaya

Vyaktasthana: Sandhi of Hand, Leg, Head, Ankle, Trik, Knee, Uru (Thigh)

1.4 DIAGNOSIS:

The patient was already diagnosed with Juvenile Rheumatoid Arthritis in 2013 which is compared with *Amavata* in Ayurved based on the symptoms that were described by the patient at the time of consultation.

Assessment criteria:

- VAS score

- ACR Criteria for RA diagnosis
- B/L Knee Joints Examination
- Right knee ROM
- ESR
- RAF

Examinations for the RA are performed as per the criteria given by ACR which is as per **Table 4 [16]**.

Table 4

Diagnostic Criteria for RA by ACR [16]		
Joints involved & relative points	2-10 Large Joints	1 points
	1-3 Small Joints	2 points
	4-10 Small Joints	3 points
	More than 10 Joints	5 points
Serology RF and ACPA	Low Positive (above the ULN)	2 points
	High Positive (greater than 3 times the ULN)	3 points
Acute phase response CRP and ESR	Above the ULN	1 point
	Normal	0 point
Symptoms duration	More than 6 weeks	1 point
	Less than 6 weeks	0 point

The final score is given in **Table 5** based on ACR criteria.

The result of the B/L Knee examination is given in **Table 6**.

The ROM of the right Knee is given in **Table 7**.

The differences seen in the blood investigations, especially in the ESR and RAF are as below in **Table 8**.

1.6 TREATMENT PLAN:

In the case of *Amavata*, *Langhana*, *Svedana*, *Deepana* with *Tikta Dravya*, *Katu Dravya*, *Virechana*, *Snehapana*, *Basti* and *Anuvasana basti* with *Saidhavadi Taila* is beneficial [17, 18, 19]. Some other added

Rukshasveda (Dry fomentation), *Valukasveda* (Sudation by sand) and *Upanaha* devoid of *Sneha* for management of the disease [20].

Table 9 presents an overview of the treatment plan associated with *Shamana Chikitsa*, while **Table 10** outlines the specific procedures involved in *Panchakarma*.

1.7 OBSERVATION:

A comparison between the results of a clinical examination conducted before and after treatment, highlighting the changes or improvements observed as a result of the treatment provided in **Table 11**.

Table 5

The patient has the following score as per the above criteria		
PARAMETER	A/T	B/T
2 Large Joints: 2 Knee Joints	1	0
Serology – RF	3	3
Acute phase response - ESR	1	0
Symptoms Duration: 8 months	1	1
Total Score	6	4

Table 6

B/L Knee examination	Right Knee		Left Knee	
	B/T	A/T	B/T	A/T
Pain	++	-	+	-
Swelling	++	-	+	-
Temperature	+	-	-	-
Crepitation	+	+	-	-

Table 7

Right Knee ROM		B/T	A/T
Active Knee ROM	Flexion	120°	135°
	Extension	0°	0°
	Internal Knee Rotation	5°-7°	10°
	External Knee Rotation	20°-30°	40°
Passive Knee ROM	Passive Flexion	126° Pain aggravated	140° without pain
	Passive Extension	Not possible due to pain	10° without pain

Table 8

	B/T	A/T
BGJYUT6ESR (mm/hr)	12	06
RAF (IU/ml)	244	188

Table 9

SHAMANA CHIKITSA		
MEDICINE	DOSE	TIME
Tab Hinguvachadi	1 tid for chewing	20/06/2023 to 22/06/2023
Amapachaka Vati	2 tid a/f	20/06/2023 to 22/06/2023
R Compound	2 tid a/f	20/06/2023 tho 22/06/2023
		05/07/2023 to 13/07/2023
Simhanada Guggulu	2 tid a/f	05/07/2023 to 13/07/2023
Tab Antarth Plus	1 bid a/f	05/07/2023 to 13/07/2023

Table 10

PANCHAKARMA CHIKITSA	
<i>Sarvanga Udavartana with Yavachurna and Triphala churna f/b Baspasveda</i>	20/06/2023 to 22/06/2023
<i>Janulepa with Doshghna Churna</i>	20/06/2023 to 22/06/2023
<i>Snehapana with Indukanta Ghruta</i>	23/06/2023 to 27/06/2023
<i>Sarvanga Abhyanga with kottamchukkadi Taila f/b Baspasveda</i>	28/06/2023 to 30/06/2023
<i>Virechana Karma with Trivrutta Avaleha (70gm) + Draksha Kashaya (200ml)</i>	30/06/2023
<i>Sansarjana Krama</i>	30/06/2023 to 04/07/2023
<i>Sarvanga Abhyanga with kottamchukkadi Taila f/b PPS</i>	05/07/2023 to 13/07/2022
<i>Janubasti with Kottamchukkadi Taila</i>	05/07/2023 to 13/07/2022
<i>Dvipanchamooladi Shodhana Basti in Kalabasti karma</i> Ingredients: <i>Anuvasana basti: Bruhatsaidhavadi Taila (15ml) + Panchatikta Ghruta (30ml) + Erandataila (20ml)</i> <i>Niruha basti:</i> <i>Madhu-100ml</i> <i>Saindhava- 10gm</i> <i>Sneha- Bruhatsaidhavadi Taila (40ml) + Panchatikta Ghruta (30ml)</i> <i>Kalka- Putiyavani Kalka (30gm) + Simhanada Guggulu (6 tabs)</i> <i>Kashaya- Dashmoola Kashaya and Rasnadi Kashaya (200ml)</i> <i>Avapa- Go Dugdha (50ml) + Go Mutra (30ml) + Dhanyamla (50ml)</i>	05/07/2023 to 13/07/2022

Table 11

OBSERVATION	B/T	A/T
VAS scale	07	03
ACR Criteria for RA diagnosis	06	04
Right knee ROM	Painful with restricted	Normal
ESR (mm/hr)	12	06
RAF (IU/ml)	244	188

2. DISCUSSION:

In the present case, the patient reported a reduction of 80% in signs and symptoms within a single visit. The main treatment module of the *Amavata* as given by the classics is rearranged as per the need of the patient as she had suffered for many years. There was a significant improvement in the RAF and ESR with reduced severity of all symptoms.

2.1 Panchakarma:

Rukshana Karma: As a part of the initial treatment protocol, *Rukshana Karma* was administered through *Udavartana* and *Baspasveda*. It is typically used to treat conditions such as *Gauravata*, *Shula* and *Ama*. *Yava Churna* and *Triphala Churna* were selected for *Udvaratana* due to their properties dry in quality, balancing all three *Dosha*, beneficial for the skin, reducing fat and enhancing digestion. *Baspasveda* enhances the rate of metabolism and increases the demand for oxygen and the output of waste products [21].

Janulepa: *Doshaghna Churna* consists of *Punarnava*, *Devadaru*, *Sunthi*, *Sidhartha* and *Sigru* [22]. All the above drugs possess *Kapha-Vatahara* properties and are widely useful for treating edematous conditions.

Snehapana: *Achchhasneha* is the primary among all the *Snehana* modalities [23]. It acts as a solvent and increases moisture content and thus provides the suitable condition for the respective *Shodhana*

Karma [24]. Ghee is a good solvent and by process of osmosis, the solvent comes out in extra-cellular fluid and thus increases plasma volume [25]. This condition of *Utklesha* is the primary need for *Virechana*. *Indukanta Ghruta* is the choice of drug here as it is helpful in *Vatamaya*, *Kshaya*, *Shoola*, *Vishamajvara* and promotes *Bala* [26].

Sarvanga Abhyanga: Even the *Abhyanga* is in general not indicated or not practiced in the case of *Amavata* but based on the Chronicity and degenerative changes seen in the right Knee the same modality was used. As *Tvak* is the site of *Vata Dosha* and it is the founder for all the disease pathology. It increases the circulation of Blood and plasma, strengthens the lymphatic system and removes internal waste products [27]. *Kottamchukkadi Taila* contains *Vatashamaka* ingredients and is known to be effective against all types of *Vata* disorders. *Kottam* is for *Kustha* and *chukka* is for *Sunthi*. It is made up of *Vatahara Dravya* like *Kustha*, *Sunthi*, *Vacha*, *Shigru*, *Kartotti*, *Lasuna*, *Sarshapa*, *Rasna*, *Devadaru*, *Tilataila*, *Dadhi* and *Chincha Svarasa* which possess property of *Vatavyadhiprashamana*, *Gatrastambhavinashana*. [28] *Kustha* is the best among all drugs which are useful for *Vatahara Abhyanga* [29].

Virechana: *Virechana* is applicable after a prior examination of the state of *Agni* of the patient and followed by *Rukshana Karma* in

Amavata. It affects all over body as it works from the *Pakvashaya* that helpful in removing the *Dosha* in large quantities. It is also the one of main lines of treatment in *Amavata*. *Trivrutta Avaleha* is the famous drug of choice for the *Virechana karma*. [30] It is appropriate for the patient of younger age. *Virechana* drugs produce mild inflammation in the gut facilitating quick absorption of the drug in the initial phase and later facilitating exertion of morbid matters, which in general does not happen. Increased permeability of the capillaries is responsible for this mechanism [31].

Pinda Sweda: *Patrapindasveda* is *Snigdha Ruksha Svedana* and is an external procedure of the *Panchakarma* treatment, which is designed to increase muscle strength and alleviate muscle spasms. This method involves the use of *Svedajanana* leaves and medicated oil that pacifies *Vata Dosha* and *Ama* due to its *Snigdha* and *Ruksha guna* [32].

Janubasti: *Janubasti* is a treatment modality that provides both *Snehana* and *Svedana* simultaneously. It offers an alternative method of administering drug properties directly to the target area via the skin. Through *Sveda*, sweat is increased, which helps to eliminate *Maladravya* along with sweat. *Snehana* provides a therapeutic effect of *Snigdha* and *Brumhana*.

Dvipanchamooladi Shodhana Basti: *Basti* was administered here in the form of the

Kalabasti Krama in which a total of 9 *Anuvasana* and 6 *Niruha Basti* were included. It is beneficial in *Shakhagatavata*, *Grathita Purisha*, mainly all *Kukshi Amaya* and the *Sthabdha* and *Sankocha* conditions [33]. *Anuvasana Basti* contains *Bruhatsaidhavadi Taila*, *Panchatikta Ghruta* and *Erandataila* where *Panchatikta Ghruta* was selected to counter the negative effects of *Bruhatsaidhavadi Taila*. *Chakrapani* suggests *Bruhatsaidhavadi Taila* as *Amavataharam Shrestham Sarvavataghnam Agnidam* [34]. It can be used in any form like Oral or rectal route or external application like *Abhyanga*. It improves the strength of *Agni* [35]. Novel research also suggests its efficacy in *Amavata* [36]. *Erandataila* is widely indicated with different drugs for the treatment of *Amavata* [37, 38]. *Panchatikta Ghruta* is mainly indicated in *Kustha* but along with it pacifies all the *Nanatmaja Vikara* of all *dosha* [39]. *Niruha Basti* has two main contain that are *Dashmoola Kashaya* and *Rasnadi Kashaya*. *Dashmoola Kashaya* has properties like *Svasahara*, *Tridoshahara*, *Amapachana* and *Sarvajvaravinashana* [40]. *Rasnadi Kashaya* is indicated in *Vatapradhana Tridhosha Avastha* [41].

Internal medications were administered according to the condition of the patient.

2.2 Shamana Chikitsa:

Hinguvachadi and *Amapachaka Vati* both have vital roles in this condition as *Ama* is the primary cause of disease and for the initiation of further treatment, both are needed.

R Compound Tablet is used in the treatment of Rheumatoid Arthritis and Autoimmune Diseases. It is effective in relieving pain, stiffness and swelling. The ingredients are *Suvarna Bhasma*, *Mahayograjā Guggulu* and *Maharasnadi Kashaya*. *Mahayograjā Guggulu* is the drug of choice in *Amavata* as it comes under *Amavata Rogadhikara*. It is recommended in the diseases of all *Dosha* but specifically mentioned in *Vatavyadhi* [42]. *Maharasnadi Kashaya* is the choice of drug for the *Vatavyadhi*, in the diseases of *Sandhi* and *Majja* and for complaints related to *Janu-Jangha* and *Ashti* [43]. *Antarth Plus* is made up of Ayurvedic herbal extracts that provide anti-inflammatory, analgesic and immunomodulation actions. It contains are *Salai Guggulu*, *Shuddha Guggulu*, *Ashwagandha*, *Haridra*, *Nirgundi*, *Sunthi*, *Rasna*, *Dhanyaka*, *Pippali*, *Punarnava*, *Lavanga Taila* and *Chopachini*. *Simhanada Guggulu* excessively stimulates the *Agni* like *Vadavanala* (Fire of Forest). It increases *Dhatu*, *Vaya* and *Bala*. It is beneficial in most of *Vataroga* and it acts like *Amruta* [44]. *Simhanada Guggulu* possesses *Tikta* and *Katu Rasa* and *Ushna Virya* pacifies *Ama* and *Kapha* which are the chief causative factors in this disease.

Agnivriddhikara property digests *Amarasa* [45].

3. CONCLUSION:

In the present case study, the patient showed promising improvement through the combined treatment of *Panchakarma* therapy and Internal medicines (*Shamanaushadhi*). Despite the usual caution against external *Snehana* karma in *Amavata*, the incorporation of *Janubasti* and *Abhyanga* proved highly beneficial as the patient has a chronic history of *Amavata* disease. The treatment resulted in significant relief from pain, swelling, and stiffness, leading to improved mobility and a better quality of life. Tailoring the treatment approach to address the patient's specific needs and condition played a crucial role in achieving these positive outcomes. This case highlights the potential efficacy of a well-adapted and holistic approach to treating *Amavata*.

4. ACKNOWLEDGEMENT:

I would like to convey my sincere thanks to my guide, Dr. Arun Vaidya and Dr. Mahesh MP for their support and encouragement throughout the completion of this case study. I would also like thanks to Parul Ayurved Hospital for their cooperation. It is important to note that no external funding was involved in the preparation of this manuscript, and all opinions and analyses expressed are solely those of the authors. I

also acknowledge the references during the preparation of this article.

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