

INTEGRATED AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS (AMAVATA) – A CASE STUDY

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ABSTRACT

Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disorder characterized by joint pain, stiffness, swelling and progressive functional impairment with degenerative changes. It can be correlated with Amavata in Ayurveda. An impeded Agni plays a significant part in the aetiology of Amavata, where the pathological process involves the interaction of Ama and aggravated Vata. Vaitarana Basti, along with Ama pachana and Vata shamana measures, may therefore have therapeutic relevance in such presentations.

Case Presentation: A 42-year-old female presented with a seven-year history of progressively increasing pain and stiffness involving multiple small joints, particularly of the hands and wrists, associated with swelling, tenderness, anorexia, indigestion, irregular bowel habits, and disturbed sleep. The symptoms were aggravated during the rainy and

winter seasons and the patient had received conventional treatment for approximately seven years with unsatisfactory relief. The clinical assessment revealed was found to be compatible with the classical symptoms of Amavata, while laboratory evaluation showed elevated rheumatoid factor (64 IU/mL) and C-reactive protein (11.53 mg/dL). Disease activity was assessed using Tender Joint Count (TJC28), Swollen Joint Count (SJC28), ESR, Patient Global Health Assessment, and DAS28-ESR. **Intervention and Outcome:** The patient

received an integrated Ayurvedic therapy consisting of Vaitarana Basti for 15 days, Ruksha Baluka Sweda twice daily, Kaishore Guggulu, and Shunthi Kwatha administered as part of the treatment protocol. In this treatment, patient showed a progressive reduction in joint pain, stiffness, swelling and tenderness along with improvement in associated gastrointestinal complaints and sleep. The overall subjective parameter decreased from 27 to 11 (59.26% reduction). TJC28 and SJC28 decreased by 50% and 66.67%, respectively. DAS28-ESR showed from 6.24 to 4.39 (29.65% reduction), with disease activity changing from high to moderate. Rheumatoid factor decreased from 64 to 49 IU/mL, while CRP decreased from 11.53 to 8.27 mg/dL. **Conclusion:** This present case showed encouraging subjective and objective improvement with this integrated Ayurvedic approach incorporating Vaitarana Basti, Ruksha Baluka Sweda, and internal medicines. From an Ayurvedic point of view, the observed response may be related to Ama, Agni and aggravated Vata. However, as this is a single case observation and gut microbiota was not directly assessed, the findings should be interpreted cautiously. Larger controlled studies with standardized outcome measures, longer follow up, and microbiome based assessment are justified to further evaluate the therapeutic potential of this integrated treatment approach in Amavata.

KEYWORDS: Rheumatoid Arthritis, Amavata, Vaitarana Basti, Gut microbiome.

INTRODUCTION

Rheumatoid arthritis (RA) is the most frequent systemic autoimmune disease. It affects nearly 1% of the general population. It is characterized by a chronic inflammatory disease that primarily affects multiple joints and causes irreversible bone and cartilage destruction. Recently, a thorough analysis of the Global Burden of Diseases, Injuries and Risk Factors Study (GBD) reported that 17.6million people globally have been diagnosed with RA, with a mortality rate of 0.47 per 100,000 population while years lived with disability (YLDs) constituted 76.4% (GBD, 2023).^[1] RA can be correlated with Amavata in Ayurveda. The word Amavata is derived from two words- Ama, which denotes toxins and Vata one of the fundamental doshas responsible for pain and movement in the body. Early diagnosis and proper treatment of this disease can prevent the chances of joint deformities. In Ayurveda, the Nidan (etiology), pathya apathya and chikitsa (treatment) of Amavata are explained in detail. Among the various treatments mentioned, Panchakarma therapy is considered very effective.

Basti is an important therapeutic modality of Panchakarma and has traditionally been given particular significance in disorders involving Vata Dosha. Ayurveda considers that Vata plays

a primary role in regulating the movement and functions of Doshas (body humors), Dhatus (body tissues) and Malas (waste products). Therefore, its proper regulation is an important therapeutic objective in Vata dominant disorders.^[2] In Amavata, where the pathological process involves the interaction of Ama and aggravated Vata, treatment is directed towards Ama pachana, Agni correction and Vata shamana. Among the various Basti procedures, Vaitarana Basti is traditionally described under Niruha Basti^[3] and is considered relevant in conditions associated with Ama and Vata-Kapha predominance.

This case study was conducted on a 42-year-old female patient who presented with pain and stiffness in multiple joints. She had been taking treatment in the conventional system of medicine for the past few years. The patient was treated with Vaitarana Basti along with Kaishore Gugglu, Sunthi Kwath. The patient showed significant improvement after completing the treatment course.

CASE REPORT

Patient Information and Clinical History

June 2019 (7 Years before Hospital Visit)

The patient has gradually developed pain and stiffness of small joints soon after delivery of her second baby 7 years ago. The pain started in the fingers and gradually affected other joints over time. On further enquiry, the patient said that her pain and stiffness of the joints become aggravated during the rainy and winter seasons. The severity of pain progressively increased and significantly interfered with her routine activities and daily functioning.

July 25, 2026 (Day of Hospital visit)

- **Event:** Patient presents to the Panchakarma Outpatient Department (OPD) at the Institute of Post Graduate Ayurvedic Education & Research (IPGAER), Kolkata.
- **Patient Profile:** 42-year-old married woman, housewife from a middle socio-economic background.
- **Physical Examination:** Obese, 62 kg, height – 5 feet 1 inch, fair complexion.
- **Medical History Confirmed:** No history of hypertension, diabetes or any drug abuse.
- **Family History:** Both parents had a history of hypertension.
- **Associated Complaints:** She also reported irregular bowel habits, anorexia, indigestion and disturbed sleep due to pain.
- **Past Treatment History:** The patient had been on allopathic medication for approximately 7 years, with no significant improvement in her symptoms.

- **Addiction:** No such
- **Marital History:** Married for 12 years

Baseline Findings

General examination

Table 1.

Blood pressure	110/80 mm Hg
Pulse rate	76 beats/min
Respiratory rate	18/min
Temperature	Normal
Anaemia	Not present
Jaundice	Not present
Clubbing	Not present
Oedema	Not present
Mental state	Conscious
Decubitus	Normal

Personal history

Table 2.

Diet	Non vegetarian, Preferable Rasa (Sweet, sour, salty consecutively)
Appetite	Low
Sleep	Disturbed
Bowel	Constipation
Micturition	Normal
Menstruation	Normal

Eight-fold clinical examination in Ayurveda (Astha Vidha Pariksha)

Table 3.

Nadi	76/min
Mala	Constipated (Krura kosta) & Irregular
Mutra	Normal according to water intake
Jihva	Coated (Lipta)
Shabda	Normal
Sparsha	Warm feeling in the joints (Ushna at sandhibandha)
Drika	Normal
Aakriti	Medium

On examination

Symmetrical swelling and tenderness of small joints of both hands and wrists.

Laboratory and Diagnostic Findings

Baseline investigations were performed to assess the patient's haematological status.

Haematological investigations (27.07.2026)**Table 4.**

Parameter	Result	Interpretation
Haemoglobin (Hb)	12.8 g/dL	Within normal limits
Erythrocyte count (RBC)	86.72 million/cu.mm	Within normal limits
Packed Cell Volume (PCV/Hct)	26.9%	Decreased
Mean Corpuscular Volume (MCV)	85.67 fL	Within normal limits
Mean Corpuscular Haemoglobin (MCH)	26.75 pg	Mildly decreased
Total Leukocyte Count (TLC)	8,060/cu.mm	Within normal limits
Neutrophils	77%	Upper-normal/mildly increased proportion
Lymphocytes	18%	Relatively reduced proportion
RA (Rheumatoid Arthritis) factor	64 IU/mL	Highly positive
C-Reactive Protein	11.53 mg/dL	Marked elevation

Diagnostic challenges

A major limitation in the present case was the patient's financial constraint, which prevented her from undergoing specialized and relatively costly investigations for gut microbiota assessment. Although such investigations could have provided additional information regarding the possible gut–joint relationship, they were not feasible because of the financial burden involved. Consequently, the assessment was limited to clinically indicated and routinely available investigations.

Diagnosis: Rheumatoid arthritis, which can be correlated with Amavata.

Diagnostic Assessment

On clinical assessment, the patient presented with prominent features of Sandhi Shoola (joint pain), Sandhi Shotha (joint swelling), Jadhyata (joint stiffness), Sparsha Asahyata (tenderness), Gauravata (heaviness), and Angamarda (body ache). She also reported associated symptoms including Aruchi (anorexia), Daha, and Nidra Viparyaya (disturbed sleep). These clinical features were assessed systematically to determine the severity of the condition and to evaluate the response to treatment.

To assess the patient's disease status and response to treatment, selected laboratory and clinical parameters were recorded before and after the intervention. Erythrocyte sedimentation rate (ESR) and rheumatoid factor (RF) were considered as important laboratory parameters for assessing the inflammatory status and supporting the clinical

diagnosis of rheumatoid arthritis. In addition, Disease Activity Score-28 based on ESR (DAS28-ESR) was used to assess the overall disease activity. The changes in these parameters before and after treatment were evaluated along with the Ayurvedic clinical assessment to determine the patient's overall response to the treatment.

Arbitrary scoring of subjective parameters

Table -5.

Parameter	Description	Score
Angamarda	No Angamarda	0
	Occasional Angamarda but patient is able to do usual work	1
	Continuous Angamarda but patient is able to do usual work	2
	Continuous Angamarda which hampers routine work	3
	Patient is unable to do any work	4
Aruchi	Normal desire for food	0
	Eating timely without much desire 1	1
	Desire for food little late than normal time	2
	Desire for food only after long intervals	3
	No desire for food at all	4
Gauravata	No burning sensation	0
	Occasional burning	1
	Occasional palm and sole burning	2
	Intermittent burning sensation throughout the body	3
	Continuous burning sensation throughout the body	4
Daha	No burning sensation	0
	Occasional burning	1
	Occasional palm and sole burning	2
	Intermittent burning sensation throughout the body	3
	Continuous burning sensation throughout the body	4
Jadyata	No morning stiffness	0
	Morning stiffness more than half an hour but less than one hour	1
	Morning stiffness more than one hour but less than six hours	2
	Stiffness all day through	3
Sparsha Asahyata	No pain on palpation 0	0
	Mild pain on palpation	1
	Moderate pain	2
	Patient does not allow palpation	3
Sandhi Shoola	No pain	0
	Mild pain of low density causing no disturbance in routine work	1
	Moderate pain hampers the daily routine work	2
	Severe pain causing definite interruption in routine work	3
Sandhi Shotha	No swelling	0
	Mild swelling	1
	Moderate swelling	2
	Severe swelling	3
Nidra	Normal sleep	0
Viparyaya	Disturbed sleep during the night with short naps during the day	1

	One to two-hour reduction in night sleep with a mild increase in day sleep	2
	Three to five-hour reduction in night sleep with a gross increase in day sleep	3
	Wakes during the night and sleeps during the day	4

Disease Activity Score-28⁴

Table 6.

Parameter	Before and after
Tender Joint Count (TJC28)	Number of affected joints
Swollen Joint Count (SJC28)	Number of affected joints
ESR (mm/hour)	Laboratory report
Patient Global Health Assessment (0–10)	0 denotes to not active, 10 denotes to very active
DAS28-ESR	Total score
Disease Activity Category	Improvement depends upon reduction of disease severity

Therapeutic Intervention

Table 7.

Date	Therapeutic Intervention	Dosage
28.07.2026 to 11.08.2026	Ruksha Baluka Sweda ^[5] twice daily	-
	Vaitarana Basti ^[6]	200 ml approx.
	Kaishore Guggulu ^[7] twice daily after food	2 pills
	Sunthi Kwatha ⁸ twice daily after food	20ml

Vaitarana Basti

Table 8.

Ingredients	Quantity
Saindhava Lavana	12gm
Guda	24gm
Til taila (moorchita)	50ml
Chincha Kalka	48gm
Gomutra	192ml

CLINICAL COURSE AND OUTCOME

The patient received Shunthi (20 mL) and Kaishore Guggulu (2 tablets) were administered twice daily for 15 days. Ruksha Baluka Sweda was performed twice daily, and Vaitarana Basti was administered once daily for 15 consecutive days.

Over the course of treatment, the patient reported a gradual reduction in joint pain, stiffness, tenderness, and swelling. She also experienced improvement in the associated complaints of anorexia, indigestion, irregular bowel habits, and disturbed sleep. The improvement in joint symptoms was accompanied by better ease in performing her routine daily activities.

The Ayurvedic clinical assessment showed a reduction in the total symptom score from 27 before treatment to 11 after treatment, corresponding to a 59.26% reduction in the overall clinical score. Among the individual symptoms Sandhi Shotha showed complete resolution, while Sparsha Asahyata improved by 75%. The other assessed parameters, including Angamarda, Aruchi, Gauravata, Daha, Jadhyata, Sandhi Shoola, and Nidra Viparyaya, also showed improvement following treatment.

The objective assessment showed reduction in the disease activity measures, with the DAS28-ESR decreasing from 6.24 before treatment to 4.39 after treatment, representing a 29.65% reduction in the score. The disease activity category changed from high to moderate disease activity after treatment.

Overall, the patient showed significant improvement in both the subjective and objective parameters assessed during the treatment period. The findings suggest a marked clinical response to the integrated Ayurvedic treatment approach in this case of Amavata (Rheumatoid Arthritis). Continued follow-up was advised to assess the persistence of clinical improvement and the long-term course of the condition.

Table 9.

Subjective Criteria	Before Treatment (BT)	After Treatment (AT)	Improvement
Angamarda	4	2	50.00%
Aruchi	3	1	66.67%
Gauravata	2	1	50.00%
Daha	2	1	50.00%
Jadhyata	4	2	50.00%
Sparsha Asahyata	4	1	75.00%
Sandhi Shool	4	2	50.00%
Sandhi Shotha	2	0	100.00%
NidraVipraya	2	1	50.00%
Total Score	27	11	59.26%

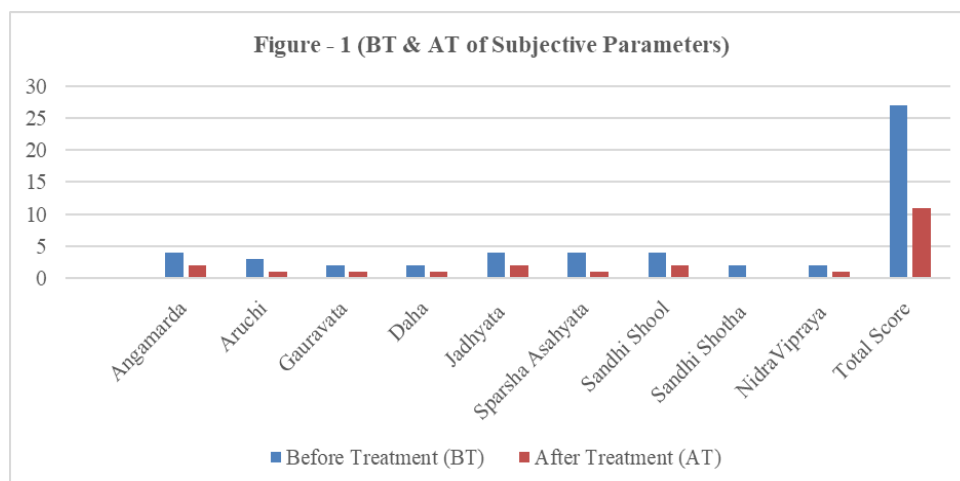


Table -10: (DAS28-ESR).

Parameter	Before Treatment (BT)	After Treatment (AT)	Change
Tender Joint Count (TJC28)	10	5	50.00% ↓
Swollen Joint Count (SJC28)	6	2	66.67% ↓
ESR (mm/hour)	55	30.002	54.55% ↓
Patient Global Health Assessment (0–10)	7.0	3.5	50.00% ↓
DAS28-ESR	6.24	4.39	29.65% ↓
Disease Activity Category	High	Moderate	Improved

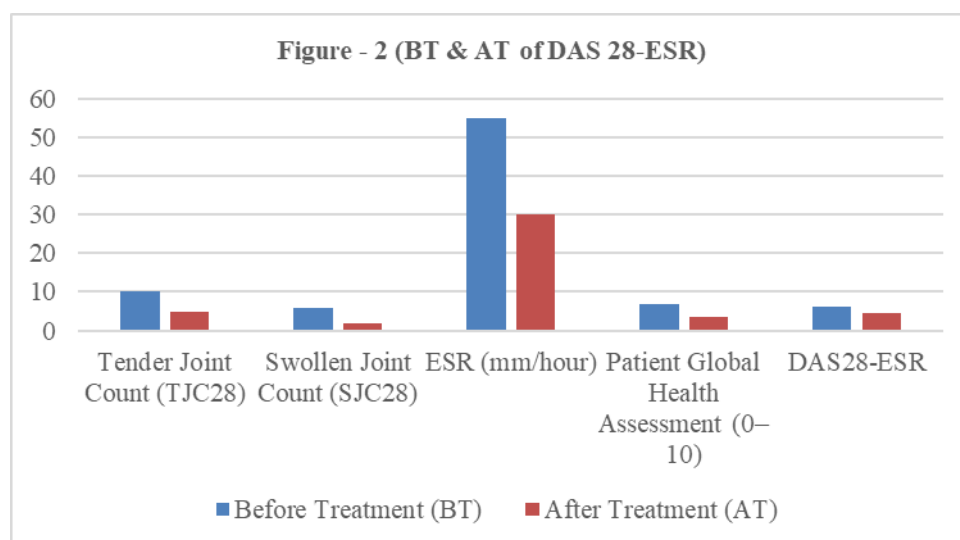
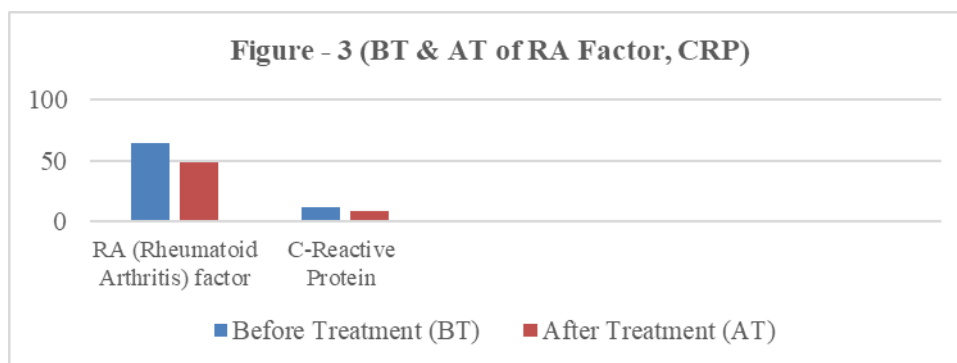


Table 11.

Parameter	Before Treatment (BT)	After Treatment (AT)	Change
RA (Rheumatoid Arthritis) factor	64 IU/mL	49 IU/mL	23.43% ↓
C-Reactive Protein	11.53 mg/dL	8.27 mg/dL	28.27% ↓
Disease Activity Category	High	Decreased	Improved



DISCUSSION

In Ayurveda, Amavata is primarily associated with the simultaneous involvement of Ama and aggravated Vata. Impaired Agni is considered an important factor in the formation of Ama, which may subsequently interfere with the normal movement of Vata within the body. This interaction is thought to contribute to symptoms such as joint pain, stiffness, swelling, heaviness and restricted movement. Therefore, treatment of Amavata traditionally focuses on Ama-pachana (digestion and elimination of Ama), Agni-deepana (enhancement of digestive function), and Vata-shamana.

In the present case, Shunthi Kwatha was selected with the intention of improving digestion and addressing Ama-related symptoms. Shunthi is traditionally described as having Deepana and Pachana properties. The patient's improvement in anorexia and indigestion during treatment may be clinically relevant in this context.

Kaishore Guggulu was included as a Shamana formulation for its traditional use in conditions involving inflammation, pain and musculoskeletal complaints. Guggulu is considered an important component of the formulation and has been investigated for its anti-inflammatory potential. The formulation also contains ingredients such as Triphala, Danti and Trivrit, which support bowel regulation and may complement the management of Ama-related symptoms.

Ruksha Baluka Sweda was administered to address the prominent joint stiffness, heaviness and pain. The Ruksha (dry) and Ushna (warm) qualities of the therapy are traditionally considered useful in reducing Kapha and Ama-associated manifestations and improving local stiffness. In the present case, improvement in joint stiffness and tenderness was observed following the treatment.

Vaitarana Basti was administered for 15 days as the principal Panchakarma intervention. Basti is traditionally regarded as an important therapeutic modality for disorders involving Vata, particularly when musculoskeletal manifestations are prominent. The ingredients used in Vaitarana Basti, including Gomutra, Saindhava Lavana, Chinchā, Guda and Taila, are described in classical Ayurvedic practice as contributing to its therapeutic action through different properties. Collectively, the formulation is traditionally considered useful in addressing Ama and Vata-related manifestations.

Current treatment in this case is also noteworthy in view of the patient's associated gastrointestinal complaints, including anorexia, indigestion and irregular bowel habits. The improvement observed in both gastrointestinal and joint-related symptoms may be discussed in relation to the Ayurvedic emphasis on Agni, Ama and Vata in the pathogenesis and management of Amavata.

From a contemporary perspective, increasing research has drawn attention to the possible role of the gut–joint axis in rheumatoid arthritis, including interactions between intestinal microbiota and immune regulation. The proposed relationship provides an interesting area for understanding the possible systemic effects of interventions directed towards gastrointestinal function. However, gut microbiota was not directly assessed in the present case, and therefore any microbiome-mediated explanation for the observed clinical improvement remains speculative. The improvement should primarily be interpreted in relation to the clinical findings and objective parameters recorded in this patient. Further controlled studies incorporating standardized microbiome analysis are required to determine whether Ayurvedic interventions such as Vaitarana Basti have measurable effects on gut microbial composition and whether such changes are clinically relevant in rheumatoid arthritis.

CONCLUSION

The findings of the present case were encouraging with noticeable improvement in the subjective and objective parameters of the patient treated with this integrated Ayurvedic approach. The combined use of Polyherbal medicines, Valuka sweda and Vaitarana Basti showed significant improvement in overall quality of life. From an Ayurvedic perspective, this response may be credited to the combined efforts of Ama, improving Agni and governing aggravated Vata. The traditional rationale of Vaitarana Basti makes it a relevant therapeutic option in Amavata, particularly in patients presenting with joint manifestations along with features suggestive of impaired digestion and Ama. However, as the present observation is

based on a single case and clinical evidence regarding Vaitarana Basti in rheumatoid arthritis remains limited, these findings should be interpreted cautiously. Further studies involving larger patient populations, standardized outcome measures and longer follow up are needed to establish the therapeutic potential of this integrated Ayurvedic approach in Amavata.

PATIENT'S PERSPECTIVE

The patient reported that the joint pain and stiffness for many years had significantly interfered with her daily activities despite several years of conventional treatment. She had gradual relief of joint pain, stiffness, swelling, tenderness, appetite, digestion, bowel habits, sleep, and overall ability to perform routine activities after Ayurvedic intervention. She was pleased with the improvement made during the treatment period.

INFORMED CONSENT

Informed consent was obtained from the patient.

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