



A CASE STUDY: AYURVEDIC INTERVENTION ON AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS

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ABSTRACT

Introduction: The primary pathogenic factors that cause *Amavata* are *Ama* and *Vata*. It is *Madhyam Rogamarga's* illness. *Agnimandya* causes *Amavata*, an *Ama pradoshaja vikara*, which causes *Ama* to accumulate in *Shleshmasthan* and *Prakopa* of *Vata dosha*, causing joint pain, stiffness, and swelling that is similar to rheumatoid arthritis, a chronic inflammatory autoimmune disease. In India, the prevalence of rheumatoid arthritis is between 0.5 to 0.75%, while it is roughly 0.8% globally. **Materials and Methods:** In the current instance, a 26-year-old woman was admitted to our outpatient department (OPD) with a history of morning stiffness and discomfort in several joints for a year, as well as swelling in her wrist and hand joints for two months. *Amavata* is the result of a thorough history and clinical assessment. The patient received *Amavata*-style treatment based on the signs and symptoms. For 60 days, oral medications were taken in addition to *Langhana*, *Deepana-Pachana*, and *Sthanik Ruksha Swedana*. Subjective criteria were used for grading before treatment, and the grade was lowered following treatment. Both during and after the treatment, no adverse effects were noticed. **Results:** There was a significant improvement in overall symptoms. **Conclusion:** Since it is an autoimmune disease, modern

medicine has long provided DMARDS and steroid medicines. However, *Panchakarma* treatments can address the underlying cause of *Vyadhi* and offer more encouraging outcomes.

Keywords: Ayurveda, *Amavata*, *Madhyam Rogamarga*, *Ama*, *Vata Dosha*

INTRODUCTION

Amavata is a condition where *Ama*, who has a vitiated *Vata Dosha*, builds up *Sleshma Sthana*, which mimics what is now known as Rheumatoid arthritis. Modern lifestyle changes, eating fast and unhealthy food, not exercising, and other factors might cause *Mandagni*, which in turn causes *Ama* to be produced. *Amavata*, which manifests as *Sandhi Shotha*, *Shoola*, *Sparshaasahatwa*, and *Gatrastabdhatwa*, is the result of *Ama* combining with the vitiated *Vatadosha* in *Sleshmasthana*. *Amavata* shares clinical characteristics with rheumatoid arthritis. Numerous joints, particularly the minor and major joints in the hands and feet, are affected by this chronic inflammatory disease. It has been reported that the prevalence of rheumatoid arthritis varies between 0.15 and 1.35% in men and between 0.5 and 3.8% in women in India.

Once localised in bodily tissue or joints, *ama* can cause pain, stiffness, oedema, soreness, and other symptoms in the associated joints. *Amavata* shares many characteristics with RA, an autoimmune disease that results in symmetrical polyarthritis and chronic inflammation. In Ayurveda, the first and most important course of treatment for any illness is *Nidana Parivarjana* or avoiding the causes. A *Shodhana* (biological purification of the body) procedure called *Virechanakarma* balances the *Pitta Dosha* in particular and the vitiated *Dosha* in general. To properly manage *Amavata*, this study comprised both treatment techniques: *Nidana Parivarjana* and *Virechanakarma*.

CASE REPORT: -

A year-old male patient visited *Kayachikitsa* OPD of Ayurvedic Hospital of Shri Khudadad Dungaji Government Ayurveda Hospital Raipur (C.G.) with the following details –

O.P.D NO.	-20240017257
DATE OF CONSULTATION	- 30/05/2024
NAME	- xyz
AGE	- 26 Yr.
SEX	- Female
RELIGION	- Hindu
EDUCATION	- Undergraduate
MARITAL STATUS	- Married
SOCIO-ECONOMIC STATUS	- Middle Class
ADDRESS	- Ashwani Nagar, Raipur (Chhattisgarh)
OCCUPATION	- Housewife
TYPE OF LIVING	- Nuclear family
HABITATION	- Urban

CHIEF COMPLAINTS: -

- ❖ *Ubhya janusandhi & Gulfasandhi shool-shotha & sparsha asahatwa* (Bilateral knee pain & swelling).
- ❖ *Ubhaya manibandha shool & sparsha-asahatwa*.
- ❖ *Ubhya parvasandhi shool* (Bilateral finger pain)
- ❖ *Ubhya Ansa-kurpara sandhi shool*.
- ❖ *Angamarda*.
- ❖ *Aruchi*.
- ❖ *Sandhigraha* (Morning stiffness).

HISTORY OF PRESENT ILLNESS: -

- ❖ The patient was normal 6 months back. Suddenly, she experienced a fever followed by multiple joint pains.
- ❖ She noticed stiffness in the fingers in both hands.
- ❖ The severity of pain started increasing, and sometimes swelling and stiffness were present in the joints.

PAST HISTORY: -

- ❖ There is no history of diabetes, hypertension, or any other disease.

FAMILY HISTORY –

- ❖ There is no relevant family history contributing to the patient's current situation.

PERSONAL HISTORY: -

- Diet - Mixed diet, especially non-vegetarian, spicy
- Appetite - Decreased
- Bowel Habit - Irregular / Constipation (Once a day)
- Urine Habit - Regular (4-5 times a day and 0-1 time at night)
- Frequency - Normal
- Burning micturition - Absent
- Painful Micturition - Absent
- Addiction - No
- Sleep - *Asamyak*
- *Koshtha* - *Madhyam*
- Physical exercise - No Exercise

GENERAL EXAMINATION: -

- B.P. - 120/80 mmhg.
- Pulse rate - 84/min.
- Temp - 98.6⁰ F
- Height - 158 cm.
- Weight - 59 kg.
- Pallor - Absent
- BMI - 1287 cal-ories/day
- BMR - 23.6 kg/m²
- Build - Moderate
- Pallor - Absent

ASTAVIDHA PARIKSHA: -

- *Nadi* (Pulse) - VK, 80/min.

- *Mutra* (Urine) - Normal (4-5 times a day and 0-1 time at night)
- *Mala* (Stool) - *Malbaddhata*
- *Jihva* (Tongue) - Clear/*Alipta*
- *Shabda* (voice) - *Pra-krit*
- *Sparsh* (Skin) - *Sheet*
- *Drika* (Eye) - *Sa-many*
- *Akriti* (General Appearance) - *Madhyam*

DASHVIDHA PARIKSHA: -

- *Prakriti* - *Vata-Kaphaj*
- *Vikriti* - *Dosha – Kapha-Vataj*
- *Dushya* - *Rasavaha, Asthi-majja vaha*
- *Sara* - *Madhyam*
- *Samhanana* - *Madhyam*
- *Pramana* - *Madhyam*
- *Satmya* - *Sarvarasa*
- *Satva* - *Madhyam*
- *Ahara Shakti* - *Madhyam*
- Abhyavaharana Shakti* - *Madhyam*
- Jaran Shakti* - *Madhyam*
- *Vyayam Shakti* - *Avar*
- *Vaya* - *Madhyam*

POSITIVE FINDINGS FOR DIAGNOSIS: –

- Clinical presentations
- Symmetrical involvement of more than 3 joints, i.e. PIP, MCP, wrist, knee, and ankle joints
- Morning Stiffness
- Swelling in bilateral hands

- Intermittent low-grade fever
- Investigations
- Elevated ESR
- Positive serum rheumatoid factor
- Positive C-reactive protein

Diagnosis

The diagnosis was based on symptoms described in the classic Ayurveda and criteria fixed by the American Rheumatology Association in 1988.

Patients with score > or = 6 are considered to have RA.

ACR criteria of this pt is.....09

ACR/EULAR (2010) CLASSIFICATION CRITERIA FOR RA

SYMPTOM DURATION (AS REPORTED BY PATIENT)

< 6 Weeks

0

>6 Weeks

1

CRITERIA OF ASSESSMENT: -

SUBJECTIVE PARAMETERS

(I) Sandhi shool (Pain in joint) –

No.	Symptoms	Grade	Score B.T.	Score A.T.
1.	No Pain	0		
2.	Mild Pain	I		
3.	Moderate Pain but no difficulty in movement of joints	II		
4.	Moderate Pain and Slight Difficulty in movement of joints	III		
5.	Much difficulty in movement of joints	IV		

(II) Sandhi shoth (Swelling in Joints)

No.	Symptoms	Grade	Score B.T.	Score A.T.
1.	No Swelling	0		
2.	Mild Swelling	I		

JOINT DISTRIBUTION

POINTS

1 large joint

0

2-10 large joints

1

1-3 small joints (with or without involvement of large joints) 2

4-10 small joints (with or without involvement of large joints) 3

> 10 joints (at least one small joint)

5

SEROLOGY

POINTS

RF- and CCP-

0

Low RF+ or CCP+

2

High RF+ or CCP+

3

P

O ACUTE PHASE REACTANT

I POINTS

N Normal ESR or CRP

T 0

S Abnormal ESR or CRP

1

3.	Moderate Swelling	II		
4.	Severe Swelling	III		

(III) Sparsh Asahyata (Tenderness in Joints)

No.	Symptoms	Grade	Score B.T.	Score A.T.
1.	No Tenderness	0		
2.	Subjective experience of Tenderness	I		
3.	Wincing of face on pressure	II		
4.	Wincing of face and withdrawal of the affected part on pressure	III		
5.	Resist to touch	IV		

(IV) Sandhigraha (Stiffness in Joints)

No.	Vataja Symptoms	Grade	Score B.T.	Score A.T.
1.	No Stiffness or Stiffness lasting for 5 min.	0		
2.	Stiffness 5 min. to 2 hrs.	I		
3.	Stiffness 2-8 hrs.	II		
4.	More than 8 hrs.	III		

TREATMENT PLAN: -

No.	Drug	Dose	Duration	Anupan
1.	<i>Haritaki Churna</i>	5 gm at Night	7 Days	<i>Ushnodak</i>

Shaman Chikitsa:

No.	Drug	Dose	Duration	Anupan
1.	<i>Mahaushadhadi kwath</i>	50 ml. twice before meal	2 months	<i>Ushnodak</i>

Shodhan Chikitsa:

No.	Procedure	Use	Duration
1.	<i>Ruksha Baluka Sweda</i>	As per need	2 months

INVESTIGATIONS: -

No.	Investigation	Before	After
1.	Hb	8.9 g/dl	9.9 g/dl
2.	ESR	110 mm/hr.	46 mm/hr.
3.	RA Factor	36 IU/ml.	12IU/ml.
4.	C-Reactive Protein	1.2 mg/lt.	1.1 mg/lt.

OBSERVATION: -

S.N.	SIGN & SYMPTOMS	B.T.	1 st F.U.	2 nd F.U.	3 rd F.U.	4 th F.U.	REMARK
1.	<i>Sandhishool</i>	3	1	1	1	1	Pain in MCP of left hand & both knee joints persist (very mild pain)
2.	<i>Sandhishoth</i>	2	1	0	0	0	

		(41 cm.-Rt knee joint & 41.5 cm in Lt knee joint)	(40.5 cm both knee joints)	(39 cm Rt knee joint & 39.2 cm Lt knee joint)	(Approx 39 cm both knee joints)	(Approx 39 cm both knee joints)	
3.	<i>Sparsha-asahyata</i>	2 (present in both knee joints & wrist joints)	0	0	0	0	
4.	<i>Stabdhata</i>	1 (45 min to 1 Hour)	1 (approx half hour)	1 (approx 5 to 10 min)	0 (approx 2 to 3 min)	0 (approx 2 to 3 min)	Stiffness persists for 2 to 3 min

Associated Symptoms -

S.N.	SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
1.	<i>Agnidaurbalya</i>	Present	Digestion improved
2.	<i>Gaurav</i>	Present	Absent
3.	<i>Jwar</i>	Feeling feverish but temp. is normal	Absent
4.	<i>Angamarda</i>	Present	Very mild Present
5.	<i>Alasya</i>	Present	Absent
6.	<i>Kandu</i>	Present	Absent
7.	<i>Nidra-viparyaya</i>	Sometimes	Absent
8.	<i>Aruchi</i>	Sometimes	Absent
9.	<i>Shirahshool</i>	Sometimes	Absent

Result: - In this case study, the oral medicines and *Ruksha Baluka Sweda* significantly improved both subjective and objective parameters, suggesting that it is a more effective treatment strategy for *Amavata* regarding symptom relief and biochemical parameter correction.

DISCUSSION

Amavata is the disease of *rasavaha strotasa*; it is generally compared with rheumatoid arthritis. *Amavata* is the outcome of *agnidushti*, *amotpatti*, and *sandhivikruti*, which is produced due to the frequent formation of *ama* in the human body. It is the most common among chronic inflammatory joint diseases in which joints become swollen, painful & stiff. The onset is more frequent during the 4th & 5th decades of life, with 80% of patients developing the disease between 30-40 years old. Women are affected approximately 3 times more often than men.

The unprocessed or undigested food particle is *ama*. *Ama* means “which is the subject of digestion. In *amavata*, *vata* is the dominant *dosha*, and *ama* is the

chief pathogenic factor. The *ama* is carried by the aggravated *vata* and deposited in *sleshmasthanas*. It Produces features like *angamarda* (body ache), *aruchi* (loss of appetite), *alasya* (weakness), *sandhiruk* (joint pain), *sandhishotha* (joint swelling). Ancient acharyas of Ayurveda have described sequential employment of *deepana*, *pachana*, *shodhana* and *shamana* therapies in managing *amavata*.

Mahaushdhadi kwath has two ingredients: *Guduchi* and *Shunthi*. *Ushana virya*, *Laghu -Ruksha guna*, *Aamahara*, *Deepana*, *Vatakaphahara*, and *Shoolghana* characteristics are present in these medications. The aggregation of *Kapha dosha* and *ama* causes *sandhi shotha* in *amavata*; the *amapachana* properties of all these medications are to liquefy *ama*. Additionally, it increases circulation by *Srotovikasa* due to its *Ushana guna*. Joint motions return to normal as *ama* flows from *sandhi* into circulation, resulting in improved joint circulation. As *aampachak* takes place, *margavarodh* also reduces, so the movement of *vata* comes to normal, reducing pain.

CONCLUSION

In this case study, we administered *Mahaushadhadi Kwath* and *Ruksha Baluka Sweda* to Amavata's patient. One of the most common diseases in the modern period is *amavata*, which presents a complex problem for medical science. Since *Ama* and *Vata* have opposite pole properties and the involvement of *uthanadhatu (RASA)* and *gambheradhatu (ASTHI)* complicates treatment, a systematic treatment protocol based solely on Ayurvedic principles is necessary. This is because any measures taken will primarily contradict one another, so a cautious approach can only benefit the patient. To prevent abnormalities with proper therapy, early diagnosis is essential. Pan-chakarma techniques will aid in the removal of *Bahudoshavastha* and the assessment of autoimmune mobility. This case study demonstrated how well *Ruksha Baluka Sweda Chikitsa* and *Mahaushadhadi Kwath* managed *Amavata*. It has significantly improved subjective and objective parameters, suggesting that it is a more effective treatment strategy for *Amavata* regarding symptom relief and biochemical parameter correction.

The patient is doing well with his daily routines. The results of this one case study have given rise to a

great deal of hope and a decision on improved *Amavata* management.

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