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A COMPREHENSIVE LITERATURE REVIEW ON AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

Dr. Preeti Kaloni*[1], Dr. Punita Pandey[2], Dr. Sangita Devi[3]

[1]PG Scholar, Department of Kayachikitsa, Gurukul Campus, UAU, Haridwar.

[2]Associate Professor, Department of Kayachikitsa, Gurukul Campus, UAU, Haridwar.

[3]Assistant Professor, Department of Kayachikitsa, Gurukul Campus, UAU, Haridwar.

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***Corresponding Author**

Dr. Preeti Kaloni

PG Scholar, Department of Kayachikitsa, Gurukul Campus, UAU, Haridwar.

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ABSTRACT

Amavata is a disease formed from the combination of two terms, *Ama* and *Vata*. It primarily develops due to the impairment of various forms of *Agni* such as *Jatharagni*, *Dhatvagni*, and *Bhutagni*, leading to the formation of *Ama*. This undigested material circulates throughout the body under the influence of aggravated *Vata* and gets lodged in *Shleshma Sthanas* (joints and related structures), resulting in *Sandhishoola*, *Sandhi stabdhata* and *Sandhi shotha* affecting both small and large joints. The clinical manifestations of *Amavata* closely resemble those of Rheumatoid Arthritis (RA), a chronic inflammatory, destructive, and symmetrical polyarthritis associated with systemic involvement. *Amavata* is considered one of the most challenging diseases for clinicians due to its chronic nature, complications, disability, and morbidity. In modern medicine, treatment mainly includes NSAIDs, corticosteroids, and DMARDs, which provide symptomatic relief but are often associated with adverse effects. In contrast, *Ayurvedic* management focuses on addressing the root cause of the disease by correcting *Agni* and eliminating *Ama*. The principal treatment modalities of *Amavata* include *Langhana* (lightening therapy), *Swedana* (sudation therapy), and the administration of drugs possessing *Tikta* and *Katu Rasa* with *Deepana-Pachana* properties as *Shamana Chikitsa*. Therefore, the present study aims to provide a comprehensive review of *Amavata* with special reference to Rheumatoid Arthritis, based on classical Ayurvedic texts and its therapeutic management.

KEYWORDS: *Amavata*, *Ama*, *Agni*, Rheumatoid Arthritis.

INTRODUCTION

In today's fast-paced and stressful lifestyle, significant changes in dietary habits and daily routines have adversely affected the proper functioning of *Agni*. Impaired *Agni* leads to the formation of *Ama*, along with vitiated *Vata*, circulates throughout the body and localizes in the *Trika* (lumbosacral region) and *Sandhis* (joints), resulting in stiffness and other manifestations of *Amavata*. *Acharya Madhavakara* has described the signs and symptoms of *Amavata* in detail in the *Madhava Nidana*. The characteristic symptoms *(Pratyatma Lakshana*) include *Gatrastabdhata* (body stiffness), *Sandhishoola* (joint pain), *sandhishotha* (joint swelling), and *sparshasahyata* (tenderness on touch). General symptoms (*Samanya Lakshana)* include *Angamarda* (Body ache), *Aruchi* (Loss of appetite), *Trishna* (Excessive thirst), *Alasya* (Lethargy), *Gaurava* (Heaviness of the body), *Jwara* (Fever), and *Apaka* (Indigestion).[1]

The features of *Amavata* are much identical to Rheumatoid Arthritis. The disease is chronic, progressive, autoimmune disorder characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestation. In global scenario, more than one million people are affected by rheumatic disorders and one fifth of these are severely disabled. The prevalence of the disease is approximately 0.8% of the total population worldwide (range 0.3% to 2.1%) with male and female ratio of 1:3. The onset is most frequent during the fourth and fifth decades of life, with 80% of patients developing the disease between age group of 35 and 50.[2]

AIM AND OBJECTIVE

To study the aetiopathogenesis, Sign and Symptoms and Treatment of *Amavata* W.S.R Rheumatoid Arthritis.

MATERIAL AND METHOD

The Study was conducted using literacy review method. Reference related to *Amavata* and Rheumatoid Arthritis were collected and analysed from both Ayurvedic and Modern literature.

***Nidana* (Etiological Factor)[3]**

- ***Viruddhahara* (Incompatible Diet):** *Viruddhahara* refers to foods and dietary combinations that are incompatible with the body's *Doshas* and *Dhatus* (tissue elements) and are therefore harmful to health. Such unwholesome dietary practices disturb the normal physiological balance and contribute to the development of various diseases, including *Amavata*. Among the etiological factors, *Viruddhahara* is considered one of the most significant causes of *Amavata. Acharya Charaka* has elaborated eighteen types of *Viruddha Ahara.*
- ***Viruddha Cheshta*-**It refers to activities that are antagonist to the normal physiological functioning of the body. The body is unable to cope with these activities, thus causing the production of disease. Although classical Ayurvedic texts do not provide a detailed description of *Viruddha Cheshta.* It causes the vitiation of *Agni* and ultimately leads to the production of *Ama,* plays the major role in the manifestation of the disease. *Vega Vidharana, Diwaswapna, Ratri-jagaran, Ati-vyavaya, Visam Shayya Shayana etc.* can be considered as *Viruddha Chesta.*
- ***Mandagni* (Impaired Digestive Fire)** – When *Agni* becomes weakened or functions improperly, digestion and metabolism are disturbed, leading to the formation of *Ama.* Therefore, impaired digestive activity at the gastrointestinal level, known as *Mandagni,* is considered a major factor responsible for the production and accumulation of *Ama* in the body.
- ***Nischalata* (Sedentary habit)-** Physical inactivity is responsible for *Kapha Vriddhi* which result in *Agnimandya* and consequently leads to the formation of *Ama* which is main pathogenic factor for the manifestation of disease.
- Excessive physical exertion immediately after the consumption of unctuous (*Snigdha*) food is considered one of the important etiological factors of *Amavata.*

  Rheumatoid arthritis (RA) is an autoimmune disorder in which the body's immune system mistakenly attacks its own healthy tissues. Although the exact cause of RA remains unclear, both genetic predisposition and environmental influences are known to contribute to its development.
- **Genetic Factors:** RA has a strong association with genes of the major histocompatibility complex (MHC), particularly the HLA-DR4 antigen, which is regarded as a significant genetic determinant. However, the degree of association may differ among various ethnic populations.[4]

- **Environmental Factors:** Cigarette smoking is a well-established environmental risk factor for RA, especially among Caucasian populations. Smokers have a significantly higher risk of developing RA compared to non-smokers, with the risk being greater in men, heavy smokers, and individuals who are positive for rheumatoid factor.

***Samprapti* of *Amavata*[5]**

Acharaya Madhava has described the *Samprapti* of *Amavata*. All the three doshas take part in pathogenesis of disease but *Ama* and vitiated *Vata* plays the dominant role. Due to intake of etiological factors, function of *Jatharagni* diminished (*Agnimandaya).* This *Mandagni* is unable to digest the food properly leading to formation of *Ama*. This *Ama* when combined with vitiated *Vata*, circulates throughout the body via channels and cause obstruction of *Srotasa*. Due to obstruction of channels various symptoms (*Gurugatrata* & *Stabdhta)* appears. All this cause insufficiency of nutrition to further dhatus leading to *Dhatukshaya* and *Daurbulya*. Later, *Ama* lodge at *Trika* and *Sandhi Pradesha* which cause *Shoola,Shotha Stubdhta* in *Sandhi* (joints).

***Samprapti Ghataka*[6]**

- *Dosha-Vata Kapha pradhanTridoshaja, Amadosha.*
- *Dushya- Rasa, Rakta, Mamsa, Asthi, sandhi, Snayu, Kandara.*
- *Srotodusti-Sanga, Vimargagaman.*
- *Udbhavsthana - Amapakvasayottha. Adhisthan-Sarvasandhi*
- *Rog Marga- Madhyam Rogmarga*
- *Vyadhi Shvabhava- Aashukari, kastaparda*
- *Agni- Agnimandhya.*

***Roopa* (Sign & Symptoms)**

- *Angamarda*- Body ache
- *Aruchi*-Anorexia
- *Trushna*-Thirsty
- *Gaurav* - Heaviness in the body
- *Aalasya*-Lethargy
- *Angashunata* - Swelling in the body
- *Jwara*-Pyrexia
- *Apaka*-Indigestion

Clinical features of *Amavata* in Comparison with Rheumatoid Arthritis

- *Hasta sandhi shotha&shoola*-Inflammation & severe pain in metacarpophalangeal joints & proximal interphalangeal joints.
- *Paad sandhi shotha & shoola* -The feet are often involved, especially the metatarso phalangeal joints & subtalar joints are affected.
- *Jaanugulfa sandhi shotha*-R.A. involves smaller joints of hands & feet and then symmetrically affects the joints of wrist, elbow, ankle & knee.
- *Angagourav*- Feeling of heaviness in the body.
- *Stabdhata*-In R.A., stiffness of joints is observed in the morning hours.
- *Jaadhya* -Due to deformity, limited joint movements cause weakness in grip or finger triggering in R.A.
- *Angavaikalya*-Deformity in joints.
- *Sankocha*- Contractures.
- *Vikunchana* -This can be compared to volar sub-luxation, ulnar deviation, which occurs at metatarsophalangeal joints and bilateral flexion contractures of the elbow, which are observed in Rheumatoid Arthritis
- *Angamarda*- Body ache, myalgia occurs in Rheumatoid Arthritis

Joints involvement in R.A[7]- The joints involved most frequently are:

- Finger Joint (40%)-MCP and PIP
- Shoulder Joint (20%)
- Foot Joint (20%)
- Wrist Joint (15%)

Joints Deformity in R.A[8]

Deformed Joint	**Deformity Name**	
Hand deformities	Ulnar deviation	The basic deformity is a Subluxation or dislocation of the M.C.P joints and process is essentially the same whether this is an anterior, anteromedial or medial direction.
	Swan neck deformity	Hyperextension at PIP joint and flexion at DIP joint.
	Boutonniere deformity	Flexion of PIP joint and extension of DIP joint of the hand.

	Z-deformity	Hyperextension of the interphalangeal joint, fixed flexion and subluxation of the metacarpophalangeal joint gives a "Z" appearance to the thumb.
Foot deformities	Foot drop	Drooping of the MTP Joints as they take excessive weight.
	Hammer toe	Hyperextension of MTP joints with flexion of PIP joint.
	Mallet toe	Flexion deformity at DIP joints.
	Foot eversion	Collapse of the tarsus with eversion at the subtalar joint.

DIAGNOSIS[9]

The diagnosis of R.A. is essentially clinical since there is no specific laboratory test to diagnose it. The occurrence of symmetrical peripheral inflammatory polyarthritis along with early morning stiffness should suggest the possibility of R.A. American Rheumatism Association (A.R.A.) Criteria for Diagnosis.

1) Morning stiffness (>one hour)
2) Arthritis three or more joints area
3) Arthritis of hand joints
4) Symmetrical arthritis
5) Rheumatoid nodules
6) Presence of Rheumatoid factor
7) Radiological changes (hand & wrist)

Criteria for the diagnosis[9]-2010 ACR and EULAR diagnostic criteria for RA

Joint involvement score	
• 1 large joint (shoulder, elbow, hip, knee, ankle)	0
• 2-10 large joints	1
• 1-3 small joints	2
• 4-10 small joints	3
• >10 joints	5

Serology	
• Negative RF and anti CCP antibodies	0
• Low positive RF or anti CCP (Antibodies<3 times upper limit of normal)	2
• High positive RF or anti CCP (Antibodies>3 times upper limit of normal)	3

Acute Phase reactant	
• Normal CRP and Normal ESR	0
• Abnormal CRP and Abnormal ESR	1

Duration of Symptoms	
• < 6 weeks	0
• > 6 weeks	1

Total score > 6 is indicated of definite Rheumatoid arthritis.

TREATMENT[10]

***Langhana*-** It is considered the primary line of treatment in *Rasa Pradoshaja Vikaras* originating from the *Amashaya*. Since *Amavata* is categorized as a *Rasa Pradoshaja Vikaras* and *Ama* is formed in the *Amashaya, Langhana* plays an important role in its management. During *Langhana,* the intake of food is restricted or minimized, allowing the digestive fire (Agni) to utilize its energy for the digestion and elimination of accumulated *Ama.*

Swedana - *Swedana* is a therapeutic procedure that promotes perspiration and helps alleviate stiffness (*Stambha*), heaviness (*Gaurava*), and coldness (*Sheeta*) in the body. Since *Amavata* is predominantly a *Vata-Kapha* disorder characterized by these symptoms, *Swedana* is considered beneficial in its treatment. In this condition, *Ruksha Swedana* (dry fomentation), such as *Baluka Sweda* and *Pottali Sweda,* is specifically recommended to reduce *Kapha* and *Ama* while relieving the associated symptoms.

Pachana / Tikta* and *Katu Dravyas Prayoga

Pachana refers to therapies that digest *Ama* and improve *Agni*. *Tikta Rasa* predominantly composed of *Akasha* and *Vayu Mahabhutas,* is considered highly effective for *Ama Pachana* and *Agni Deepana*. *Katu Rasa* dominated by *Vayu* and *Agni Mahabhutas*, possesses *Chhedana* and *Lekhana* properties, which help break down *Dosha Sammurchhana* and clear obstruction of the channels.

Deepana

Deepana drugs primarily stimulate and strengthen *Agni* without directly digesting *Ama*. Since *Agnimandya* is the root cause of *Ama* formation, *Deepana* and *Pachana* therapies complement each other. In practice, many *Deepana* drugs also exhibit *Pachana* action and vice versa.

Virechana

Although *Virechana* is chiefly indicated for disorders involving *Pitta Dosha*, it is also beneficial in conditions associated with *Vata* and *Kapha*. Mild purification (*Mridu Shodhana)* is especially useful in *Vata* disorders. As *Shodhana* procedures are contraindicated during the *Samavastha* stage, prior *Deepana* and *Pachana* therapies are essential. *Virechana* promotes *Koshtha Shuddhi*, enhances *Agni*, purifies the channels *(Srotoshodhana*), and facilitates the normal movement of *Vata (Vatanulomana).*

Snehana

Snehana is generally avoided during the *Ama* stage because it may aggravate *Ama*. However, it becomes necessary for relieving *Dosha Sanga (*obstruction due to vitiated *Doshas)* and pacifying aggravated *Vata*. Among *Sneha* preparations, *Eranda Taila* is considered particularly effective in the management of *Amavata.*

Basti

Basti is regarded as the principal treatment for *Amavata* and other *Vata* disorders. It is described as *Ardha Chikitsa* (half of all treatment) and, in some contexts, even as *Sampoorna Chikitsa* (complete treatment), owing to its profound ability to regulate *Vata Dosha*, the most influential among the three *Doshas.*

Anuvasana Basti

For *Anuvasana Basti*, medicated oils are preferred because of their potent *Vata-shamaka* action. *Saindhavadi Taila* is commonly recommended in *Amavata.* The use of unsuitable oils may aggravate the symptoms rather than alleviate them; therefore, only those oils processed with *Amapachana* drugs should be selected for therapeutic use.

Asthapana Basti

Asthapana Basti primarily pacifies aggravated *Vata* while simultaneously eliminating all three *Doshas* from the *Pakvashaya*. *Dashamula Kshara Basti* and *Vaitarana Basti* are commonly indicated in this condition. *Kshara* facilitates *Ama Pachana*, whereas *Dashmoola*, owing to its *Shothaghna* and *Langhana* properties, helps alleviate inflammation and other associated symptoms.

Shaman Chikitsa

***Churnam*(3-5gm)**	***Guggulu* (200-500mg)**	***Kwath*(40ml)**	***Rasa Aushadhies***
Vaiswanara Churnam	*Sinhanad Guggulu*	*Rasnadi Kwath*	*Amavatari ras*
Hingvadi Churnam	*Yogaraja Guggulu*	*Dashmoola kwath*	*Vatagajendra ras*
Chitrakadi Churnam	*Shiva Guggulu*	*Sunthyadi Kwath*	*Sameera Pannaga Rasa*
Pancha kola Churnam	*Mahayograj Guggulu*	*Rasna saptaka kwatha*	
Amritadi Churnam	*Amritadi Guggulu*	*Maharasnadi Kwath*	
Bhalltakadi Churnam	*Tryodashang Guggulu*		
Ajamodadi Churnam			

Treatment according to modern science[11]

According to modern medicine, the primary objectives of rheumatoid arthritis treatment are to control joint inflammation, alleviate pain, prevent or delay joint destruction, preserve functional ability, minimize disability, and improve the patient's quality of life. So, drugs for rheumatoid arthritis is given below:

A. Nonsteroidal Anti-inflammatory drugs (NSAIDs) -

Aspirin, Indomethacin, Fenamates, Celecoxib, Rofecoxib.

B. Disease modifying anti-rheumatic drugs (DMARDs) -

1. Non biological agent- they target inflammatory pathway -

D-Penicillamine, Hydroxychloroquine, Sulfasalazine, Methotrexate.

2. Biological agent they target cytokines and cell synthesis-

Anti TNF alpha Antagonist -Infliximab, Etanercept, Adalimumab

IL 1 Receptor antagonist- Anakinra

Anti-CD 20 Antibody - Rituximab

JAK-1, JAK-3 inhibitor- tofacitinib

JAK-1 JAK-2 inhibitor- baricitinib

C. Immunosuppressive drug- Leflunomide

D. Glucocorticosteroid therapy – Prednisolone, Methylprednisolone

***Pathya-Apathya* (Diet & Lifestyle)**

- Warm, light, easily digestible meals such as horse gram soup and cooked vegetables.
- Avoidance of curd, cold drinks, heavy fried foods, and incompatible food combinations.

- Protection from cold and damp environments.
- Regular mild exercise and yoga to maintain joint flexibility.

DISCUSSION

Ama refers to incompletely digested or improperly metabolized substances that accumulate within the body due to impaired digestion. Ama is primarily formed due *Mandagni*, which is considered the fundamental factor in the pathogenesis of many diseases in *Ayurveda*. *Amavata* closely resembles rheumatoid arthritis in terms of its clinical manifestations, including the characteristic signs and symptoms described in both Ayurvedic and modern medical literature. The primary treatment goal is to restore *Agni*, digest *Ama*, pacify aggravated *Vata*, and relieves joint pain and swelling. So, initially *Langhana* is advised to improve *Agni* and facilitate *Ama Pachana.* and after *Deepana Panchana* is done with *Tikta* and *katu rasa.* To pacify the *Vata Sneha pana swedana* and *Basti* are advised. No doubt allopathic system of medicine has got an important role to play in overcoming agony or pain, restricted movement caused by articular disease. Drugs are available to ameliorate the symptoms due to inflammation in the form of NSAIDS and the long-term suppression is achieved by the DMARDs. But most of the NSAIDs have gastrointestinal side effects whereas DMARDs have marrow renal and hepatic suppression. Therefore, many patients seek complementary therapies such as ayurveda for long term disease management and improvement in quality of life and patients are continuously looking with a hope towards ayurveda to overcome this challenge.

CONCLUSION

Amavata is a complex disorder that develops due to the formation of *Ama* following *Mandagni*. This *Ama* combines with aggravated *Vata and Kapha doshas*, leading to *Dosha-Dushya Sammurchana,* which manifests as the characteristic signs and symptoms of *Amavata*. The primary objective of treatment is to digest and eliminate *Ama,* improve metabolism, and restore the balance of the vitiated *Vata* and *Kapha doshas*. However, the chronic nature of the disease makes its management challenging and often requires prolonged and comprehensive treatment.

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