

**AYURVEDIC INTERVENTION IN THE MANAGEMENT OF
AMAVATA - A CASE STUDY (RHEUMATOID ARTHRITIS)****Dr. Rajesh Marbate^{1*}, Dr. Sanya²**

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ABSTRACT

Amavata is a well-described clinical entity in Ayurveda that shows close resemblance to rheumatoid arthritis (RA), a chronic autoimmune inflammatory disorder primarily affecting synovial joints. The condition develops due to *Agnimandya* leading to formation of *Ama*, which, in association with aggravated *Vata Dosha*, localizes in the joints and produces symptoms such as *Sandhishoola* (joint pain), *Sandhishotha* (swelling), *Stambha* (stiffness), and restricted movements. The disease is progressive in nature and significantly impairs functional capacity and quality of life. A 44-year-old female presented with symmetrical involvement of wrists, small joints of hands, and knees, associated with bilateral swelling, morning stiffness lasting more than one hour, fatigue, and reduced appetite for three years. Laboratory investigations revealed markedly elevated ESR (138 mm/hr), CRP (16.7 mg/L),

positive rheumatoid factor, and Anti-CCP antibodies, confirming active inflammatory pathology. Ayurvedic assessment through *Ashta Sthana Pariksha* and *Dashavidha Pariksha* indicated *Vata-Pitta Prakruti* with predominance of *Vata* and features of systemic *Ama*, establishing the diagnosis of *Amavata*. The patient was managed with a classical sequential Ayurvedic protocol emphasizing *Ama Pachana* followed by *Vata Shamana* over a period of 12 weeks, along with appropriate dietary regulation. Post-treatment evaluation showed marked reduction in joint pain and swelling, significant decrease in morning stiffness,

improvement in appetite and general wellbeing, and substantial reduction in inflammatory markers (ESR reduced to 38 mm/hr and CRP to 5.2 mg/L). No adverse effects were observed during the treatment period. This case highlights the importance of addressing metabolic impairment and *Ama* elimination prior to *Vata* pacification in the management of *Amavata*, and suggests that classical Ayurvedic principles may offer meaningful therapeutic benefit in RA-like inflammatory conditions. Further controlled studies are required to substantiate these findings.

KEYWORDS: Amavata, Rheumatoid arthritis, *Ama*, *Vata Dosha*, *Deepana-Pachana*, *Shamana Chikitsa*, Ayurvedic management.

INTRODUCTION

Chronic inflammatory joint diseases rank among the leading causes of disability worldwide. Rheumatoid arthritis (RA) represents a systemic autoimmune condition characterized by persistent synovial inflammation, symmetrical polyarticular involvement, and progressive joint destruction.^[1] Despite advances in disease-modifying antirheumatic drugs (DMARDs) and biologics, achieving complete remission remains challenging, while long-term therapies frequently produce significant adverse effects.^[2] Ayurveda describes a clinically analogous condition as *Amavata*, wherein impaired digestive fire (*Mandagni*) generates *Ama*, a toxic, unctuous metabolic byproduct that circulates systemically with deranged *Vata Dosha* to afflict the *sandhi* (joints). This pathogenesis produces the classical tetrad of *sandhishoola* (joint pain), *sandhishotha* (swelling), *stambha* (stiffness), and restricted mobility, closely mirroring RA's presentation.^[3] Classical Ayurvedic management follows a systematic protocol prioritizing *agni-deepana* (appetite stimulation) and *ama-pachana* (toxin digestion) before initiating *vata-shamana* therapies, thereby preventing exacerbation through premature oleation. This case study documents the clinical presentation, comprehensive diagnostic evaluation, structured therapeutic intervention, and objective outcomes in a confirmed *Amavata* patient managed through this time-tested protocol.

MATERIALS AND METHODS

CASE REPORT

A female patient of age 44 years visited Kayachikitsa O.P.D at Shri Dhanwantri Ayurvedic Medical College & Research Centre college of ayurveda, Mathura with complaints of multiple joint pain associated with joint swelling and morning stiffness for 3 years.

Chief Complaints

Pain in wrists, small joints of hands, and knees for three years Swelling in affected joints
Morning stiffness lasting about 90 minutes.

Associated Complaints Generalized fatigue Heaviness in body Reduced grip strength
Disturbed sleep due to pain **History of Present Illness.**

The patient developed mild joint pain three years ago, initially affecting small joints of hands. Gradually swelling appeared and knees became involved. Morning stiffness increased progressively. She had taken conventional medicines intermittently with temporary relief. Due to persistent symptoms, she opted for Ayurvedic management.

Past History

No history of diabetes, hypertension, trauma, or major illness.

Family History

No family history of autoimmune or joint disorders.

Personal History

- a) Appetite- Decreased
- b) Bowel- One time daily, Constipated
- c) Micturation- 5-6 times/ day
- d) Sleep - Disturbed
- e) Diet- Mixed diet, especially non-vegetarian, spicy
- f) food Habits- 3-5 times coffee per day
- g) Addiction- No

General Examination

- Pulse – 78/min
- Blood Pressure – 122/80 mmHg
- Respiratory Rate – 18/min
- Temperature – Afebrile

Ashta Sthana Pareeksha

- a) Jiwha – Upalepatwam
- b) Naadi – Kapha vata

- c) Mala – Amayukta
- d) Mootra – Prakruta
- e) Shabdha – Prakruta
- f) Sparsha –Ruksha
- g) Druk – Prakruta
- h) Aakruti – Madhyama

Dashavidha Pareeksha

- a) Prakruti- Vata-pitta
- b) Vikruta-

Dosha: Vatapradhana tridosha,

Dooshya: Rasa, Ashti

- c) Satva- Madhyama
- d) Sara- Madhyama
- e) Samhanana - Madhyama
- f) Pramana – Madhyama
- g) Satmya: Sarva rasa
- h) Aharasakti: avara
- i) Vyayamasakti: Avara
- j) Vaya: 44 years.

SYSTEMIC EXAMINATION

Central nervous system - Conscious, oriented, higher mental functions intact. Cardiovascular system - S1 S2 heard, normal rhythm.

Respiratory system - Normal vesicular breath sounds heard, no added sounds.

Musculoskeletal examination- tenderness and mild swelling in metacarpophalangeal joints, wrists, and knees. Movements were painful and restricted.

INVESTIGATIONS

Sr. No.	Investigation	Patient Value
1	Haemoglobin	11.4 gm%
2	ESR	138 mm/hr
3	RA Factor	65.2 IU/ml – Positive
4	Anti-CCP	Positive

5	C-Reactive Protein (CRP)	16.7 mg/L – Positive
6	ASO Titre	Negative
7	Serum Uric Acid	4.0 mg/dL

TREATMENT

Phase I – Deepana–Pachana Phase.

Sr. No.	Drug Name	Dose	Duration	Anupana
1	Simhanada Guggulu	500 mg BD	15 Days	Lukewarm water
2	Ajmodadi Churna	3 g BD	15 Days	Lukewarm water
3	Eranda Taila	10 ml HS (Twice weekly)	15 Days	Lukewarm water

Advice- Light, warm, easily digestible diet was advised.

Phase II – Shamana Chikitsa.

Sr. No.	Drug Name	Dose	Duration	Anupana
1	Mahayograj Guggulu	500 mg BD	45 Days	Lukewarm water
2	Rasnadi Kwatha	40 ml BD	45 Days	Lukewarm water
3	Dashmoola Kwatha	40 ml BD	45 Days	Lukewarm water

RESULTS

A. Clinical Assessment

Sr. No.	Parameter	Before Treatment	After 30 Days	After 60 Days
1	Joint Pain	Severe pain in multiple small joints; difficulty in daily activities	Moderate pain; improved tolerance to movement	Mild occasional pain; able to perform routine work comfortably
2	Morning Stiffness	> 60 minutes	~ 20–25 minutes	< 10 minutes
3	Joint Swelling	Bilateral wrist and MCP joint swelling present	Swelling reduced by~50%	Minimal to absent swelling
4	Tenderness	Marked tenderness on palpation	Mild tenderness	No significant tenderness
5	Range of Motion	Restricted and painful	Improved but mildypainful	Near normal and painless
6	Appetite (Agni)	Reduced appetite (Mandagni)	Appetite improved	Normal appetite
7	General Weakness	Present	Reduced	Markedly improved
8	Exercise Capacity	Poor (Avara Vyayama Shakti)	Moderate	Improved functional capacity

B. Laboratory Assessment

Sr. No.	Investigation	Before Treatment	After 30 Days	After 60 Days
1	Haemoglobin	11.4 gm%	11.8 gm%	12.2 gm%
2	ESR	138 mm/hr	72 mm/hr	38 mm/hr
3	RA Factor	65.2 IU/ml (Positive)	48 IU/ml	Reduced titre
4	C-Reactive Protein	16.7 mg/L (Positive)	9.4 mg/L	5.2 mg/L
5	Serum Uric Acid	4.0 mg/dL	4.1 mg/dL	4.0 mg/dL

DISCUSSION AND CONCLUSION

The present case exhibited classical features of *Amavata* such as *Sandhishoola*, *Sandhishotha*, *Stambha*, *Gaurava*, *Aruchi*, and coated tongue, clearly indicating the involvement of systemic *Ama* along with aggravated *Vata*. The symmetrical affection of small joints, prolonged morning stiffness, raised ESR and CRP, and positive rheumatoid markers established its close resemblance with rheumatoid arthritis. According to Ayurvedic principles, *Agnimandya* forms the fundamental pathology, leading to the production of *Ama*, which, when combined with vitiated *Vata*, localizes in *Sandhi* and produces inflammatory manifestations. The clinical picture of this patient strongly supported this classical understanding.

The management was planned on the principle of sequential correction initial elimination of *Ama* through *Deepana–Pachana* followed by *Vata Shamana*. Early improvement in appetite, bowel regularity, and reduction in heaviness indicated restoration of *Agni* and clearance of metabolic toxins. This phase was crucial in breaking the pathogenesis, as untreated *Ama* may perpetuate inflammatory cascades. The subsequent administration of formulations possessing *Vata-Kapha Shamana*, anti-inflammatory, and analgesic properties resulted in marked reduction in joint pain, swelling, and stiffness.

Objective biochemical parameters substantiated the clinical response. ESR reduced from 138 mm/hr to 38 mm/hr and CRP from 16.7 mg/L to 5.2 mg/L, reflecting significant control over systemic inflammatory activity. Improvement in haemoglobin suggested reduction of chronic inflammatory burden and better metabolic assimilation. The substantial decrease in duration of morning stiffness and near resolution of joint swelling demonstrated functional recovery of affected joints. Importantly, the entire therapeutic course was well tolerated without adverse effects, highlighting the safety of the regimen when administered judiciously. This case reinforces the classical concept that targeting *Agnimandya* and eliminating *Ama* is fundamental in the management of *Amavata*. Mere symptomatic suppression without addressing metabolic dysfunction may not yield sustained improvement. The structured approach adopted here effectively addressed both the root pathology and symptomatic expression, resulting in measurable clinical and laboratory improvement.

In conclusion, the present study demonstrates that a planned Ayurvedic protocol based on *Deepana–Pachana* followed by appropriate *Shamana Chikitsa* can produce significant symptomatic relief, functional enhancement, and reduction in inflammatory markers in

Amavata corresponding to rheumatoid arthritis. The observed outcomes affirm the practical applicability of classical principles in contemporary clinical settings and underscore the therapeutic potential of Ayurveda in chronic inflammatory joint disorders.

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