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Case Study

AYURVEDIC MANAGEMENT OF ANTISYNTHETASE SYNDROME INITIALLY TREATED AS *AMAVATA*

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ABSTRACT

Antisynthetase Syndrome (ASS) is a rare autoimmune disorder categorized under idiopathic inflammatory myopathies, characterized by the presence of anti-aminoacyl-tRNA synthetase antibodies. It commonly manifests with arthritis, interstitial lung disease (ILD), and myositis. However, in many patients, arthritis may be the sole or early manifestation, often leading to a misdiagnosis of seronegative rheumatoid arthritis. This case describes a 47-year-old male who was initially diagnosed and treated as seronegative rheumatoid arthritis in the line of *Amavata chikitsa* as per Ayurvedic principles. The patient responded remarkably well to Ayurvedic interventions aimed at *Amapachana*, *Agnideepana*, and *Vatashamana*. However, on further evaluation, the case was confirmed as Antisynthetase Syndrome, highlighting the diagnostic overlap between these autoimmune entities and underscoring the relevance of Ayurvedic treatment principles in alleviating inflammatory symptoms irrespective of nomenclature.

INTRODUCTION

Autoimmune connective tissue diseases often present with overlapping clinical features, making early diagnosis difficult. Antisynthetase Syndrome is one such rare entity within the spectrum of idiopathic inflammatory myopathies, identified by the presence of anti-synthetase antibodies, most commonly anti-Jo-1. The clinical triad of arthritis, myositis, and interstitial lung disease defines the syndrome, although arthritis alone may predominate for years before systemic features appear[2].

In Ayurvedic parlance, such inflammatory joint disorders with *Aamaja* and *Vatika* features correspond to *Amavata*[3]. The disease arises from *Agnimandya* (digestive impairment) leading to *Ama* (metabolic toxins) formation, which combines with *Vata dosha* and localizes in *Sandhis* (joints), producing *Shula* (pain), *Shotha* (swelling), and *Stambha* (stiffness). The initial clinical presentation of the present case aligned closely with *Amavata*, and the management was accordingly initiated on *Amapachana* and *Vatashamana* principles.

Subsequently, advanced investigations revealed features of Antisynthetase Syndrome, demonstrating how early autoimmune inflammatory presentations may overlap with the Ayurvedic concept of *Amavata*.

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Case Presentation

A 47-year-old male, lower-middle socio-economic background, presented with multiple joint pains, generalized swelling, and difficulty in mobility for two years. He reported loss of appetite, weight loss, and occasional breathlessness. The patient was already under treatment for hypothyroidism (5 years) and diabetes mellitus (10 years), both controlled with modern medication.

He had been earlier diagnosed as seronegative rheumatoid arthritis based on joint involvement, elevated ESR and CRP, and negative rheumatoid factor and anti-CCP antibodies. However, despite long-term use of NSAIDs, steroids, and DMARDs[4], relief was partial and unsatisfactory.

On examination, the patient showed dull appearance, mild pallor, pedal edema, restricted movements of small and large joints, tenderness, and

an antalgic gait. There was no clinical evidence of muscle weakness initially.

Laboratory investigations revealed:

- ESR: 85 mm/hr
- CRP: positive
- RF and Anti-CCP: negative
- ANA: positive (1:160 speckled pattern)
- Anti-Jo-1 antibody: positive
- HRCT chest: minimal basal interstitial changes suggestive of early ILD

Based on these findings, the final diagnosis was revised as Antisynthetase Syndrome.

Ayurvedic Correlation

The early phase of the disease clinically matched *Amavata* described in Ayurveda.

- *Nidana* (etiology): *Agnimandya, Guru-snigdha-ahara, Avyayama*
- *Dosha: Vata-Kapha predominant*
- *Dushya: Rasa, Rakta, Mamsa, Asthi*
- *Agni: Mandagni*
- *Srotas: Rasavaha, Asthivaha, Mamsavaha*
- *Samprapti: Ama combined with vitiated Vata lodging in Sandhi producing Shula, Shotha, Stambha*
- *Rogamarga: Madhyama*
- *Sadhyasadhyata: Kricchrasadhya*

Therapeutic Intervention

Given the predominance of *Ama* and *Vata*, *Samana Chikitsa* was initiated with *Deepana*, *Pachana*, *Anulomana*, and *Vatashamana* measures.

Symptom	Drug & Intervention	Duration	Response
Joint pain, swelling, heaviness	*Yogaraja Guggulu* 500 mg b.i.d, *Samshamani Vati* 1 t.i.d, *Sudharshana Ghanavati* 1 b.i.d	10 days	50% reduction in pain and swelling
Constipation, stiffness	*Gandharvahasthadi Taila* 15 ml at bedtime	3 days	Improved bowel movement, reduced stiffness
Persistent edema, stony hardness	*Lashunadi Vati* 250mg b.i.d, *Kanchanara Guggulu* 250mg b.i.d, *Dashamularishta* 15ml with 30ml water b.i.d	8 days	Reduction in swelling and pain
Maintenance phase	*Arogyavardhini Vati* 250 mg b.i.d continued with *Samshamani Vati*	3 weeks	Further improvement, improved appetite, regained vitality

Dietary advice emphasized *Laghu, Ushna, Deepana* foods, avoidance of curd, heavy and cold diet, and inclusion of *Trikatu*, *Jeeraka*, and *Hingu* in meals. Regular *Valuka Sweda* and *Langhana* were performed for 7 days.

Observations and Outcomes

After 3 weeks of treatment:

- Pain and swelling reduced markedly (Swelling grade from 3 → 1).
- Tenderness and stiffness subsided significantly (Tenderness 3 → 1).
- Improved appetite and sleep.
- Improved mobility and posture.
- ESR reduced from 85 to 38 mm/hr.
- CRP decreased from positive (+++) to weakly positive (+).

Despite the subsequent identification of Antisynthetase Syndrome, Ayurvedic management in the *Amavata line* contributed significantly to symptomatic relief and improved quality of life without adverse effects.

DISCUSSION

This case highlights the clinical overlap between Seronegative Rheumatoid Arthritis and Antisynthetase Syndrome, where arthritis may precede myositis or ILD. The patient was initially treated under the *Amavata chikitsa* protocol, addressing *Ama*, *Agni*, and *Vata* derangements.

Yogaraja Guggulu and *Sudharshana Vati* acted as potent *Amapachaka* and *Vatahara* drugs. *Samshamani Vati* functioned as an *Agnideepaka*, *Srotoshodhaka*, and *Rasayana*. *Lashunadi Vati* improved microcirculation (*Dhamani-prathichaya*), while *Dashamularishta* reduced *Shotha* and *Stambha*. These formulations together corrected *Agni*, eliminated *Ama*, and restored *Vata* balance.

Interestingly, in modern medicine, Antisynthetase Syndrome-related arthritis is often resistant to conventional therapy. The sustained symptomatic relief obtained through Ayurvedic management underscores its potential as a supportive or integrative approach in such autoimmune conditions.

CONCLUSION

This case demonstrates that Ayurvedic management based on *Amavata chikitsa* principles can yield substantial clinical improvement even in complex autoimmune diseases like Antisynthetase Syndrome. Although the final diagnosis was confirmed as ASS, the Ayurvedic approach focusing on *Amapachana* and *Agnideepana* effectively addressed the inflammatory pathology and systemic imbalance.

Hence, Ayurvedic treatment can serve as a valuable adjunct in the management of rare autoimmune syndromes presenting with arthritis-dominant features. Further studies and interdisciplinary research are warranted to explore the broader applicability and mechanistic insights of such approaches in autoimmune connective tissue disorders.

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