

Scope of specialty practice in Ayurveda: example from practicing Ayurveda rheumatology

Ayurveda has been perceived differently by people of different stakes. This perception is different for patients who are beneficiaries, physicians who are service providers, modern practitioners who see Ayurveda as no better than a placebo, the pharma sector seeing Ayurveda for its marketing potential, and policymakers feeling that Ayurveda could not yet be exploited fully in the global market. All of these views reflect the concerns of respective communities in terms of how Ayurveda is touching their lives. Unfortunately, none of these views is comprehensive and complete as there is an inbuilt opinion bias distorting the real perception.

What Ayurveda is? And how it is affecting the lives of the people? If this has to be genuinely observed, this should be done through a blinded assessment by someone who is actually not part of any of the communities we discussed earlier. When we look at conventional ayurvedic clinical practice in the country, we find it as a generalist practice done in an adjunct mode mostly for the conditions which are either non-serious or highly serious and therefore are given up by modern practitioners.^[1] In either of these conditions, people choose Ayurveda as a presumed help and not as a dependable intervention definitive of making a change in the existing pathology. This suggests that still there is a lack of dependability upon Ayurvedic medicines for many clinical conditions, despite a general opinion that Ayurveda is safe, slow-acting, and has a disease eradication potential.^[2]

Looking at specialty clinics in Ayurveda, however, gives us a different view of the entire scenario. Musculoskeletal diseases have been profoundly observed in Ayurveda clinics across the country. Although there is less number of people in Ayurveda who proclaim to be a specialist in musculoskeletal conditions including various autoimmune arthritic conditions, at least in some places in the country, it emerged as a vibrant example of how different Ayurveda could be when it is being taken up at the specialty level by digging deep into the pathogenesis, diagnosis, and choice of interventions for various musculoskeletal diseases.^[3] Ayurveda-Arthritis Treatment and Advanced Research Centre (A-ATARC) at Lucknow sets a bold and glaring example of how different Ayurveda could be when it reaches the specialty level. Enriched from the experiences of running an Ayurveda Arthritis Clinic (*Gathiya* Clinic) on a pilot basis for 3 years and by keeping a record of over 5000 beneficiaries belonging to various grades, intensities, and levels of joint pathologies, this clinic gave the

primary level evidence of the effectiveness of Ayurveda in arthritis. It also worked as a point of reference upon which something like a specialty center for Ayurvedic interventions in arthritis could have been imagined. A-ATARC got started in August 2021 as a fully funded project of the Ministry of AYUSH, Uttar Pradesh, India. Interim analysis of its 8 months of functioning so far has actually become an eye-opener. The center has seen over 1000 patients in this period belonging to various categories and levels of arthritis disorders. Of these, at least 40% of the patients were from places other than Lucknow and 5% were from other states and countries. More than 60% of the patients who visited A-ATARC had already taken the treatment under the guidance of a clinical immunologist, rheumatologist, or orthopedist. The period of this consultation was found to be as long as 20–25 years in a few cases and as short as 3–6 months in some others. The majority of the cases who had the modern treatment had it for 3–5 years. Repeated investigations, inadequate responses, and the high cost of the therapy were principal factors compelling the people searching for alternative remedies. The center has adopted the practice of making a dual diagnosis including modern and Ayurveda for every patient helping to know precisely how it is functioning in the overall healthcare scenario referring to musculoskeletal disease burden in the country. Ayurveda diagnosis here helped choose the precise interventions as per ayurvedic fundamentals, and modern diagnosis helped contextualize the patients in contemporary terms. The center has seen patients with rheumatoid arthritis (RA), osteoarthritis, spondyloarthropathy, reactive arthritis, post-traumatic arthritis, infective arthritis, gouty arthritis, and a variety of low backache cases during this period. Interim observation suggested high success rates of Ayurveda interventions adopted by the center in cases of RA, degenerative disc disease, and spondyloarthropathy. In these cases, patients' self-reported responses are as high as 80–90%. When compared with standard outcome measurement parameters adopted in RA, this is observed that in the substantial number of RA cases, erythrocyte sedimentation rate and C-reactive protein values reduce and the disease activity score (DAS) measured by counting the number of swollen and tender joints also reduces. Most remarkably, the patients with active RA treated with Ayurveda interventions used to have better constitutional features, which usually remain unaddressed in conventional treatment. As a result, an RA patient treated with Ayurveda intervention at the center used

to have a better appetite, sleep, and overall well-being. Most remarkably, the patients of RA who otherwise were reporting regular loss of weight are found to have an increase in weight after Ayurveda interventions. There had been individualization of drugs, their dosage, and duration of the treatment. It is observed that maximum responses are obtained after 3–6 months of therapy and subsequently it reaches a plateau phase. Patients with spondyloarthropathy including ankylosing spondylosis are also found to get better responses from Ayurveda interventions. It is commonly observed that those having a short history of the disease usually respond well compared with those having a long history. In Ayurveda clinics, usually patients come only when they are either prognosticated or are recommended with high-end treatments. As the perception of Ayurveda is now changing, at A-ATARC, now we have started seeing the patients of joint-related symptoms as early as in the first 3 months of their onset.

The center got involved in various remarkable patient-centric activities aiming toward a better diagnosis and intervention for non-responders,^[4] providing a moral boost to all having intractable conditions by breaking the psychological barriers,^[5] focussing on the specific causes of the disease such as obesity and helping the people overcome the causes in real-world ways,^[6] and initiating a morning prayer involving everyone including the patients to build better morale.^[7] Further, the center also envisioned of empowering the people with some home-based therapeutic plans where the center acts as a facilitator. Various local treatments such as *bahukaweda*, *januvasti*, *kativasti*, and *prishtavasti* are actually explained and demonstrated to the concerned people for some time till they learn it by doing it at home by themselves.

The outcomes of this focussed and thematic Ayurvedic approach to arthritis were highly gratifying. The center as a consequence got involved in highly sophisticated research activities to explore the mechanistic details of various interventions of Ayurveda in arthritis. Such activities involve metabolomics studies and profiling of immunomodulating potential of certain Ayurveda formulations including CD4 and CD8 counts and NK cell activity measurements. Having a modest beginning 4 years back, in the form of an unstructured, amorphous clinic looking after the arthritis patients, today it emerged as a dedicated center for treatment, research, and human resource production related to Ayurveda interventions in arthritis. This is one example of how Ayurveda can be truly different when it is looked at and felt at a deeper level and how it is able to change the lives of people with a better note.

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Conflicts of interest

There are no conflicts of interest.

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