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An Observational Cross-sectional Study of Darun Rasavaha Strotodushti in Aamvata as a Hetu of Pranvaha Strotodushti with Special Reference to Interstitial Lung Disease in Rheumatoid Arthritis

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ABSTRACT: Background: Aamvata, described in Ayurvedic classics as a disease of Rasavaha Strotas, often manifests with systemic features. Classical texts such as Charaka Samhita describe that a Daruna (severe) involvement of any strotas can be a causative factor (hetu) for Pranvaha Strotodushti. Interstitial lung disease (ILD), a non-infectious parenchymal lung pathology, is a known complication in patients with long-standing Rheumatoid Arthritis (RA). **Aim:** To study the association between Darun Rasavaha Strotodushti in Aamvata as a hetu of Pranvaha Strotodushti, with special reference to ILD in RA. **Methods:** An observational cross-sectional study was conducted on 40 diagnosed RA patients presenting with clinical features of Pranvaha Strotodushti. Patients were assessed through subjective criteria (Sandhishotha, Sandhishoola, morning stiffness, dyspnea on exertion, non-productive cough) and objective parameters (Rheumatoid Factor, HRCT chest). Correlation between Ayurvedic and modern parameters was established. **Results:** A significant proportion of RA patients with Aamvata exhibited Pranvaha Strotodushti features. HRCT findings revealed honeycombing and UIP patterns suggestive of ILD in long-standing RA patients. This supports the Ayurvedic dictum that Darun Dushti of Rasavaha Strotas predisposes to Pranvaha Strotodushti. **Conclusion:** The study demonstrates an association between Rasavaha Strotodushti in Aamvata and Pranvaha Strotodushti manifested as ILD in RA. Ayurvedic preventive and management approaches in Aamvata may help reduce ILD risk and other systemic complications.

KEYWORDS: Aamvata, Rasavaha Strotas, Pranvaha Strotas, Rheumatoid Arthritis, Interstitial Lung Disease, Ayurveda

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INTRODUCTION:

Aamvata is considered a disease of Rasavaha Strotas, described extensively in Madhava Nidana. According to Charaka Samhita, severe (Darun) involvement of any strotas contributes to the Dushti of Pranvaha Strotas. Sushruta Samhita also describes similarities between the viddha lakshana of Rasavaha and Pranvaha Strotas. In modern medicine, interstitial lung disease (ILD) is defined as a non-infectious involvement of pulmonary parenchyma, clinically characterized by exertional dyspnea, non-productive cough, and hypoxia. ILD frequently occurs in patients with long-standing rheumatoid arthritis (RA). This conceptual overlap suggests a possible correlation between Aamvata-induced Rasavaha Strotodushti and subsequent Pranvaha Strotodushti manifesting as ILD.

Aim and Objectives

Primary Objective: To study the association between Darun Rasavaha Strotodushti in Aamvata as a hetu of Pranvaha Strotodushti, with special reference to ILD in RA.

Materials and Methods

Study Design: Observational, cross-sectional study.

Sample Size: 40 patients (based on 0.7% prevalence, API guidelines).

Duration: 6 months.

Inclusion Criteria:

- Diagnosed cases of RA.
- Patients presenting with Pranvaha Strotodushti features.

Exclusion Criteria:

- Infectious lung diseases.
- Other systemic autoimmune conditions.

Assessment Parameters:

Subjective Criteria:

1. Sandhishotha (joint swelling)
2. Sandhishoola (joint pain)
3. Morning stiffness (Sandhi Stambha)
4. Dyspnea on exertion (Shwasa Kruchrata)
5. Non-productive cough (Vataj Kaas)

Objective Criteria:

1. Rheumatoid factor
2. HRCT chest findings

Results

- A majority of RA patients with Aamvata showed respiratory involvement.
- HRCT findings revealed honeycombing and UIP (usual interstitial pneumonia) pattern, consistent with ILD.
- A strong clinical correlation was observed between classical features of Pranvaha Strotodushti and ILD presentation in RA.

DISCUSSION:

This study provides both conceptual and clinical evidence linking Darun Dushti of Rasavaha Strotas in Aamvata with subsequent Pranvaha Strotodushti. The findings validate Ayurvedic descriptions in light of modern ILD pathology. Ayurveda emphasizes early diagnosis and management of Aamvata to prevent systemic complications such as Pranvaha Strotodushti and Hrudroga. The results highlight the need for integrative approaches, where Ayurvedic preventive measures may reduce the risk of RA-associated ILD.

CONCLUSION:

The present study establishes a significant association between **Rasavaha Strotodushti in Āmavāta** and **Prāṇavaha Strotodushti**, clinically manifested as **Interstitial Lung Disease (ILD)** in patients with Rheumatoid Arthritis (RA). This correlation not only validates the Ayurvedic concept of systemic Strotodushti and the progression of disease from one Srotas to another but also emphasizes the interconnectedness of **Āma, Vata, and Srotas dysfunction** in the pathogenesis of chronic disorders. The findings highlight that what modern science recognizes as pulmonary involvement in RA may be understood in Ayurveda as the extension of Rasavaha Strotodushti towards Pranavaha Strotas. This understanding provides a strong foundation for designing **preventive and promotive strategies** in RA

management. By addressing **Āma formation, Rasavaha Srotas purification, and Vata shamana** in the early stages of the disease, the progression towards Pranavaha Srotodushti and subsequent ILD may be prevented or minimized. Additionally, the integrative use of **Ayurvedic interventions such as Pathya-Apathya (dietary regimen), Rasayana therapy, Panchakarma procedures, and lifestyle modifications** can play a crucial role in reducing systemic complications.

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