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A COMPREHENSIVE AYURVEDIC MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) THROUGH PANCHAKARMA AND INTERNAL MEDICATION: A CASE REPORT

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ABSTRACT

Amavata is an inflammatory disorder described in Ayurveda, arising from the disruption of Ama and Vata. It closely resembles the modern medical condition known as Rheumatoid Arthritis (RA) and is considered related to it. The disease is characterized by pain, swelling, stiffness, tenderness, and limited joint movement affecting multiple joints, significantly impacting the person's daily life. Acharya Madhavakara provided a comprehensive knowledge of Amavata in the Madhava Nidana. According to Ayurvedic principles, managing Amavata focuses on addressing root causes through Ama digestion (Ama Pachana), strengthening digestive fire (Agni Deepana), balancing Vata (Vata Shamana), and employing Panchakarma therapies. Among the classical Panchakarma methods, Baluka Sweda and Vaitarana Basti are commonly prescribed in this case. This case report examines the clinical outcomes of a combined treatment approach using Baluka Sweda, Vaitarana Basti as per the Yoga Basti regimen, and internal Ayurvedic medications in a 50-year-old female diagnosed with Amavata (Rheumatoid Arthritis). Following the intervention, the patient showed marked improvement across all major symptoms— reduced joint pain, swelling, morning stiffness, and enhanced functional capacity—along with a notable decline in Rheumatoid Factor levels from 113 IU/mL to 3.60 IU/mL.

KEYWORDS: Amavata, Baluka Sweda, Vaitarana Basti, Yoga Basti, Ayurvedic Medicine, Mandagni.

INTRODUCTION

Amavata is a complex musculoskeletal condition described in Ayurveda. Madhavakara was the first to document this disorder in his text, the Madhava Nidana.

The term "Amavata" comes from two components: Ama and Vata.[1] Ama forms when digestion is impaired(Mandagni)[2] leading to metabolic disturbances, while the aggravation of Vata disrupts daily functioning by causing pain.

When Ama accumulates in areas rich in Shleshma (synovial fluid), especially in large and small joints, it results in symptoms such as joint pain (Sandhishoola), swelling (Sandhishotha), stiffness (Sthambha), tenderness (Sparsaharta), and discomfort during movement (Angmarda).

These hallmark features closely mirror those seen in the modern medical condition known as rheumatoid arthritis.

Rheumatoid arthritis (RA) is a long-term autoimmune condition characterized by symmetrical inflammation of multiple joints, leading to gradual damage to cartilage and bone.[3] It typically begins in the smaller joints of the hands and feet before spreading over time to larger joints. Women are more commonly affected than men, according to prevalence data. Without proper treatment, the disease can result in joint deformities, disability, and a substantial decline in a person's quality of life.

In India, the reported prevalence of rheumatoid arthritis ranges from 0.5% to 3.8% among women and from 0.15% to 1.35% among men.[4]

Rheumatoid arthritis is typically assessed using markers such as erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), and rheumatoid factor. Elevated levels of these indicators generally support a diagnosis of the condition.

Current medical treatment mainly relies on non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, conventional disease-modifying antirheumatic drugs (DMARDs), and other targeted therapies. While these approaches are effective in reducing inflammation and

slowing disease progression, long-term use can result in adverse effects, including liver and kidney damage, as well as an increased risk of infections.

In Ayurveda, the primary goal in managing Amavata (a condition comparable to rheumatoid arthritis) is to correct the underlying pathogenesis (Samprapti) by restoring proper digestive fire (Agni), facilitating the digestion of toxins (Ama), eliminating accumulated doshas, and ultimately improving joint function. Classical Ayurvedic management includes procedures such as Langhana (lightening therapy), Deepana (appetizer), Pachana (digestive), Swedana (sudation), Snehapana (oleation), Virechana (purgation), Basti karma (enema therapy), Kshar Basti, and Anuvasana Basti. These interventions aim at addressing root causes rather than merely alleviating symptoms. According to Ayurvedic principles, treating the root cause helps prevent recurrence and halts further progression, making this holistic approach increasingly valued in contemporary healthcare settings.

This case report outlines the clinical course of a 50-year-old female patient who presented to the hospital with complaints of pain in major and minor joints, accompanied by swelling and stiffness, and was diagnosed with Rheumatoid Arthritis. She underwent treatment involving Baluka Sweda and Vaitaran Basti, administered according to a Yoga Basti regimen over eight days, followed by continued oral Ayurvedic medication. Clinical parameters were evaluated both before treatment and three months after follow-up to determine the therapeutic response.

MATERIAL AND METHOD

CASE PRESENTATION

A 50-year-old female patient came to the outpatient department of Panchakarma with complaints of joints for past 1 year, swelling over the joints, body ache, decrease appetite, weakness, weight loss. Due to pain and limitations in movements, the patient was unable to perform day-to-day chores activities. According to the patient, symptoms gradually progressed over time and interfered with routine occupational activities.

History of Present Illness

The patient was apparently healthy 1 year ago then pain started on the small joints of both hands. At first, the pain was intermittent but gradually worsened and involved the wrist joints, knee joints, and ankle joints. The patient developed morning stiffness that persisted for more than an hour. There was also associated swelling of the joints and difficulty walking, climbing stairs, and doing other routine activities.

The pain was worse on resting and early mornings and slightly improved on moving and applying heat to the painful areas. The patient complained of decreased appetite, body ache, and weakness, weight loss. Hence, patient attended the Outpatient Department of Panchakarma, Patanjali Ayurvedic Hospital, Haridwar, for better management

Past History

Nil.

Personal History

Diet - Mixed

Appetite- Decreased

Bowel- Irregular

Urine- Clear

Sleep- Disturbed (4 hours/day)

Occupation- Homemaker

No addiction

Family History

Not significant

General Examination

Pulse- 74/ min

Ht- 5 ft 2 inch

RR- 16-18/min

Wt- 60 kg

BP- 110/70 mm Hg

Temp- 98.6^0 f

Rogi Pareeksha (Ayurvedic Examination)

Ashtavidha Pareeksha

- **Nadi:** Vatapradhan Kapha
- **Mala:** Prakrita
- **Mutra:** 5-6 times/day
- **Jivha:** Lipta
- **Shabda:** Prakrita
- **Sparsha:** Anushnasheeta
- **Drik:** Prakrita

- **Aakruti:** Madhyam

Dashavidha Pareeksha

Vata-Kapha constitution, normal Sara, Samhanana, and Satmya

Annavaha, Asthivatastroto Dushti Lakshan: Presence of Sthambha (stiffness) and Shoola(pain)

Local Examination of Joints.

Inspection

- Symmetrical involvement: wrist, metacarpophalangeal and knee joints.
- Swelling is mild over the wrist and finger joints.
- No deformity was noted
- Restriction in movement due to pain.

Palpation

- Tenderness is noted at the local site
- Warmth is mild over the swollen joints.
- Pain on active and passive movements.
- No crepitus was noted

PATHOLOGICAL FINDING

INVESTIGATION	RESULT
Rheumatoid factor	113 IU/ml
ASO	118.3 IU/ml

TREATMENT

The treatment protocol was planned according to the classical principle of Amavata Chikitsa, aiming at Ama Pachana, Agni Deepana, Vata Shamana, Shothahara and restoration of joint function.

Treatment consist of

1. Panchakarma Therapy
2. Internal Ayurvedic Medicines

A. PANCHAKARMA THERAPY

Panchakarma procedure	**Route**	**Duration**
Baluka swedan	**Local Application**	**8 days**

Vaitaran Basti	**Anal Route**	**3 days**
Anuvasana Basti	**Anal Route(saindhavadi taila)**	**5 days**

Yoga Basti schedule

Days	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**
Basti	**A.B**	**V.B**	**A.B**	**V.B**	**A.B**	**V.B**	**A.B**	**A.B**

A.B- Anuvasana Basti

V.B-Vaitaran Basti

B. INTERNAL MEDICINE

The patient was advised the following oral Ayurveda medicines after completion of Panchakarma treatment.

Medicine	**Dose**	**Anupana**	**Duration**
1. Mahavat Vidhvansan Ras (5gm) Praval Pishti (10gm) Swarn Makshik Bhasma (5gm) Godanti Bhasma (20gm) Giloy Sat (10gm) Vrihat Vat Chintamani Ras (5gm)	Mix all powders and divide in 60 equal parts. Take 1 part Before Meal twice a day.	Honey/Ushna Jal	30 days.
2. Singhnaad Gugglu	1 Thrice a Day After Meal	Ushna Jal	30 days
3. Chandraprabha Vati	2 Thrice a Day After Meal	Ushna Jal	30 days
4. Punarnavadi Mandoor	1 Thrice a Day After Meal	Ushna Jal	30 days
5. Ajmodadi Churna	1/2 tsp Twice a Day Before Meal	Ushna Jal	30 days
6. Maharasnadi Kwath	50ml Twice a Day Empty Stomach	-	30 days
7. Aamvatari Ras	2 Twice a Day	With Kwath	30 days
8. Chitrakadi Vati	2 Thrice a Day After Meal	Ushna Jal	First 5 days
9. Panchkola Churna	1/2 tsp Twice a Day Before Meal	Ushna Jal	First 5 days

FOLLOW UP - 1ST

Medicine	**Dose**	**Anupana**	**Duration**
1. Singhnaad Gugglu	1 Thrice a Day After Meal	Ushna Jal	30 days
2. Chandraprabha Vati	2 Thrice a Day After Meal	Ushna Jal	30 days
3. Punarnavadi Mandoor	1 Thrice a Day After Meal	Ushna Jal	30 days
4. Ajmodadi Churna	1/2 tsp Twice a Day Before Meal	Ushna Jal	30 days
5. Gokhru Kwath	50ml Twice a Day Empty Stomach	-	30 days
6. Aamvatari Ras	2 Twice a Day	With Kwath	30 days
7. Castor Oil	20ml at night	With Lukewarm Milk	Once Every 15 days
8. Saindhavadi Taila	For Local Application	-	30 days

ASSESMENT CRITERIA

Patient was evaluated before treatment and after three months of treatment based on subjective and objective parameter.

SUBJECTIVE PARAMETER	B.T	A.T
1. Sandhishoola (Joint Pain) Using VAS SCORE	5	2
2. Sanshishotha (Joint Swelling)	Present	Absent
3. Morning stiffness	Present	Absent
4.Tenderness	Present	Present

OBJECTIVE PARAMETER	B.T	After 3 month
1.Rheumatic Factor	113 IU/ml	3.60 IU/ml
2.ASO Title	118.3 IU/ml	118.3 IU/ml

RESULT

Post treatment evaluation revealed favourable clinical outcome in the patient. Assessment was based on subjective clinical parameters and objective laboratory investigation. Significant improvement was observed in the major clinical manifestation of Amavata, including Sandhishoola, Sandhishotha, morning stiffness, tenderness and functional ability following Panchakarma therapy. Improvement was further sustained with continued administration of ayurvedic internal medicines.

DISCUSSION

Ama and Vata are the primary dosha involved in Amavata. Ama and Vata has opposite properties. Whereas Vata is the biological factor which is responsible for movement of other Doshas. When the Gati of Vata is obstructed due to Ama in Strotas then the functional normality of Vata is impaired and responsible for causing various Vatavyadhi.

Involvement of Uthaan Dhatu(Rasa Dhatu) to Gambeer Dhatu makes the treatment more complicated hence there is necessity to target the root factor and follow systematic treatment protocol based on principle of Ayurveda, Panchakarma procedures and internal medication will help in checking autoimmune mobility and elimination of Bahu Dosha Avastha.

Ama and Vata are the primary Doshas implicated in Amavata. Vata governs movement within the body, including the circulation of other Doshas. When Ama blocks the channels (Strotas), it disrupts Vata's natural flow, impairing its function and leading to various Vata-related disorders.

Since Ama and Vata possess opposing qualities, and because the condition involves progression from superficial tissues to deeper ones, treatment becomes complex. Addressing the root cause is essential, requiring a systematic approach grounded in Ayurvedic principles. Panchakarma therapies combined with internal medications can help regulate autoimmune activity and eliminate the state of multiple Dosha imbalances.

Basti karma

Purana Guda is considered light (Laghu), easily digestible (Pathya), non-congestive (Anabhishyandi), digestive stimulant (Agnivardhaka), and effective in pacifying Vata and Pitta (Vata-Pittaghna). It also aids in transporting medicinal substances to the micro-cellular level. Saindhava possesses subtle (Sukshma), penetrating (Tikshna), and unctuous (Snigdha) qualities. Its subtlety enables it to reach the body's finest channels, while its sharpness helps break down accumulated waste (Mala) and aggregated Doshas. The Sukshma nature of Basti Dravya allows it to penetrate minute pathways and liquefy vitiated Doshas. Sneha Dravya alleviates aggravated Vata, softens the micro-channels, dissolves compacted waste, and clears channel blockages. In this formulation, Tila Taila combined with Guda and Saindhava ensures a homogeneous mixture and shields the mucous membrane from potential irritation caused by strong components in the Basti liquid.

Amleeka exhibits properties that subdue Vata and Kapha, along with being drying (Ruksha) and heating (Ushna). The Ruksha quality specifically counteracts Ama, a primary causative factor in disease. Gomutra, a key ingredient in the Basti, has pungent taste (Katu Rasa), post-digestive pungency (Katu Vipaka), hot potency (Ushna Virya), and is light (Laghu), dry (Ruksha), and sharp (Tikshna). These attributes help reduce joint stiffness (Sandhigraha) and swelling (Shopha), while also cleansing the channels (Srotoshodhana), thereby reducing congestion in the bodily systems (Srotobhisyanda) and promoting proper Vata movement (Vatanulomana).

Thus, once Vaitarana Basti Dravya reaches the large and small intestines, its Laghu, Ushna, Tikshna, and Ruksha qualities facilitate absorption through the intestinal wall. It clears obstructions and expels pathological substances throughout the body, effectively interrupting the disease process.

Baluka sweda

Baluka Sweda, a dry or Ruksha form of fomentation, is especially recommended for Kaphaja conditions and diseases caused by Ama, including Amavata, Due to its dry properties, it promotes Pachana—the digestion of Ama—and aids in clearing blocked microchannels. It also reduces joint stiffness and eases pain.[5] Since the primary symptoms of Amavata include Stambha (stiffness), Gaurava (heaviness), and Shula (pain), Swedana offers significant relief and plays a supportive role in managing the condition. Additionally, ancient practitioners highlight other benefits of Swedana: it helps resolve Sankocha (contraction) and Supti (numbness), and is effective in systemic disorders. Its dry nature facilitates the breakdown of ama, clears microcirculatory pathways, reduces joint rigidity, and relieves discomfort, thereby contributing significantly to treatment.

Mode of action

The therapeutic regimen is based on the basic mechanism of Amavata, correcting of Mandagni, digestion of Ama, pacification of aggravated Vata-Kapha Dosha and reduction of Shotha and Shoola. Chitrakadi vati, Panchkola churna and Ajmodadi churna increases agni and encourages amapachana to prevent more Ama formation. Singhnaad Guggulu and Aamvatari Ras enhances Srotoshodhana, relieve pain and stiffness and reduce the swelling of joints. Vata-Shamana, Rasayana and Balya properties are provided by Mahavat Vidhvansan Ras, Vrihat Vat Chintamani Ras, Guduchi Satva, Swarn Makshik Bhasma, Vrihat Praval Pishti and Godanti Bhasma, which relieve pain, aid in the functioning of joints and promote tissue repair. Maharasnadi Kwatha and Punarnavadi Mandoor further curb down the inflammation, edema and associated weakness.

In the modern era, the regimen has anti-inflammatory, immunomodulatory, analgesic, antioxidant and disease modifying properties affecting inflammatory mediators, oxidative stress and immune homeostasis, which helps to decrease pain, swelling, stiffness and improve functional outcome in Amavata patients.

CONCLUSION

Amavata is a chronic inflammatory condition which must be diagnosed and treated early to slow the disease process, prevent joint damage and loss of function. In this case, a 50-year-old woman presented with typical features, such as joint pain in both large and small joints, swelling, morning stiffness and tenderness. She received a Ayurvedic treatment such as Baluka Sweda, internal Ayurvedic medicines, Yoga Basti (Vaitarana Basti) according to

Yoga Basti schedule, internal ayurvedic medication. During Panchakarma, clinical improvement was observed, and a gradual decrease in pain, swelling and stiffness was observed. The patient had significant response to the treatment at the three-month follow-up, with a marked reduction in the severity of their symptoms and levels of Rheumatoid Factor (from 113 IU/mL to 3.60 IU/mL). The result emphasizing on elimination of Ama (toxins), boosting digestive fire (Agni), pacifying vata, and employing Panchakarma therapies would be useful in treating Amavata not only from a symptom point of view, but also based on underlying disease mechanisms. Although this is an individual case, there is scope for larger studies that are controlled for efficacy, the results may indicate that integrating the Ayurvedic treatment with its corresponding diet and lifestyle changes may provide meaningful symptom relief, improve physical function and potentially reduce the risk of relapse.

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