

**EVALUATION OF EFFECTIVENESS OF CLASSICAL AYURVEDIC FORMULATIONS IN THE MANAGAEMENT OF AMAVATA (RHEUMATOID ARTHRITIS): A CASE REPORT**

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**ABSTRACT**

The concept of *Amavata* is described in detail in *Madhava Nidana* and is considered one of the significant musculoskeletal disorders in *Ayurveda*. It develops when aggravated *Vata Dosha* combines with *Ama* (metabolic toxins formed due to improper digestion) and localizes in the joints, leading to pain, swelling, stiffness, tenderness, and restricted movements. Owing to its clinical manifestations, *Amavata* closely resembles Rheumatoid Arthritis (RA), a chronic autoimmune inflammatory disease characterized by synovial joint involvement, progressive deformity, and functional disability. In India, the prevalence of RA is reported to be higher among females than males, making it an important public health concern. According to *Ayurvedic* principles, the pathogenesis of *Amavata* involves *Agnimandya*, subsequent formation of *Ama*, aggravation of *Vata Dosha*, and affliction of the Sandhi (joints). Therefore, the therapeutic approach aims at correcting impaired digestion, eliminating *Ama*, pacifying *Vata*, and restoring normal joint function.

Classical treatment modalities include *Langhana*, *Deepana-Pachana*, *Swedana*, and the use of formulations possessing *Katu* and *Tikta Rasa* predominance. The present case report describes the management of a patient suffering from *Amavata* using a comprehensive *Ayurvedic* treatment protocol administered over a period of three months. Clinical assessment was carried out before and after treatment using both subjective and objective parameters. Significant improvement was observed in major symptoms, including joint pain, stiffness, swelling, and functional limitation, indicating the effectiveness of the adopted treatment regimen. Although conventional RA management with analgesics, corticosteroids, anti-inflammatory drugs, and DMARDs provides symptomatic relief, long-term therapy is often associated with adverse effects and may not completely prevent disease progression. *Ayurveda*, on the other hand, focuses on addressing the underlying pathological factors and offers a holistic treatment strategy aimed at sustainable disease management and improvement in quality of life.

**KEYWORDS:** *Amavata*, Rheumatoid Arthritis, *Ayurveda*, *Ama*, *Vata Dosha*, *Agnimandya*, *Swedana*, *Ayurvedic Management*.

## INTRODUCTION

Rheumatoid Arthritis (RA) is a long-term inflammatory disorder in which the body's immune system mistakenly attacks its own joint tissues. The condition primarily affects synovial joints and manifests as pain, swelling, tenderness, stiffness, and progressive loss of joint function. Small joints of the hands, wrists, and feet are commonly involved, and if left untreated, the disease may lead to joint deformities and disability. RA often follows a fluctuating course, with periods of symptom aggravation alternating with phases of relative improvement. It affects approximately 0.8–1% of the global population and is observed more frequently in women than in men. Current medical understanding suggests that a combination of genetic, immunological, and environmental factors contributes to the onset and progression of the disease.

From an *Ayurvedic* perspective, RA can be compared with *Amavata*, a disorder resulting from the interaction of *Ama* and aggravated *Vata Dosha*. Impairment of digestive and metabolic processes, known as *Agnimandya*, leads to the generation of *Ama*. This toxic, improperly processed substance circulates through the body and accumulates in susceptible sites, particularly the joints. The subsequent association of *Ama* with *Vata* gives rise to symptoms such as joint pain, swelling, stiffness, heaviness, reduced appetite, fatigue, and restricted

movement. The participation of *Kapha* and *Pitta Dosha* may further intensify inflammation and contribute to disease chronicity.

The management of *Amavata* in *Ayurveda* is directed toward removing *Ama*, restoring digestive strength, balancing aggravated *Vata*, and preserving joint mobility. Therapeutic measures described in classical texts include *Langhana*, *Deepana-Pachana*, *Swedana*, and the administration of medicines possessing *Katu* and *Tikta Rasa*. While modern treatment mainly focuses on controlling inflammation and slowing disease progression, the *Ayurvedic* approach aims to correct the underlying pathogenic mechanisms and improve overall well-being. This review examines the similarities between RA and *Amavata* and discusses their pathogenesis and management from both contemporary and *Ayurvedic* viewpoints.

## **MATERIALS AND METHODS**

### **CASE REPORT**

A 45 year old male patient came to OPD of Government Pt. Khusilal sharma govt. autonomous ayurveda college with chief complaints of pain in multiple joints for 4 years. It was associated with morning stiffness, swelling in joints, along with loss of appetite, recurrent fever.

#### **History of Present Illness**

A 45 year old male, is a known case of rheumatoid arthritis and has been on regular medication for the past 4 years. Following a viral fever, he developed knee joint pain associated with morning stiffness lasting more than two hours. The pain was pricking in nature and severe in intensity. It was aggravated in the morning and on exposure to cold weather and was relieved by hot climate. While on medication, his symptoms subsided, however, on withdrawal of treatment, the pain and stiffness became aggravated. During episodes of severe pain, he also developed a fever. Over the past 4 years, he consulted various allopathic and Ayurvedic hospitals and took intermittent treatment. During this period, the disease showed a gradual progression, and he began to experience bilateral pain involving the wrist, left elbow, knee, and ankle joints.

#### **History of Past Illness**

No history of Hypertension, Hypothyroidism and Diabetes Mellitus.

**General Examination**

Blood Pressure	130/80 mm/hg
Pulse	70/min
Respiratory Rate	17/min
Height	145 cm
Weight	58 kg

**Systemic Examination**

CVS	S1-S2
P/A	Soft and non tender
CNS	conscious and well oriented
RS	B/L symmetrical, lung field is clear.

**Personal History of Patient**

Name	XYZ
Bowel	Constipated
Age	45 years
Appetite	Reduced
Marital Status	Married
Occupational	Driver
Habit	Tea
Diet	Mixed
Sleep	Disturbed

**Family History**

There is no relevant family history contributing to the current situation of the patient.

**Clinical Findings:** The patient has several episodes of polyarticular joints Left elbow joint pain and left knee joint pain, followed by stiffness in whole body and especially in knee joint in the morning. Pain and swelling present in patients both knee joints. Pain during movement, morning stiffness for 2 hour.

**Physical Examination**

The patient was found to be anxious with the followings –

Appetite	<i>low, mand</i> (poor)
Sleep	Disturbed
Koshtha	<i>Krura Koshtha</i> (bowel hard to purgate)
Micturation	Normal

**Ashtavidha Pareeksha**

<i>Nadi</i>	<i>Vata-kapahaj</i>
<i>Mutra</i>	<i>Samyak mjutra pravitti</i>
<i>Mala</i>	<i>Vibandhit</i>
<i>Jivha</i>	<i>Sama</i>
<i>Shabda</i>	<i>Samyak</i>
<i>Sparsh</i>	<i>Ruksha</i>
<i>Drikaa</i>	<i>Samanya</i>
<i>Akriti</i>	<i>Madhyam</i>

**Dashvidha Pareeksha**

<i>Prakriti</i>	<i>Vata Pittaj</i>
<i>Vikrati</i>	<i>Vata Piitaj</i>
<i>Sara</i>	<i>Madhyam</i>
<i>Samhanana</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Sama</i>
<i>Satmya</i>	<i>Madhyam</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Madhyam</i>
<i>Vyayamshakti</i>	<i>Avara</i>
<i>Aharshakti and Jaranshakti</i>	<i>Avar</i>

**Showing Musculo skeletal system**

S.NO	B/L knee joints	B/L ankle joints	Small joints of hands
Swelling	Present	Present	Present
Deformity	Absent	Absent	Absent
Tenderness	Present	Present	Present
Temperature	Warmth	Warmth	Normal
Range of movement	Painful	Painful	Painful

**2010 ACR/EULAR classification criteria for RA.**

Criteria	Score
1.Joint distribution (0-5)>10 joints	4
2.Serology(0-3)-High RA factor	3
3.Symptoms duration(0-1)>6weeks	1
4.Acute phase reactants-Abnormal ESR and CRP	1
Total Score->6 Defines RA	9

**Showing Nidana panchaka**

<i>Nidana</i>	<i>Aharaja: Snigdha, Abhishyandi atisevana, Aiti sheeta aahar sevana (fridge items)</i> <i>Viharaja: Divaswapna after taking food</i>
<i>Purvaroopo</i>	<i>Agnimandya</i>
<i>Roopa</i>	<i>Anga gourava, Shoola shotha and Stabdtha in multiple joints.</i>
<i>Upashaya</i>	<i>Summer season, afternoon hours, immersing joints in hot water</i>
<i>Anupashaya</i>	<i>Winter season and cold weather</i>

**Showing Samprapti ghataka**

<i>Dosha</i>	<i>Vata pradhan tirdosha</i>
<i>Dushya</i>	<i>Rasa, Asthi, Majja</i>
<i>Agni</i>	<i>Jataragni, Dhatwagni</i>
<i>Agnidushti</i>	<i>Mandagni</i>
<i>Srotas</i>	<i>Rasavaha, Asthivaha, Majjavaha</i>
<i>Srotodusti</i>	<i>Sanga</i>
<i>Udbhavasthan</i>	<i>Amashaya</i>
<i>Sancharasthana</i>	<i>Sarvashareera</i>
<i>Vyaktasthana</i>	<i>Sandhi</i>
<i>Adhithana</i>	<i>Sandhi</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Sadhyasadyata</i>	<i>Kricchrasadhyata</i>

**Showing Treatment Protocol Adopted****Oral Medication**

<b>MEDICINES</b>	<b>DOSE</b>	<b>DAYS</b>
<i>Swarna Mahayograj Guggul</i>	<i>250 mg twice a day</i>	<i>45 Days</i>
<i>Singhnaad Guggul</i>	<i>250 mg twice a day</i>	<i>45 Days</i>
<i>Erand tail</i>	<i>10ml HS</i>	<i>45 Days</i>

**Panchakarma**

<b>PANCHAKARMA</b>	<b>DAYS</b>	<b>DURATION</b>	<b>DRUG</b>	<b>DOSE</b>
<i>Sarvang patra pinda swedan</i>	<i>21</i>	<i>20 minutes</i>	<i>Karpooradi taila</i>	<i>-</i>
<i>Matra Basti with saindhvadi taila</i>	<i>21</i>	<i>-</i>	<i>Saindhavadi Taila</i>	<i>80 ml</i>
<i>Baluka pottali swedan</i>	<i>21</i>	<i>10 minutes</i>	<i>Saindhav, Sand, Ajawain</i>	<i>-</i>

**Assessment**

The results were assessed on the basis of clinical signs and symptoms mentioned in Ayurvedic classics as well as 2010 ACR/EULAR classification criteria for RA.

**Joint Pain**

<b>SL</b>	<b>Sevreity of pain</b>	<b>Grade</b>	<b>Score</b>
1	No pain	Zero	0
2	Pain occasional, can be managed without drug	I	2
3	Pain frequent and can be managed with some pain killer	II	4
4	Pain persistent and unmanageable even with drugs	III	6

**Morning Stiffness**

<b>SL</b>	<b>Morning Stiffness</b>	<b>Grade</b>	<b>Score</b>
1	No stiffness	Zero	0
2	Early morning stiffness upto 30 minutes	I	2
3	Early morning stiffness more than 30 minutes and less than 45 minutes	II	4
4	Morning stiffness more than 45 minutes	III	6

**Tenderness**

SL	Tenderness	Grade	Score
1	No tenderness	Zero	0
2	Tender but bearable	I	2
3	Tender and winced	II	4
4	Tender winced and withdraw	III	6

**Swelling**

SL	Severity of Swelling	Grade	Score
1	No swelling/not making the bony land marks of joints	I	0
2	Just covering the bony prominences	II	2
3	Considerably above the land marks may be with positive fluctuation.	III	4

**Showing overall assessment**

Assessment criteria	Before treatment	After treatment
<i>Sandhi shola</i>	Grade 3	Grade 1
<i>Sandhi shoth</i>	Grade 2	Grade 0
<i>sandhi stabdhata</i>	Grade 4	Grade 1
<i>Sparsh vedna</i>	Grade 2	Grade 0
RA factor	265.60 IU/ml	159 IU/ml
C-RP	Positive	Negative
Anti-CCP	500 u/ml	200 u/ml
EULAR score	9	4

**DISSCUSSION**

*Amavata* is a disorder caused by the accumulation of *Ama* along with aggravated *Vata Dosh*, leading to joint pain, swelling, stiffness, tenderness, and restricted movements. The treatment principles include *Amapachana*, *Vata-Kapha Shamana*, and restoration of joint function. In the present case, a combination of oral medications and *Panchakarma* therapies was administered to address the underlying pathology and clinical manifestations of *Amavata*.

*Swarna Mahayograj Guggulu*, *Singhnad Guggulu* were given for 45 days. These formulations possess *Deepana*, *Pachana*, anti-inflammatory, analgesic, and *Vata-Kaphahara* properties. They help in digesting *Ama*, reducing inflammation, relieving pain and stiffness, and improving joint mobility.

Among the *Panchakarma* procedures, *Sarvanga Patra Pinda Swedana* with *Nirgundi*, *Eranda*, *Arka*, and *Shigru* leaves helped reduce pain and stiffness through its *Ushna* and *Vata-Kaphahara* actions. *Baluka Pottali Swedana* provided *Ruksha Swedana*, which is beneficial in reducing *Ama*, *Kapha*, and joint swelling. *Matra Basti* with *Saindhavadi Taila* helped

pacify *aggravated Vata*, improve joint function, and reduce pain. The overall improvement observed may be attributed to the combined effect of these therapies, which acted on both the root pathology and symptoms of *Amavata*, resulting in better functional capacity and quality of life.

## CONCLUSION

The present case demonstrates that a comprehensive Ayurvedic treatment approach can be beneficial in the management of *Amavata*. The combined administration of *Swarna Mahayograj Guggulu*, *Singhnad Guggulu* along with *Sarvanga Patra Pinda Swedana*, *Baluka Pottali Swedana*, and *Matra Basti* with *Saindhavadi Taila* produced noticeable improvement in the patient's clinical condition. The treatment protocol effectively addressed the fundamental pathology of *Amavata* by promoting *Amapachana*, pacifying aggravated *Vata* and *Kapha Doshas*, and improving joint function.

Reduction in pain, stiffness, swelling, and tenderness along with improvement in mobility and daily activities suggests the therapeutic potential of this integrative *Ayurvedic* regimen. *Panchakarma* procedures complemented the action of oral medications by providing local as well as systemic benefits. However, further studies involving larger sample sizes and longer follow-up periods are required to validate these findings and establish stronger clinical evidence for the management of *Amavata* through *Ayurvedic* interventions.

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