

EFFECT OF LANGHANA THERAPY IN THE MANAGEMENT OF AMAVATA – A CASE STUDY

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ABSTRACT

Background: Amavata is a common disease described in Ayurveda, resulting from the formation of Ama due to impaired digestion (Mandagni) and its association with aggravated Vata Dosha. Clinically, it is characterized by joint pain, swelling, stiffness, loss of appetite, heaviness of the body, and restricted movements. The condition closely resembles rheumatoid arthritis. Ayurveda emphasizes Langhana as the primary treatment modality in Ama-dominant disorders. Langhana helps in improving Agni, digesting Ama, and restoring normal physiological functions. **Aim:** To evaluate the effect of Langhana therapy in the management of Amavata. **Case Presentation:** A 45-year-old female patient presented with complaints of pain and swelling in multiple joints, morning stiffness lasting for about one hour, generalized weakness, loss of appetite, and heaviness of the body for the past two years.

Clinical examination and Ayurvedic assessment revealed features suggestive of Amavata with predominance of Ama and Vata-Kapha Dosha. **Material & Method:** The patient was managed with Langhana therapy for fifteen days. The treatment protocol included a light and easily digestible diet comprising Mudga Yusha, Manda, warm water intake, and Deepana-

Pachana measures using Shunthi Churna and Panchakola Siddha Jala. The patient was also advised lifestyle modifications such as adequate rest, avoidance of daytime sleep, and protection from cold exposure. **Results:** After completion of therapy, significant improvement was observed in joint pain, swelling, and morning stiffness. Appetite improved considerably, and the feeling of heaviness subsided completely. The patient also reported better mobility and improvement in daily activities. **Conclusion:** Langhana therapy proved effective in reducing Ama-related symptoms and improving the overall condition of the patient with Amavata. This case highlights the importance of Langhana as a simple, safe, and cost-effective therapeutic approach in the management of Amavata, particularly during the Ama-dominant stage of the disease.

KEYWORDS: Amavata, Langhana, Ama, Deepana-Pachana, Rheumatoid Arthritis, Ayurveda.

INTRODUCTION

Amavata is one of the most common inflammatory joint disorders described in Ayurvedic classics. It results from the formation of Ama due to Mandagni and its association with aggravated Vata Dosha. The disease is characterized by Sandhishoola (joint pain), Sandhishotha (swelling), Stabdhatta (stiffness), Gaurava (heaviness), and Jwara (fever).

According to Ayurvedic principles, "**Langhanam Param Aushadham**" (lightening therapy is the supreme medicine). Langhana helps digest Ama, improves Agni, clears obstructed channels, and reduces disease severity.

Amavata is a disease that develops due to the simultaneous vitiation of Ama and Vata Dosha. When these vitiated factors circulate throughout the body and localize in the Trika and Sandhi regions, they produce symptoms such as pain, swelling, stiffness, and restricted joint movements. Among the Ayurvedic scholars, Madhavarka was the first to describe Amavata as a distinct disease entity in Madhava Nidana.^[1]

The pathogenesis of Amavata involves two important processes occurring simultaneously: the formation of Ama and the aggravation of Vata Dosha. Ama is produced as a result of impaired digestive fire (Mandagni), leading to incomplete digestion of food. At the same time, continuous exposure to Vata-aggravating factors contributes to the vitiation of Vata. Habitual intake of incompatible foods (Viruddha Ahara), sedentary lifestyle, improper

physical activities, and strenuous exercise immediately after consuming unctuous meals further promote the accumulation of Ama and Vata.

As the disease progresses, the accumulated Ama becomes more toxic and is propelled through the body by Vyana Vayu. Combined with the vitiated Doshas, it circulates through various channels and eventually lodges in Kapha-dominant sites, particularly the joints. Due to the similarity in properties between Ama and Kapha, Ama has a tendency to accumulate in these locations. The interaction of Ama and vitiated Vata at the joint level initiates the pathological process, resulting in the characteristic features of Amavata.

Ayurveda recommends a comprehensive treatment approach for Amavata, including Langhana, Deepana-Pachana, Snehana, Swedana, and Panchakarma procedures such as Vamana, Virechana, and Basti. Among these, Langhana is considered the first and most important line of management in Ama-dominant conditions. It helps stimulate Agni, promotes digestion of Ama, and prevents further disease progression. Therefore, in the present case, Langhana therapy was selected with the objective of reducing Ama, improving digestion and metabolism, relieving symptoms, and minimizing the chances of recurrence

MATERIALS AND METHODS

Selection of the patient was done randomly in OPD Kayachikitsa Dept, Shree Saptashruni Ayurveda Mahavidyalay & Hospital Nashik The 45 years old female patient who is a homemaker complaining of pain in small joints of both hands, bilateral wrist joint joints and bilateral ankle joints. Detailed history was taken and examination of the patient was done according to Ayurvedic parameters and modern parameters.

Examination of Personal history

Particular	Findings
Dietary Pattern	2 meals per day
Diet History	History of excessive intake of oily, heavy, and difficult-to-digest foods
Appetite (Aahara Shakti)	Poor
Bowel Habit (Mala Pravritti)	Constipated and irregular
Sleep (Nidra)	Disturbed

On examination

BP-130/80 mmHg

P/R- 84/min

Systemic examination- Within normal limits

Local site examination

Clinical Assessment

Symptoms will be graded from Nil to ++++

Table 1: Assessment of Joint Pain (Sandhishoola).

Sl. No.	Severity of Pain	Grade
1	No pain	0 (Nil)
2	Occasional pain, manageable without regular medication	I (+)
3	Frequent pain requiring analgesics for relief	II (++)
4	Severe pain not relieved adequately by medication	III (+++)

Table 2: Assessment of Morning Stiffness (Stabdhata).

Sl. No	Duration of Morning Stiffness	Grade
1	No stiffness	0 (Nil)
2	Up to 30 minutes	I (+)
3	More than 30 minutes but less than 45 minutes	II (++)
4	More than 45 minutes	III (+++)

Table 3: Assessment of Joint Swelling (Sandhishotha).

Sl. No.	Swelling of Joints	Grade
1	No swelling	0 (Nil)
2	Swelling involving less than 5 small joints	I (+)
3	Swelling involving more than 5 small joints	II (++)
4	Swelling involving large joints	III (+++)

Table 4: Assessment of Tenderness.

Sl. No.	Tenderness	Grade
1	No tenderness	0 (Nil)
2	Mild tenderness on palpation	I (+)
3	Moderate tenderness causing discomfort on pressure	II (++)
4	Severe tenderness with marked pain on touch	III (+++)

Table 5: Chief Complaints.

Sl. No.	Complaint
1	Joint Pain (Sandhishoola)
2	Morning Stiffness (Stabdhata)
3	Joint Swelling (Sandhishotha)
4	Tenderness (Sparsha Asahyata)

Ayurvedic Parameters – Samanya Lakshana of Amavata

Symptoms	Findings
Angamarda	Present
Aruchi	Present
Trishna	Absent
Alasya	Present
Gaurava	Present
Jwara	Present during severe pain episodes
Apaka	Present
Sandhi Shotha	Present

Vishishta Lakshana of Amavata

Symptoms	Findings
Hasta-Pada Sandhi Shoola	Present
Agnimandya	Present
Utsaha Hani	Present
Vairasya	Present
Nidra Viparyaya	Present
Jadatva	Present
Praseka	Absent
Daha	Absent
Kukshi Kathinata	Absent
Bhrama	Absent

2. Deepaniya and Pachaniya drugs

I. Trikatu Churna - ½ TSF (1.5gm) twice daily with food

II. Sanjivani vati - 1 pill twice daily after food

RESULT

After 14 days of Therapeutic intervention – Personal history of the patient shows improvement in Appetite of the patient is increased along with bowel of the patient gets normal.

Local Site Examination of the Patient

Symptoms	Before Treatment	After 7 Days	After 14 Days
Pain in joints (Sandhi Shoola)	+++	++	Nil
Swelling of joints (Sandhi Shotha)	++	+	Nil
Tenderness (Sparsha Asahyata)	+	+	Nil
Morning Stiffness (Stabdhata)	++	+	Nil

Ayurvedic Parameters – Samanya Lakshana of Amavata

Symptoms	Before Treatment	After 7 Days	After 14 Days
Angamarda	Present	Present	Absent
Aruchi	Present	Absent	Absent
Trishna	Absent	Absent	Absent
Alasya	Present	Present	Absent
Gaurava	Present	Present	Absent
Jwara	Present	Absent	Absent
Apaka	Present	Absent	Absent
Sandhi Shotha	Present	Present	Absent

DISCUSSION

Langhana is considered the primary treatment for Amavata, as it helps in Ama Pachana and improves Agni. In the present case, Langhana was administered through a light and easily digestible diet along with Deepana-Pachana drugs. This helped reduce Ama, improve digestion, and prevent further Ama formation.

Sanjivani Vati and other Deepana-Pachana medications enhanced Jatharagni, improved appetite, and corrected digestive impairment. As Ama was reduced, symptoms such as joint pain, swelling, tenderness, stiffness, and heaviness of the body gradually decreased.

The clinical improvement observed after 14 days suggests that Langhana therapy is effective in managing Ama-dominant Amavata by improving digestion and reducing inflammation.

CONCLUSION

The present case study demonstrates that Langhana Chikitsa is effective in the management of Ama-dominant Amavata. Significant improvement was observed in joint pain, swelling, morning stiffness, appetite, and overall well-being of the patient. The results suggest that Langhana alone can provide considerable symptomatic relief by promoting Ama Pachana and improving Agni. This case highlights the importance of Langhana as a simple, safe, and cost-effective therapeutic approach in the initial management of Amavata.

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