

PANCHAKARMA AS A KEY THERAPEUTIC MODALITY IN AMAVATA – A CASE STUDY

¹*Dr. Soundarya Nagappa Satapute, ²Dr. Shakuntala S. Pujeri

¹PG Scholar, Department of Panchakarma, Government Ayurveda Medical college,
Bengaluru.

²Assistant Professor, Department of Panchakarma, Government Ayurveda Medical college,
Bengaluru.

Article Received on 23 Dec. 2025,
Article Revised on 13 Jan. 2026,
Article Published on 01 Feb. 2026,
<https://doi.org/10.5281/zenodo.18429775>

*Corresponding Author

Dr. Soundarya Nagappa Satapute

PG Scholar, Department of
Panchakarma, Government
Ayurveda Medical college,
Bengaluru.



How to cite this Article: ¹*Dr. Soundarya Nagappa Satapute, ²Dr. Shakuntala S. Pujeri. (2026). Panchakarma As A Key Therapeutic Modality In Amavata – A Case Study, World Journal of Pharmaceutical Research, 15(3), 755–763.
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Amavata is an *Amadoshaja vikara* that develops due to the accumulation of *Ama* and the aggravation of *Vata*, with impaired *Agni* playing a central role in its pathogenesis. Clinically, it closely resembles Rheumatoid Arthritis (RA), which has a global prevalence of approximately 0.8% and a reported prevalence of 0.5%–0.75% in India. The condition most commonly affects individuals between 35 and 50 years of age, with women being more frequently affected than men. Modern lifestyle factors such as sedentary habits, irregular diet, and suppression of natural urges contribute to the increasing incidence of autoimmune disorders like RA. This correlation underscores the importance of maintaining digestive health and adopting a balanced lifestyle to reduce disease risk. When considered as an *Amadoshaja vikara*, the *Nidana* of *Amavata* leads to the accumulation of *Ama* at both the *Koshta* and *Dhatu* levels. This case study aims to evaluate the efficacy of comprehensive *Panchakarma* protocol in improving the

symptoms of a 21-year-old female patient presenting with pain, swelling, and restricted movement in multiple joints. The patient underwent two sittings of integrative *Panchakarma* management, which included *Dashamoola Kayaseka*, *Sadyovirechana*, *Valuka Sweda*, and *Rasnaerandadi Kashaya Basti*. The therapeutic focus was on *Amapachana*, removing *Marghavarodha*, ultimately promoting *Uttarottara dhatu pushti* and improving the immune

system. Post-intervention, the patient showed marked clinical improvement, with noticeable reduction in pain and swelling, along with enhanced range of motion in the affected joints. This case study highlights the potential role of *Panchakarma* therapies in the holistic management of Rheumatoid Arthritis, offering a safer and more sustainable alternative to long-term steroidal therapy. While steroids provide temporary relief, their prolonged use is associated with serious side effects such as osteoporosis, immunosuppression, and metabolic disturbances. *Panchakarma*, by addressing *Agni Dushti*, *Ama*, and *Vata* imbalance, helps reduce inflammation, relieve pain, and delay joint deformities, thereby improving the patient's overall quality of life.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Sadyovirechana*, *Rasnaerandadi Kashaya Basti*.

INTRODUCTION

Amavata is an *Ama Doshaja Vikara* in which *Agni Dushti* plays a crucial role in the pathogenesis of the disease. Due to *Nidana Sevana*, both *Ama* and *Vata* become aggravated simultaneously and get lodged in *Shleshma Sthana*. When *Ama* is produced as a result of *Jataragni Mandya*, it manifests symptoms such as pain and heaviness of the body, anorexia, fever, and indigestion. In the later stages, due to *Dhatvagni Mandya*, *Ama* localizes in the joints, leading to painful swelling in the hands, feet, ankles, sacral region, knees, and thighs, which may eventually result in joint deformities. The clinical manifestations of *Amavata* closely resemble Rheumatoid Arthritis (RA) as described in contemporary medical science. In the present era, sedentary lifestyle, irregular dietary habits, suppression of natural urges, and mental stress have made individuals more susceptible to autoimmune disorders such as RA, where both genetic predisposition and environmental factors play contributory roles. Rheumatoid Arthritis is a chronic, systemic, inflammatory polyarthritis that primarily affects small diarthrodial joints of the hands and feet in a symmetrical pattern. Its aetiology remains uncertain. Bilateral and peripheral symmetrical joint involvement, along with early morning stiffness, are characteristic features of RA. The global prevalence is approximately 0.8%, while in India it ranges from 0.5% to 0.75%. The disease predominantly affects females, with peak incidence between 35–50 years of age. Conventional management includes NSAIDs, corticosteroids, and Disease-Modifying Anti-Rheumatic Drugs (DMARDs), which, although effective in symptom control, are associated with significant adverse effects and limitations in long-term use. According to Acharya *Chakradatta*, the line

of treatment for *Amavata* includes *Langhana*, *Swedana*, *Deepana*, *Virechana*, *Snehana*, and *Basti*. Since both *Ama* and *Vata* are the principal pathological factors, *Swedana* serves as an effective therapeutic modality. In this case, *Kayaseka* and *Virechana* were administered initially, followed by *Basti* therapy in the subsequent sitting to remove *Margavarodha* and enhance *Uttarottara Dhatu Pushti*.

CASE REPORT

A 21-year-old female MBBS student was apparently healthy six years ago. Subsequently, she developed pain and swelling in multiple joints, including the shoulders, wrists, and ankles and morning stiffness for more than 30mins. She initially took painkillers, but her symptoms did not subside. After consulting several doctors, she was diagnosed with Vitamin D deficiency and received Vitamin D injections followed by oral Calcium and Vitamin D supplements. Despite this, her joint pain persisted. Further investigations revealed a positive Rheumatoid Arthritis (RA) factor, and she was started on steroidal medications (Methotrexate and Hydroxychloroquine). During this period, the patient also experienced intermittent episodes of fever lasting 2–3 days. The joint pain and swelling were episodic in nature, with periods of aggravation followed by remission. During flare-ups, she required increased doses of steroidal medication and intra-articular steroid injections for relief. In 2024, the patient was admitted to our hospital for Panchakarma treatment, following which she reported approximately 40–50% improvement in pain, swelling, and joint mobility and was advised with oral medications. Recently, after a long journey and prolonged standing, her symptoms re-aggravated. Hence, she was admitted to SJGAUH Hospital for further comprehensive management.

PAST HISTORY

N/K/C/O DM, HTN or Thyroid dysfunction.

FAMILY HISTORY

Nothing Specific.

PERSONAL HISTORY: Shown in table no. 01

Table No. 1: Showing personal history.

<i>Ahara</i>	Vegetarian diet
<i>Rasa pradhana</i>	<i>Sarva rasa</i>
<i>Vihara</i>	<i>Diwaswapna, Eka desha stithi</i>
<i>Vyasana</i>	None
<i>Agni</i>	<i>Madyama</i>
<i>Kostha</i>	<i>Madhyama</i>
<i>Nidra</i>	Timing- irregular Quality-Sound Quantity-Good
Emotional status	Normal

ROGI PAREEKSHA**GENERAL EXAMINATION:** Shown in table no. 02**Table No. 02: Showing general examination.**

General appearance: Healthy	Pallor- Absent
Built: Moderately built	Icterus – Absent
Height: 5'4"	Cyanosis – Absent
Weight: 56 kgs	Clubbing – Absent
Pulse rate: 74bpm	Lymphadenopathy – Absent
Blood pressure: 120/80 mm of Hg	Edema – Absent
BMI- 21.08	

ASTA STHANA PAREEKSHA: Shown in table no. 03**Table No. 03: Showing asta sthana pareeksha.**

Nadi -74 Bpm	<i>Shabda- Prakrita</i>
<i>Mutra – Prakrita</i>	<i>Sparsha- Prakrita</i>
<i>Mala- Prakrita</i>	<i>Drik- Prakrita</i>
<i>Jihwa – Lipta</i>	<i>Akriti-Madyama</i>

DASHA VIDHA PAREEKSHA: Shown in table no. 04**Table No. 4: Showing dasa vidha pareeksha.**

<i>Prakruti- Kapha Vata</i>	<i>Ahara shakti - Abhyavarana-Madyama</i> <i>Jarana- Madyama</i>
<i>Vikruti – Vata pradhana tridosha</i>	<i>Vyayama shakti- Madhyama</i>
<i>Sara – Madhyama</i>	<i>Pramana-Madyama</i>
<i>Samhanana – Madhyama</i>	<i>Vaya – Madhyama</i>
<i>Satva- Madhyama</i>	
<i>Satmya - Sarva rasa satmya</i>	

NIDANA PANCHAKA*Nidana: Divaswapna, Ekadesha Stithi(sedentary lifestyle), Eating junk food*

Poorvaroopa: Apaka, Alasya, Gaurava

Roopa: Saruja Shopha in multiple joint

Upadrava: Nothing specific

Upashaya-anupashaya: none.

SAMPRAPTI GHATAKA: Shown in table no. 05

Table No. 05: Showing *samprapti ghataka*.

<i>Dosha: vata kapha pradhana tridosha</i>	<i>Sanchara sthana: Sarva Shareera</i>
<i>Dushya: Rasa, Mamsa, Asthi, Snayu, Kandara</i>	<i>Adhithana: Sarva shareera mainly Sandhi Sthana</i>
<i>Agni: Jataragni and dhatvagni mandya</i>	<i>Roga marga: Madyama</i>
<i>Ama: Jataragni, Dhatvagni mandyajanita</i>	<i>Swabhava: Chirakari</i>
<i>Udbhava sthana: Ama-pakwashaya</i>	<i>Sadhyasadhyata: Kricchrasadhyata</i>

SYSTEMIC EXAMINATION

Respiratory System – B/L NVBS Heard, no added sounds

CNS – Conscious and well oriented to time, place, person

CVS – S1 and S2 heard, no murmurs

GIT – Soft and non – tender.

MUSCULO-SKELETAL SYSTEM EXAMINATION - Shown in table no. 06

Table No. 06: Showing musculo-skeletal examination.

	Interphalangeal joints	Wrist joints	Elbow joints	Ankle joints	Knee joints
Tenderness	+	+	+	+	+
Warmth	+	+	+	+	+
Stiffness	+	+	–	–	–
Swelling	+	+	–	+	–
ROM	Painful	Painful	Painful	Painful	Painful
Deformity	+	–	–	–	–

INVESTIGATION

DURING 1ST VISIT

	Before treatment	After treatment
RA factor	27 IU/mL	16 IU/mL
CRP	8 mg/L	6 mg/L

DURIN**G 2ND VISIT**

	Before treatment	After treatment
RA factor	25 IU/mL	15 IU/mL
CRP	13 mg/L	7 mg/L

TREATMENT PROTOCOL ADOPTED: Shown in table no. 07a and 07b

Table No. 7a: Showing treatment protocol adopted (1st sitting).

1	<i>Dashamoola Kayaseka</i>	7 days	24/09/2024 – 30/09/2024
2	<i>Sadyovirechana</i>	1 day	1/10/2025

Table No. 7b: Showing treatment protocol adopted (2nd sitting).

1	<i>Valuka Sweda</i>	3 days	08/09/2025-10/09/2025
2	<i>RasnaErandadi Kashaya Basti</i> <i>Anuvasana with Brihat Saindhavadi Taila</i>	5 days	11/09/2025 – 15/09/2025

INGREDIENTS OF *BASTI*: Shown in table no.8

Table No.8: Showing ingredients of *basti*.

Ingredients	
Honey	60ml
<i>Saindhava lavana</i>	10g
<i>Brihat Saindhavadi Taila</i>	70ml
<i>Shatapushpa Kalka</i>	20g
<i>RasnaErandadi Kashaya</i>	300ml
Total	460ml

Table No. 9: Showing *basti* plan.

11/9	12/9	13/9	14/9	15/9
A	N	N	N	A
	A	A	A	

OBSERVATION AND RESULTS- Shown in table no.09a and 09b

Table No 9a: Showing observation during first visit.

Treatment	Observation
<i>Dashamoola Kayaseka</i>	In first 3 days stiffness was reduced by 20% After 7 days pain and swelling were reduced by 40%
<i>Sadyovirechana</i>	There was marked improvement in pain and swelling of joints.

Table No.09b: Showing observation during second visit.

Treatment	Observation
<i>Valuka sweda</i>	Marked improvement in stiffness of joints
<i>RasnaErandadi Kashaya Basti</i>	Pain and stiffness were reduced by 70% ROM of joints showed significant improvement

DISCUSSION

Rheumatoid Arthritis (RA) is a chronic, systemic autoimmune and inflammatory disorder primarily affecting the synovial joints, leading to pain, swelling, stiffness, and progressive deformities. Globally, the prevalence of RA is estimated at 0.5–1%, with a higher incidence among women in the middle age group. Conventional medical management relies on NSAIDs, DMARDs, and corticosteroids to suppress inflammation and control symptoms. However, their prolonged use is associated with adverse effects such as gastritis, hepatotoxicity, immunosuppression, and osteoporosis. In *Ayurveda*, RA can be correlated with *Amavata*, a condition arising from *Agni Mandya*, *Ama* formation, and *Vata dosha prakopa*. The vitiated *Vata* carries *Ama* to *Sandhisthana*, leading to *Shotha*, *Shula*, and *Stambha*. *Panchakarma* plays a pivotal role in the management of *Amavata* by eliminating *Ama* and pacifying *Vata*. Therapies such as *Snehana*, *Swedana*, *Virechana* and *Basti* aid in detoxification, reduce inflammation, and restore *Agni* and *Dosha* equilibrium. These procedures improve joint mobility, relieve pain and stiffness, and enhance the patient's functional capacity. Thus, *Panchakarma* offers a safe, holistic, and sustainable approach in the management of RA, minimizing dependence on steroidal medications. Both *Ama* and *Vata* serve as key pathological factors in this condition, rendering *Swedana* a highly effective therapeutic intervention. As the active phase of Rheumatoid Arthritis is marked by inflammation, it can be correlated to the *Pittāvasthā* of the disease. To address these underlying factors, *Kāyaseka*, a form of *Drava Sweda*, was administered. The formulation *Dashamoola* endowed with *Deepana*, *Pāchana*, *Vedanāsthāpana*, *Srotoshodhana*, and *Vātānulomana* properties, plays a pivotal role in alleviating the manifestations of *Āmavāta*. Though the *Doshas* were in *Utklishta Avastha*, *Kayaseka* was administered to mobilize the remaining *Doshas* towards the *Koshta*, following which *Sadyovirechana* with *Nimbāmṛtādi Eraṇḍa Taila* was given. According to *Aṣṭāṅga Hṛdaya*, *Nimbāmṛtādi Eraṇḍa Taila* acts on *Sandhi*, *Asthi*, and *Majjāgata Vāta* owing to its specific therapeutic properties. It functions as a stimulant purgative, activating the vagus nerve and enhancing the secretion of liver and pancreatic enzymes. This activation facilitates the digestion of *Āma* by correcting *Dhatvāgni*, thereby promoting *Uttarottara dhātu puṣṭi*. During the second phase of admission, *Vāluka*

Sweda and *Rasnaerandādi Kaṣāya Basti* were planned, as most of the joint stiffness had subsided, with residual pain and stiffness persisting only in the right wrist and elbow joints. *Vāluka Sweda*, being a form of *Rūkṣa Piṇḍa Sweda*, possesses *Rūkṣha* and *Uṣhṇa Guṇas*, which counteract the *Sheeta* property of *Vāta*, thereby helping to relieve *Shoola* and *Stambha* of joints hence it was planned. After *Vāluka Sweda*, as the patient had attained *Nirāma Avasthā*, *Basti* was planned. Since *Vāta* is the prime factor in the *Samprapti* of *Āmavāta*, and *Basti* is considered *Ardha Chikitsā* in *Vātavyādhi*, it was selected as the main line of treatment. *Basti* therapy also helps cleanse the colon, thereby enhancing the absorption of essential macro- and micronutrients. *RasnaErandādi Kaṣāya*, being *Tridoṣahara* and particularly effective in *Vātaja* conditions, was selected for administration in *Basti* form. The formulation contains flavonoids such as quercetin and isorhamnetin, along with bioactive compounds like pluchine and sterols, which exhibit significant anti-inflammatory and anti-arthritic properties, contributing to the comprehensive management of *Āmavāta*.

CONCLUSION

Amavata is a challenging disease due to the involvement of *Ama* and vitiated *Vata*, leading to chronic pain, stiffness, and functional disability. In the present study, the integrated Ayurvedic approach comprising, *Dashamoola Kashaya Seka*, *Sadyovirechana*, *Vāluka Sveda* and *Rasnaerandadi Kashaya Basti* was effective in the management of *Amavata* by addressing *Ama* and vitiated *Vata*. The treatment resulted in marked reduction in pain, swelling, and stiffness, with improvement in joint mobility and functional ability. This approach proved to be safe and clinically beneficial, as evidenced by a reduction in RA factor and CRP levels.

REFERENCES

1. Munjal, Y. P., & Sharma, S. K. (Eds.). (2012). API textbook of medicine (9th ed., Vols. I–II). Part 24, Chapter 6 Jaypee Brothers Medical Publishers. ISBN 978-9350250747.
2. Madhava Nidana (Rogavinischaya) with Madhukosha commentary by Sri Vijayarakshitha and Srikantadatta and extracts from Atankadarpana edited by Vaidya Jadavji Tricumji Acharya, Chaukhambha Orientalia Varanasi, 2021; Ma. Ni. 25/7: 186.
3. Acharya YT, ed., Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Sutrasthana, 14th chapter, 39th verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014; 167.
4. Vagbhata. Ashtanga Hridayam, with Sarvangasundara and Ayurved Rasayana Commentary by Arundutta and Hemadri respectively, Pt. Hari Sadashiva Shastri

- Paradkara, editor. Chikitsasthana, 21st Adhyaya, 39th verse. Varanasi: Chaukhamba Surbharati Prakashana; Reprint, 2010; 324.
5. Acharya YT, ed., Susruta Samhita of Susruta with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on, Chikitsasthana, 32nd chapter, 13th Verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014; 497.
 6. Acharya YT, ed., Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Sutrasthana, 21st chapter, 21st verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014; 117.
 7. Pt Bajpeyee J, Chakradatta by Chakrapani Datta, Amavatadhikara, verse 1, Shri Lakshmi Venkateshwara press, third edition, pn 131.
 8. R Vidyanath, author, Sahasrayogam, Kashaya Prakarana, Varanasi; Chaukhambha Sanskrit Series Second Edition, 2008; 8.