

AYURVEDIC MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS): A CASE REPORT

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ABSTRACT

Background: *Amavata* is a chronic inflammatory joint disorder described in the Ayurvedic classics, and its clinical picture closely resembles Rheumatoid Arthritis (RA). The disease develops when *Ama* (the toxic product of impaired digestion) combines with vitiated *Vata Dosha* and settles in the joints, producing pain, swelling and stiffness. RA affects nearly 1% of adults worldwide and remains an important cause of disability.

Case Presentation: A 31-year-old Patient (Mrs. R.J.) attended the OPD of *Kayachikitsa*, M.M.M. Govt. Ayurved College, Udaipur, with pain in the bilateral interphalangeal (IP), knee, wrist, elbow and shoulder joints for one year, along with morning stiffness and a burning sensation in the finger joints. Her RA Factor was 53.61 IU/ml and ESR 33 mm/hr. She was treated with oral medicines (a combined sachet of *Panchakola Churna*, *Godanti Bhasma*, *Amavataari Ras* and *Ajmodadi*

Churna, along with *Simhanad Guggul* and *Rasnaadi Kwatha*), *Kala Basti Krama* consisting of *Kshara Basti* and *Anuvasana Basti* with *Nirgundi Taila* for 15 days, and *Valuka Pottali Ruksha Sweda* prepared with *Baluka*, *Ajwain* and *Saindhava Lavana* for 15 days. **Results:** Over 15-21 days of treatment the patient showed about 60% relief in pain and morning stiffness. RA Factor fell from 53.61 to 31.00 IU/ml and ESR from 33 to 24 mm/hr. By the end of treatment, she was able to carry out her daily activities without help. **Conclusion:** In this patient, classical Ayurvedic management gave clear symptomatic relief together with a measurable fall in inflammatory markers, and no adverse effect was noted during the treatment period.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Ama Dosha*, *Simhanad Guggul*.

1. INTRODUCTION

Amavata is a chronic, progressive and crippling joint disease that was first described in a systematic manner by *Acharya Madhavakara* in *Madhava Nidana (Rukvishchaya)*.^[1] The word itself joins two terms: *Ama*, the undigested toxic material formed when *Agni* (digestive fire) is weak, and *Vata*, the *Dosha* that governs all movement in the body. When vitiated *Vata* carries circulating *Ama* into the *Sandhi* (joints), the result is inflammation, pain and stiffness affecting several joints at a time.

The clinical presentation of *Amavata* corresponds closely to Rheumatoid Arthritis (RA), a chronic systemic autoimmune inflammatory arthritis. RA affects roughly 1% of adults across the world, is about three times commoner in women, and usually begins between 30 and 50 years of age. Patients develop symmetric polyarthritis with morning stiffness lasting more than an hour, raised inflammatory markers (RA Factor, ESR, CRP) and, when the disease is not controlled, progressive joint destruction and disability.^[2,3]

Modern treatment of RA depends mainly on NSAIDs, glucocorticoids and Disease-Modifying Anti-Rheumatic Drugs (DMARDs). These drugs are effective, but their long-term use carries gastrointestinal, hepatic and cardiovascular risks. Ayurvedic management of *Amavata*, which works through *Ama Pachana* (digestion of the toxins), *Agni Deepana* (kindling of the digestive fire) and *Dosha Shamana* (pacification of the vitiated *Doshas*), therefore offers a useful and well-tolerated alternative line of treatment.^[4]

The present case report describes the outcome of classical Ayurvedic management in a 31-year-old woman with confirmed *Amavata*, treated at the OPD of M.M.M. Govt. Ayurved College, Udaipur. The aim is to add carefully documented clinical evidence to the Ayurvedic literature on this disease.

2. CASE REPORT

2.1 Patient Information

Patient Profile	
Name	Mrs. R.J.
Age / Sex	31 Years / Female
Address	Udaipur, Rajasthan
OPD No.	37316 / 15937
Date of Registration	04 October 2025
Diagnosis	<i>Amavata</i> (Rheumatoid Arthritis)
Occupation	Housewife
Diet	Vegetarian

2.2 Chief Complaints

- Pain in the interphalangeal (IP) joints — 1 year
- Pain in the bilateral knee, wrist, elbow and shoulder joints — 1 year
- Morning stiffness of the affected joints
- Burning sensation (*Daha*) in the IP joints
- Difficulty in carrying out daily routine activities

2.3 History

Past Medical/Surgical/Family History: There was no history of Diabetes Mellitus, Hypertension or Tuberculosis, and the patient had not undergone any surgery. Family history was not significant for autoimmune disease.

Personal History: She was vegetarian, with a low appetite, normal bowel habits, normal sleep and no addictions.

Nidana (Causative Factors): On detailed questioning, irregular meal timings, frequent intake of *Viruddha Ahara* (incompatible food combinations), *Vishama Ashana* (erratic eating) and ongoing physical and mental stress were identified — all of which favour *Agnimandya* and the formation of *Ama*.

2.4 Ashtavidha Pariksha (Eight-fold Examination)

Pariksha	Finding	Pariksha	Finding
Nadi (Pulse)	Vata-Kapha dominant	Jihva (Tongue)	Coated (Sama)
Mutra (Urine)	Normal	Shabda (Speech)	Clear
Mala (Stool)	Normal	Sparsha (Skin)	Normal
Drik (Eyes)	Normal	Akriti (Build)	Moderate

2.5 Physical Examination

- B.P.: 128/84 mmHg
- Pulse: 86/min
- Temperature: Afebrile
- Tenderness over the bilateral IP, knee, wrist, elbow and shoulder joints
- Movements of the affected joints restricted by pain
- Nidra-Vishrama (Sleep/Rest): Normal
- Mala-Mutra Pravritti (Bowel/Bladder): Normal

2.6 Laboratory Investigations

S.No.	Investigation	Before Treatment	After Treatment	Change
1	RA Factor (IU/ml)	53.61	31.00	↓ 42%
2	ESR (mm/hr)	33	24	↓ 27%
3	Body Temperature	Afebrile	Afebrile	Stable
4	B.P. / Pulse	Normal	Normal	Stable

Note: The RA Factor of 53.61 IU/ml (laboratory reference: < 14–20 IU/ml) confirmed seropositive disease, and the raised ESR pointed to active systemic inflammation. Baseline investigations were carried out on 30/09/2025.

2.7 Ayurvedic Diagnosis (Nidana Panchaka)

Dosha	Vata-Kapha predominant Tridosha
Dushya	Rasa, Rakta, Mamsa, Snayu, Asthi, Sandhi, Kandara
Srotas	Rasavaha, Asthivaha
Srotodushti	Sanga (obstruction)
Adhishthana	Sarva Sandhi (all joints)
Udbhavasthana	Amashaya (site of Ama formation)
Agni	Jatharagni Mandya + Dhatvagni Mandya

<i>Samprapti</i>	<i>Ama + Vata</i> → <i>Sandhi</i> → <i>Shotha, Shoola, Graha</i>
<i>Sadhyasadyata</i>	<i>Yapya</i> (manageable with long-term treatment)

2.8 Differential Diagnosis

Sandhigata Vata (~Osteoarthritis): A degenerative joint disease marked by bony crepitus. Here the pain is relieved by rest and massage, whereas in *Amavata* massage aggravates the symptoms because of *Ama*. Systemic inflammatory markers remain within normal limits.

Vatarakta (~Gout): Mainly involves the small joints and produces burning pain of the mice-bite type, with itching and discolouration; serum uric acid is raised. In the present patient, the involvement of large joints, the raised RA Factor and the scorpion-sting type of pain pointed clearly towards *Amavata*.

3. Assessment Criteria and Scoring

Disease severity was graded on a subjective scale adapted from the ACR 2010 criteria together with classical Ayurvedic clinical assessment methods. Each parameter was scored before treatment (BT) and after treatment (AT):

S.No.	Subjective Parameter	BT Score	AT Score	Improvement
1	Joint Pain – <i>Sandhi Shoola</i> (VAS)	3	1	↓ 67%
2	Morning Stiffness – <i>Sandhi Graha</i>	2	1	↓ 50%
3	Joint Tenderness – <i>Sparshasahatwa</i>	3	1	↓ 67%
4	Swelling – <i>Shotha</i>	2	1	↓ 50%
5	Burning Sensation – <i>Daha</i>	2	1	↓ 50%
6	Difficulty in Daily Activities	3	1	↓ 67%
	Total Score	15	6	↓ 60%

BT = Before Treatment; AT = After Treatment; VAS = Visual Analogue Scale (0–10)

4. Treatment Protocol

The treatment was planned according to the *Samprapti* of *Amavata*, with the aim of *Ama Pachana*, *Agni Deepana* and *Vata-Kapha Shamana*. The patient was managed on an OPD basis with oral medicines and *Panchakarma* procedures, as given below:

4.1 Oral Medications and Panchakarma

S. No.	Drug / Procedure	Dose	Timing	Anupana	Duration
1	<i>Panchakola Churna</i> 1 gm + <i>Godanti Bhasma</i> 500 mg + <i>Amavataari Ras</i> 250 mg + <i>Ajmodadi Churna</i> 3 gm (<i>Mishrit Churna</i> — Combined Sachet)	1×2 BD	Before meal	Warm water (<i>Gunguna Jal</i>)	15 days
2	<i>Simhanad Guggul</i> — 2 <i>Goli</i>	2 BD	Before meal	Warm water	15 days
3	<i>Rasnaadi Kwatha</i> — 40 ml	1×2 BD	Before meal	—	15 days
4	<i>Kala Basti Krama</i> (15 days) <i>Kshara Basti</i> • <i>Anuvasana Basti</i> — <i>Nirgundi Taila</i>	As per <i>Basti</i> schedule	Morning	—	15 days
5	<i>Valuka Pottali Ruksha Sweda</i> (<i>Baluka</i> + <i>Ajwain</i> + <i>Saindhava Lavana</i>)	Once daily	Morning	—	15 days

Note - (BD – Twice daily)

4.2 Pathya-Apathya (Diet and Lifestyle Advice)

Pathya (Wholesome): Warm, freshly prepared and easily digestible food; old rice, wheat, *Moong Dal* and barley; warm water for drinking through the day; light exercise as tolerated; and adequate rest.

Apathya (To be avoided): Curd, heavy, fried and cold food items; *Viruddha Ahara*; day sleep (*Divaswapna*); exposure to cold wind and cold-water bath; and suppression of natural urges (*Vegadharana*).

5. OBSERVATIONS AND RESULTS

The patient completed 15 days of oral medication along with the planned *Panchakarma* procedures. Improvement was gradual and became clearly noticeable by the second week. The main observations were:

- Joint pain (*Sandhi Shoola*) came down considerably — the VAS score improved from 3 to 1
- Morning stiffness (*Sandhi Graha*) reduced markedly
- Burning sensation in the bilateral IP joints settled by about half
- Joint tenderness and swelling showed clear improvement
- RA Factor fell from 53.61 IU/ml to 31.00 IU/ml (a reduction of about 42%)
- ESR fell from 33 mm/hr to 24 mm/hr (a reduction of about 27%)

- The patient was able to resume her daily household work independently
- No adverse effect or complication was reported at any point during the treatment

Taken together, the total subjective score improved from 15 before treatment to 6 after treatment, an overall improvement of 60% (Table 2). The fall in RA Factor and ESR supported this clinical improvement on the laboratory side as well.

6. DISCUSSION

Treatment of *Amavata* rests on two pillars: *Ama Pachana* (digestion and removal of the accumulated toxins) and *Vata-Kapha Shamana* (pacification of the vitiated *Doshas*). The regimen used in this case worked on both fronts at the same time, and this is probably why the patient improved on subjective as well as laboratory parameters.

6.1 Mode of Action of Oral Medications

Panchakola Churna: This classical formulation contains *Pippali*, *Pippalimula*, *Chavya*, *Chitraka* and *Shunthi*, all of which are strong *Agni Deepana* (digestive stimulant) and *Ama Pachana* (toxin-digesting) drugs.^[5] *Shunthi* (*Zingiber officinale*) in particular is praised in the classics as the drug of choice in *Amavata*. The combination acts at the level of *Jatharagni* and digests *Ama*, the root cause of the disease.

Godanti Bhasma: A calcined preparation of gypsum (calcium sulphate) with anti-inflammatory, antipyretic and analgesic actions.^[6] Its *Vedanasthapaka* (pain-relieving) property contributed directly to the reduction in *Sandhi Shoola* (joint pain) and *Daha* (burning sensation).

Amavataari Ras: A classical *Rasa Shastra* preparation indicated specifically in *Amavata*. It is *Deepana*, *Pachana*, *Shothaghna* (anti-inflammatory) and *Vata-Kapha Shamaka*, and thus interrupts the *Samprapti* of *Amavata* at more than one level.

Ajmodadi Churna: Useful in painful *Vata* disorders. It is *Vatanulomana* (normalises the movement of *Vata*), *Ama Pachana* and analgesic in action, and supported the work of the other drugs in the combined sachet.

Simhanad Guggul: A time-tested polyherbal preparation with well-documented anti-rheumatic (*Amavatahara*) activity. It combines *Deepana*, *Ama Pachana*, *Shothaghna*, *Vedanasthapaka* and *Balya* (strengthening) properties, and its mild purgative component

helps eliminate *Ama* through the gastrointestinal route, breaking the *Samprapti* of *Amavata*. Several clinical studies have reported its usefulness in the management of RA.^[9]

Rasnaadi Kwatha: A decoction described in *Vrinda Madhava* specifically for *Amavata*.^[10] *Rasna* (*Alpinia calcarata*) is *Vata-Kapha Shamaka* and anti-inflammatory; *Guduchi* (*Tinospora cordifolia*) is an immunomodulator and *Ama Nashaka*; *Eranda* (*Ricinus communis*) relieves pain and acts as a mild laxative; *Devdaru* (*Cedrus deodara*) reduces swelling; and *Shunthi* (*Zingiber officinale*) kindles *Agni*.^[7,8] Together, these drugs cover both the *Dosha* and the *Ama* aspects of the disease.

6.2 Mode of Action of Panchakarma Procedures

Kala Basti Krama — Kshara Basti + Anuvasana Basti with Nirgundi Taila (15 days): *Basti* (medicated enema) is regarded as the foremost *Panchakarma* procedure for *Vata* disorders and is specifically advised in *Amavata*.^[11] *Kala Basti Krama* is a structured 15-day schedule in which *Anuvasana Basti* (oleation enema) and *Niruha/Asthapana Basti* (decoction enema) are given alternately. In this case *Kshara Basti*, an alkaline medicated enema, was administered. Its alkaline nature digests *Ama*, corrects the direction of *Vata* (*Anulomana*) and clears accumulated metabolic waste through the colon, thereby acting on the very root of the disease. *Anuvasana Basti* with *Nirgundi Taila* (*Vitex negundo* oil) nourishes the *Dhatus* affected by *Vata*, counters dryness and adds its own anti-inflammatory and *Vata Shamaka* effect. Considering the chronic nature of *Amavata*, the full 15-day *Krama* provides sustained therapeutic action.

Valuka Pottali Ruksha Sweda — Baluka + Ajwain + Saindhava Lavana (15 days): This is dry fomentation with heated boluses containing sand (*Baluka*), *Ajwain* (*Trachyspermum ammi*) and rock salt (*Saindhava Lavana*). *Ruksha* (dry) *Sweda* is the type of fomentation advised in *Amavata*, since oily (*Snigdha*) *Sweda* can aggravate *Ama*. The heat improves local circulation, loosens the stiff joints (*Sandhi Graha*) and helps liquefy *Ama*. *Ajwain* adds a strong analgesic and anti-inflammatory effect through its volatile oil (Thymol), while *Saindhava Lavana* is *Ama Pachaka*, *Deepana* and *Vata-Kapha Shamaka*. The three components of the bolus therefore act together against the *Ama-Vata* pathology.

6.3 Biochemical Correlations

The fall in RA Factor (53.61 → 31.00 IU/ml, about 42%) and ESR (33 → 24 mm/hr, about 27%) gives objective support to clinical improvement. In Ayurvedic terms these changes

reflect successful *Ama Pachana*, since *Ama*, which corresponds broadly to circulating immune complexes and acute-phase reactants in RA, is held to be the main driver of systemic inflammation in *Amavata*. The immunomodulatory action of *Guduchi* and the anti-inflammatory action of the *Guggul* preparation are likely to have contributed to this fall in the inflammatory markers.

7. CONCLUSION

In this 31-year-old woman with seropositive *Amavata* (Rheumatoid Arthritis), a classical Ayurvedic protocol consisting of the *Panchakola Churna* combined sachet, *Simhanad Guggul*, *Rasnaadi Kwatha*, *Kala Basti Krama* (*Kshara Basti* and *Anuvasana Basti* with *Nirgundi Taila*) and *Valuka Pottali Ruksha Sweda* (*Baluka* + *Ajwain* + *Saindhava Lavana*) produced a clear clinical response.

Subjective parameters, including joint pain, morning stiffness, burning sensation and the capacity for daily work, improved by about 60% overall, and the inflammatory markers (RA Factor and ESR) also came down appreciably. The patient regained independence in her routine activities, and no adverse effect was observed during the treatment period.

The outcome supports the classical Ayurvedic line of treatment for *Amavata* and highlights the practical value of *Kala Basti Krama* and *Ruksha Sweda*, both of which are directed at the *Ama-Vata* pathogenesis. Randomised controlled trials on similar protocols with larger sample sizes are needed before firm conclusions can be drawn.

Patient Consent

Written informed consent was obtained from the patient for the publication of this case report. Her identity has been kept anonymous as 'Mrs. R.J.' in keeping with institutional ethics guidelines and journal policy.

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