

Ayurvedic Management of Aamvata (Rheumatoid Arthritis) Using Shamana Chikitsa: A Retrospective Observational Case Series

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Abstract:

Background: Aamvata is an inflammatory joint disorder described in Ayurveda, characterized by multiple joint pain, stiffness, and swelling due to impaired digestion and accumulation of Aam (improperly digested food that becomes toxic and circulates in the body). It bears close clinical resemblance to Rheumatoid Arthritis.

Material and Methods: Four individuals in this case series were diagnosed with rheumatoid arthritis based on the ACR/EULAR 2010 criteria (score $\geq 6/10$). All patients provided Ayurvedic treatment in addition to dietary and lifestyle changes after being evaluated clinically and using laboratory measures (RA factor, ESR, and CRP).

Result: All four patients showed significant clinical and biochemical improvement following treatment. RA factor reduced from 46.3 IU/mL to 27.1 IU/mL in Case 1 and from 97.1 IU/mL to 39 IU/mL in Case 2. In Case 3, CRP decreased from 6.5 mg/L to 2.46 mg/L. In Case 4, RA factors decreased to <10 IU/mL, with ESR reduced to 2 mm/hr and CRP to 2.32 mg/L. ESR improved from 29 mm/hr to 17 mm/hr and CRP from 4.36 mg/L to 0.65 mg/L in Case 1. Overall, all four patients demonstrated marked reduction in joint pain, morning stiffness, and inflammatory markers, along with improvement in functional status.

Conclusion: Individualized Ayurvedic Shamana Chikitsa demonstrated significant clinical and biochemical improvement in patients with Aamvata, suggesting its potential as a safe and effective long-term management approach.

Keywords: Aam; Aamvata; Ayurveda; C-Reactive Protein (CRP); Rheumatoid arthritis; RA Factor.

INTRODUCTION

According to Ayurveda, Aamvata is an inflammatory condition that results from hampered digestive fire (Mandagni) 1. This leads to the development of Aam, which, when combined with worsened Vata, localizes in the joints and causes pain, stiffness, and edema 2. It has a striking resemblance to rheumatoid arthritis, a long-term inflammatory condition marked by increasing joint involvement and persistent synovial inflammation. Long-term results are still unpredictable despite improvements in contemporary management 3. Agni, Aam Pachana, and Vata Shamana rectification are important therapeutic concepts in Ayurveda. The therapeutic potential of Ayurvedic treatment for Aamvata patients is demonstrated in this case series. It further assesses its effectiveness in reducing symptoms and improving quality of life.

2. Materials and Methods

Source of Data

Case records of patients who attended OPD No. 2 of the Department of Kriya Sharir at Seth Surajmal Bambaiyawala Ayurved Hospital (SSBH), Jaipur, were reviewed for the study.

Study Design

This study was designed as a retrospective observational case series based on previously documented cases.

Study Duration: Previously documented clinical records from 2024 to 2026 were retrospectively analysed in the present study.

Reporting Guidelines: This case series is reported in accordance with the CARE guidelines to ensure standardized and transparent clinical reporting.

Ethical Considerations: Written informed consent was obtained from the patients for documentation and publication of clinical data. Patient confidentiality was strictly maintained, and no identifiable personal information was disclosed in this report. The cases were managed in accordance with ethical guidelines for clinical case series reporting.

Inclusion Criteria: Previously documented cases diagnosed with Aamvata based on classical Ayurvedic signs and symptoms and fulfilling diagnostic criteria of rheumatoid arthritis

Exclusion criteria:

- Cases diagnosed with other types of arthritis (osteoarthritis, gouty arthritis, septic arthritis)
- Cases diagnosed with severe systemic illnesses (cardiac, renal, hepatic disorders)
- Cases having history of long-term immunosuppressive or steroid therapy
- Cases with deformities or advanced joint destruction

Diagnostic Criteria:**Ayurvedic Assessment:**

Diagnosis of Aamvata based on classical Lakshanas (symptoms):

- Sandhishoola (joint pain)
- Sandhishotha (joint swelling)
- Stabdghata (stiffness)
- Angamarda (body ache)
- Aruchi (loss of appetite)
- Alasya (fatigue)

B. Modern Assessment:

Diagnosis confirmed using ACR/EULAR 2010 Rheumatoid Arthritis Classification Criteria 4, including:

- Joint involvement (number and site of joints)
- Serology (RF, Anti-CCP)
- Acute phase reactants (ESR, CRP)
- Duration of symptoms (>6 weeks)
- Ayurvedic Diagnosis
- Aamvata

Modern Diagnosis

Rheumatoid arthritis

3. Patients' information and clinical findings**Case Presentations**

Case 1. A 28-year-old unmarried female, working as a bank employee, presented to the OPD in June 2024 with complaints of chronic polyarticular pain, morning stiffness, generalized weakness, lethargy, and anxiety. She was a known case of rheumatoid arthritis.

History of Present Illness:

The illness reportedly began in 2021 with pain in the bilateral hands, initially involving the proximal interphalangeal joint of the left index finger, and gradually progressed to involve multiple joints. According to the available medical records, the patient had received conventional treatment for approximately 2 years with only temporary relief before opting for Ayurvedic management in June 2024.

Dietary and Lifestyle History

As documented in the case records, the patient reported frequent intake of leftover and refrigerated food, regular consumption of a spicy non-vegetarian diet, and habitual daytime sleep after meals, which are considered Nidana (Cause) for Aamvata in Ayurveda.

F/H/O: No family history of diabetes mellitus, hypertension, or autoimmune disorders. Younger sister has thyroid disorder.

Clinical Findings: Clinical examination records documented early mild curving of the bilateral index and ring fingers, suggestive of incipient deformity. The patient fulfilled the 2010 ACR/EULAR Rheumatoid Arthritis Classification Criteria with a total score of 8 at baseline.

Diagnosis:

Based on clinical features and Ayurvedic assessment, the condition was diagnosed as Aamvata (correlating with rheumatoid arthritis).

Intervention:

The patient received Ayurvedic treatment aimed at Aam-Pachana, Agni Deepana, and Vata-Shamana as documented in the medical records. The treatment protocol is described in Table No.1.

Outcome:

Review of serial clinical and laboratory records demonstrated progressive improvement. Rheumatoid factor reduced from 46.3 IU/mL (June 2024) to 27.1 IU/mL (October 2024). ESR decreased from 29 mm/hr to 17 mm/hr, and CRP reduced from 4.36 mg/dL to 0.65 mg/dL. Clinical improvement followed biochemical changes. On long-term follow-up till December 2025, the patient was symptom-free with no pain, weakness, or anxiety, and showed improved functional capacity without any adverse effects. Progression of deformity was arrested and joint mobility was preserved. The 2010 ACR/EULAR Rheumatoid Arthritis Classification Criteria score reduced from 8 at baseline to 4 after treatment, indicating significant clinical improvement.

Case 2

A 28-year-old female homemaker presented with complaints of multiple joint pain, swelling, and stiffness involving the small joints of the hands, particularly the phalanges, for 8 months.

History of Present Illness:

According to the medical records, the patient had a gradual onset of pain and stiffness involving the finger joints, which was more pronounced in the morning and associated with swelling.

Clinical Findings:

Clinical examination documented tenderness and mild swelling of the small joints of both hands, with restricted joint movements secondary to stiffness.

Diagnosis:

Based on the documented clinical features and laboratory findings, the condition was diagnosed as Aamvata (correlating with rheumatoid arthritis).

Intervention:

As documented in the case records, the patient received Ayurvedic management aimed at Agni Deepana, Aam-Pachana, and Vatahara Chikitsa.

Outcome:

Review of the serial clinical and laboratory records demonstrated significant improvement. Rheumatoid factor reduced from 97.1 IU/mL (January 2025) to 39 IU/mL (August 2025). ESR was 28 mm/hr at baseline and showed subsequent improvement. Clinically, reduction in pain, swelling, and stiffness was observed along with improved joint mobility. The 2010 ACR/EULAR Rheumatoid Arthritis Classification Criteria score reduced from 10 at baseline to 3 after treatment, indicating significant clinical improvement.

Case 3

A 42-year-old female housewife presented with complaints of multiple joint pain, severe bilateral knee pain, morning stiffness, and difficulty in walking for 8 years.

History of Present illness:

According to the medical records, the patient had a chronic history of progressive polyarticular pain with marked morning stiffness, which significantly affected her daily activities. She was a known case of hypothyroidism for 6 years and was on regular allopathic medication. She had previously received conventional treatment with only temporary relief.

Clinical Findings:

Clinical examination documented severe bilateral knee pain, multiple joint tenderness, morning stiffness, and impaired walking ability.

Diagnosis:

Based on the documented clinical features and laboratory findings, the condition was diagnosed as Aamvata (correlating with rheumatoid arthritis).

Intervention:

The patient was managed with individualized Ayurvedic treatment comprising Aam-Pachana and Vata-Shamana therapy, along with dietary and lifestyle modifications.

Outcome:

Baseline investigations in January 2025 showed Rheumatoid Factor (RF) 487 IU/mL, CRP 6.5 mg/L, and haemoglobin 8.9 g/dL. Following treatment, RF decreased to 41.40 IU/mL (October 2025), while CRP reduced to 2.46 mg/L. Clinically, marked reduction in joint pain and morning stiffness, along with improved walking ability and functional capacity, was observed. No adverse effects were reported during follow-up. The 2010 ACR/EULAR Rheumatoid Arthritis Classification Criteria score decreased from 10 at baseline to 4 after treatment, indicating significant clinical improvement.

Intervention:

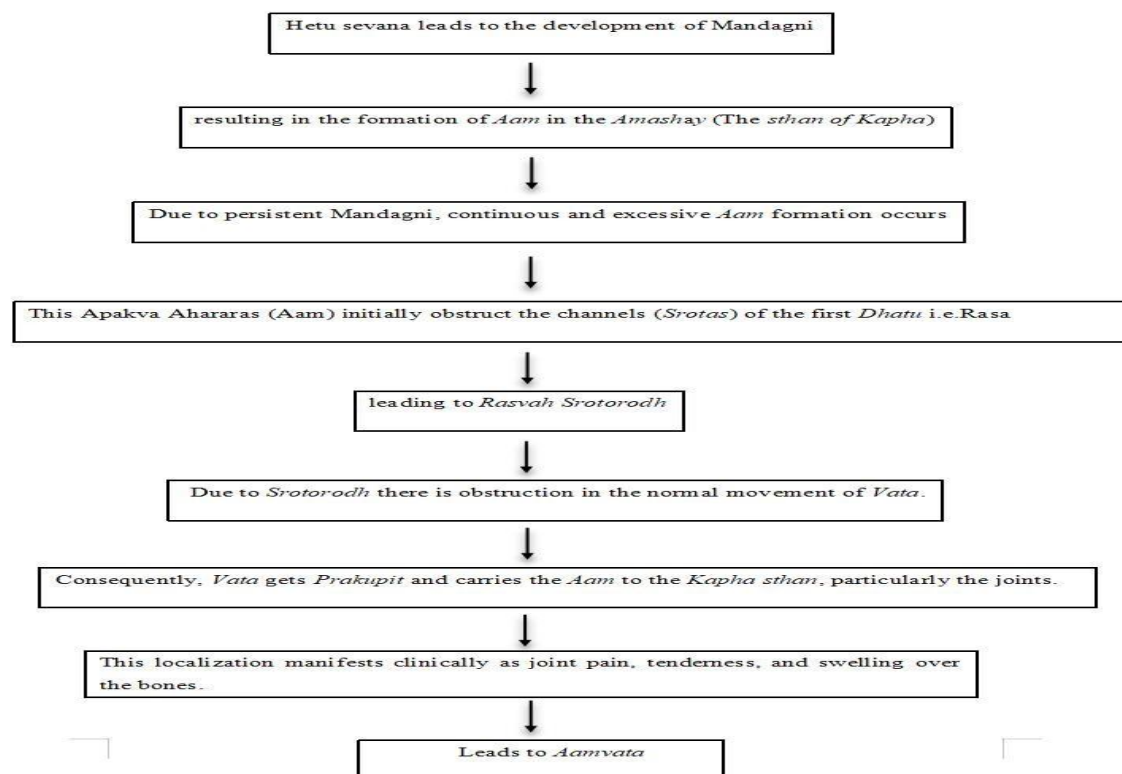
The patient received Ayurvedic management based on the principles of Agni Deepana, Aam-Pachana, and Vata-Shamana.

Outcome:

Baseline investigations in February 2025 showed rheumatoid factor <100 IU/mL and serum uric acid of 7.22 mg/dL. After treatment, significant improvement was observed. In September 2025, CRP reduced to 2.32 mg/L and RA factor to 8.79 IU/mL. Further improvement was noted in January 2026 with RA <10 IU/mL and ESR reduced to 2 mm/hr. Clinically, marked reduction in pain, stiffness, and improvement in functional ability were observed. The 2010 ACR/EULAR Rheumatoid Arthritis Classification Criteria score reduced from 7 at baseline to 0 after treatment, indicating significant clinical improvement. Top of FormSamprapti (Pathophysiology of Disease)⁵

Case 4

A 59-year-old male government employee presented with complaints of multiple joint pain, stiffness, generalized weakness, and lower back pain for 7 years with intermittent exacerbations.



History of Present Illness:

According to the medical records, the patient had a chronic history of pain involving multiple joints, associated with periodic flare-ups. He was a known case of type 2 diabetes mellitus for 25 years and hypertension for 10 years and was

on regular medication.

Clinical Findings:

Multiple joint tenderness and stiffness were noted along with reduced functional capacity.

Diagnosis:

Based on the documented clinical features and laboratory findings, the condition was diagnosed as Aamvata (correlating with rheumatoid arthritis).

Fig:1

Samprapti Ghataka (Pathogenic Components):

Agni: Jatharagni Mandya

Dosha: Vata Dominant, Pitta, Kapha

Dushya: Primarily Rasa, Asthi .

Udbhava Sthana: Aamshaya

Vyakti Sthana: Multiple Joints

Srotas Parikshan:

Rasavah Srotas: Patient feel Lethargic 6

Asthivah Srotas: Multiple Joint pain, mild curving of the bilateral index and ring fingers 7.

Therapeutic Intervention

Patients received individualized Ayurvedic treatment based on their Dosha predominance, disease stage, and clinical presentation, as documented in the medical records. The therapeutic regimen was modified by the treating physician according to the documented clinical response while adhering to the core principles of Shamana Chikitsa

Table No. 1 Standard treatment protocol (case 1 reference)

Drug/ Formulation	Dose with	Duration	Therapeutic rationale
Vatvidhwansan Ras	500mg twice a day before food	Initially for 2 months; subsequently reintroduced as intermittent 1-month courses, as clinically indicated.	Corrects Agni, removes Aam, and pacifies Tridosha.
Rasnasaptaka Kwatha	20 ml twice a day before food	13 months, with intermittent treatment-free intervals.	provides synergistic Vata-Shamana and Shulahara effect; Guduchi enhances Agni and Aam-pachana, while Rasna targets joint Vata, relieving
Compound formulation containing: Suvarṇa Samir Pannaga Rasa - 100 mg Vatakulantaka Rasa - 250 mg Ekangavira Rasa - 250 mg Aamvatari Rasa - 250 mg Chopachini Churna - 1 g Ajmodadi Churna - 1 g Godanti Bhasma – 500 mg Kapardik Bhasma- 500mgs	twice a day After food	10 months, with periodic modifications according to clinical signs and symptoms.	for synergistic action, multi-target effect on Aam, Agni, and Vata with improved compliance.
Simhanada Guggulu	500 mg twice a day After food	12 months, with intermittent treatment-free intervals.	Agni Deepan, Tridosh Shaman
Rasnadi Guggulu	500 mg twice a day After food	12 months, with intermittent treatment-free intervals.	Vata-Kapha Shamak; reduces pain, inflammation, stiffness

Aamdoshantaka Syrup	20 ml twice a day After food	Administered over 6 months with periodic treatment-free intervals.	Agni Deepana, Aam-Pachan
Vatantak Syrup	20 ml twice a day After food	For last 4 Months	Vata Shamak with Deepana-Pachana; reduces Aam and Vata.
Tab Nucort -OA	1 tablet twice a day After food	For 2 Months	Relieves joint pain, supports bone and joint function
Erandabhr̥ṣṭha Haritaki	5 g at night	Initially for 3 months, followed by intermittent 15-day treatment-free intervals, and reintroduced during the final 4 months of the treatment period.	Mild Virechana; eliminates Aam, relieves Srotorodha

Table No. 2 Case-wise Modifications in medication

Cases	Modification in treatment
Case 2	With specific modifications to the doses and duration of specific drugs, Case 2 was treated using the same conventional treatment approach as Case 1. Furthermore, Dashmool Tail and Saindhavadi Tail were added for external use, whereas Vatvidhvansak Ras was eliminated.
Case 3	Standard treatment as in Case 1 was followed with individualized modifications in the dose and duration. The compound formulation was modified by adding Rasmanikya (125 mg) and Chaushasti Prahara Pippali (500 mg). Valuka Sweda was advised throughout the treatment period.
Case 4	Standard treatment as in Case 1 with modification in dose and duration, including addition of Cap Palsy Norm 1 capsule BD after food.

Table 3: Timeline of Clinical Events

Time Point	Case 1	Case 2	Case 3	Case 4
Onset	2021: Pain in bilateral hands (PIP joint)	May 2024: Small joint pain, swelling	2017: Multiple joint pain with severe bilateral knee pain, morning stiffness, and difficulty in walking	2018: Chronic polyarticular pain
Pre-treatment	2 years conventional treatment	No significant prior long-term treatment	Long-term conventional treatment with temporary relief; known case of hypothyroidism on regular medication	Long-standing disease
Baseline	June 2024	Jan 2025	Jan 2025	Feb 2025
RA (IU/mL)	46.3	97.1	487	<100
ESR (mm/hr)	29	28	41	17
CRP (mg/L)	4.36 mg/dL	6.1 mg/L	6.5 mg/L	7.1 mg/L
Follow-up	Oct 2025	Aug 2025	Oct 2025	Jan 2026
RA (IU/mL)	27.1	39	41.40	<10
ESR (mm/hr)	17	15	19	2
CRP (mg/L)	0.65	4.3	2.46	2.32

Clinical Status	Symptom-free, no deformity progression	Improved pain & stiffness	Marked improvement in pain, morning stiffness, and walking ability	Improved mobility & reduced pain
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Table 4: Outcome Measures (Before vs After Treatment)

Parameters	Case 1(BT-AT)	Case 2 (BT-AT)	Case 3 (BT-AT)	Case 4 (BT-AT)
Pain (VAS)	8-0	7-3	9-2	8-3
Morning Stiffness	Relieved	Multiple joints severe stiffness for whole day-Mild stiffness early morning for 1 hr	Severe stiffness throughout the day	Moderate stiffness-no stiffness
Swelling	Moderate-absent	Moderate-absent	Present -Absent	absent-absent
ESR (mm/hr)	29-17	28-15	41-19	11-2
CRP (mg/dl)	4.36-0.65	6.1-4.3	6.5-2.46	7.1-2.32
RA factor (IU/mL)	46.3-27.1	97.1-39	487-41.40	<100-<10
ACR/EULAR Score	8-4	10-3	10-4	7-0
Functional Status	Fully restored	Improved	Markedly improved	Improved
Deformity	Arrested	Not present	Not present	Not present

RESULTS:

Review of the clinical and laboratory records demonstrated consistent clinical and biochemical improvement in all four cases following Ayurvedic intervention. Pain intensity, assessed using the Visual Analogue Scale (VAS), decreased from 8 to 0, 7 to 3, 9 to 2, and 8 to 3 in Cases 1-4, respectively. Morning stiffness was markedly reduced or completely relieved, while joint swelling resolved in all patients who had swelling at baseline. Functional status improved in all four cases, with complete functional restoration observed in Case 1 and marked or moderate improvement in the remaining cases. No progression of joint deformity was documented during the treatment period.

Biochemical parameters also showed substantial improvement. Rheumatoid factor (RF) decreased from 46.3 to 27.1 IU/mL in Case 1, 97.1 to 39 IU/mL in Case 2, 487 to 41.40 IU/mL in Case 3, and <100 to <10 IU/mL in Case 4. Erythrocyte sedimentation rate (ESR) decreased from 29 to 17 mm/hr, 28 to 15 mm/hr, 41 to 19 mm/hr, and 11 to 2 mm/hr in Cases 1-4, respectively. C-reactive protein (CRP) levels decreased from 4.36 to 0.65 mg/dL, 6.1 to 4.3 mg/dL, 6.5 to 2.46 mg/dL, and 7.1 to 2.32 mg/dL, respectively. ACR/EULAR classification scores also improved from 8 to 4, 10 to 3, 10 to 4, and 7 to 0 across the four cases.

Overall, the documented clinical and laboratory findings indicated consistent improvement in both subjective symptoms and objective biochemical parameters across all four cases.

DISCUSSION:

Ayurveda says that Aamvata is a systemic inflammatory illness that starts when the digestive fire (Agni) is not working properly, which causes Aam to form. It is a hazardous metabolic by-product that the body doesn't fully digest and moves around in the body, settling in the joints 8,9. This concept strongly aligns with contemporary understandings of Rheumatoid Arthritis, wherein immunological dysregulation, systemic inflammatory mediators, and metabolic disturbances contribute to synovial inflammation and joint degradation 10,11.

Aggravated Vata is a major factor in carrying Aam and putting it in the joints 12, which causes joint problems and clinical symptoms. So, in treatment, along with fixing Agni and Aampachana, a lot of focus was also on calming down vitiated Vata and making the joints work better to stop the disease from getting worse 13.

The goal of the treatment was to reduce metabolic problems and systemic inflammation by using Deepana (which boosts digestive fire), Pachana (which helps Aam digest), and Vata Shamana 14.

PMID: Current research on Ayurvedic treatments for inflammatory and autoimmune illnesses suggests that this holistic approach may change how the immune system works, speed up metabolism, and change how inflammatory pathways work 15 .

While Aamvatari Rasa Specifically indicated in Aamvata. It targets Aam and aggravated Vata, improves Agni, and reduces joint inflammation and pain 16.

Joint pain, stiffness, and swelling can also be eased by Vata-Shamak and Shothahara. Since they are based on Guggulu and Rasayoga, formulas like these help the joints move better, lowers Srotorodha, and get drugs to more tissues faster because they are Yogavahi and Sukshma. Recent studies have found pathways that help control inflammation, the immune system, and metabolism that may be connected to these effects.

The observed clinical improvement, such as pain relief, maintaining joint mobility, and stopping the progression of deformity, shows that correcting the underlying metabolic dysfunction and Dosha imbalance could have a huge effect on how the disease is managed. Better categorization scores and clinical signs show that the disease activity has gone down, which supports the idea that targeting both systemic inflammation and functional impairment can have long-lasting effects. This is like how rheumatoid arthritis is handled now: early diagnosis and all-around care to keep joints from getting worse and make life better. So, the main goals of treating Aamvata are to restore Agni and promote Aampachana (digestion and removal of Aam) 17.

CONCLUSION

Exclusive Shamana Chikitsa was associated with sustained clinical and biochemical improvement in these patients with Aamvata. This case series suggests that Ayurvedic management using Shamana Chikitsa may be beneficial in improving symptoms and inflammatory markers in patients with Aamvata. However, larger, well-designed controlled studies are required to confirm these findings and establish its long-term effectiveness.

Declaration of Generative AI and Language Editing Tools:

AI tools were used only for language editing. No AI-generated scientific content was included

Conflict of Interest

Authors declare no conflict of interest.

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