

An Ayurvedic Management Towards Amavata (Rheumatoid Arthritis) - A Single Case Report

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ABSTRACT

Amavata is a *krichrasadhya* disorder which affects the daily life of an individual. It is a disease of *Madhyam roga marga*. It is a common disorder which is produced due to vitiation of *vata dosha* along with aggravation of *ama* in body. The etiopathogenesis of the disorder is it disturbs digestive fire causing impairment & accumulation of bio toxin (*ama*) in *shleshmasthana*, further it blocks the *rasa vaha* and *asthivahastrotas* and which results ultimately into “*Amavata*”. On the basis of clinical manifestation “*Amavata*” can be co-related with Rheumatoid Arthritis. As according to Modern science Rheumatoid arthritis is a chronic symmetrical arthritis with systemic involvement having symptoms like – involvement of small and large joints, stiffness, pain, swelling, deformity etc. The modern science management involves – Non – steroidal anti – inflammatory drugs, Glucocorticoids, DMARD’s etc. The long-term use of these drugs has some side effects along with temporary relief. Due to this reason the *Chikitsa siddhanta* of *acharya chakradutta* was applied by using *katu – tikta dravya*, *deepan – pachana dravya*, various *vata kapha shamka dravya*, *snehana – swedana* procedure. *Panchkarma* is very important and one of the eminent treatments explained in classical text. In this case study patient was given *Shodhana* therapy with *Erandmooladi Niruha Basti* and *saidhavadi Taila Anuvasana Basti* along with *Shamana Chikitsa (Bhasma Vati)*. The patient got marked relief from this treatment. By doing these modalities “*Amavata*” was successfully treated and marked improvement with the help of subjective and objective parameters. During this treatment no adverse reaction was found.

KEYWORDS: *Amavata*, *shleshmasthana*, *Rheumatoid arthritis*, *Amachikitsa*, *panchakarma*.

INTRODUCTION

“*Amavata*” is a disorder of *Madhyam roga marga* along with the involvement of *asthivaha* and *rasavaha strotas*. It is derived from two major pathogenic constituents – “*Ama*” and “*Vata*” i.e it is due to vitiation of *Vata dosha* and *ama*. The *Prakupita Vata dosha* carries *ama* & accumulate it in *Sleshmasthana (thrik sandhi)*.^[1] and different *Dhamani* resulting into *Strotavrodha*. It further ends into severe pain in joints (*Sandhi shool*), swelling (*Sandhi shotha*), fever (*Jwara*), stiffness (*Stambhta*) and deformity.^[2] along with other associated symptoms like Body ache, Anorexia, Drowsiness, indigestion etc. In contemporary science Rheumatoid

Arthritis can be correlated with *Amavata* on the basis of clinical presentation. The Rheumatoid Arthritis is a disorder in which inflammatory synovitis persists.^[3] It involves peripheral joints is in symmetrical distribution. Before the appearance of synovitis, there is involvement of some non – articulate features also like anorexia, weakness and other musculoskeletal symptoms.

The Prevalence rate of this disease is 0.5% – 1% of the population and Male – Female ratio is 1:3.^[4] It is developed in the age group of 35 – 50 years in 80% cases. This dreadful disease has been increasing day by day and the numbers of patients suffering from

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this disorder are fond of better line of treatment. The management of contemporary science include Immunosuppressant therapies, Glucocorticoids, NSAID's etc. These medications have no curative use and only target is to improve the quality of life of the patient. Also these drugs are more prone to cause toxicity in the body. In *Ayurvedic* texts detail description had been mentioned for the management of *Amavata*. According to *Acharya Chakradutta* the line of treatment of *Amavata* includes *Langhan, Swedana, Virechana, Snehpana, Basti, Deepaniya dravya* and *Katu – Tikta rasa dravya*.

MATERIAL AND METHOD

➤ Case report

A female Patient about the age of 46 year visited in OPD of Kayachikitsa with OPD no.20|228-034 and IPD NO-20|22400267 at Department of Kayachikitsa, M.S. Ayurved Medical College, Gondia

Here the complaints presented by her are – Multiple joint pains especially B/L knee joint and shoulder joint since 2 years, Difficulty in walking and standing, Morning stiffness more than 60 minutes and joint swelling, Unable to put pressure on foot.

➤ History of present illness

Patient was asymptomatic 18 years back than she developed joint involvement especially small joints of hand along with morning stiffness. Due to this condition, she faces difficulty in working. Also, she developed B/L pain and swelling in knee joint, shoulder, wrist joint and ankle joint. There was restricted movement of interphalangeal joint, knee joint, wrist joint, ankle joint along with some other associated symptoms like – weight loss, anorexia, heaviness, indigestion, muscle weakness. To get relief from these complaints, she went for allopathic treatment as well as homeopathic treatment. The analgesics were also taken by patient during severe pain. When she took medications, she got temporary relief but when she withdrew it, again similar symptoms were developed.

➤ History of past illness

No Relevant Past history of DM, HTN or any other chronic disease. There is H/O taking NSAID'S and Homeopathic treatment

➤ Family history

Maternal Aunt – H/O RA.

➤ Personal history

- Marital status – Married.
- Occupation – Teacher.
- Diet – Vegetarian.
- Appetite – Low.
- Sleep – Disturbed due to pain.
- Bowel – Normal 1 – 2 times / day.

- Micturition – 3 – 4 times / day.
- Addiction – No addiction.
- Menstrual history – a) Regular b) Menarche – 15 years. c) Duration of cycle – 4 to 5 days.
- d) Interval – 30 days. e) Bleeding – 2 to 3 Pads / day, no clot and fowl smell.

➤ General examination

- Patient was conscious and stressed due to pain.
- Blood Pressure – 140/80 mm of Hg.
- Respiration rate – 19/min.
- Pulse rate – 79/min.
- Weight – 66 kg.
- Temperature – Afebrile.
- Built – Lean.

➤ Examination of locomotor system

- Inspection – Joint was prominent, Muscle wasting was present.
- Movement – Restricted movement of interphalangeal joint, MCP joint, knee joint, wrist joint and ankle joint.
- Pain – B/L knee joint, wrist joint, PIP joint, MCP joint and ankle joint.
- Swelling – Present over Interphalangeal joint, Metacarpophalangeal joint and B/L knee joint.
- Crepitation – Present in B/L knee joint.
- Tenderness – B/L knee joint, shoulder joint, wrist joint, PIP joint, MCP joint.
- Joint deformity – Present – Proximal interphalangeal joint (right hand) of index – middle finger – ring finger, PIP joint (left hand) of index – middle finger, Proximal interphalangeal joint was flexed and distal joint was extended (Boutonniere deformity).
- Local rise of temperature – Present.
- Gait – Limping.

➤ Ashtavidha pariksha

1. *Nadi* (Pulse) – 78 / min.
2. *Mala* (Stool) – *Nirama* (1 – 2 times / day).
3. *Mutra* (Urine) – *Prakritika* (3 – 4 times / day).
4. *Jihva* (Tongue) – Coated.
5. *Shabda* (Voice) – *Prakritika*.
6. *Sparsha* (Touch) – *Shamshitoshana*.
7. *Drika* (Eyes) – *Prakritika*.
8. *Aakriti* (Body shape) – *Krishna*.

➤ Dashvidha pariksha

1. *Prakriti* (Constitution) – *Vata kapha*.
2. *Vikriti* – *Vata pradhana Kapha anubandha, Dushya – Rasa*.
3. *Sara* – *Asthisara*.
4. *Sehnana* – *Madhyama*.
5. *Satva* – *Madhyama*.
6. *Satmaya* – *Sarwarasa*.

7. *Pramana – Hina.*
8. *Vaya – Madhya awastha.*
9. *Ahara Shakti – Avara.*
10. *Vyamshakti – Avara.*

➤ **Assessment criteria**

1. Subjective criteria
2. Objective criteria

1. Subjective criteria**Table no.1**

S. No.	Symptoms	Severity	Grade
1.	Pain	<ul style="list-style-type: none"> • No Pain • Mild Pain • Moderate Pain • Severe Pain 	0 1 2 3
2.	Stiffness	<ul style="list-style-type: none"> • No Stiffness • 5min – 2 hrs • 2 hrs – 8 hrs • >8hrs 	0 1 2 3
3.	Swelling	<ul style="list-style-type: none"> • No Swelling • Mild Swelling • Moderate Swelling • Severe Swelling 	0 1 2 3
4.	Tenderness	<ul style="list-style-type: none"> • No Tenderness • Mild Tenderness • Moderate Tenderness • Severe Tenderness 	0 1 2 3

2. Objective criteria

➤ Investigations –

- Hb.
- ESR.
- RA Factor.
- CRP.
- Serum Uric Acid.

➤ **Chikitsa**

1. *Nidana parivarjana.*
2. *Bahya Chikitsa* (External treatment)

Table no. 2

S. No.	Procedure	Duration.
1.	<i>Valuka seweda</i>	15 days
2.	<i>Erenda sneha for abhayanga</i>	15 days

1. *Abhyantra chikitsa* (Internal treatment)

Positive	1
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Basti Schedule

In *Kaal Basti*, ten *Anuvasana* and six *Niruha Basti* were given, beginning with one *Anuvasana Basti* followed by six *Niruha Basti* and five *Anuvasana* alternatively and at last four *Anuvasana Basti* were instilled.

Table 6: Kaal Regimen of Basti ^[12]

1st Day <i>Anuvasana Basti</i>	2nd Day <i>Niruha Basti</i>	3rd Day <i>Anuvasana Basti</i>	4th Day <i>Niruha Basti</i>
5th Day <i>Anuvasana Basti</i>	6th Day <i>Niruha Basti</i>	7th Day <i>Anuvasana Basti</i>	8th Day <i>Niruha Basti</i>
9th Day <i>Anuvasana Basti</i>	10th Day <i>Niruha Basti</i>	11th Day <i>Anuvasana Basti</i>	12th Day <i>Niruha Basti</i>
13th Day <i>Anuvasana Basti</i>	14th Day <i>Anuvasana Basti</i>	15th Day <i>Anuvasana Basti</i>	16th Day <i>Anuvasana basti</i>

Composition of Erandmooladi Niruha Basti**Table 7: Erandmooladi Niruha Basti^[8]**

Ingredient	Quantity
<i>Madhu</i>	80 ml
<i>Saindhavalavana</i>	5 gm
<i>Tiala taila</i>	120 ml
<i>Kalka</i>	40 gm
<i>Kwath</i>	160 ml
<i>Gomutra</i>	80 ml

Kalka Dravya– *Shatahaba, Hapusha, Priyangu, Pippali, Madhuk, Bala, Rasanjan, Vatsaka Musta*

Kwath Dravya– *Erandmool, Palash, Lagupanchmool, Rasna, Ashwagandha, Atibala, Guduchi, Punarnava, Aragwadha, Devdaru, Madanaphala*

Table 8: Dose of Basti

S. No.	Procedure	Drug	Dose
1.	<i>Niruha Basti</i>	<i>Erandmooladi Kwath</i>	480 ml
2.	<i>Anuvasana Basti</i>	<i>Saindhavadi Taila</i>	100 ml

Table No. 3: Medication given in 1st visit.

S. No	Medicine	Anupaan	Dose	Duration
1.	<i>Sinhanada Guggulu</i>	Luke warm Water	1 TDS	7 days
2.	<i>Maharasnadi kadha</i>	Luke warm water	10 ml BD	7 days

1. Follow up – After 15 days

2. *Pathya – Apathya –*

➤ *Pathya –*

• *Aharaja – Yava, Kultha, Ginger, Garlic, Shigru, warm water.*

• *Viharaja – Pranayam, Yoga, exposure in sunlight.*

➤ *Apathya –*

• *Aharaja – Black gram, Fast food, Curd, Rajmah, Uncooked food.*

• *Viharaja – Diwaswapana, Vegdharna, exposure to cold, Ratrijagrana, Stress.*

OBSERVATION AND RESULT

➤ **Subjective parameter**

Table no. 4

S. No.	Symptoms	Severity	BT	AT	BT	AT
			Left		Right	
2.	Stiffness	• Knee joint	3	0	2	1
		• Ankle joint	3	0	3	0
		• Shoulder joint	3	0	3	0
		• Wrist joint	3	0	3	0
		• IPJ & MCPJ	3	0	3	0

Table no. 5

S. No.	Symptoms	Severity	BT	AT	BT	AT
			Left		Right	
3	Swelling	• Knee joint	3	1	3	0
		• Ankle joint	3	0	3	0
		• Shoulder joint	2	0	3	0
		• Wrist joint	3	0	3	0
		• IPJ & MCPJ	3	0	3	0

Table no. 6

S. No.	Symptoms	Severity	BT	AT	BT	AT
			Left		Right	
4	Tenderness	• Knee joint	3	1	3	1
		• Ankle joint	3	0	3	0
		• Shoulder joint	2	0	3	0
		• Wrist joint	3	0	3	0
		• IPJ & MCPJ	3	0	3	0

Objective parameter**Table no. 7**

S. No.	Investigations	BT	AT
1.	Hb	12.5 gm/dl	11.5 gm/dl
2.	ESR	12 mm/hr	10 mm/hr
3.	RA Factor	105.5 Iu/ml	82.80 Iu/ml
4.	CRP	Positive	Negative
5.	Serum Uric Acid	8 mg/dl	5.3 g/dl

➤ DISCUSSION

The characteristic feature of *Amavata* was first mentioned by *Madhava Nidana* but its *Chikitsa* was first described by *Acharya Chakradutta*. The clinical manifestation of RA can be co-related with *Amavata*. In this case Patient presented with complaints of multiple joint pain, morning stiffness, difficulty in walking, difficulty to put pressure on foot, swelling over B/L knee joint. In *Chikitsa* of *Amavata* the first line of treatment is “*Langhana*”,^[5] as *Amavata* is a *rasaja* and *amaja vikaar* along with *vata dosha* predominance. In *Chikitsa* part external as well as internal treatment was given and its mode of action is given below

➤ External treatment

- *Valuka sweda* – It was done due to the presence of *ama*. The vitiated *Vata dosha* get pacify and hence subside pain as well as stiffness.
- *Ruksha* local *Swedana* pacify the vitiated *Vata* in the body and helps in the *Pachana* of *Aama*. *Swedana Karma* helps to liquefy the vitiated *Aama Dosha* with its *Ushna Guna* and opens the channels, by virtue of which *Vata* moves in their normal direction.^[13] Extent and intensity of *Swedana* depends upon the season, age and the site where it is applied.
- *Eranda sneha*- oil help in relieving pain and also have *shothahara* properties.

➤ Internal treatment

- *Sinhnada Guggulu*^[6,7] – It has following properties – *Shoolahara*, *shothahara*, *vata anulomana*, *rasayana* effects, *deepan*, *ama pachana*, *balya*, also enhances the digestive and metabolic capacity. *Simhnada Guggul* have *Katu*, *Tikta*

Rasa, *Laghu*, *Ruksha Guna*, *Ushnavirya*, *Katu Vipaka*, *Vedhnasthapana*, *Amapachak*, *Srotoshodhaka* properties which helps in breaking the pathogenesis of *Amavata*

- *Maharasnadi kashaya*^[7] – It is *vata hara*, *shoolahara*, *deepaniya*, *ama pachana*, *anti – oxidant* etc.
- *Langana* (fasting) means the food which gives lightness to the body and it is the first line of management for *Amavata* which helps in the *Pachana* of *Ama*. *Deepana Pachana*,
- ***Panchakarma treatment-***
- ***Erandmooladi Niruha Basti-***
- *Erandmooladi Niruha Basti* is a beneficial method for treating vitiated *Vata* and plays a significant role in eliminating *Ama Dosha*. Therefore, *Erandmooladi Basti* was selected to treat this patient. It consists of the *Vatahara Dravyas*, which act as *Maruta Nigraha* (controls *vata*) and is useful in reducing *Trika* and *Prishta Shoola*. The various contents of this *Basti* are *Ushna* in *Veerya*, *Vatakaphara* in nature and possess the *Teekshna* and *Sukshma Guna* which further help in eliminating the obstruction of *Srotas* (channel). The ingredients in this *Basti* therapy also aid in boosting the patient’s digestive fire, as many of the substances used possess *Agni Deepana* properties, which helps to enhance appetite. It also pacifies the *Kapha Dosha* by reducing symptoms like *Stambha* and *Gaurvata* in the patient’s body.
- ***Anuvasan basti-***For *Anuvasana Saindhavadi taila* was selected which possess the pharmacodynamic qualities that helps in *Ama Pachana*. It has *Laghu Tikshana Guna*, *Katu*

Tikta Rasa, and *Ushna Veerya* which works against the *Guru Pichala Sheetal* properties of *Ama*. Its *Deepaniya* action prevents further *Ama* formation. *Srotas-abhyshandha* acts as *Srotas-Shodhana* by relieving symptoms like *Sandhishool*, *Shotha*, *Aruchi* etc due to its anti-inflammatory (*Shothahara*) and analgesic (*Vednaprashamana*) properties Therefore, in addition to its local effects, the *Basti* treatment produces a systemic effect by balancing *Agni* and *Vayu* throughout the body, thereby providing physiological relief to the patient.

CONCLUSION

The *vata dosha* and *ama* are major constituents of *Amavata*. Also the Prevalence rate of *amavata* has been increasing day by day. In this study, the above said treatment has received positive response towards subjective and objective parameters. Hence it is concluded that the panchakarma treatment according to *Chikitsa siddhant* is effective in *Amavata*.

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