



MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) THROUGH MULTIMODAL AYURVEDIC APPROACH: A TRUE STORY OF LONG-TERM RECOVERY

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ABSTRACT

Amavata is one of the most common diseases caused by the impairment of Agni (digestive fire) formation of Ama and vitiation of Vatadosha. Acharya chakradatta mentioned langhana, swedana and use of drugs having tikta, katu rasa and deepana properties, *Snehapana*, and *Virechanakarma*, which are free from side effects. Rheumatoid Arthritis is an autoimmune disease causing chronic symmetrical polyarthritis with systemic involvement of unknown. Although there are a variety of systemic manifestations, the characteristic feature of RA is persistent inflammatory synovitis, usually involving peripheral joints, which is a symmetric distribution. The potential of synovial inflammation to cause cartilage destruction, bone erosion, and joint deformities is the hallmark of the RA. The treatments are advised in modern medicine, whereas anti-inflammatories, analgesics, steroids, disease-modifying antirheumatic drugs, immunosuppression therapies, and long-term use lead to many side effects.

A 50year's old female was suffering from multiple joints pain with swelling, severe morning stiffness, restricted movements, malaise, and *mandagni* (poor appetite) for the past 5½ year, Considering the signs and

symptoms, patient was treated on the line of Amavata. The administration of Trivrut Avaleha did Langhana, Deepana-Pachana, Ruksha Swedana, Snehapana, and Virechana karma were done along with oral drugs for 30 days. Before starting the treatment, the grading was done based on subjective criteria, and after treatment, the grade was reduced. This case was successfully treated. Marked improvement was observed in signs and symptoms after treatment. No side effects were observed during or after the treatment.

Keywords: Amavata, Rheumatoid Arthritis, Deepana-Pachana, Ruksha Swedana, Snehapana, and Virechana karma.

INTRODUCTION

Ama is unique to Ayurveda; Amavata is a separate disease not described in Brihatrayi. Madhavakara was the first to describe the features of nidana, like Viruddhahara (Unwholesome Diet), Viruddha Cheshta (Erroneous Habits), Mandagni (Diminished Agni), Nishchalata (Sedentary Life), and exertion immediately after taking Snigdha Ahara are the main causative factors for disease Amavata.

Amavata (Rheumatoid Arthritis) is a disease caused by the vitiation of Vata Dosha and Accumulation of Ama (toxins) in the joints resulting in symptoms like Angamarda (pain All over body), Aruchi (loss of taste), Trishna (thirst), Hrillasa (lack of enthusiasm), Gaurava (heaviness), Jwara (fever), Apaka (indigestion), Shunangata (swelling in Joints) [1]. The signs and symptoms of "Rheumatoid arthritis" found in modern medicine mimic the condition of Amavata mentioned in Ayurveda. Rheumatoid arthritis is a common form of inflammatory arthritis, occurring worldwide and in all ethnic groups. The prevalence of RA is approximately 0.8%-1.0% in Europe and South Asia, with a female-to-male ratio of 3:1. It is a chronic disease characterised by a clinical course of exacerbations and remissions. RA is a complex disease with both genetic and environmental components. The typical presentation is pain, joint swelling and stiffness affecting the small joints of hands, feet and wrists symmetrically. Large joint involvement, systemic symptoms and extra-articular features may also occur. Sometimes RA has an acute onset, with severe early morning stiffness, polyarthritis and pitting oedema[2]. Amavata management [3] involves Langhana, Swedana, and the utilisation of Tikta and Katu Rasa drugs with Deepana qualities. This approach aids in addressing associated Ama concerns. Ruksha Swedana, Snehapana and Virechanakarma is a *Shodhana*

process (biological purification of the body) to balance the vitiated *Dosha* in general and *Pitta Dosha* in particular [4].

CASE REPORT:

A 50-year-old female patient came to OPD on 31/12/2023 with complaints of bilateral knee joint pain for 6 years & pain in the lower back region, and pain in multiple joints with swelling for 5 ½ years. The patient was normal 6 years ago. The patient first experienced pain in the B/L knee joint, which was gradual in onset, continuous pain, worsened during the morning with stiffness (10mins) due to which walking was difficult for the first few steps and used to get reduced by activity and about one month later started noticing swelling in the B/L knee joints. Pain and stiffness used to aggravate sitting for longer duration and used to experience severe pain when standing from a sitting position. The patient consulted at the nearby nursing home, where they advised medications, providing temporary relief.

About 6 months later, the patient started experiencing pain in the lower back region, pain & swelling in the B/L ankle joint, pain in the bilateral shoulder joint, elbow joint, and PIP and DIP joints of hand and feet, along with morning stiffness in all these joints which persisted for about 30 mins. The patient described that holding things in their hands was difficult, and they also had difficulty walking. For the above complaints, the patient visited a nearby Nursing home where medications were prescribed. Pain used to subside while on drugs and recur after stopping medications. The patient would frequently visit the nursing home and would be prescribed medications. This continued for about 1 year. The

patient used to get fevers along with severe pain in multiple joints frequently, for which blood investigations were advised at the same nursing home, and he was diagnosed with Rheumatoid arthritis. The patient was prescribed medicine, which gave momentary relief. Pain in joints is described as continuous and aggravating in cold weather, early morning, with stiffness throughout the day, making daily activity difficult for the patient. Six months ago, the patient noticed deformity in the Left Greater Toe (Hallux's valgus). The patient has had disturbed sleep due to pain, tiredness and loss of appetite for 6 months. All the above complaints were aggravated for 1 month, for which the Patient visited SKAMCH&RC for further treatment.

PAST HISTORY:

K/C/O Hypertension on Rx Tab Amlong At 5/50mg 1-0-0 for 6 months.

CHIKITSA VRITTANTA:

NSAIDs, DMARDs, Corticosteroids

RAJO VRUTTANTA:

Age of menarche: 19 years

Menstrual History: Nature: Regular (Previous),

Bleeding Duration: 5-6 Days / 26-30 Days

GYNAECOLOGICAL AND OBSTETRIC HISTORY:

G-3, P-2, L-2, A-1, D-0, L1&L3- FTND

Hysterectomy (2019) - Fibroid uterus.

VAYAKTIKA VRITTANTA

- Diet- Mixed
- Appetite- Reduced
- Bowel- Regular
- Micturition- Regular; 3-4 times per day/ 1-2 times per night.
- Sleep- Disturbed for 6 months due to pain.
- Habits- Coffee- 4-5 times/day.

GENERAL EXAMINATION:

The patient was conscious, cooperative, and well-oriented regarding time, place, and name at the time of history taking. She had moderate build and moderate nourishment. There was the normal

colour of skin; no skin lesion was present. There was no oedema and palpable lymph adenoma

Pulse-74b/m, Blood pressure-130/70mmHg, Respiratory rate- 20/min.

Systemic examination of the respiratory, Cardiovascular, CNS, and GIT systems revealed no abnormality.

MUSCULOSKELETAL SYSTEM:

- Gait- Antalgic gait.

LOCAL EXAMINATION:

Swelling is present on both wrist joints, hands(MCP, PIP, DIP), knee joints and foot region(MTP, PIP, DIP); tenderness is present in all the joints, and Local Temperature is Warmth in all the joints; range of movement is Restricted and painful movements of all the joints, Deformity Present in left greater toe (Hallux's valgus & Bunion Formation),

Differential Diagnosis: Amavata (Rheumatoid arthritis), Sandhigata vata (Osteoarthritis), Vatarakta (Gout).

INVESTIGATIONS DONE: HB-10.0 %, ESR-70mm/hour, RHUMATOID FACTOR-65 UI/ML, C-REACTIVE PROTEIN-61mg/L

X-RAY AP VIEW OF B/L KNEE JOINTS: Shows degenerative changes in B/L knee joints, narrowing of joint space, formation of Osteophytes, and formation of Pannus.

EULAR Criteria for the Diagnosis of Rheumatoid Arthritis

- Joint involvement – Score 5
- Serology - Score 3
- Acute-phase reactants - Score 1
- Duration of symptoms - Score 1

TOTAL SCORE = 10

TREATMENT GIVEN:

TREATMENT	OBSERVATIONS
<p>ON 31/12/23 Agni lepa (For 4 days) ORALLY : 1. Panchakola sidda yavagu (For 3 days) 2. Gandharva Hastadi taila 3. Maharasnadi kwatha 4. Tab Simhanada Guggulu 5. Tab R compound (A/F)</p> <p>ON 4/1/24 1. Sarvanga Abhyanga with Bruhatsaindhavadi taila - Followed by Sarvanga valuka sweda 2. Kati Basti with Kottamchukkadi taila 3. Rasnashunti lepa in B/L knee joints (For 3 days) ORALLY : The same oral medicines continued.</p> <p>ON 8/1/24 1. Sarvanga Abhyanga with Karpooradi taila - Followed by Sarvanga dhanyamladhara 2. Kati Basti with Kottamchukkadi taila 3. Rasna shunti lepa in B/L knee joints ORALLY : The same oral medicines continued.</p> <p>ON 9/1/24 1. Sarvanga Abhyanga with Karpooradi taila - Followed by Sarvanga dhanyamladhara 2. Kati Basti with Kottamchukkadi taila 3. Janu picchu with Kottamchukkadi taila ORALLY : The same oral medicines continued.</p> <p>On 17/1/24 Snehapana with Guggulu tiktaka Ghrita pinch of Saindhava lavana Day1-30ml Day2-60ml Day3-120ml</p> <p>On 20/1/24 Vishrama Kala Sarvanga abhyanga with Karpooradi Talla F/B Sarvanga JPS x 3 days</p> <p>On 23/1/24 Pradhana Karma</p>	<ul style="list-style-type: none"> • Pain in multiple joints reduced by 10%. • Elbow joint ROM slightly improved. • Shoulder joint ROM slightly improved. • Slightly reduced restricted movement of wrist and hand. • Patients had rashes on B/L elbow joints and upper back region • Patients had a fever. (on 5/1/24) <p>ON 8/1/24</p> <ul style="list-style-type: none"> • Pain in multiple joints reduced by 20%. • Stiffness of joints slightly reduced. • Elbow joint ROM slightly improved. • Shoulder joint ROM slightly improved. • Slightly reduced restricted movement of wrist and hand. • Mild improvement in walking. <p>NO 9/1/24</p> <ul style="list-style-type: none"> • Pain in multiple joints reduced by 30%. • Mild improvement in walking. • My knee joint pain reduced 30%. • Appetite has improved by 20%. <p>ON 16/1/24</p> <ul style="list-style-type: none"> • Pain in multiple joints was reduced by 50%. • Improvement in walking. • Improvement in multiple joint pain & stiffness. • Knee joint pain was reduced by 80%. • Appetite is improved by 40%. <p>Improvements: ON 24/1/24</p> <ul style="list-style-type: none"> • Multiple joints pain reduced by 70% • Morning stiffness reduced by 60% • Appetite improved by 60% • Pain in both knee joints was reduced by 80% • Swelling over both feet completely reduced • Tiredness completely reduced • Sleep improved by 65%

Sarvanga abhyanga with Karpooradi taila F/B Sarvanga JPS
Virechana with Trivruth lehya-40gms

Before Treatment	After Treatment
<ul style="list-style-type: none"> • Multiple joint pain • Morning stiffness • Loss of Appetite • Pain in both knee joints • Swelling over both wrist joint, hands, knee joint and foot • Tiredness • Disturbed sleep due to pain. 	<ul style="list-style-type: none"> • Multiple joints pain reduced by 70% • Morning stiffness reduced by 60% • Appetite improved by 60% • Pain in both knee joints was reduced by 80% • Swelling over both wrist joint, hands, knee joint and foot completely reduced • Tiredness completely reduced • Sleep improved by 65%

DISCUSSION

The term Amavata is formed by the union of two words, Ama and Vata, and these two play a crucial role in the pathogenesis of the disease. Chakradatta was the first to explain the Chikitsa siddhanta for Amavata. Which are Langhana, Ruksha Swedana, Tikta, Deepana, Snehapana, and Virechana.

Langhana was done through Agni Lepa[5] with the drugs possessing Ushna (hot), Teekshna (Penetrating) and Ruksha (causes dryness), properties do the reduction of Ama and Vata without hampering the Bala (strength) of the patient. The drugs used for this process are Vedanasthapaka (alleviation of pain), Shothahara (removes swelling), and Kaphavatahara (mitigates Kapha and Vata Dosh) properties, which may relieve the cardinal symptoms of Amavata, i.e., joint inflammation, tenderness and stiffness by Samprapti Vighatana (breakdown of pathophysiology) due to their direct action at the Sandhi (joint). Deepana Pachana was done through *Panchakola Siddha Yavagu*[6] and has the effect of *Agnideepana* according to the *Rasa, Vipaka* and *Virya*. *Pachana* is one of the properties of the *Panchakola* since it also shows the impact on the improvement in the *Agni*. All the Shaman and aushadha have the quality of Amapachana due to the predominancy of Tikta rasa, Snigdha Guna, Ushna Veerya, Vata-Kapha Shamaka properties, Vatanulomana, Shothahara and Vedanastapana. Gandharvahastadi Taila[7] having Tikta, Kashaya, Madhura rasa, Madhura vipaka and Ushna veerya by

Madhura rasa and Madhura vipaka it counteracts Vata. Because of Tikta rasa ushna veerya and Agni deepana guna, it counteracts Ama. In this Taila, most of the drugs possess Ushna veerya, and Vata-Kaphahara guna and act as Deepana, Pachana, Rochana, Vatanulomana, Shothahara(anti-inflammatory) and Vedanastapana(Analgesic). Bruhatsaindhavadi Taila[8] Majority of these drugs have Majority of ingredients of ushna veerya, Vata Kapha hara, agnideepana, amashodhana, sroto vishodhana, shothahara, shoolahara there by beneficial in amavata. Valuka sweda[9] This ruksha sweda helps rectify the imbalance of ama dosha. The unique therapeutic effect of this procedure is kaphahara, shotha and shoolahara. Karpooradi Thaila[10] is used for its acute pain-relieving properties. It is a simple preparation of sesame oil infused with the potent anti-inflammatory properties of Ajamoda (*Trachyspermum roxburghianum*) and Camphor (*Cinnamomum camphora*). Dhanyamladhara is one such Rooksha Swedana procedure. It has multiple pharmacological actions like anti-inflammatory, analgesic, anti-histamic, carminative, and digestive properties at the cellular level. Kottamchukkadi taila, which has drugs performing lekhanitya, shophahara, shoolahara and deepana karma, helps remove the kapha avarana at manibandha and also helps in pacifying vata. Snehapana was given with Guggulu Tiktaka Gritha[11], which has an action on Ama and Vata to bring the vitiated Doshas from extremities to koshta from purgation. Trivrut Lehya[12] is the drug of

choice for Virechana because it is Sukha Virechaka, and also Vatakapha shamaka, Triphala Kashaya[13] was given as Virechanopaga.

CONCLUSION

Amavata is a Madhyama Rogamarga Vyadhi, therefore it is Krichchra Sadhya (difficult to cure). Vitiated Vata Dosha, in association with Ama circulating all over the body, gets lodged in the Sandhi and presents with Sandhishoola, Sandhishotha, Sandhistabdata, along with Samanya and Pravruddha Amavata lakshana. Samprapthi vighatana in Amavata is achieved by administering drugs having Gunas like Ushna, Teekshna, Rooksha, and Laghu and with Pachana, Deepana dravyas.

From the present case study, it can be concluded that the results obtained after the treatment were encouraging. Ayurvedic management, in combination with Panchakarma and Herbal drugs, as described in classical texts, helps significantly relieve the signs and symptoms of the disease amavata, thereby improving quality of life.

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