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AYURVEDIC MANAGEMENT OF RAYNAUD'S SYNDROME SECONDARY TO INFLAMMATORY POLY ARTHRITIS VIA *UTTANA VATARAKTA* AND *SANDHI-SIRAGATA VATA* FRAMEWORKS: A CASE REPORT

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ABSTRACT

Raynaud's phenomenon (RP) is an episodic, vasospastic disorder typically characterized by digital vascular compromise following exposure to cold and/or emotional stressors, commonly associated with underlying autoimmune and inflammatory conditions. Its clinical presentation may significantly affect quality of life, particularly when associated with inflammatory polyarthritis. This case report details the successful remote Ayurvedic management of Raynaud's phenomenon secondary to inflammatory polyarthritis in a female patient presenting with cold-induced digital color changes, severe paresthesia, and joint pain. Clinical manifestations were correlated with *Uttana Vatarakta* and *Sandhi-Siragata Vata*. Intervention combined *Antaparimarjjana Chikitsa* (internal formulations such as *Rasna Saptakam Kwatha, Punarnnavadi Kwatham, Yogaraja Guggulu, Chandraprabha Vatika, etc.*), *Bahiaparimarjjana Chikitsa* (external therapies such as *Local lepa(paste application), abhyanga(oil massage), parisheka (*affusion*), sirodhara (pouring oil over the head in a continuous stream), etc.*), and *sodhana chikitsa* (purificatory treatments): *Virechana* (purgation). Treatments significantly reduced vasospastic attack frequency and severity, resolved numbness, and relieved polyarticular pain and morning stiffness. This study demonstrates a non-invasive, structured Ayurvedic protocol for secondary Raynaud's phenomenon that can be delivered via telemedicine, offering a practical integrative alternative when standard vasodilators or immunosuppressants are insufficient or poorly tolerated.

Keywords: Raynaud's phenomenon; inflammatory polyarthritis; *Uttana Vatarakta; Sandhi Gata Vata; Sira Gata Vata; Antaparimarjjana Chikitsa; Bahiparimarjjana Chikitsa; Sodhana; Virechana*

INTRODUCTION

Raynaud's phenomenon (RP) is an episodic, vasospastic disorder typically characterized by digital vascular compromise following exposure to cold and/or emotional stress [1]. This leads to a distinctive sequence of color changes in the digits. This presents as a classic triphasic color sequence in the digits: white from pallor due to restricted blood flow, blue from cyanosis owing to reduced oxygen supply, and red from erythema or rubor as blood flow resumes. Pallor indicates reduced blood flow due to oxygen

deprivation, while erythema appears as reperfusion. RP can be primary, with no identifiable underlying cause, or secondary, associated with other conditions. These conditions include autoimmune diseases, most commonly systemic sclerosis, vascular diseases, and neurological conditions[2]. The pathogenesis of RP involves a complex interplay between genetic, neural, vascular, and intravascular factors, and hormonal (estrogen) factors are likely contributors. Overall, the prevalence of RP in the general population is reported to be approximately 5%. The majority (80–90%) of individuals have primary ('idiopathic') RP (PRP), whereas secondary RP (SRP) can occur due to a broad range of medical conditions and drug-related causes. Diagnosis of Raynaud's phenomenon (RP) is primarily clinical. Primary RP is more common in females than in males, although males tend to experience a higher incidence of the disease early in life. Reported prevalence varies widely across studies (2.1%-22.4%) due to factors like geographic location, ethnicity, and differing definitions used[3]. As a result of vasoconstriction, pins-and-needles sensations, numbness, and finger aches or pain are common complaints during Raynaud phenomenon attacks. If the Raynaud phenomenon attack is severe, typically with secondary Raynaud phenomenon, digital ulceration of the tips of fingers and toes may occur due to prolonged vasoconstriction with subsequent tissue ischemia. Eventual gangrene or loss of digits may occur in severe forms of Raynaud phenomenon attacks. In general, Raynaud's phenomenon attacks are less severe in primary Raynaud phenomenon compared to secondary Raynaud phenomenon.

Poly arthritis refers to a joint disease that involves at least five joints. One or more signs of inflammation, including pain, movement restriction, swelling, warmth, and redness, are seen in the joints involved. Diseases associated with connective tissue disorders such as Raynaud's phenomenon and xerophthalmia, psoriasis, inflammatory back pain, symptoms of inflammatory bowel disease, viral infection, infectious diarrhea, and genitourinary infection should be checked in each patient[4].

Ayurvedic correlation to Raynaud's syndrome

Classical root texts offer several conditions that correlate with Raynaud's phenomenon (RP). The manifestations and symptoms of RP align closely with *Uttana vatarakta*, whereas RP co-occurring with inflammatory poly arthritis is compared to *Sandhi-Siragata vata*. Vagbhata describes *Uttana vatarakta* as a superficial variant of *Vata-Rakta* that predominantly impacts the *Twak* (skin) and *Mamsa dhatu* (muscle tissue)[5]. Given that *Vata* and *Rakta* serve as the primary *Dosha* (energy principles) and *Dhatu* (tissues)in its *Samprapti* (etiopathogenesis), *Pitta dosha* acts as a strong supporting factor to *Vata*. Additionally, because joints are predominantly governed by *Vata* and *Kapha* (*Vyana vayu-Shleshaka kapha*), the role of *Kapha* in these autoimmune conditions must also be considered. The main symptoms of *Uttana vatarakta* are itching, burning, pain, tightness and pulling sensation, bluish/reddish/coppery discoloration, and manifestation of pins and needles[5]. According to Charaka, when

Vata affects the *Siras*(vessels)*(Siragata vata)*, the symptoms are *Manda Ruk*(mild pain), *Sopham* (edema), *Sira sosham* (constriction of vessels), *Manda spandam* (lack of pulsation), *Supti* (pins-and -needles), and the symptoms of *Sandhigata vata* are *Sopham* (edema that resembles an inflated leather bag), *Prasarana-akunchana Vedana* (painful extension, flexion, or movement), etc.[6]

The treatment principle for *Uttana vatarakta,* according to *Charakasamhita*, is the *Alepana*(application of ointments), *Abhyanga* , *Parisheka* , and *Upanaha* (application of hot poultice). However, the suggested therapies are selected based on the quantity of *Ama* (undigested sticky, heavy sediment) accumulated, the *Dhatus* involved, *Vikalpa* (fractional) *Samprapti,* and the status of each *Srotas* (channels) involved. According to Vagbhata, when *Vata* is lodged in the *Sira* and *Sandhi* (joints), *Sneha* (oleation), *Daha* (fire cautery), and *Upanaha* treatments are ideal[7]. This case report describes the successful Ayurvedic treatment of a 45-year-old female diagnosed with Raynaud's syndrome and inflammatory poly arthritis, utilizing a combination of *Samana* (palliative) and *Sodhana* therapies.

AIM

To report the clinical application and therapeutic outcomes of Ayurvedic treatment principles specifically targeting *Uttana Vatarakta* and *Sandhi-Siragata Vata* in a patient presenting with Raynaud's syndrome secondary to inflammatory polyarthritis.

OBJECTIVES

Diagnostic & Pathophysiological Correlation: To document the clinical features of Raynaud's syndrome associated with inflammatory poly arthritis and map them to Ayurvedic etiopathological parameters (*Nidana, Doshic* predominances, *Srotodushti*, and *Samprapti* of *Uttana Vatarakta* and *Sandhi-Siragata Vata*).

Therapeutic Analysis & Evaluation: To detail the administered Ayurvedic herbal formulations and modalities, analyzing their pharmacological actions based on their bioenergetics in relieving microvascular vasospasm and articular inflammation.

Case presentation:

Present History of illness:

A 40 yrs old Caucasian female patient*(Pitta-Kapha Prakriti*) had an initial consultation at Kerala Ayurveda Wellness Center, California, on the 6th of July, 2023(It was an online consultation). She was clinically diagnosed with Raynaud's syndrome during the winter of 2022. She was living in Indianapolis, where the normal temperature during winter averages a high of 3.6 degrees Celsius and a low of -5 degrees Celsius [8]. Her chief complaints were joint pain and stiffness, which started in the elbows and anterior knee (bilateral). The other affected joints were ankles, lower back, bottom of feet, neck, and phalangeal joints. There was a burning pain initially, and later it became more stiff and painful. Pain in the phalangeal joints and elbows was worse at night (between 1 am and 2 am), whereas the stiffness was severe in the morning. O/E, there was swelling in her ankles and phalangeal joints (more on the right side), and her fingers were pale, and there was an occasional tingling sensation.

However, her ankle edema started three years ago.

Family History: Both parents were arthritic. All the blood work was normal except for the quantitative plasma D-dimer test, which was elevated(0.52 mcg/mL feu).

Past illnesses:

Seasonal Affective Disorder (SAD)- Diagnosed with SAD when she was a teen. Psychiatrist suggested Bupropion (300mg) in 2021, and she was taking it during the wintertime. She suffered from severe Menorrhagia and was on an IUD for the past 7 years. She hasn't had a proper cycle since 2015.

Table 1*: Samprapti Ghatakas* (factors of the disease pathogenesis*):*

Agni	*Vishama* (Variable)
Ama	*Prabhuta* (Severe)*(Kostagata &Dhatugata)*
Dosha	V, P, K
Dhatus and Malas (metabolic waste)	*Rasa, rakta, mamsa, asthi, majja, arthava, and purisha*
Srotas	*Rasa, rakta, mamsa, asthi, majja, arthava, purisha, and mano*
Sroto dusti lakshana (vitiated symptoms)	*Sangam* (Obstruction)
Ojas(vital glow for immunity)	*Ojo visramsa* (displacement)*and Ojakshaya*(depletion)
Udbhava sthana (origin)	*Amasaya* (Stomach)
Vyaktha sthana (site of manifestation)	*Sakha* (periphery) *(*mainly *sandhis)*
Rogamarga (route of disease/disorder)	*Madhyama* (moderate) *and Bahya* (external)
Sattwa Balam (mental strength)	*Madhyama*
Ssdhyasadhyata (prognosis)	*Yapya* (only manageable)

Table 2*: Ashta sthana pariksha* (Eight-point assessment)*:*

Nadi (Pulse)	Couldn't do it since it was an online consultation.
Mutram (Urine)	*Samam* (no abnormalities detected)
Malam (Stools)	*Sama purisha (v-k)(*moderate *ama).*
Jihwa (Tongue)	Thick coating, mild quivering, and inflamed (v, p, and k).
Sabda(voice)	*Sadharanam* (Normal)

Nadi (Pulse)	Couldn't do it since it was an online consultation.
Mutram (Urine)	*Samam* (no abnormalities detected)
Sparsa (Touch)	Couldn't do it since it was an online consultation.
Drik (Eyes)	Very mild *pitta* imbalances.
Akriti (Body frame)	*Madhyama* (moderate frame)

Informed Consent: Written Informed consent was taken form The patient before the treatment

Table 3: Schematic Representation of the Treatment Protocol at Each Visit :

Visits (Date& Duration)	Type of Chikitsa	Herbs/formulations
1st Visit 6/7/2023 Duration of treatment: 6 weeks	*Samana Chikitsa(Antaparimarjjana Chikitsa)*	*Punarnavadi Kwatham(10ml-0-10ml, before food with Ushna jala Anupana)(Kottakkal AVS)* *Rasna Saptakam Kwatham (5ml-5ml-5ml, before food, Ushna jala Anupana)(Kerala Ayurveda)* *Chandraprabha Vatika (1gm-0-0, before food, Ushna jala Anupana) (Kottakkal AVS)* *Yogaraja Guggulu Vatika (0-0-1gm, before food, Ushnajala Anupana) (Kottakkal AVS)*
	Samana (Bahiparmarjjana Chikitsa)	*Jatamayadi Churna Lepam (Kottakkal AVS) with Manjishta Kwatham(QS)* *Mahanarayana Tailam (Kerala Ayurveda)(local application at night)*
2nd Visit 16/8/2026 Duration of treatment: 8weeks	*Samana Chikitsa (Antaparimarjjana Chikitsa)*	*Punarnnavadi Kwatham (5ml-5ml-5ml, before food, Ushnajala Anupana)* *Rasnasaptakam Kwatham (10ml-0-0, before food, Ushnajala Anupana)* *Rasneirandadi Kwatham(0-0-10ml, before food, Ushnajala Anupana)* *Yogaraja Guggulu Vatika(0.5gm-0.5gm-0.5gm, after food, coriander decoction Anupana)* *Chandraprabha Vatika (1 gm at bedtime, Ushnajala Anupana)* *Nimbamritadi Eranda Tailam (3.7ml with warm water at bedtime) (Kerala Ayurveda)*

	Samana (Bahiparimarjjana Chikitsa)	*Mananarayana Tailam (Local abhyanga)* *Dasamoola+Manjishtadi Parisheka*
3rd Visit 27/11/2023 Duration of treatment: 8 weeks	*Samana Chikitsa (Antaparimarjjana Chikitsa)*	*Balaguluchyadi Kwatham(10ml-0-0, before food, coriander decoction anupana) (Kottakkal AVS)* *Rasneirandadi Kwatham (0-0-10ml, before food, Ushnajala Anupana)* *Kaisora Vatakam(1gm-0-1gm, before food, Ushnajala Anupana)(Kerala Ayurveda)* *Dasamoola Haritaki Lehyam(3.75 gm twice daily, after food, Ushnajala Anupana)(Kottakkal AVS)* *Dasamoolarishtam(30 ml at bedtime)(Kerala Ayurveda)*
	Samana(Bahiparimarjjana Chikitsa)	*Pinda Tailam* *Karpooradi Tailam (A mixture of these two oils for local abhyanga)* *Parisheka with Manjishta Kwatham.*
4th Visit 13/02/2024 Duration of treatment: 8 weeks	*Samana Chikitsa (Antaparimarjjana Chikitsa)*	*Maharasnadi Kwatham(10ml-0-10ml, before food,Ushnajala Anupana)(KottakkalAVS)* *Gugguluthiktham Ghritam Capsule(0.5gm-0.5gm-0.5gm, before food, cow's milk Anupana) (KeralaAyurveda)* *Dhanwantharam (101) Capsule(1gm at bedtime,Ushnajala Anupana) (KottakkalAVS)* *Prasaranyadi Kwatham(10ml at bedtime, cow's milk Anupana) (Kottakkal AVS)*
	Samana (Bahiparimarjjana Chikitsa)	*Pinda Tailam and Karpooradi Tailam Mixture for local abhynaga. (Kerala Ayurveda)* *Parisheka with Manjishta Kwatham*

5th Visit 27/04/2024 Duration of treatment: 8 weeks	*Sodhana (Antaparimarjjana chikitsa)*	*Guluchyadi Kwatham (Pachana and Deepana) (10ml-10ml-10ml, before food, Ushanajala Anupana)* *Manjishtadi Kwatham (Dosha Samana)(10ml-10ml-10ml, before food, Ushnajala Anupana)* *Thikthakam Ghritam (Accha Snehapana-7 days) (15ml-30ml-45ml-60ml-75ml-90ml-105ml)* *Nimbamritadi Eranda Tailam (Virechana)(30ml)* *Rasneirandadi Kwatham (Rasayana)(10ml-0-10ml, before food, Ushnajala Anupana)* *Ksheerabala (101) (Rasayana)(1gm bedtime with warm cow's milk Anupana)* *RG Forte Tablets (Dosha Samana)(1gm-0-1gm, before food, Ushnajala Anupana)*
	Sodhana (Bahiparimarjjana chikitsa)	*Dhanwantharam Tailam (Bahya Snehana-Abhyanga and Sirodhara)* *Bashpasweda (Sweda karma)*
6th Visit 08/07/2024 Duration of treatment: 8 weeks	*Samana (Antaparimarjjana Chikitsa)*	*Maharasnadi Kwatham(10ml-0-10ml, before food, Ushanajala Anupana)* *Gugguluthiktham Kwatham (5ml-0-5ml, before food, Ushanajala Anupana)* *Amalaki Rasayanam (5gm twice daily, after food, Ushnajala Anupana) (Kerala Ayurveda)* *Dhanwantharam (101) capsule (0.5gm -0-0.5gm, after food, cow's milk Anupana)* *Thikthakam Ghritam (5ml at bedtime, Ushnajala Anupana) (Kerala Ayurveda)*
	Samana (Bahimarjjana Chikitsa)	*Pinda Tailam- Abhyanga*

7th Visit 24/09/2024 Duration of the treatment: 8 weeks	*Sodhana (Antaparimarjjana chikitsa)* *(Dosages are similar to the first Sodhana karma. Snehapana was suggested only for 5days)*	*Guluchyadi Kwatham (Pachana and Deepana)(Kerala Ayurveda)* *Chandraprabha Vatika (Pachana and anulomana)* *Yogaraja Guggulu (Dosha Samana)* *Thikthakam Ghritam (Accha Snehapana- 5 days)* *Nimbamritadi Eranda Tailam (Virechana)* *Rasneirandadi Kwatham (Rasayana)* *Maharasnadi Kwatham (Rasayana)* *Ksheerabala (101) Capsule (Rasayana)* *RG Forte Tablets (Dosha Samana)*
	Sodhana (Bahiparimarjjana chikitsa)	*Dhanwantharam Tailam (Bahya Snehana-Abhyanga and Sirodhara) (Kerala Ayurveda)* *Bashpa sweda (Sweda Karma)*

Table 4: Observations and Results:

Visits	Main Symptoms	Results/ Response
1st Visit 6/7/2023 Duration of treatment: 6 weeks	Severe joint pain and stiffness(elbows, phalangeal joints, knees, lower back, neck, ankles, and the bottom of feet), occasional cracking sound, frequent tingling sensation and paleness of fingers, swelling in her ankles and phalangeal joints. Stiffness was more in the morning, and pain was worse at night. The right ankle was more swollen.	Upon starting the herbal regimen, the patient experienced an initial exacerbation of symptoms, marked by heightened pain, increased stiffness, and intensified swelling. But the symptoms slowly subsided, and she felt much better after 6 weeks. Appetite was also better.
2nd Visit 16/8/2026 Duration of treatment: 8weeks	Persistent symptoms included ankle edema, moderate morning stiffness (most pronounced in the neck and lower back), and intermittent finger paleness with tingling. Additionally, recurrent moderate-to-severe pain in the right knee (past Hx of an injury) disrupted her sleep.	Poly arthritic symptoms had come down. The swelling reduced, and there wasn't any cracking sound in the joints.

3rd Visit 27/11/2023 Duration of treatment: 8 weeks	Raynaud's syndrome symptoms have been bothering her lately. Tingling, coldness, and paleness of the fingers were aggravated by the cold weather in November. She developed some symptoms of Tennis elbow over the past few days. Her right elbow was swollen and painful. It worsened when she used the computer. Agni was showing a *vishama* tendency again.	*Agni* (Digestive fire) showed improvement, and the tongue coating decreased significantly. The patient reported improved mood and depression, along with the restoration of regular menstrual cycles.
4th Visit 13/02/2024 Duration of treatment: 8 weeks	Raynaud's symptoms showed minimal improvement, with noticeable redness appearing on the fingertips. The patient reported new emotional irritability, mild lower back discomfort, and minor sleep disruption driven by racing thoughts.	Some improvement in anger issues; appetite is very good, sleep was getting better, lower back ache was almost subsiding, and no other joint pain except the Raynaud's symptoms.
5th Visit 27/04/2024 Duration of treatment: 8 weeks	There was no further improvement in Raynaud's Syndrome symptoms. She had some spotting between periods and developed some skin rashes (red spots). Mind was calmer and felt a bit enthusiastic (SAD symptoms were better).	The patient's Raynaud's symptoms showed progress, accompanied by a reduction in *Pitta* imbalances. No other joint issues. Her sleep quality was good, and her SAD symptoms demonstrated marked improvement compared to before.
6th Visit 08/07/2024 Duration of treatment: 8 weeks	Occasional numbness in the fingertips and isolated tingling sensations.	The patient reported a 95% reduction in Raynaud's symptoms. Additionally, appetite, bowel function, energy, sleep, and overall health remained good.
7th Visit 24/09/2024 Duration of the treatment: 8 weeks	Persistent Raynaud's symptoms were reduced to 5%, with no recurrence of the characteristic waxy-white discoloration. Over the subsequent 8-week period, she experienced only occasional mild episodes of stiffness during Yoga practice.	Following the *sodhana karma*, the patient felt excellent. The administration of *Rasayana* herbs enabled complete relief from Raynaud's symptoms, while mentally she experienced heightened clarity, renewed energy, and vitality.

DISCUSSION:

Since Raynaud's syndrome and inflammatory poly arthritis come under autoimmune conditions, there are multiple *Vyadhis* (diseases) mentioned in Ayurvedic root textbooks that are correlated to them. In this case study, the patient lives in a very cold place, and her chronic history of other health issues and family history of arthritis played a pivotal role in manifesting Raynaud's syndrome associated with inflammatory polyarthritis. The *Tamo dosha* (darkness and dullness) of the mind, which led to the SAD symptoms as a teen, was the initial severe imbalance that she developed. The patient's *Agni* was highly fluctuating and affected her *Ojas* antagonistically. Depletion of the *Dhatus* due to chronic *Vata dosha,* associated with the other two *Doshas* and accumulated *Ama,* was the main reason behind the *Samprapti*. The patient's *Nidana* (causes) and *Asatmya* (unwholesome)habits—specifically consuming cold foods and raw salads during cold weather, alongside a high intake of *Madhura rasa pradhana ahara* (foods predominant in sweet taste)impaired *Agni*. This disruption triggered *Dosha* vitiation due to *Ama* accumulation within the *Rasa dhatu*, ultimately compromising nourishment of the subsequent *Dhatus*. Chronically impaired functional channels, including *manovaha srotas*, further depleted *Ojas*.

Were chronically affecting the *Ojas.* In the *Vikalpa Samprapti, Ruksha* (dryness of skin and hair), *seeta* (cold fingers), *Khara gunas* of *Vata* (joint cracking), *Sara* (inflammation), *Ushna* (heat), and *Drava gunas* of *Pitta* (formation of *Ama*), and *Guru* (swollen ankles and depression), *Hima* (occasional coldness and heaviness), *Manda* (depression and lack of motivation), and *Snigdha* (clammy joints) *Gunas* of *Kapha* were identified in the *Amsamsa Kalpana* of *Vikalpa Samprapti* and the treatment protocol was designed based on that. Her condition was correlated to *Uttana Vata Rakta* and *Sandhi-sira gata vata.* During each visit, her symptoms were thoroughly analyzed, and the improvements were recorded. *Desam*(place) and *Kalam* (season) had a strong influence on the *Doshas* and her mind.

Punarnnavadi Kwatham, Rasna Saptakam Kwatham, Chandraprabha Vatika, and Yogaraja Guggulu Vatika were suggested for *Sophahara* (anti-inflammatory*)*, *Anulomana* (regulating the vata), *Ama Pachana* (digestive),*Agni Deepana* (kindles the digestive fire), and *Dosha Samana* actions. The *Lepam* (paste application) followed by *Abhyanga* (oil massage) and later *Parisheka* (pouring the decoction) were based on the *Chikitsa Sutram* (treatment principle) of *Uttana vata rakta.* Since all the *Doshas* were involved in the *Samprapti*, the relevant suggestions had to balance the *Viparita gunas* (opposite qualities) of the aggravated doshas. *Jatamayadi Churnam with Manjishta Kwath* was anti-inflammatory and helped to increase the circulation through dilatation of the *Srotas* since the condition was correlated to *Uttana vata rakta*. It helped to reduce the swelling, stiffness, and pain. *Nimbamritadi Eranda taila* was suggested based on the *Pradhana* (main) *doshas,* and it helped to regulate the *Vata Dosha (Anulomana). Rasneirandadi Kwatham*

was suggested because of *Vata rakta lakshana* including swelling, *Balaguluchyadi Kwatham* helped in pacifying *Vata* and *Pitta* with a mild *Brimhana*(nourishing property), *Kaisoravatakam* was to alleviate the symptoms of Tennis elbow as it is *Lekhana* (scraping action), *Vedana Sthapana* (pain relieving), and *Anulomana, Ksheerabala* (101) and Dhanwantharam (101) were *Dhatu poshana* (tissue nourishing) and *Rasayana* (rejuvenation)in action and were suggested mainly to improve the integration of *asthi* and *Majja dhatus,* RG Forte (Rasna Guggulu) is an anti inflammatory, *Vata samana*, *Ushna virya* (hot potency) and has a combination of *Snigdha-rooksha gunas, Maharasnadi Kwatham and Gugguluthikthakam* were introduced as they both are excellent formulations for nourishing *Asthi* and *Majja dhatus,* Thikthakam Ghritam has specific action on *Pitta* and *Kapha*, and since it is in the *Sneha* form, it strengthens *vata*, *Amalaki rasayanam* was for improving the qualities of *Rasa* and *Rakta dhatus* and to support her *arthava vaha srotas, Dhanwantharam Tailam, Karpooradi Tailam, Mahanarayana Tailam, and Pinda Tailam* were recommended based on the predominances of the associated doshas to *Vata*. They have *Vedana sthapana*, *Sophahara*, *Asthi poshana*, *Sandhi sthairyata* (strength and firmness of the joints)*, and Rasayana karmas* (actions).

Rigorous adherence to specific *Ahara* (dietary) and *Vihara* (lifestyle) regimens was observed throughout the clinical management. The patient was advised to strictly avoid *Seeta* (cold) and *Ruksha* (dry) items, such as raw salads, chilled water, and frozen products. Her nutritional intake focused on *Laghu* (easily digestible) and freshly prepared vegetarian meals like *khichdi*. Adequate hydration was maintained through the use of *Agni dipana* infusions, specifically CCF (Cumin-Coriander-Fennel) tea. Furthermore, a daily practice of gentle restorative Yoga and *Praṇayama* was integrated. The synergistic effect of integrated *Samana-Sodhana* therapies, alongside these holistic modifications, resulted in a 98% resolution of pathological imbalances and significantly enhanced her functional quality of life.

CONCLUSION:

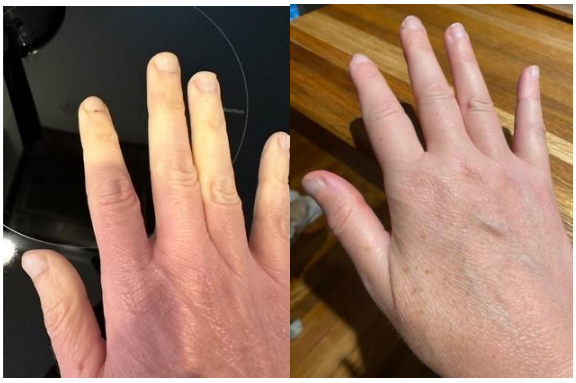
This case report underscores how the traditional Ayurvedic frameworks of *Uttana Vatarakta* and *Sandhi–Sira Gata Vata* can offer a valuable structure for comprehending both the vascular and musculoskeletal features of Raynaud's phenomenon alongside inflammatory poly arthritis. Interpreting clinical symptoms through these concepts allows for tailored therapeutic protocols. The patient's favorable response—marked by improvements in clinical parameters, functional capacity, and overall symptom management—indicates that targeting underlying *Vata–Rakta* dynamics, *Sira Dushti* (vitiations in the veins*)*, and *Sandhi* involvement holds promising therapeutic value for such intricate conditions. Nonetheless, because these findings are derived from a single case presentation, broader generalization is limited, highlighting the need for rigorous, systematic clinical studies to confirm the efficacy and scope of this intervention.

Limitations in this case study:

Because the patient resided in a U.S. state without a Health Freedom Act, all recommended Ayurvedic formulations and herbs were carefully chosen to prevent adverse or conflicting effects on her mind or body. Furthermore, because all clinical evaluations were conducted remotely via online consultations, *Virechana* represented the sole feasible *Sodhana karma* option for her *Chikitsa*.

Acknowledgements:

The author sincerely thanks the patient for her cooperation throughout treatment and follow-up and for consenting to the publication of this case report.

Image #1 (pictures sent by the patient during the initial stages of treatment).	
Image #2 (picture taken right after the second *sodhana (virechana)*)	

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