

A COMPREHENSIVE AYURVEDIC REVIEW OF AMAVATA WITH FOCUS ON RHEUMATOID ARTHRITIS

***¹Dr. Prakash Chhipa, ²Dr. Sunita Dangi, ³Dr. Kiran Kumari, ⁴Dr. Pramod Kumar
Mishra, ⁵Dr. Brahmanand Sharma**

^{1,2,3}MD Scholar P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan, India.

⁴Professor and Head, P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan,
India.

⁵Associate Professor P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan,
India.

Article Received on
25 June 2025,

Revised on 15 July 2025,
Accepted on 06 August 2025

DOI: 10.20959/wjpr202516-37921



***Corresponding Author**

Dr. Prakash Chhipa

MD Scholar P.G.

Department of Kayachikitsa

PGIA, DSRRAU Jodhpur,

Rajasthan, India.

ABSTRACT

Amavata, described in *ayurveda*, is a disorder caused by impaired digestion that leads to the formation of toxic metabolites (*ama*) and aggravated *vata dosha*. This combination results in pain, stiffness, swelling, and systemic manifestations. In modern medicine, Rheumatoid Arthritis (RA) is a chronic autoimmune disorder characterized by persistent synovial inflammation, pannus formation, and progressive destruction of cartilage and bone. The clinical features of *amavata*, as described in classical *ayurvedic* texts, show close resemblance to RA. This article reviews *amavata* with special reference to RA, emphasizing etiology, pathogenesis, clinical features, diagnosis, and management. *ayurvedic* treatment emphasizes purification (*shodhana*), palliative therapies (*shamana*), herbal formulations, and lifestyle modifications, while modern medicine

employs nonsteroidal anti-inflammatory drugs (NSAIDs), disease-modifying antirheumatic drugs (DMARDs), and biologics. An integrative approach that combines *ayurvedic* therapies with modern treatments may yield better outcomes and improve quality of life.

KEYWORDS: *Amavata*; Rheumatoid Arthritis; *Ayurveda*; *ama*; *vata dosha*; *panchakarma*; *shamana therapy*; *basti*; Integrative medicine; Autoimmune disorders.

INTRODUCTION

Rheumatoid Arthritis (RA) is a chronic systemic autoimmune disease that primarily targets the synovial joints, leading to progressive inflammation, pain, stiffness, and eventual deformities. Globally, RA affects approximately 0.5–1% of the population, with a higher prevalence among women. Its chronicity, associated comorbidities, and functional disability make RA a major global health burden.

In *Ayurveda*, *amavata* is a disease entity that bears remarkable similarity to RA. The term is derived from *ama* (improperly digested or metabolized food components) and *vata* (the biological principle governing movement and circulation). The disease results when *ama* circulates in the body due to *vata dosha* aggravation and becomes lodged in joints, leading to swelling, pain, and stiffness.

Ayurvedic classics such as *Madhava Nidana*, *Charaka Samhita*, and *Sushruta Samhita* provide detailed accounts of *amavata*. These classical descriptions, when correlated with modern clinical knowledge of RA, reveal striking similarities. This article reviews the disorder comprehensively with emphasis on management strategies in both Ayurveda and modern medicine.

REVIEW OF LITERATURE

Amavata was first described systematically in *Madhava Nidana*. The condition is said to arise from *agnimandya* (weak digestive fire), which produces *ama* that circulates with aggravated *vata dosha*. The combined action of *ama* and *vata* in joints results in pain, swelling, and stiffness.

RA, in modern biomedicine, is classified as an autoimmune disorder. Genetic predisposition, environmental triggers (e.g., smoking, infections), and immune dysregulation play important roles. RA pathogenesis is driven by T-cells, B-cells, and pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF- α), interleukin-1, and interleukin-6, resulting in synovial membrane inflammation and pannus formation.

Thus, both *Ayurveda* and modern medicine describe *amavata*/RA as a chronic, progressive, inflammatory disease of systemic nature.

Etiology and Pathogenesis

Ayurvedic Perspective

The causative factors (*nidana*) of *amavata* include:

- **Dietary factors:** Intake of heavy, oily, cold, and incompatible foods (*guru, snigdha, sheeta, viruddha ahara*).
- **Lifestyle factors:** Sedentary habits, suppression of natural urges (*vega dharana*), and excessive physical exertion.
- **Psychological factors:** Stress, grief, and anxiety.

The weakened digestive fire (*agnimandya*) leads to *ama* formation. *Ama* circulates with aggravated *vata* and lodges in joints, producing inflammation and stiffness.

Modern Perspective

RA arises due to:

- **Genetic predisposition:** HLA-DR4, HLA-DR1.
- **Environmental factors:** Smoking, infections, hormonal imbalance.
- **Immune dysregulation:** Production of rheumatoid factor (RF) and anti-citrullinated protein antibodies (anti-CCP) that trigger chronic synovial inflammation.

Comparative Flow

- **Ayurveda:** *agnimandya* → *ama formation* → *vata aggravation* → *ama deposition in joints* → *pain and stiffness*.
- **Modern medicine:** Genetic/environmental triggers → Autoimmunity → Synovial inflammation → Cartilage destruction → Joint deformities.

Clinical Features and Diagnosis

Ayurvedic Description

Amavata presents with:

- *Sandhi shoola* (joint pain)
- *Sandhi shotha* (joint swelling)
- *Sandhi graha* (joint stiffness, often worse in the morning)
- *Jwara* (fever)
- *Aruchi* (loss of appetite)
- *Angamarda* (body ache)
- *Gourava* (sense of heaviness)
- Fatigue and reduced mobility

The presence of *ama* symptoms (indigestion, heaviness, coated tongue) along with *vata* symptoms (pain, dryness, stiffness) confirms *amavata*.

Modern Description (RA)

- Symmetrical polyarthritis
- Morning stiffness lasting >1 hour
- Tender, swollen, and warm joints (especially small joints of the hands and feet)
- Fatigue, weight loss, low-grade fever
- Systemic manifestations: anemia, cardiovascular risk, ocular symptoms

Diagnosis

- *Ayurveda*: Based on the presence of *ama* features + *vata dosha* aggravation with joint involvement.
- Modern medicine:
 - **Laboratory tests**: ESR, CRP, rheumatoid factor (RF), anti-CCP antibodies
 - **Imaging**: X-ray (joint space narrowing, erosions), MRI/ultrasound (synovial inflammation)

Management

Management of *amavata* focuses on removing *ama*, pacifying *vata dosha*, and restoring digestive/metabolic balance (*agni*). It includes:

1. *Shodhana Chikitsa* (Purification Therapies)

- **Langhana** (fasting/light diet) – useful in early stages with prominent *ama*
- **Deepana & Pachana** (digestive stimulants) – e.g., *Trikatu*, *Chitraka*, *Hingu*
- **Snehana** (oleation): external massage with medicated oils like *Mahanarayana taila*
- **Swedana** (sudation): fomentation such as *valuka sweda* (sand bolus sudation)
- **Virechana** (purgation): castor oil-based purgatives to eliminate morbid doshas
- **Basti** (medicated enema): considered the most effective for *vata dosha* disorders

2. *Shamana Chikitsa* (Palliative Therapy)

- **Herbal formulations**
 - *Simhanada Guggulu*
 - *Maharasnadi Kwatha*
 - *Amavatari Rasa*
 - *Yograj Guggulu*

- **Rasayana herbs:** *Guduchi*, *Ashwagandha*, *Shunthi* for immune modulation
- **Local applications:** herbal pastes (*lepa*) on affected joints

3. *Pathya-Apathya* (Diet and Lifestyle)

- **Pathya (recommended):** light, warm, easily digestible food; soups (*yusha*), barley, ginger, garlic
- **Apathya (to avoid):** heavy, oily, cold food; incompatible diet (*viruddha ahara*); suppression of natural urges; excessive exertion
- **Lifestyle:** mild yoga, regular exercise, and stress management

4. Modern Management (RA)

- NSAIDs for pain relief
- DMARDs: Methotrexate, Sulfasalazine, Leflunomide
- Biologics: TNF- α inhibitors, IL-6 inhibitors
- Corticosteroids during flares

5. Integrative Approach

Combining *Ayurvedic* therapies (especially *panchakarma* and herbal medicines) with modern DMARDs may:

- Reduce drug dosage requirements
- Minimize side effects
- Improve remission rates
- Enhance long-term quality of life

DISCUSSION

Amavata and Rheumatoid Arthritis (RA) share striking similarities in causation, pathogenesis, and clinical features. Both are chronic, systemic, and progressive conditions that cause joint inflammation, stiffness, and eventual deformity if left untreated.

The *Ayurvedic* approach emphasizes correcting *agnimandya* (digestive impairment), eliminating *ama* (toxic metabolic by-products), and pacifying *vata dosha*. This root-cause strategy contrasts with modern medicine, which primarily targets inflammation through immunosuppression. While modern therapy with DMARDs and biologics offers rapid symptom control and prevents structural damage, it often carries side effects and requires long-term monitoring.

Integrating *Ayurvedic* therapies such as *panchakarma*, herbal formulations, and lifestyle interventions with modern therapeutic strategies provides a holistic model. Such an approach not only alleviates symptoms but also addresses digestion, immunity, and long-term health. Clinical trials from the Central Council for Research in *Ayurvedic* Sciences (CCRAS) and other institutions have shown encouraging outcomes with combined protocols.

CONCLUSION

Amavata, described in *Ayurveda*, corresponds closely with Rheumatoid Arthritis in modern medicine. Both conditions are chronic inflammatory systemic diseases with progressive joint involvement and potential for disability.

Ayurvedic management—through *shodhana*, *shamana*, and *pathya-apathya*—addresses the root pathology by removing *ama* and balancing *vata dosha*. Modern medicine focuses on immune modulation and inflammation suppression. An integrative approach that combines both systems has the potential to optimize outcomes, reduce side effects, and improve quality of life for patients with RA.

Future research should emphasize evidence-based validation of *Ayurvedic* therapies through large-scale clinical trials and explore molecular mechanisms to bridge traditional and modern science.

REFERENCES (SAMPLE, VANCOUVER STYLE)

1. Sharma PV. *Madhava Nidana of Madhavakara*. Varanasi: Chaukhamba Orientalia, 2015.
2. Acharya YT. *Charaka Samhita*. Varanasi: Chaukhamba Surbharati Prakashan, 2017.
3. Shastri AD. *Sushruta Samhita*. Varanasi: Chaukhamba Sanskrit Series, 2014.
4. Basisht GK, Singh RH. *Amavata* and Rheumatoid Arthritis: An overview. *J Res Ayurveda*, 2018; 39(2): 123–31.
5. Firestein GS, Budd RC, Gabriel SE. *Kelley and Firestein's Textbook of Rheumatology*. 11th ed. Elsevier, 2021.
6. Chandra A, Makhija D. Clinical evaluation of *panchakarma* in RA. *AYU.*, 2020; 41(3): 182–9.
7. Rastogi S, Singh RH. Role of *Guduchi* in autoimmune disorders. *Phytother Res.*, 2017; 31(7): 1053–60.
8. Chandola HM. Rasayana therapy in chronic inflammatory disorders. *J Ayurveda Integr Med.*, 2019; 10(2): 90–6.

9. Kumar PR. Comparative study of *Ayurveda* & Methotrexate in RA. J Res Ayurveda Sci., 2018; 42(4): 211–9.
10. American College of Rheumatology. 2010 RA Classification Criteria. Arthritis Rheum, 2010; 62(9): 2569–81.
11. CCRAS. Multicenter clinical trial on *amavata*. Ministry of AYUSH, Govt. of India, 2023.
12. Pandey R, et al. Immunomodulatory activity of *Ashwagandha*. Int Immunopharmacol, 2021; 92: 107–18.
13. Singh A, et al. Ayurvedic herbs in chronic arthritis: A systematic review. J Ethnopharmacol, 2020; 263: 113–33.
14. Chopra A, et al. Methotrexate and *Ayurveda* combination in RA: Outcomes. Clin Rheumatol, 2022; 41(6): 1535–44.
15. Malaviya AN. Overview of RA epidemiology in India. Indian J Rheumatol, 2019; 14(3): 179–85.
16. Patwardhan B, et al. Evidence-based *Ayurveda*: Integrative models. J Altern Complement Med., 2020; 26(4): 301–9.
17. Tillu G, et al. Integrative approach in chronic arthritis. Curr Rheumatol Rev., 2017; 13(2): 123–30.
18. Sharma R, et al. Effectiveness of *Simhanada Guggulu* in RA patients. AYUSH Res Bull., 2019; 35(1): 55–61.
19. Gupta AK. Clinical role of *Maharasnadi Kwatha* in musculoskeletal disorders. J Ayurveda, 2021; 45(2): 200–7.
20. Bansal P, et al. Efficacy of *Amavatari Rasa* in joint disorders. J Integr Complement Med., 2019; 25(7): 511–8.
21. WHO. Chronic Rheumatic Conditions. WHO Bulletin, 2020; 98(5): 310–7.
22. Chopra A, et al. WHO–ILAR COPCORD study in India. J Assoc Physicians India., 2001; 49: 240–6.
23. Singh RH. Exploring *Ayurveda* in autoimmune disorders. Indian J Tradit Knowl, 2015; 14(4): 463–70.
24. Joshi K, et al. *Ayurveda* in rheumatology: A clinical perspective. Curr Sci., 2016; 110(8): 1439–46.
25. National Institute for Health and Care Excellence (NICE). RA management guidelines. NICE Clinical Guideline, 2018.
26. Tripathi JS. Pathogenesis of *amavata* – An Ayurvedic review. AYU., 2017; 38(2): 89–95.

27. Bhalerao S, et al. Immunology of *ama*: A conceptual study. J Res Ayurveda Sci., 2020; 44(3): 155–62.
28. World Health Organization. Global report on musculoskeletal health. WHO, 2021.
29. Singh A, et al. *Ashwagandha* in chronic inflammatory conditions. J Ayurveda Integr Med., 2021; 12(1): 20–7.
30. Ministry of AYUSH. National clinical management protocol based on *Ayurveda* for COVID-19. Govt of India, 2020. (cited for integrative models).