

Ayurvedic Interventions in Amavata: A Case Study

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Abstract

Amavata is an *Ama pradoshaja vikara*, caused by *Agnimandya*, which leads to accumulation of *Ama* in *Shleshmasthanas* and *Prakopa* of *Vata dosha*, resulting in pain, stiffness and swelling of joints, which closely resembles the chronic inflammatory autoimmune disorder called Rheumatoid arthritis. Prevalence of rheumatoid arthritis is approximately 0.8% worldwide and 0.5-0.75% in India. Materials and Methods: A 42 years female presented with pain in multiple joints, tingling sensation in both hands, difficulty in walking associated with swelling and stiffness since 2009 was diagnosed as *Amavata*. The patient was treated with *Valuka Pottali Sweda*, *Yoga Basti* with *Saidhavadi Matra Basti* and *Erandamuladi Niruha Basti* along with *Rasayana* and oral medications. Results: There was a significant improvement in overall symptoms. Conclusion: Contemporary medicine offers DMARDS and steroid medications for very long time as it is Auto immune condition. Whereas on other hand *Panchakarma* therapies can target on root cause of the disease and provide more promising results.

Keywords: *Amavata*, *Rheumatoid Arthritis*, *Panchakarma*, *Ayurveda*, *Basti karma*

I. Introduction

Rheumatoid arthritis is a chronic, systemic inflammatory polyarthritis autoimmune disease that primarily affects small diarthrodial joints of hands and feet in symmetrical pattern^[1]. The etiology is unknown. But genetic and environmental factor plays important role in pathogenesis of disease. Pathological changes mediated by autoantibodies, produces synovitis caused by secretion of cytokines. Clinical phenotype of RA is symmetrically deforming small & large joints associated with systemic disturbance and extra-articular disease prevalence of Rheumatoid arthritis is approximately 0.7% in India^[2]. *Amavata* and rheumatoid arthritis share the same pathophysiology and symptoms, hence

the condition can be managed by using *Amavata Chikitsa Siddhanta*.

Amavata is the one such disease, where *Agni dushti* plays vital role in the pathogenesis of the *Vyadhi*. Due to *Nidana sevana* i.e., *Viruddhahara* mainly *Viruddha Cheshta* and *Snigdha Ahar Sevan*, who have *Mandagni* and do not indulge in physical activity, indulging in physical exercise immediately after eating oily foods, *Ama* and *Vata* get aggravated simultaneously and get lodged in *Kaphashaya* resulting in stiffness, pain and inflammation. When the *Ama* is generated due *Jatharagni Mandya*, it will produce symptoms like pain and heaviness of the body, anorexia fever, indigestion etc. In later stage, due *Dhatwagni mandya*, the *Ama* will cause painful swelling in joints of hands, legs, ankle, sacrum, knees and thighs^[3]. And later it will lead to *Upadrava* like insomnia, *Bhrama*, *Murcha*, *Trushna* and *Anaha*.

Contemporary medicine includes NSAIDs, steroids, and disease modifying anti-rheumatic drugs (DMARDs) for long term uses and have severe side effects. Whereas *Acharya Chakradatt* mentions the basic line of treatment as *Langhana*, *Swedana*, *Deepana*, *Virechana*, *Snehanpana* and *Basti* is the for *Amavata*^[4]. *Ruksha Sweda* with *Valuka Pottali* is the specific *Swedana* mentioned by *Acharya Chakradatt*. In the present study, *Chikitsa sutra* of *Amavata* which have been mentioned by *Acharyas* are applied to prove the efficacy of *Ayurveda* treatment in the management of rheumatoid arthritis.

II. Case Report:

Chief complaints

Pain in multiple joints, difficulty while walking, tingling sensation in both hands associated with reduced joint movement at shoulder and elbow joint along with inflammation, morning stiffness for 30 min.

History of present illness

A female patient aged 42 years visited the OPD of *Panchakarma*, *Shri Eknath Ayurveda*

Rugnalaya, Shevgaon, Ahmednagar, Maharashtra, India. Patient was diagnosed with RA in 2009 since then she took various medications and treatment at various places but didn't get specific relief or else got temporary relief for some time. The health deteriorate and condition get worsens day by day as loss of appetite, weight loss, constipation for 3 days, body ache, stiffness. So, now for 3 months patient is taking Ayurvedic treatment.

History of Past illness: k/c/o Renal Calculi since 2012

Family History: Not significant

Personal History: shown in table no. 02

Table 1: Vitals:

Name : xyz
Age: 42 years
Marital status: Married
Occupation : farming and household
BMI : 18.7 kg/m2(borderline underweight)
Religion :Muslim

Table 2: Personal History

Ahara: mixed diet
Nidra: 15-20 min sound sleep then disturbed sleep
Vyayam: no specific
Vihar: diwasapa, excessive work in water
Menstrual history: regular, scanty, painful

Vyasan : no specific

Table 3: Ashta sthana pariksha

Nadi	Vata kaphanubandhi, Hamsa gati
Mala	Earlier- 3 days constipation
Mutra	Samyak
Jivha	Saam
Shabda	Sapashta
Sparsha	Ushna sparsha
Drik	Pallor +
Akruti	Madhyam

Table 4: Dashvidha Pariksha

Prakriti: Kapha vata
Vikriti: Kapha vata pradhana tridosha
Sara: Rakta asthi majja alpa
Samhanana: Madhyama
Satva: Madhyama
Satyma: Madhura amla katu rasa
Ahara shakthi: Avara
Vyayama shakthi: Avara
Vaya: Madhyama (42 years)
Pramana: BMI: 18.7 kg/m2

Systemic Examination

Cardiovascular System: S1S2 audible, NAD

Respiratory System: AEBS, NAD

Gastrointestinal System: p/a soft, NT.

Table 5: Musculo-skeletal system

	B/L Knee joint	B/L ankle joint	Small joints of hand	B/L Shoulder joint
Inflammation	Present	Present	Present	Present
Deformity/crepitation	Present	Absent	Absent	Present
Tenderness	Present	Present	Present	Present
Temperature	Warmth	Warmth	Normal	Warmth
Range of movement	Restricted	Painful	Restricted	Restricted

Table 6: Nidan Panchak

Nidana	Aharaja: Snigdha, Abhishyandi atisevana, Aiti sheeta aahar sevana (fridge items) Viharaja: Divaswapna after taking food
Purvaroop	Agnimandya, aruchi, aalasya, jwara
Roopa	Anga gourava, Shoola shotha and Stabdata in multiple joints.
Upashaya	Summer season, afternoon hours, immersing joints in hot water
Anupashaya	Winter & Rainy season, cold water immersion of joints.

Table 7 : Treatment protocol adopted

Shodhan Chikitsa	Shaman Chikitsa
1. Valuka Pottali sweda for 8 days	1. Vishatinduka vati 2 tab BD
2. Matra Basti with Saindhavadi Taila	2. Lasunadi vati 2 tab BD
3. Niruha Basti with Erandamuladi Niruha in modified pattern.	3. Bramhi vati 2 tab BD
4. Pippali vardhaman Rasayan for 10 days	4. Cap Palsineuron 1 tab BD
	5. Prasarnyadi Kashaya 10 ml BD

Table 7: Showing Contents of Saindhavadi basti and Erandamuladi Niruha Basti

Matra Basti^[5]		Niruha Basti^[6]
Saindhavadi Taila	80 ml	Makshik : 80 ml
Shatpushpa kalka	5 gm	Saindhav : 10 gm
Saindhav	5gm	Sneha : Saindhavadi Taila – 70 ml
		Kalka : Putiyavanadi Kalka – 10 gm
		Kwath : Erandamooladi+ Rasna – 300 ml
		Avap : Gomutra – 30 ml

Table 8 : Showing Yoga Basti plan

Days	1	2	3	4	5	6	7	8
Matra Basti	Saindhavad i taila 80 ml	-	Saindhavad i taila 80 ml	-	Saindhavad i taila 80 ml	-	Saindhavad i taila 80 ml	Saindhavad i taila 80 ml
Niruh a Basti	-	Erandamulad i Basti 500 ml	-	Erandamulad i Basti 500 ml	-	Erandamulad i Basti 500 ml	-	-

Assessment

The results were assessed on the basis of clinical sign and symptoms mentioned in *Ayurvedic* classics as well as 2010 ACR/EULAR classification criteria for RA (total score - >6 defines RA)^[7].

Table 9 : Scoring of the symptoms

Grade	Sandhi shola	Sandhi shoth	Sandhi stabdata
0	No pain	No swelling	No stiffness
1	Mild pain with flexion and extension	Visible swelling but no loss of joint contour	5 to 30 mins
2	Moderate pain with much difficulty in flexion & extension	Swelling with loss of normal joint contour	30 mins to 1 hr
3	Severe pain with restricted movements	Frank cystic swelling of joint	1hr to 2 hrs
4	---	---	More than 2 hrs.

III. OBSERVATIONS AND RESULTS

Table 10: Showing Treatment Plan

Days	Treatment	Observations
D1-D7	Patra Pinda Sweda with Vishagarbha Taila	Pain and swelling reduced by 20%
D7-D20	Valuka Pottali Sweda + Yoga Basti	Pain, swelling, stiffness reduced by 50% Range of movement restricted. Pt experienced spike of fever due to climatic changes so basti kala prolonged.
D21-D40	Shaman Aushadhi with diet and lifestyle modifications	Symptoms slightly aggravated, restricted movements

D41-D50	<i>Valuka Pottali Sweda + Yoga Basti + Nasya</i>	Marked reduction in pain, swelling, stiffness Absence of night awakening Heaviness reduced; appetite increased. Urgency for micturition reduced. Can raise hands till head level and comb hairs
D51-D60	<i>Shaman Aushadhi</i>	70-80% relief from overall symptoms.

Table 11: Showing Overall Assessment

Assessment criteria	Before treatment	After treatment
<i>Sandhi shola</i>	Grade 3	Grade 1
<i>Sandhi shotha</i>	Grade 1	Grade 0
<i>Sandhi stabdhata</i>	Grade 2	Grade 1
<i>Abhayavaran shakti</i>	<i>Avara</i>	<i>Madhyam</i>
<i>Jaran Shakti</i>	<i>Avara</i>	<i>Madhyam</i>
RA factor	112.65 IU/ml	60.02IU/ml
CRP	38.97mg/dl	7.2 mg/dl
EULAR score	10	8

Result

All signs and symptoms showed a significant improvement, and there was a significant decrease in pain, swelling, stiffness and restricted movements. During the course of treatment, appetite was increased and bowel habits were established. The patient stopped taking modern medications like NSAIDs, HCQs, etc. and continued taking oral *Ayurvedic* medications like *vishatinduka vati*, *lasunadi vati*, *bramhi vati*, *cap.palsineuron*, *prasarnyadi kashaya*.

Discussion

Patient was treated methodically as per *Chikitsasutra of Amavata*-

a. *Langhana*^[8] - Beginning of *Amapachana*. The most vital step is *Amapachana* as *Ama* formation is a fundamental causal factor in *Amavata*. Intake of *laghu ahar* is beneficial as *amavata* is *amashayottha vyadhi* and *rasaj vikar*. *Saam dosha* cannot be eliminated until *aam* attains *pakwa awastha*.

b. *Valuka Sweda*^[9] - *Ruksha sweda* is advised for the digestion of *aam*. It helps in liquification of *dosha* & transporting them from *shakha to kosta* for further elimination via *shodhan karma*.

c. *Katu, Tikta, Deepan Aushadhi* -It improves status of *agni* & enhances its action. *Katu - Tikta rasa* increases salivary & gastric secretions acts as *Vatanulomak*. These *rasas* are having antagonistic properties that subsides *aam* & *kapha dosha*.

d. *Basti Karma* - The most effective form of treatment for vitiated *Vata Dosha* is *Basti*. *Vata Dosha* has a major part in the development of all diseases. *Matra Basti with Brihat Saindhavadi Taila* is mentioned by *Chakradatta* that corrects *rukshata* and reduces *vata dosha*, does *agnideepan*, nourishes the body. The

contents of *Niruha Basti* perform karma of *yogavahi, sukshmagami, malabhedhan, anuloman, tridoshahara*, and gives potency to colon. Pain, stiffness, and swelling are thereby reduced by controlling the *Vata Dosha's* movement.

By regulating the immune system, *Basti Karma* may function to avoid autoimmune reactions in the body. They may also work to clear out free radicals, preventing cellular damage brought on by free radicals^[10].

IV. CONCLUSION

Amavata is the chronic, joint inflammatory condition with multisystem involvement which requires early recognition along with effective long-term treatment. Through *Ayurvedic* medicines the patient's quality of life can be improved with the less side effects. Present study is the case report which had shown marked results in the symptoms and patient had reduction in recurrence of symptoms. *Ayurvedic* management with *Panchakarma* and *erbo - mineral drugs* as described in classical texts is helpful in giving significant relief in signs and symptoms of the disease *Amavata* (Rheumatoid Arthritis), thereby improving quality of life. So, this kind of approach can be taken for treating further cases of *Amavata*.

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