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Research Article

CRITICAL STUDY ON AMAVATA VIS-À-VIS RHEUMATOID ARTHRITIS WITH ITS RESEARCH UPDATES

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ABSTRACT

Concept of *Ama* is very unique in Ayurveda non other science mentions *Ama* as a cause of disease it is produced by flawed digestion in gastrointestinal tract or in the tissues by defective metabolic processes. *Ama* thus produced is said to circulate and block the vessel of the joints and get deposited there causing the disease *Amavata*. *Amavata* is a common disease encountered by physicians in day-to-day life.. Due to progressive, chronic nature of disease it affects the quality of life of patients and decreases their productivity at work.

In the Present article the causative factors, prodromal symptoms, types, disease manifestation, progression of disease, Investigations treatment protocols adopted and formulations as per classical reference in *Ayurveda* in the disease "*Amavata*" with Special Reference to Rheumatoid Arthritis" is reviewed in integration with modern medical facts. This article also compiles research works adopted in *Amavata* with its results.

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INTRODUCTION

Amavata is a clinical entity vividly described by Madhavakara in 7th Century AD with well defined aetiopathogenesis and clinical presentation with specific emphasis *Mandagni* (reduced digestive fire) and *Ama* playing the central role it affects *Rasavaha srotas*. This condition is strikingly comparable to Rheumatoid Arthritis as known today. *Amavata* is an inflammatory disease involving all the three Doshs embedded with *Ama*. *Amavata* develops due to *Ama* well as *Vata dosha*. The concept of *Ama* is unique in Ayurvedic science and this *Ama* is main cause of the various disorders. There is no equivalent term of *Ama* in modern science. The term "*Ama*"¹ means *unripe*, *immature* and *undigested*. It is resulted as a consequence of impaired functioning of '*kayagni*'.

Due to the hypo functioning of *ushma* (*Agni*), the *anna-rasa* undergoes fermentation and putrefication (*dushta*). This state of *Rasa*, which is known as '*Ama*'. The vitiated doshas along with *Ama* causes *Amavata*².

Hetu / Etiology³

Viruddha Ahara (Incompatible food)

The food that provokes the *Doshas* but does not expel them out of the body is called *viruddha*.

Ex. Mixing of milk with fish in a diet.

Viruddha Cheshta (Improper physical activity)

The physical activity performed without following the procedure is called *Viruddha cheshta*. Ex. Physical exercise or sexual act when an individual is already suffering from *Ajeerna* (Indigestion).

Viruddha cheshta (uncanny food habits) leads to *Agnimandya* (reduced digestive fire) inturn leads to *Ama visha*.

Mandagni (Decreased digestive power):- Pathways of *Mandagni* & *Ama* State

Faulty Life Style & incompatible diet



Mandagni



Rasaja Ajirna



Ama Rasa



Chronic Systemic *Amaja* Diseases

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Nischalata (Lack of physical activity)

Lack of physical activity or sedentary life style is the main cause of accumulation of *Ama* in the body.

Snigdham bhuktavato vyayaamam

Performing physical exercise soon after intake of heavy food causes *Ama* in the body.

It is very difficult to elicit the exact cause of *Amavata*. The above mentioned etiologies are not satisfactory those are not frequently observed in the patients.

According to modern science they also states that the exact Etiopathogenesis of Rheumatoid Arthritis is not known. However, present concept on etiology and pathogenesis proposes that Rheumatoid Arthritis⁴ occurs in an immunogenetically predisposed individual to the effect of microbial agents acting as trigger antigens which are produced by several microorganisms with capacity to bind to HLA-DR molecules has been proposed.

Samprapti Ghataka

- Dosh: *Tridosha* mainly *Vata* and *Kapha*
- *Dushya*: *Rasa, Mamsa, Asthi, Majja, Snayu* and *Kandara*
- *Srotas*: *Rasavaha, Mamsavaha, Asthivaha, Majjavaha*
- *Srotodushti*: *Sanga* and *Vimarga-Gamana*
- *Agni*: *Jatharagnimandya* and *Dhatvagnimandya*
- *Udbhava Sthana*: *Ama Pakvashayottha*
- *Roga Marga*: *Madhyama*
- *Vyakti Sthana*: Whole body mainly *Sandhi Sthana*
- *Vyadhi Swabhava*: *Chirkari*

Samprapti of Amavata⁵

As discussed earlier whenever the function of *Agni* is disturbed in the body *Ama* is produced. This produced *Ama* is slimy in nature, such *Ama* get together with *Dushit Vata / Prakopit Vata* and circulates all over the body through *Sira* and *Dhamani* and gets lodged in *Kaphasthana* i.e. *Sandhi* because *Shleshak Kapha* is located in *Sandhi* (joints) and *Amavata* is developed.

Pratyatma lakshana of Amavata⁵

1. *Sandhi shotha* - Swelling in multiple joints
2. *Sandhi shoola* - Pain in the joints
3. *Gatra stabdhata* - Stiffness in the body

Classification of Amavata

Forms of presentation

Acute form: Dominated by GIT upset, divergent systemic manifestations & Acute generalized inflammatory condition of connective tissue system.

Chronic & Advanced: Dominated by Chronic Poly-arthritis & crippling 2- *Tridoshic* variants *Vatolvana, Pittolvana, Kapholvana, Sannipataja*

Clinical features of Amavata in Comparison with Rheumatoid Arthritis⁶

1. *Hasta sandhi shotha & shoola* - Inflammation & severe pain in metacarpo-phalangeal joints & proximal interphalangeal joints are affected most severely in Rheumatoid Arthritis.

2. *Paad sandhi shotha & shoola* - The feet are often involved especially the metatarso phalangeal joints & subtalar joints are affected.
3. *Jaanu gulpha sandhi shotha* - R.A. involves first smaller joints of hands & feet and then symmetrically affects the joints of wrist, elbow, ankle & knee.
4. *Angagourav* - Feeling of heaviness in the body.
5. *Stabdhatta* - In R.A. stiffness of joints, particularly observed in morning hours.
6. *Jaadhya* - Due to deformity limited movements in the joints, weakness in grip or triggering of fingers occurs in R.A.
7. *Angavaikalya* - Deformity in joints.
8. *Sankocha* - Contractures.
9. *Vikunchana*-This can be compared to volar subluxation, ulnar deviation which occurs at metatarsophalangeal joints and bilateral flexion contractures of the elbow are observed in R.A.
10. *Angamarda* - Body ache, myalgia occurs in R.A.

American Rheumatism Association (A.R.A.) Criteria for Diagnosis⁷

1. Morning stiffness (>one hour)
2. Arthritis three or more joints area
3. Arthritis of hand joints
4. Symmetrical arthritis
5. Rheumatoid nodules
6. Presence of Rheumatoid factor
7. Radiological changes (hand & wrist)

Joint Deformity in R.A.⁷

1. Swan neck deformity in interphalangeal joint.
2. Boutonniere (Deformity in R.A. with flexion at proximal interphalangeal joint & hyperextension at distal interphalangeal joint).
3. Z deformity in the thumb.
4. Volar subluxation and ulnar deviation occurs at metacarpophalangeal joint.
5. Bilateral flexion contractures of the elbow.
6. Synovitis at the wrist may cause carpal tunnel syndrome

Prognosis of Amavata⁵

It is depending upon the involvement of *doshas, dhatus*, number of symptoms and upadrava exhibited in the patient. Considering its severity Madhava opines that *Amavata* is a dreadful disease. The nature of disease is such that the patient will go to acute condition very immediately.

Commenting on the involvement of joints and its complication Madhava concludes that the management of *Amavata* is very difficult, if the swelling and pain are affected to all the joints. When compared to other diseases *Amavata* is very difficult to cure.

Chikitsa sidhanta in amavata⁸

- *Langhana* (emaciation therapy)
- *Swedana*(sudation)
- *Tikta, Deepaani, Katuni* (drugs having bitter and pungent taste which increase digestive fire)
- *Virechana* (purgation)
- *Snehapanam* (administering medicated ghee and oil)

- *Vasti* (enema therapy)

Treatment in detail

- *Langhana* (emaciation therapy)
 1. Fasting
 2. Taking very light and easily digestible food.
- *Swedana* (sudation)
- *Ushma, Sankara sweda / Pinda sweda* (using pottali), *Drava sweda* (using hot liquids), *Upanaha sweda* (poultice)

Deepana karma (for increasing digestive fire). With *tikta* and *katu* (drugs having bitter and pungent taste which increase digestive fire)

Virechana (purgation)

Best drug for purgation is *Eranda taila*⁹

Snehapaana (intake of ghee and oil)¹⁰

To retain bala of the patient after cleansing therapy life vomiting and purgation ghee and oil is administered.

Basti chikitsa (enema therapy)⁸: - Recommends *Ksharabasti* using alkalies and *Anuvasanabasti* with oils in *Amavata*. Following tailas are used in *Anuvasana* and *Nirooha basti*

Important Formulations used in Amavata

Sl.No	Reference	Name of Formulation	Form	
1.	Bhaishajya Ratnavali ¹¹	• <i>Hinguvachadi Choornam</i>	<i>Choorna</i>	
		• <i>Nagara Choornam</i>		
		• <i>Trivritadi Choornam</i>		
		• <i>ShringaBevadya Gritham</i>		<i>Ghritha</i>
		• <i>Vatari Guggulu</i>		<i>Guggulu</i>
		• <i>Vyadhi Sara Guggulu</i>		<i>Lepa</i>
		• <i>Himsradh Lepa</i>		
		• <i>Shatapushpadi Lepa</i>		<i>Prayoga</i>
		• <i>AragwadaPallava Prayoga</i>		
		• <i>Amavatadivivajra Rasa</i>		<i>Rasa</i>
		• <i>Prasarani Tailam</i>		<i>Tailam</i>
		• <i>Saindhavadhya Tailam</i>		
		• <i>Vijayabhairava Tailam</i>		<i>Vati</i>
		• <i>Amapramadhini Vatika</i>		
		• <i>AlambuShadya Choornam</i>		<i>Choorna</i>
		• <i>Amrithadi Choornam</i>		
		• <i>Pathyadya Choornam</i>		
		• <i>Shatapushpadi Choornam</i>		
		• <i>Vaiswanara Choornam</i>		
		• <i>Devadarvadi Choornam</i>		
• <i>Punarnavadi Choornam</i>				
• <i>Amritha Gritham</i>	<i>Griitha</i>			
• <i>KanjikaShatpala Gritham</i>				
• <i>Shuntii Gritham</i>	<i>Guggulu</i>			
• <i>BrihatYogaraja Guggulu</i>				
• <i>Simhanada Guggulu</i>	<i>Kalka</i>			
• <i>Yogaraja Guggulu</i>				
• <i>Shatyadi Kalka</i>	<i>Kwatha</i>			
• <i>Rasonadi Pinda</i>				
• <i>Eranda Kwatha</i>				
• <i>Rasa Dasamoola Kwatha</i>				
• <i>Rasnapanchakam</i>				
• <i>Rasnasaptakam</i>				
• <i>Shatyadi Kwatha</i>				
• <i>MadhyamaRasnadi Kwatha</i>				
• <i>Maharasnadi Pachanam</i>				
• <i>Rasonadi Kwatha</i>				
• <i>Shuntyadi kwatha</i>	<i>Prayoga</i>			
• <i>ErandaTaila Prayoga</i>				
• <i>Hareetaki Prayoga</i>	<i>Sandhanam</i>			
• <i>Prasarani Sandhanam</i>				
• <i>Rasona Sura</i>	<i>Sura</i>			
• <i>Ajamodhadi Vatika</i>	<i>Vatika</i>			

4.	Rasendra Sara Sangraha ¹²	• <i>Dvipanchamooladya Tailam</i>	<i>Tailam</i>
		• <i>Siva Guggulu</i>	<i>Guggulu</i>
		• <i>AamajayaSimha Modaka</i>	<i>Kalka</i>
		• <i>Panchanana Rasa Lauham</i>	<i>Leham</i>
		• <i>Triphaladhi Lauham</i>	
		• <i>Vidaryadi Lauham</i>	<i>Rasa</i>
		• <i>Amavatari Rasa</i>	
		• <i>Amavateshwara Rasa</i>	
		• <i>Amritha Manjari</i>	
		• <i>VatagajendraSimha Rasa</i>	<i>Vati</i>
• <i>Amavatari Vatika</i>			

Scales for the measurement of rheumatoid arthritis¹³

The health assessment questionnaire disability index (HAQ-DI) is widely used to measure of function in Rheumatoid Arthritis (RA).

Investigations¹⁴

Amavata (Rheumatoid arthritis) was diagnosed on the basis of clinical manifestations. R-A-factor and C-Reactive-Protein investigations had been done in all the patients for diagnosis and severity of the disease. These parameters are assessed to evaluate disease activity score DAS(28). Routine Blood, Urine and Stool examinations along with Serum uric acid, urea, creatinine, ASO titer, ANF, Lipid profile, Liver function test, ECG, Fasting Blood Sugar had been done to exclude other pathological conditions of the registered patients.

Sl.no	Research updates	Results
1	Effect of panchakarma and Ayurvedic treatment in postpartum rheumatoid arthritis (<i>Amavata</i>): A case study ¹⁵	Patient who developed RA one month after full term delivery by caesarean section. In view of symptoms, diagnosed as case of <i>amavata</i> . She received Ayurvedic treatment <i>Simhanada guggulu, Pratapalankeshwara rasa, Dashamoola katutraya kashaya and combination of Swarnabhupati rasa, Tapyadi loha, Mahavatavidhvansa, Chopachini (Smilax china), Shunthi(Zinziber officinale) and Guduchi (Tinospora cordifolia)</i> for four months and course of kala basti (medicated enema) along with application of medicated oil (<i>Vishagharbha taila abhyanga</i>) and sudation (<i>bashpa sweda</i>) for ten days. Complete remission was seen after treatment for four months. The patient was free from oral analgesics. RA test titer that was 160 international units per milliliter (IU/ml) before treatment showed marked reduction (28.12 IU/ml) after 75 days of treatment and later dropped in normal range (6.1 IU/ml). Normal milestones were seen in the child receiving breast feeding. Application of Ayurvedic principles showed excellent results in this case where modern medical management options were limited due to lactation.
		In the present clinical study 32 <i>Amavata</i> (Rheumatoid arthritis) patients were registered. The treatment schedule was <i>Sneha pana</i> (Orally intake of Ayurvedic medicated oil), <i>Niragnik swedana</i> (Sweating by without heat), <i>Virechan karma</i> (Induced purgation by Ayurvedic procedure) and <i>Vardhaman Pippali Rasayan sevan</i> (Rejuvenation with orally intake of <i>Piper longum</i> mature dried fruit powder in gradual increased and decreased dose). In this clinical study 70% patients got major improvement, 30% patients got minor improvement, no improvement was nil and no one patient had got complete remission.
		<i>Amavata</i> is disease of <i>Rasavaha strotas</i> it is generally compared with Rheumatoid Arthritis. <i>Amavata</i> is the outcome of <i>Agnidushti, Amotpatti and Sandhivikruti</i> .
2	. Clinical Study On <i>Amavata</i> (Rheumatoid Arthritis) With <i>Virechen Karma</i> (Induced Purgation) And <i>Rasayana</i> (Rejuvenation) Therapy ¹⁶	
3	<i>Amavata</i> : Review Of Literature ⁶	

4	Amavata samprapti with special reference to rheumatoid Arthritis ¹⁸	The therapy which normalize Agni, Metabolizes Ama, and Regulates Vata and maintain healthy Sandhi and Sandhista Shleshma will be the supreme one for this disease Amavata Samprapti with Special Reference to Rheumatoid Arthritis” is reviewed through Ayurvedic classics in integration to modern medical facts in the causation and the course of the disease Amavata with reference to Rheumatoid arthritis The article is about the clinical study of 15 patients of Amavata (Rheumatoid arthritis)	12. Effect of Kshara Basti and Nirgundi Ghana Vati on Amavata (Rheumatoid Arthritis) ²⁶	(Ayurvedic paste medicine) applied locally over affected joints mixed with warm water twice in a day for 45 days. In present clinical study 40 % patients showed major improvement, 50% patients showed minor improvement, 10% patients showed no improvement and no one patient had got complete remission. No adverse drug reaction was found in this clinical study Kshara Basti is selected for the present study as Samshodhana process which corrects all of above captions. It is mentioned in Chikitsa Sutra described by Chakradatta. Nirgundi has Amavatahara property which is stated by Bhavaprakasha, considering which Nirgundi Patra Ghanavati is selected as Shamana drug. Total 50 randomly selected patients of Amavata were registered among them 45 were completed the treatment. Kshara Basti in the format of Kala Basti was given to these patients and Nirgundi Ghana vati was given for one month. Statistically significant improvement was found in ESR, RA factor (quantitative) and also highly significant results were found in symptoms of Amavata. Moderate improvement was seen in 40% of patients, 35.56% patients got marked improvement, while mild improvement was found in 24.44% of patients
5	A Clinical Study To Evaluate The Efficacy Of Hingwadi Churna And Rasnadashmula Kwatha In Amavata With Special Reference To Rheumatoid Arthritis ¹⁹	.The present study is aimed at finding effective treatment of Amavata. The drugs selected for managing the patients of Amavata were Hingwadi Churna and Rasna Dashmula Kwatha. In this clinical study patients got significant improvement and no complications were found during and after the clinical study.	13. Role Of Valukasveda And Vaitarana Basti In The Management Of Amavata (Rheumatoid Arthritis) ²⁷	In the present clinical study, 30 patients were selected and kept on Alambushadi Churna. All the patients were investigated for complete blood count, RA titer, ASO titer, CRP titer, urine routine, and microscopically, before and after treatment. The collected data was distributed according to age, sex, and prakruti, and a t-test was applied for the clinical assessment of the subjective and objective parameters of Alambushadi Churna. Clinical trial was carried out on 20 patients by using castor oil, Ruksha sweda (dry fomentation) and a polyherbal compound Ajmodadi churna. After three month of therapy quite improvement in symptoms of rheumatoid arthritis (Amavata) was observed. Also there was not any side effect of the drugs used.
5	A clinical evaluation of Alambushadi Churna (y.r.) In AMAVATA ²⁰	In the present clinical study, 30 patients were selected and kept on Alambushadi Churna. All the patients were investigated for complete blood count, RA titer, ASO titer, CRP titer, urine routine, and microscopically, before and after treatment. The collected data was distributed according to age, sex, and prakruti, and a t-test was applied for the clinical assessment of the subjective and objective parameters of Alambushadi Churna. Clinical trial was carried out on 20 patients by using castor oil, Ruksha sweda (dry fomentation) and a polyherbal compound Ajmodadi churna. After three month of therapy quite improvement in symptoms of rheumatoid arthritis (Amavata) was observed. Also there was not any side effect of the drugs used.	14. Clinical Evaluation On Management Of Amavata (Rheumatoid Arthritis) With Alambushadi Churna Tablet, Simhanada Guggulu And Shatapuspadi Lepa ²⁸	The aim of the study was to evaluate the role of selected drugs on Amavata or Rheumatoid arthritis. The treatment schedule was that 4 Alambushadi churna tablets orally thrice in a day with warm milk for 45 days (Each tablet containing 500 mg Alambushadi churna), 1 g Simhanada guggulu orally thrice in a day with warm water for 45 days and Shatapuspadi lepa applied locally over affected joints with warm water twice in a day for 45 days. In present clinical study maximum patient i.e. 65 % showed major improvement, 30 % showed minor improvement, 05 % showed no improvement and complete remission was nil. No complication was observed in the clinical study. Ama which is manifested due to derangement of Agni gets lodged in kapha-shtanas with the help of vitiated vyan vayu producing stiffness, swelling, tenderness, in the joint, making the person lame. Derangement of kapha dosha especially Shleshaka kapha in Amavata produces joint pain and swelling with tenderness which can be correlated with Rheumatoid Arthritis. The principles of management of Amavata are langana (fasting), swedana, drugs having tikta, katu rasa, deepana, virechan, snehapan, kshar basti which showed the therapeutic approach of Ama related disorders. In the present clinical study, 28 patients were selected and kept on Amrita Ghrita . All the patients were investigated for complete blood count (CBC), rheumatoid arthritis (RA) titer, Antistreptolysin O (ASO) titer, C-reactive protein (CRP) titer, platelet count, urine routine, and microscopic, before and after treatment. The collected data was distributed according to age, sex, and prakruti, and a t-test was applied for the clinical
6	Effect Of Castor Oil Along With Ajmodadi Churna & Ruksha Sweda In The Management Of Rheumatoid Arthritis Vis-A-Vis Amavata ²¹	Clinical trial was carried out on 20 patients by using castor oil, Ruksha sweda (dry fomentation) and a polyherbal compound Ajmodadi churna. After three month of therapy quite improvement in symptoms of rheumatoid arthritis (Amavata) was observed. Also there was not any side effect of the drugs used.	15. Concept Of Ama With Special Reference To Clinical Evaluation And Therapeutic View On Amavata (Rheumatoid Arthritis) ²⁹	
7	An Ayurvedic Approach To Rheumatoid Arthritis (Amavata) - A Case Study ²²	A female patient aged about 58yrs presenting with complaints of multiple joint pain, swelling of joints and morning stiffness of the joints is managed with combined therapy by Rasnasaptakam kashayam, Dasamoolahareetaki, Valuka Sweda, Sarvangaabhyanga, Virechana with Moorchita eranda taila is very effective in management of Rheumatoid Arthritis (Amavata). A female was suffering from multiple joints pain with swelling, severe morning stiffness, restricted movements, malaise, and Mandagni (poor appetite) for the past 1½ year, which was classified as Amavata/ RA (having 7/10 score as per the RA classification criteria, 2010). After Deepana - Pachana and Snehapana, Virechanakarma was done by the administration of Trivrita Avaleha and castor oil. The assessment was made on the basis of relief in signs and symptoms and serological findings of RA factor, C-reactive protein (CRP), immunoglobulin E (IgE), and erythrocyte sedimentation rate. After Virechanakarma, RA factor reduced from 94.0 IU/ml to 50.0 IU/ml, CRP reduced from 22.7 mg/L to 1.8 mg/L, and IgE was reduced from 680 kU/L to 53.7 kU/L, with remarkable reduction in joints pain and swelling In the present study, 24 patients of Amavata were registered and randomly grouped into two. In group A, Shiva Guggulu 6 g/day in divided doses and in group B, Simhanada Guggulu 6 g/day in divided doses were given for 8 weeks. On analysis of the results, it was found that Simhanada Guggulu provided better results as compared to Shiva Guggulu in the management of Amavata.	16. Management of Amavata with 'Amrita Ghrita': A clinical study ³⁰	
8	Management of Amavata (rheumatoid arthritis) with diet and Virechanakarma ²³	The treatment schedule was that 1gm Simhanada guggulu (Ayurvedic pill medicine) orally thrice in a day with warm water for 45 days & Shatapuspadi lepa		
9	Clinical efficacy of Shiva Guggulu and Simhanada Guggulu in Amavata (Rheumatoid Arthritis) ²⁴			
11	Clinical Study on Amavata (Rheumatoid Arthritis) with Simhanada Guggulu and Shatapuspadi Lepa ²⁵			

assessment of the subjective and objective parameters of 'Amrita Ghrita,' and it has shown significant reduction in the positivity of the RA titer ($t > 5.09$, at the 0.001% level), ASO titer ($t > 4.08$, at the 0.001% level), and CRP titer ($t > 4.82$, at the 0.001% level), and weight gain ($t > 5.12$, at the 0.001% level), as also an increase in Hb% ($t > 9.22$, at the 0.001% level), and platelet count ($t > 5.90$, at the 0.001% level), and decrease in ESR ($t > 9.70$, at the 0.001% level).

DISCUSSION AND CONCLUSION

As the word suggests, in *Amavata*, the pivoting entities in disease process are *Ama* and *Vitiated Vata*. Pathogenesis of *Amavata* is initiated by *Ama*, occupying various *Sleshma sthanas*, mainly joints. All the subtypes of *Vata* are involved either earlier or in the later stages of *Amavata*. All the *Nidanas* of *Amavata* ultimately results in *Vataprakopa* and *Mandagni* leads to production of *Ama* initiating further pathogenesis. *Amavata* is a broad spectrum disorder, where rheumatoid arthritis reflects only a minor segment of the whole set of features of *Amavata*. This work shares a new perspective of understanding the whole disease of *Amavata* with reference to Rheumatoid arthritis. Diagnosis of both *Amavata* and Rheumatoid arthritis remains a clinical one. Here cardinal features of *Amavata* and Rheumatoid arthritis were discussed along with its treatments mentioned in Ayurvedic classics, This article also enlightens about the various researches conducted in *Amavata* which will help the physicians to develop their own treatment protocols for management of *Amavata*.

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