

**“AYURVEDIC MANAGEMENT OF AAMVATA W.S.R TO SERONEGATIVE  
RHEUMATOID ARTHRITIS : A CASE STUDY”**

**Dr. Samiksha Pakhare<sup>1</sup>, Dr. Yogesh Duddalwar<sup>2</sup>, Dr. Subhash Jamdhade<sup>3</sup>,  
Dr. Pradnya Jamdhade<sup>4</sup>**

1. PG Scholar
2. Guide and Associate Professor
3. Professor and HOD Kayachikitsa Department
4. Assistant Professor

**D. M. M. Ayurved Mahavidyalaya, Yavatmal, Maharashtra, India.**

**ABSTRACT:**

The word Aamvata is a combination of two words Aam and vata. Also In Aamvata Aam & Vata are the chief pathogenic factors. The aam is carried by the aggravated vata and gets deposited in the Shlesmsthan (Asthi, Sandhi and Aamashaya) causing Aamvata<sup>1</sup>. The clinical features Aamvata very closely resembles with the Rheumatoid Arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints<sup>2</sup>. Aamvata is a disease of Madhyam marg<sup>3</sup>. Current case study is carried out at L. K Ayurved Hospital, Yavatmal to evaluate the efficacy of Ayurvedic treatment A 47 yrs. female came to O.P.D of Kayachikitsa with chief complaints of Sandhiruja at both Hastanguliparvasandhi, Manibandhsandhi, Karpursandhi, Padanguliparvasandhi, Gulfsandhi, Janu sandhi (pain in both Interphalangeal joints of hand, wrist joint, elbow joint, Interphalangeal joints of feet, ankle joint and Knee joint), Sandhishotha at both Hastanguliparvasandhi, Manibandhsandhi, Karpursandhi, Padanguliparvasandhi, Gulfsandhi, Janu sandhi (pain in both Interphalangeal joints of hand, wrist joint, elbow joint, Interphalangeal joints of feet, ankle joint and Knee joint.), Angamard (bodyache), Agni Daurbalya (loss of digestive fire), Aalasya (lethargy), Apaka (Indigestion), Bahumutrata (frequent micturition). so she had taken Ayurvedic treatment for 25 days which include shodhana, shamana Chikitsa. Clinical symptom were significantly reduced. The response to this treatment was recorded and therapeutic effect were evaluated through symptomatic relief.

**KEY WORDS:-** Aamvata, Aam vata, Shlesmsthan, Asthi, sandhi Aamashaya, Rheumatoid Arthritis, shamana chikitsa, shodhana chikitsa.

**Corresponding Details:**

**Dr. Samiksha Pakhare**

Mahesh nagar, Gokuldusa , Anjangaon surji . Dist Amravati

Mobile No. 9011998402

E-Mail: [sameekshapakhare@gmail.com](mailto:sameekshapakhare@gmail.com)

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## INTRODUCTION

Aamvata is described by Madhadvakara<sup>4</sup>. Aamvata is a disease of Asthivaha and Rasavaha Strotas. Today is the era of modernization and due changing life style, improper dietary habits, eating fast food, lack of exercise, accumulation of mala and condition of mental stress like Kama, Krodh, Shoka, Bhaya, Chinta are the responsible factor for Mandagni which forward leads to production of Ama in the body. The Ama is carried by the aggravated Vata and gets deposited in Sleshmasthanas (Seats of kapha like asthi, sandhi and Aamashay) producing features like Sandhiruja (joint pain), Sandhishotha (joint swelling), Angamarda (bodyache), Agni Daurbalya (loss of digestive fire), Aalasya (lethargy), Apaka (Indigestion), Aruchi (loss of appetite), Bahumutrata (frequent micturition), Trushna (thirst), etc.<sup>5</sup>. The clinical features of Aamavata very closely resembles with the Rheumatoid arthritis. The typical presentation is with pain] joints swelling and stiffness affecting the small joints of hand, feet and wrist in a symmetrical fashion, systemic symptoms like fatigue, anorexia, fever and extra articular features like anemia, etc may also occur<sup>6</sup>. Anti-CCP is highly specific for the diagnosis of RA. High positive predictive value should be taken into consideration for effective treatment.<sup>7</sup> Ayurvedic management includes Shamana chikitsa, Shodhana chikitsa (panchakarma therapy)

Case Report -

**Place of study :** IPD of Kayachikitsa, L.K Ayurved Hospital Yavatmal

**Chief complaints:**

A 47 yrs female came to OPD of Kayachikitsa Department with following complaints of Sandhiruja at both Hastanguliparvasandhi, Manibandhsandhi, Karpursandhi Padanguliparvasandhi, Gulf sandhi, Janu sandhi (pain in both Interphalangeal joints of hand, wrist joint, elbow joint, Interphalangeal joints of feet, ankle joint and Knee joint). Sandhishotha at both Hastanguliparvasandhi, Manibandhsandhi, Karpursandhi Padanguliparvasandhi, Gulfsandhi, Janu sandhi (pain in both Interphalangeal joints of hand, wrist joint, elbow joint, Interphalangeal joints of feet, ankle joint and Knee joint).

Angamard (bodyache)

Agni Daurbalya (loss of digestive fire)

Aalasya (lethargy)

Apaka (Indigestion)

Bahumutrata (frequent micturition)

Patient has this Complaints from last 2-

3months **History of past illness-DM**

(since 4 years)

**No H/O** HTN, Thyroidism, Asthama

**History of present illness :-** The patient came to Kayachikitsa OPD with above complaints for which she had taken allopathic medicine like painkiller, steroids etc. with this drug she gets symptomatic relief but latter on these drugs produces adverse effect on her like indigestion, bloating etc. Her symptoms worsened and she stopped taking medicine of different pathies. So she come to Kaychikitsa O.P.D. L.K. *Ayurvedic* Hospital, Yavatmal.

**Personal History –**

work – Nurse at PHC

Addiction -no any

**Family History –**

No family History related to this disease.

**Rugnapa**

rikshanN

adi-

78/min.

Mal:-

Malavshta

mbha

Mutra:-

Bahumutr

ata

**Sanjeevani Darshan**

8 to 10 times

/day and

5 to 6 times

/night

Jivha :-

Alpasama

Shabdh:-

spashtha

Sparsh:-

Samshitoshna

Prakruti- kapha



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vataj Nidra :-

Anidra

B.P-130/70

mm of Hg

Temp.:-

Afebril

### Laboratory Examination

25-5-23

- 1) Haemoglobin-9.2gm%
- 2) WBC COUNT-11,530 /cmm
- 3) Plattlet count- 3,68,0000 /cmm
- 4) **E.S.R. By Wintrobe-61 mm/1 Hr**
- 5) Blood Sugar Fasting-115.0mg/dl
- 6) Blood Sugar Postmeal -134.0 mg/d
- 7) Blood Urea -15 mg/dl
- 8) Sr. Creatinine-0.72 mg
- 9) Sr. Bilirubin Total-0.62mg/dl
- 10) S.G.O.T- 21U/L
- 11) S.G.P.T-29U/L
- 12) Sr. Uric Acid-4.23 mg/dl
- 13) Sr. Total Protein-7.25 Gm/dl
- 14) Sr. Albumin-5.31 Gm/dl
- 15) Sr. Globulin-1.93 Gm/dl
- 16) R.A VALUE OBSERVED IN PATIENT:- NEGATIVE (Titer 0.8)
- 17) **CRP OBSERVED IN PATIENT -POSITIVE-Titre(9.6)**
- 18) Urine -NAD
- 19) Sr. Cholesterol-190.0mg/dl
- 20) 20) Sr. Triglyceride -166 mg /dl
- 21) HDL Cholesterol -41.0 mg/dl
- 22) LDL cholesterol -115.8 mg/dl
- 23) HLA B27 (FLOWCYTOMETRY)-not detected
- 24) **ANTI CCP ANTIBODIES-77.4U/ml (positive)**
- 25) T3 (Total)-1.15ng/ml
- 26) T4 (Total)-103 ng/ml
- 27) TSH (Ultrasensitive) -2.27uIU/ml

### Samprapti Ghataks of Aamvata –

**Dosha** -Tridosha, mainly Vata (Vyana, Samana, Apana) and Kapha (Kledaka, Bodhaka, Sleshmaka).

**Dhatu** -Rasa, Mansa, Asthi, Majja

**Updathu** -Snayu, Kandara

**Srotas** - Annavaha, Rasavaha, Asthivaha, Majjavaha

**Srotodushti** - Sanga and Vimarg gaman

**Udbhava sthana** - Amashaya-chiefly production of Ama, Pakvashaya-Mula Sthana of Vata

**Adhithana** - Whole body ( mainly Sandhi and Asthi)

**Vyakiti Sthana** - Whole body (Sandhi)

**Roga Marga** - Madhyama Roga Marga

**Avayava** - Sandhi

**Vyadhi Svabhava** - Mainly Chirakari

**Shatkriyakala in Aamvata** –

Sanchaya and Prakopa: When exposed to etiological factors like Viruddha Akhara, vyayama is performed after taking snigdha ahara, chinta, krodha etc. Agnimandya leads from Sanchaya and Prakopavastha to tridoshadushti and amotpatti. Prasara: With the help of Vata, this Ama takes Prasara to shleshma sthana and produces soft sandhiruja etc along with the symptoms of Ama. Sthana Sanshrya: This prasrita Ama, a viscous and oily guru, maintains Sthana Sanshrya leading from Hridya, Trika Sandhi and Sarvanga to dosha-dushya Sammurchane. In the beginning, no symptoms appear at all, so only initial mild symptoms such as aruchi and apaka are observed, which can be seen as the purva rupa of this disease. Vyakti: When the Vyakti stage is reached, most of the Amavata symptoms appear as Vrischik dansavata vedana, .. Stabdhatata, etc. In the case of Adibala pravrita, kha-vaigunya is already present and in a mild form nidana-sevana disease appears. Bheda: In chronic stage it reaches bhedaavastha and produces updrava, khanjata like sankocha. Material and Methods:

**Method:-** 1) A case study

2)Centre:- P.G. Department of *Kaychikitsa* L.K. Ayurvedic Hospital, Yawatmal affiliated to D.M.M. Ayurved College, Yawatmal.

**Material**

Managemet of *Aamvata* (table 1 & 2)

**Table 1 : Showing material for management of Aamvata as -**



<i>Dravya</i>	<b>Dose</b>	<b>Duration</b>	<b>Anupam</b>
<i>Amruta Guggulu</i>	250mg	Twice a day	Lukewarm water
<i>Vyoshadi vati</i>	250 mg	Twice a day	Lukewarm water
<i>Rasna Guduchi</i>	1gm each	Twice a day	Lukewarm water
<i>Sunthi siddha Erand tail</i>	3 gm	HS	Lukewarm water
<i>Guduchi bharad kwath</i>	30 ml	Twice a day	
<i>Dashang lepa</i>	LA	OD	
Tab Gliclup M	BD	Twice a day	
Inj insugen R	8U.....6U	Twice a day	
Inj insugen N	8U.....6U	Twice a day	

**Table 2 -Showing Panchkarma for management of Aamvata as -**

1. Valuka Pottali sweda for 12 days
2. Basti -Ksharbasti and Saindhavadi tail for 8 days

Day 1	Saindhavadi tail basti	60 ml
Day 2	Ksharbasti with chinchalavan kshar	320 ml
Day 3	Saindhavadi tail basti	60 ml
Day 4	Ksharbasti with chinchalavan kshar	320 ml
Day 5	Saindhavadi tail basti	60 ml
Day 6	Ksharbasti with chinchalavan kshar	320 ml
Day 7	Saindhavadi tail basti	60 ml
Day 8	Saindhavadi tail basti	60 ml

3. Physiotherapy for 8 days

#### **Advice –**

#### **Laghu Aahar sevan-**

Like Yava, Kulattha, Raktashali, Shigru, Karvellak, Patol, Aadrak, Lashoon, Jangal Mansa etc.

Drink boil water.

#### **Apathya**

Dadhi, Guda, Kshir, Viruddha Bhojan, Abhishyandi and Picchila Dravya, Aanup Mansa, Vegavrodh and Jagaran etc.

**Methods** Assessment criteria table<sup>8</sup>:-

<b><i>Sandhi ruja</i></b>	<b>Grade</b>
No pain	0
Pain only on movement	1
Pain on rest but no disturbance on routine activity	2
Severe pain with disturbance on routine activity	3
<b><i>Sandhishotha</i></b>	<b>Grade</b>
No Swelling	0
Mild Swelling	1
Moderate Swelling	2
Severe Swelling	3
<b><i>Angamard(body aahe)</i></b>	<b>Grade</b>
No Angamard	0
Occasional Angamard but patient is able to do usual work	1
Continuous Angamard but patient is able to do usual work	2
Continunus Angamard which hampers routine work	3
Patient is unable to do any work	4
<b><i>Agni Daurbalya (loss of digestive fire)</i></b>	<b>Grade</b>
No Agnimandya	0
Occasional Agnimandya 1-2 times a week	1
Agnimandya 3-4 times a week	2
Agnimandya 4-6 times a week	3
Continuous Agnimandya	4
<b><i>Aalasya (lethargy)</i></b>	<b>Grade</b>
No Aalasya	0
Starts work in time with efforts	1
Unable to start work in time but completes the work	2
Delay in the start of work and unable to complete it	3
Never able to start the work and always likes rest	4
<b><i>Aapaka(Indigestion)</i></b>	<b>Grade</b>
No Apaka at all	0
Occasional indigestion once or twice a week in one meal	1

Occasional indigestion 3-5 times a week in one meal	2
Indigestion 3-5 times week in both meals	3
Indigestion after every meal	4
<b>Bahumutrata (frequent micturition)</b>	<b>Grade</b>
Absent	0
Urine >3 times at night	1
Urine >5 times at night	2
Urine >7 times at night	3

### Observation and Results

Symptoms	Before	After
<i>Sandhiruja</i>	3	1
<i>Sandhishotha</i>	3	1
<i>Angmarda</i>	3	1
<i>Agni Daurbalya</i>	4	1
<i>Aalasya</i>	3	0
<i>Apaka</i>	4	0
<i>Bahumutrata</i>	2	1

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### Blood Investigation after treatments

HB-9.0gm%

ESR -41mm/hr

CRP -positive (titre1.2)

Blood Sugar fasting -94

mg /dl Blood sugar

Postmeal -117 mg/dl

### Treatment changes -

Tab Gliclup M	BD	Twice a day
Inj insugen R	5U .....5U	Twice a day
Inj insugen N	5U.....5U	Twice a day



## DISCUSSION

Response to treatment was recorded, and treatment effectiveness was evaluated through relief of patients' symptoms. It was observed that the patient's clinical symptoms gradually decreased during the treatment period.

The damage of Vata Dosha and the formation of Aam together gave rise to Aamvata. Ayurveda says "Roga sravepi mandagni" i.e. most diseases are caused by Mandagni. This Mandagni is the main reason for Aam production. Improvement of Jatraagni and removal of Ama were the therapeutic goals of Aamvat along with treatment of vatahara. The above-mentioned patient came to the OPD with Vyakti Avastha, so all the medicines given to the patient have the properties of Agnivridhikara, increase digestive power, digest Amarasa, reduce excessive production of Aama and remove obstruction of Strotas. It helps in destroying the Samprapti of Amavata, reducing the clinical symptoms of Rheumatoid Arthritis.

### Probable Mode of Action:-

Chikitsa Siddhant of Amavata includes drugs with the action of Langhana, Swedana, Tikta, Kathu Rasa and Deepana, Virechana, Snehapana and Anuvasana and Ksharabasti.

Langhana is the first treatment for Aamvat. The patient was advised by Langhana in the form of Laghu Akhara. This helps digest aam..

**Valuka Pottali Sweda** This is a form of Swedana that falls under the category of Pinda Sweda (Bolus poultice). In this procedure, heated sand is woven into a ball to provide warmth to the affected joint. Swedana appears especially in places where Stambha, Gaurava and Shula are present. In Amavata, Ruksasveda is recommended in the form of Valukapottali due to the presence of ama. Helps soothe damaged Vata Dosha, relieving pain and stiffness.

**Kshar basti**<sup>10</sup>It is a type of basti from our classics and is classified according to the purpose of its main ingredient. Acharya Chakradutta has mentioned the Kshara Basti of Niruha Basti Adhikara where Gomutra is used to prepare Basti along with other Tiksn Dravyas. Kshara Basti is a type of Tikshna Niruha Basti consisting of Laghu, Tikshna, Ushna and Ruksha guna which is completely opposite to Tikshna Niruha Basti guna. Guru, Snigdha and Pikchila Guna Kapha and Ama Dosha. Thus, Kshara Vasti helps in overcoming obstacles and expelling painful doshas from the entire body.

Ingredients of Kshar Basti - Guda 1 tola, Saindhava 1 tola, Amlika 2 pala, Shatakhwa 1 tola, Gomutra 8 pala.

Purana Guda: Ushana Virya Guda can help you in Dosha Pak. Saindhava Lavana: Due to its Kapha Vilayana or Kapha Vichkhedana qualities, it helps in dissolving and destroying painful Kapha and Ama Dosha. Amlika: Ruksha Guna and Ushna Virya help Srotovishodhana thanks to Tikshana Guna. Additionally, the properties of Ruksha Guna, Tridoshigna, Agnidipaka and Vatanuloman are beneficial to Amavata. Amapachana.

Satahva: Kutu-Tikta, Ushna Virya and Katu Vipaka. The properties of Satahva help digest Ama and return Agni. Gomutra: Contains Katu Rasa, Katu Vipaka, Ushna Virya and helps calm Kapha Dosha. and Laghu, Tikshna Guna. He also helps Srotovishodhana through Tikshna Guna. furthermore,

Internal ayurvedic medicine Like **Amruta guggulu** <sup>11</sup>Mentioned in Yogratnakar. Its members include Guduchi, Shuddha Guggulu, Haritaki, Vibhitaka, Aamalaki and Prakshepa Dravya-Danti, Shunti, Pippali, Maricha, Vidanga, Guduchi, Haritaki, Vibhitaka, Aamalaki, Thwak and Trivriha. Each content of Amrita guggulu drug acts according to Chakradatta Amavata Chikitsa Siddanta and is similar to the properties of Deepana, Pachana Virechana and the properties of Rasa, Guna, Virya, Vipaka, Prabhava and Karma and helps to destroy the pathogenesis of Amavata. ..

### **Vyoshadi vati**<sup>12</sup>

Ingredients Sunta, Marich, Pippali, Amlavetas, Chavya, Talispatra, Chitrak, Jiraka, Guda. Most of the medicines include Tikta Rasa, Kathu Vipaka and Ushana Virya. They have similar features to Kaphasaman. The properties of Amapachana and Dhatu-Shoshan Vyoshadi Vati normalize the functioning of Agni and also stop the production of Ama.

**Rasna** being tikta rasa, Ushna virya, act as Aampachaka, Shoolprashamana, vedanasthapan<sup>13</sup>

**Guduchi** being tikta kashaya rasa, Ushna virya acts as Deepana, Pachana, Kaphaghna, vataghna and Pramehhara.<sup>14</sup>

**Sunthi suddha erand tail**– Shunthi-siddha eranda tail. Shunthi is best aampachka, shothaghna, and eranda tail is one of the best drug mentioned in Aamvata, both drug together work as vata-kapha shamaka, shothahara (antiinflammatory).

**Dashang Lepa** has shirish bark, Yashtimadhu, Tagar, Red sandle, Ela, Jatamansi, haridra, Darvi, Kushtha, Ushir etc. are Ushna, ruksha and vatanashaka hence local application of this over joints help to reduce pain and Swelling .

**Guduchi bhara kwath** is given which is Asthiposhak, being tikta, katu, kashaya ras and ushna virya reported as highly potent Pramehahara (anti-diabetic) herb in Ayurveda.

### **CONCLUSION**

It is concluded that this treatment completely or partially relieves symptoms in Aamvata also the insulin dose of patient is gradually reduce. These medicine can be utilised in treating patients who are suffering from amvata to reduce both sign and symptoms successfully with greater effectiveness. It is proposed that the therapy may be accepted as a treatment method of Aamvata .

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