

AN AYURVEDIC PERSPECTIVE ON MANAGING AMAVATA (RHEUMATOID ARTHRITIS): A CASE REPORT

¹Dr. Pranali Chougule, ^{2*}Dr. Keertan M. S., ³Dr. Shivayogi, ⁴Dr. Deepika

¹PG 1st Year, Dept. of RogaNidana KAHER'S Shri B M Kankanawadi Ayurveda
Mahavidyalaya Shahapur, Belagavi, Karnataka.

^{2*}Professor, Dept. of RogaNidana KAHER'S Shri B M Kankanawadi Ayurveda
Mahavidyalaya Shahapur, Belagavi, Karnataka.

^{3,4}PG 2nd Year, Dept. of RogaNidana KAHER'S Shri B M Kankanawadi Ayurveda
Mahavidyalaya Shahapur, Belagavi, Karnataka.

Article Received on 02 Oct. 2025,
Article Revised on 23 Oct. 2025,
Article Published on 01 Nov. 2025,

<https://doi.org/10.5281/zenodo.17474616>

*Corresponding Author

Dr. Keertan M. S.

Professor, Dept. of RogaNidana
KAHER'S Shri B M Kankanawadi
Ayurveda Mahavidyalaya Shahapur,
Belagavi, Karnataka.



How to cite this Article: Dr. Pranali Chougule,
*Dr. Keertan M.S., Dr. Shivayogi, 4Dr. Deepika.
(2025). AN AYURVEDIC PERSPECTIVE ON
MANAGING AMAVATA (RHEUMATOID
ARTHRITIS): A CASE REPORT. World
Journal of Pharmaceutical Research, 14(21),
866-871.

This work is licensed under Creative Commons
Attribution 4.0 International license.

ABSTRACT

Introduction: The primary pathogenic elements that cause *Amavata* are Vata and Ama. It is Madhyam Rogamarg's illness. "Amavata" is a krichrasadhya condition that interferes with a person's day-to-day activities. This prevalent condition is brought on by the body's ama aggravating and the vata dosha becoming vitiated. In addition to impairing and accumulating biotoxins (ama) in Shleshmasthan, the disorder's etiopathogenesis involves disrupting the digestive fire, which in turn limits the rasa vaha and asthivaha strotas and ultimately leads to "Amavata". **Clinical Findings:** A 52 year-old female visited OPD of KLE Shri BMK Ayurveda hospital OPD no 03 on 8th September 2025, complaints of *sarvasandhishool, ubhaya janu sandhishool*. These symptoms were gradual in onset later associated with *prathakala sandhi stambha* distributed normal movements of joints The patient received

vaitrana basti and *manjishtadi kshara basti* and *Shamanoushadhi* for *deepana-pachana, amashak* **Intervention:** Ayurvedic treatment included *Deepana-Pachana* (strengthening of the stomach), *Basti*(enema), and *Shamana Chikitsa* (palliative treatment). **Outcome:** Clinical parameters were graded on a standard gradation scale pre and post-treatment. *Madhyama Shuddhi* was experienced by the patient during *Basti* and enhanced psychological well-being.

Conclusion: This case reflects the efficacy of Ayurvedic management in chronic inflammatory arthritis. The combination of Shodhana and Shamana therapies was responsible for long-term relief by eliminating the underlying cause through *Dosha* pacification, *Ama* digestion, *Agni* improvement, and *Srotoshodhana*. The treatment was well tolerated and produced remarkable clinical improvement in *Amavata*.

KEYWORDS: *Amavata, Basti, shaman.*

INTRODUCTION

In Amavata, the Vata Dosha is vitiated and Ama builds up in the joints, simulating what is now known as rheumatoid arthritis (RA). First, Ama is a product that is poorly absorbed and not uniform for the body. Any time that Ama becomes localized in bodily tissue or joints, it may cause the associated joints to become painful, stiff, swollen, tender, etc.^[2] The symptoms of RA, an autoimmune disease that results in symmetrical polyarthritis and chronic inflammation, are very similar to those of Amavata. In^[3] The primary approach to treating any illness in Ayurveda is Nidana Parivarjana, or avoiding the causes.^[4] The Samanya lakshanas of Amavata include Apaka (indigestion), Jwara, Aruchi (anorexia), Angamarda (body ache), Alasya (laziness), Trishna (thirst), and Angasunam (body part swelling).

CASE REPORT

After visiting the outpatient department of KLE Shri B M K Ayurveda Hospital, a 52-year-old woman who had appeared normal for the previous 2yrs ago now came with complaints of *sarvasandhishool*, *ubhaya janu sandhishool*. These symptoms were gradual in onset later associated with *prathakala sandhi stambha* distributed normal movements of joints She's a low-income housewife who later received allopathic treatment, which included antiinflammatory, and steroids. She came to our hospital, however, because there was little to no relief. She have a history of hypertension for 4 years.

Personal History: Diet: There was too much Guru Ahara (heavy food), Dadhi (curd), Dugdha Sevana (milk), Viruddha Ahara (incompatible food), Amla, Katu, Tikta ahara sevana, Chinta, and Shoka.

Table 1: Personal History.

Appetite	Good
Bowel	Constipated
Micturition	3-4 times per day
Sleep	Disturbed

Clinical Findings: Initially affecting the minor joints of the hands and feet, the patient's symptoms of Amavata which include pain, edema, and stiffness in several joints, gradually progressed to major joints. Movement restriction and sensitivity were linked to the migratory nature of the pain. Stiffness in the morning and a worsening of symptoms in cold and wet conditions were seen.

Diagnostic assessment: Based on the clinical findings, diagnosis was established as Rheumatoid arthritis as per modern science and lakshana like *sarvasandhishool*, *ubhaya janu sandhishool*, the case was diagnosed as Amavata.

Table 2: Laboratory Investigations.

S No	Investigations	Before Treatment	After Treatment
1.	Hb	10.7gm%	12.2
2.	TC	8,900/cu mm	6,400
3.	ESR	140mm/hr	30mm/hr
4.	RA TITRE	484IU/ML	18IU/ML

Intervention & Timeline

Table 3: Line of treatment: Deepana Pachana Shodana & Shamana.

08-09-2025 to 15-09-2025	<i>Amapachaka vati</i>	1-1-1 b/food
08-09-2025 to 15-09-2025	<i>Sarvanga Abhyanga</i> with <i>Dhanyamla parisheka</i> and followed by <i>Valuka sweda</i> .	Diet: Morning and Afternoon – upma/rice rasam Night : Dal kichadi
08-09-2025 to 15-09-2025	Matra basti with Dashmoola taila - 30ml for 3 days Vaitrana basti for 3 days Manjistadi kshara basti for 3 days	Diet: Morning and Afternoon - upma / rice rasam Night : Dal kichadi
<i>Shamanoushadi</i>		
Medicine	Dose	Duration
<i>Rasanadi kwatha</i>	3TSP-3TSP-3TSP After food	60 days
<i>Tab Mirtyunjaya rasa</i>	2-0-2 After food	30 days
<i>Tab Amavatari Rasa</i>	1-1-1 After food	60 days
<i>Flexy forte</i>	1-0-1 After food	15 days
<i>Shallaki Plus</i>	1/2-0-1/2 after food	15 days

Table 4: Assessment of Clinical Features Based on Gradation System.

S. No	Parameter	Before Treatment	After Treatment
<i>1.Sandhishoola</i>	Joint pain — intensity, site, and duration	+++	+

2. Sandhishotha	Joint swelling — presence and degree	+++	+
3. Sandhithabdhata	Stiffness of joints — particularly in the morning	+++	++
4. Sparshasahishnuta	Tenderness — pain on touch or pressure	++	+

FOLLOW UP AND OUTCOMES: The Patient was instructed for follow up on a regular basis after Basti and the changes were evaluated. There was a significant improvement in symptoms such as *sarvasandhishool*, *ubhaya janu sandhishool*, *sandhithabdhata*, *sparasahishnuta*.

DISCUSSION

Amavata is a progressive illness that includes both Vata vitiation and the development and accumulation of Ama. Aharatmaka and Viharatmaka factors are primarily involved in Amavata and include Viruddhashana, Ativyayama, and Divaswapa, among others. Due to these circumstances, Mandagni is in charge of the formation and accumulation of Ama, which circulates and deposits at the Sleshma-sthana (joints) along with vitiated Vata. Shoola, Shotha, Sthamba, and other cardinal Amavata symptoms are produced by all of these clinical occurrences. The methods of treatment include pacifying vitiated Vata and Kapha doshas and stopping Ama with Amapachana treatments. After treatment, there was a noticeable clinical improvement, as shown in Table No. 4 and decrease in all symptoms from Grade 3 to Grade 1.

Action of Basti^[5]: The main Ayurvedic therapeutic method is basti chikitsa. The best Chikitsa in Amavata is said to be basti in general and Kshara basti in particular. Additionally, basti increases Agni, which eliminates the cause of the disease process. Basti also has positive local effects by eliminating Vibandha (constipation), Antrkujana, and Anaha (fullness of the abdomen). As part of langhana chikitsa, the idea was to perform amapachana and introduce rookshana into the body (et al aishwarya). Treatment persisted till Samyak langhana lakshana was achieved.

Rasanadi kwatha: By breaking down Ama, calming Vata, lowering pain and inflammation, and regaining joint mobility, Rasanadi Kwatha works. Instead of just reducing symptoms, it treats the underlying metabolic disorder.

Mrityunjaya Rasa: Mrityunjaya Rasa is an analgesic, detoxifying, and antipyretic compound. Agni (digestive fire) is enhanced, Vata–Kapha is calmed, and Ama is digested. The herbo-mineral components reduce inflammation and pain, boost immunity, and fortify the heart. It restores physiological balance through Vata-Kapha shamana, Jvaraghna activities, and Dīpana-Pachana (metabolic stimulation).

Valuka Sweda

Similar to the properties of Shoshana of Ama situated in the Sleshmasthanas (joints), Ruksha Baluka Sweda relieves the patient's symptoms of Sthambha (stiffness) and Shoola (pain). In the Chikitsa of Vatavyadis, Swedana is regarded as the primary because of its Ushnaguna (hot quality), which triumphs over the Shitaguna (cold quality) of Vata, Shula (pain), and Sambha (stiffness). Additionally, Swedana like sankara Sweda aids in amapachana, which relieves Sandhishula (joint discomfort).

Parisheka Sweda: Medicated liquid is used to the body during Parisheka Sweda, a type of Swedana that is Sresta for Kapha Vata Vyadhi.^[8] Since Dhanyamla is digestive, carminative, and anti-inflammatory, it is utilized in Amavata for Parisheka, which is believed to contain Ushna Rooksha Guna. It breaks down the ama and relieves pain and swelling because of the Deepana Pachana property.^[9] Rooksha Guna, Laghu, and Kashaya Tikta Rasa are all part of Dashamoola Kashaya. Thus, it performs the roles of Amapachana, Shothahara, and Vedanasthapaka.^[10]

Shallaki

Shalaki has strong Vata-kaphahara qualities, according to the classics. The main ingredients of Shalaki include gum, acid resin, and volatile oil. The active ingredients are triterpenoids, which are collectively referred to as boswellic acids. It works to reduce inflammation and pain by preventing the production of leukotrienes.

CONCLUSION

The results obtained following the treatment were encouraging, according to the current case study. Signs and symptoms of the disease Aamavata (rheumatoid arthritis) can be significantly reduced with Ayurvedic treatment, which improves quality of life by combining Panchakarma with herbal-mineral medications as outlined in classical sources.

Patient Perspective

The patient reported severe joint pain, swelling, and stiffness that made daily activities difficult before treatment. After Ayurvedic management, she experienced reduced pain and swelling, improved mobility and digestion, and felt lighter and more energetic. She expressed satisfaction with the overall recovery and the holistic approach of Ayurveda.

Declaration of Patient Consent– The authors declare that they have obtained a patient consent form, whereby the patient or caregiver gave permission for publication of the case, other clinical information, in the journal.

Financial support and sponsorship: Nil.

Conflict Of Interest – None.

REFERENCES

1. Madhavakara. *Madhava Nidana* with Madhukosha Teeka by Vijayarakshita and Srikanthadatta. Chapter 25: Amavata Nidana. Varanasi: Chaukhamba Sanskrit Sansthan, 2009; 508.
2. Athira MP. Ayurvedic management of Amavata: A case report. *J Ayurveda Holistic Med.*, 2023; 11(1): 1–7. Available from: <https://doi.org/10.70066/jahm.v11i1.623>
3. Gauttam SP. Management of Āmavāta through Ayurveda medicines: a case report.
4. Tripathi Ravidatta, Charaka samhita with Vidyamanorama Hindi commentary, (Edi), Chaukhamba Sanskrit Pratishthan, Delhi, Sutra stan, Aadhya, 2009; 23(25): 319.
5. Sushruta Samhita. Hindi commentary by Kaviraja Ambika Dutt Shastri, 11th Edition, Chaukhambha Sanskrit sansthan, Varanasi, 1997.
6. Baria R, Joshi N, Pandya D. Clinical efficacy of Panchamuladi Kaala Basti (enema) in the management of Amavata (Rheumatoid Arthritis). *Ayu.*, Jan. 2011; 32(1): 90-4. doi: 10.4103/0974-8520.85737. PMID: 22131764; PMCID: PMC3215425.
7. Saraf S, Nagpal S, Meshram R, Shivhare S. Ayurvedic management of rheumatoid arthritis—a case study. *World J Pharm Med Res.*, Jul. 6, 2023; 9(10): 235-8.
8. Sahana S, Seetharamu MS, Lohith BA, Surendran A, Panchakarma in the management of Amavata - A Case Report. *J Ayu Int Med Sci.*, 2025; 10(2): 319-324.
9. Pote AR, Dipankar DG. Ayurvedic management of Amavata—a case report. *Int J Ayurvedic Med.*, 2022; 13(1): 181-4.
10. Sharma PV. Cakradatta of Cakrapani, English translation, Chapter 25, Amavatachikitsa. 2nd ed. Varanasi: Chaukhamba Sanskrit Sansthan, 1998; 227.