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“AYURVEDIC MANAGEMENT OF AAMVATA (RHEUMATOID ARTHRITIS) : A CASE STUDY”

Dr. Shweta Rajendra Raisane¹, Dr. Archana S. Dachewar²

1. PG Scholar, Dept. of Kaychikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra
2. Professor & HOD, Dept. of Kaychikitsa, Shri Ayurved Mahavidyalaya, Nagpur, MH

ABSTRACT:

Amavata is described as a disorder primarily involving the Rasavaha Srotasa and is commonly correlated with rheumatoid arthritis. The pathogenesis of Amavata is rooted in Agnidushti, leading to the formation of Ama, which subsequently results in Sandhivikruti. It is predominantly an endogenous disease, arising from the repeated and continuous production of Ama within the body. Clinically, Amavata represents one of the most prevalent chronic inflammatory joint disorders, characterised by joint pain, swelling, stiffness, and restricted movement. Owing to its chronic and progressive nature, along with associated complications, Amavata occupies a significant position among joint diseases. Even with the use of advanced modern therapeutic agents, the condition often demonstrates a persistent and progressive course, eventually leading to functional disability. **Material and Methods:** A 45-year-old female patient was admitted to the IPD of Kayachikitsa with complaints of sandhishool, sandhishotha, aalasya, gauravta, angamarda and sparshasatva, diagnosed as a case of aamvata and treated with langhan, deepan, pachan, sweden and other panchakarma interventions. **Observation and Result:** After successfully combining shaman treatment and Panchakarma treatment for consecutive times, the patient got complete relief from complaints.

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KEY WORDS:- Rheumatoid Arthritis, Ayurveda, Amavata, swedana, Vaitaran Basti

Corresponding Details:

Dr. Shweta R. Raisane

Shri ayurveda Mahavidyalaya, Nagpur.

Mobile No. 8459644648

E-Mail: shweta raisane2410@gmail.com

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INTRODUCTION

Rheumatoid arthritis (RA) is a chronic, debilitating inflammatory disorder that may occasionally undergo spontaneous remission. It is a systemic disease affecting multiple organ systems, including the locomotor, cardiovascular, nervous, respiratory, reticuloendothelial, and excretory systems.¹ Disease-modifying antirheumatic drugs (DMARDs) are commonly prescribed to alleviate pain, enhance joint mobility, and prevent joint deformities. However, long-term use of these drugs is associated with adverse effects such as hepatic and renal toxicity, bone marrow suppression, loss of muscle mass, and osteoporosis.²

In Ayurveda, rheumatoid arthritis closely correlates with the disease entity Amavata, based on similarities in clinical manifestations. Symptoms described in Amavata include Angamarda (generalised body ache), Aruchi (loss of appetite), Trishna (excessive thirst), Alasya (fatigue), Jwara (fever), Apaka (indigestion), Shunata (swelling), Sandhishula (joint pain), and Stambha (joint stiffness)³. Many of these features resemble the classical presentation of RA, such as pain, stiffness, swelling, and lethargy.

Ayurvedic management emphasises both preventive and therapeutic approaches, aiming to eliminate the underlying causative factors. The present study assesses the therapeutic efficacy of Langhana, Valuka Swedana, classical Virechana Karma, classical Basti Karma, and oral Shamana Aushadhi in the management of rheumatoid arthritis.⁴

CASE REPORT

OPD No.: 17859

IPD No.: 780

Name: Asha Kamdi

Age/Sex: 45 years / Female

Address: Gondia

Occupation: Housewife

Date of Admission: 18/10/2024

CHIEF COMPLAINTS

Table NO. 1

Ubhaya janu, kurpara, ansa Sandhishool Ubhaya janu, kurpara, ansa Sandhishotha Sandhi stabdhata Angamarda Angagauravta Aruchi	Since 6 onths
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PAST HISTORY

No comorbidity

H/o :-Covid-19 (3 Years ago)

HISTORY OF PRESENT ILLNESS

The patient was well before 2 months and has no comorbidity but had an history of Covid 19 3 years ago. Patient suddenly develop complain of knee joint then elbow joint pain started and after that shoulder joint pain started and had developed pain and swelling over joints. Patient has low appetite since the beginning. he patient came to the OPD of Kayachikitsa department at SAM College and Hospital Nagpur for better ayurvedic management.

GENERAL EXAMINATION

Blood Pressure : 120/80 mmHg

Pulse Rate: 78/min

Oedema : present over joints

Pallor: no

Temp: Afebrile

Clubbing : no

Icterus : No

ASHTAVIDH PARIKSHA

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Nadi - Vatakafaj

Mala - Incomplete Defecation

Mutra - Normal

Jivha - Sama

Shabda - Spashta

Sparsh - Samshitushna

Druka - Normal

Akruti - Madhyam

OBJECTIVE FINDING

RA Factor - positive

CRP - 5.8 mg/L

Uric acid- 5.5 mg/dL

SUBJECTIVE FINDING**Table NO. 3**

Sr No.	SYMPTOMS OF Aamvata	
1	Sandhishoola	Present
2	Sandhishotha	present
3	Jwara	Absent
4	Aalasya	Present
5	Gauravam	Present
6	Aruchi	Present
7	Angamarda	Present

DIAGNOSIS

On the basis of clinical presentation and objective finding it was diagnosed as case of Amavata(Rheumatoid Arthritis)

TREATMENT PROTOCOL

The patient was admitted in the IPD of kayachikitsa of Pakwasa Samanvaya Rugnalaya, Hanuman Nagar , Nagpur. Plans of shaman and shodhan chikitsa were adopted at various stages of disease.

SHAMAN CHIKITSA**Table NO. 4**

Sr No.	Name of Medicine	Dose	Time	Anupan
1.	Sihanad guggulu	250 mg	Vyanaudan kala	Koshna jala
2.	Aamvatari rasa	1 TDS	Vyanaudana kala	Koshna jala
3.	Shunthi churna	2 gm each	Vyanaudana kala	Koshna jala
4.	Agnitundi vati	2 BD	Vyanaudana kala	Koshna jala
5.	Gandhrva Haritaki churna vati	2 HS	Apana kala	Koshna jala

SHODHAN CHIKITSA**Table NO. 5**

Sr No.	Name of Procedure	Name of drug	Quantity	Time	Duration
1.	kuti Swedana	Dashmoola kwatha	-	10 min	16 days
2.	Vaitaran basti	Anuvasana - Saindhavadi taila Niruha - Vaitaran basti	Taila- 60ml Niruha- 350ml	-	16 days
3.	Valukapottali swedan	-	-	15 min	15 days

OBSERVATION**Table NO. 6**

Sr No.		BT	AT
1.	Pain (VAS)	8	4
2.	Stiffness(VAS)	7	2
3.	Morning stiffness	< 1 HOUR	>½ hour
4.	Aruchi	Present	Absent

(BT- Before treatment AT -After treatment)

Table NO. 7 INVESTIGATIONS

SrNo.		BT	AT
1	RA Factor	Positive	positive
2	Uric acid	5.5 mg/dL	5.4 mg/dL
3	CRP	5.8mg/L	5.5 mg/L
4	Hb	7.8	7.7
5	Urine	nil	nil

DISCUSSION

Langhana (Laghu Bhojana) constitutes the initial and most crucial step in *Amapachana*, as *Ama* is recognized as the primary etiological factor in *Amavata*. Administration of a light diet reduces the burden on the digestive system and prevents further formation of *Ama*⁵.

Valuka Swedana, a form of *Ruksha Swedana* performed without *Sneha*, is effective in alleviating *Srotorodha* (obstruction of channels) and restoring *Dosha* equilibrium by facilitating clearance of obstructed pathways⁶.

Following *Amapachana*, *Deepana* therapy is employed to strengthen *Agni* and arrest disease progression. Drugs possessing *Tikta* and *Katu Rasa* with *Ushna Virya*, such as *Shunthi*

Churna, are commonly indicated for this purpose⁷. *Tikta Rasa* enhances *Agni Deepana* and *Amapachana* and exerts a *Lekhana* (scraping) effect, aiding in the removal of *Srotorodha*⁸. *Katu Rasa* helps eliminate obstructions, pacifies aggravated *Kapha* (*Shleshma*), and produces a sensation of lightness in the body⁹.

Agnitundi Vati, containing *Tikta* and *Katu Rasa*, exhibits potent *Deepana* and *Pachana* actions. Its digestive and carminative properties facilitate the digestion of *Ama* and prevent further accumulation of metabolic toxins¹⁰. *Amavatri Rasa* is beneficial in relieving pain and inflammation and in improving joint mobility and flexibility in patients presenting with musculoskeletal and joint-related complaints¹¹.

Simhanada Guggulu has been shown to effectively reduce inflammation, joint swelling, and stiffness. It also possesses a mild *Virechana* action, contributing to the maintenance of *Dosha* balance. The formulation demonstrates multiple therapeutic properties, including *Deepana*, *Amapachana*, *Shothaghna*, *Vedanasthapana*, *Balya*, and *Amavatahara*. By enhancing digestive and metabolic functions, it facilitates the elimination of *Ama* and prevents its further formation¹².

*Gandharva Haritaki Churna Vati*¹³, administered at bedtime, produces a mild *Virechana* effect and promotes *Vatanulomana*, thereby supporting regular bowel movements and *Vata* regulation.

- Clinically, the patient experienced significant relief in symptoms such as morning stiffness, loss of appetite (*Aruchi*), and tenderness (*Sparshasahatva*) by the 10th day of treatment. Upon completion of one month of therapy, the patient reported approximately 80% overall improvement in symptoms.

CONCLUSION

Ayurveda emphasizes a sequential and systematic approach in the management of *Amavata*, beginning with *Langhana* (*Alpa Bhojana*), followed by *Ruksha Valuka Swedana*, *Deepana–Pachana* therapies, *Vaitarana Basti Karma*, and appropriate *Shamana Aushadhi*. The disease poses a therapeutic challenge due to the involvement of both *Ama* and *Vata*, which possess opposing qualities, as well as the affliction of both superficial (*Rasa*) and deeper (*Asthi*) *Dhatus*. Therefore, a meticulously planned treatment protocol based on classical Ayurvedic principles is essential, as unsystematic or indiscriminate interventions may counteract therapeutic outcomes.

Early diagnosis and timely intervention play a pivotal role in preventing progressive joint damage and deformities. *Panchakarma* procedures aid in the elimination of aggravated

Doshas, enhancement of joint mobility, and correction of underlying metabolic disturbances. This case study demonstrates that *Vaitarana Basti Karma* is an effective therapeutic modality in the management of *Amavata*, leading to substantial symptomatic relief and improvement in biochemical parameters

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