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Case Report

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A Case Report Depicting the Role of Ayurvedic Interventions in the Management of Amavata ~Rheumatoid Arthritis

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ABSTRACT

Background: Rheumatoid arthritis (RA) is a chronic, systemic, inflammatory autoimmune disease of the synovial joints. Despite the advances in disease-modifying anti-rheumatic drugs, its long-term management remains challenging. The condition causes severe joint pain, stiffness and progressive disability, limiting a patient's mobility and independence. Because the aetiology is complex and multifactorial, effective care necessitates a comprehensive, multimodal treatment plan. In Ayurveda, the clinical picture is more similar to *Amavata (~rheumatoid arthritis)*, which is characterised by *Sandhi Shoola* (~joint pain) and *Sandhi Shotha (~joint swelling) along with Stabdhta* (~morning stiffness). **Findings:**A 64-year-old lady presented with a 10-year history of generalized stiffness in multiple joints in a symmetrical pattern of involvement in various small joints with deformities, and investigations showing positive RA factor. She was diagnosed with rheumatoid arthritis and was successfully managed with *Ayurveda*. **Intervention:***Shamana Chikitsa* (~Pacification therapy) as per the *Avastha* (~clinical presentation) of the patient for 11 months, along with *Panchkarma* Therapies. **Results**: The patient exhibited significant improvement in subjective parameters, particularly *Sandhi Shoola* (~joint pain), joint swelling, morning stiffness, tenderness and fatigue. Functional status improved with increased ability to walk, joint mobility, grip strength and perform routine daily activities. The clinical diagnosis was confirmed by the evaluation with ACR criteria, including tender-joint evaluation and functional assessment. No further progression of joint deformities was seen. Follow-up showed a favorable declining trend of rheumatoid factor. **Conclusion:**Combined *Shodhana Chikitsa* (~purificatory therapy) and *Shamana Chikitsa*(~palliative therapy) were found effective in providing relief in *Amavata (~rheumatoid arthritis), especially in joint pain and functional disability. The therapy was well tolerated*, and no adverse drug reactions were reported. The intervention was associated with improvement in joint pain and functional status without clinical evidence of worsening disease severity, joint deformities or functional disability during treatment and follow-up.

INTRODUCTION

Amavata is one of the most common diseases presented in the Ayurvedic OPDs. The disease involves the *Rasavaha Srotasa*, originated by the *Virudhahara* and *Cheshta* with the already existing *Mandagni*, which results in the formation of *Ama* and may lead to *Sandhi Vikruti (~Joint Deformation)*. This *Ama*, continuously produced in the body, along with vitiated *Vata*, takes *Sthanasanshraya* in *Sleshma Sthana* and then circulates to the whole body. This *Ama* that settles in *Sandhi* leads to *Vrischika Dansa Vata Vedana* in *Sandhi* (~Pain in joints), *Sandhi Sotha (~Swelling in joints) with redness, Jwara* (~fever), stiffness (early morning), restricted

movements and,if chronic, temporary to permanent deformity of joints is seen; sometimes, in later stages of *Amavata*, extra-articular features may appear.

The general features of *Amavata* are very much similar to Rheumatoid Arthritis, which is an auto immune disorder that leads to chronic inflammatory and symmetrical polyarthritis usually begins with small joints. About one million people worldwide suffer from rheumatic disorders, and one fifth of them are severely disabled. The disease affects about 0.8% of the general population and females are affected 3 times more than males. Around 80% of people develop the disease in the age range of 35 to 50, that is, the fourth and fifth decade of life.The disease has a major impact on quality of life, affecting their physical, psychological, economic and social lives.

Ayurvedic healing is a holistic method that includes external and internal therapies, *Pathya* and *Apathya*, and *Yoga*. This case study highlights the effective management of Chronic *Amavata* through *Ayurvedic* interventions and its impact in improving quality of life and general wellbeing of patient. Rheumatoid arthritis (RA) is a chronic systemic autoimmune inflammatory disease that is characterized by progressive joint destruction involving the synovial membranes. Due to its chronic and debilitating course it often leads to severe functional limitations and profoundly diminishes the quality of life of the patient.[1]Worldwide, rheumatoid arthritis, which is linked with *Amavata* in *Ayurveda*, afflicts about 0.5-1% of the population, and about 70-80% of the cases show a greater predisposition to it, especially among women.[2]Smolen JS et al. stated that a minority of those affected with Amavata have managed to achieve adequate control of their condition through the use of single-drug treatment or NSAIDs, whereas the overwhelming majority of these patients need some form of systemic therapy using DMARDs.[3]

One of the important problems in treating *Amavata* (~Rheumatoid Arthritis) is that the root cause of the blockage of the biological channel due to *Ama* (~metabolic toxins) along with vitiation of *VataDosha* in the joint and interstitium space hampers the penetration of medicines into the body system.[4]The use of dietary regulation and oral administration of non-steroidal anti-inflammatory herbs or palliative herbs, which are the preferred treatment methods for *Amavata* (~rheumatoid arthritis), can cause digestive distress along with failure to modify the disease in the long run if used consistently. The second line of treatment includes unique dry fomentation (*RukshaSweda*) along with special detoxification methods of the whole body internally such as therapeutic purgation (~*Virechana*). Unique detoxification and enema (~*Basti*) are the treatments normally recommended for chronic patients who fail to get relief by other means.[5]In *Ayurveda*, *Amavata* can be related to Rheumatoid Arthritis which is an auto-immune disease of a systemic nature and is characterized by inflammation of the joints. It has symptoms of *Sandhishula* (~swelling) caused by toxins formed due to malfunction of the digestive system.[6]The illness *Amavata* is primarily related to *Vata* and *KaphaDosha*, *RasaDhatu* and *AsthiSandhi* (~joints), and is associated with *Sandhishoola* (~Pain in joints) and *Sandhishotha* (~Swelling of joints). According to *AcharyaMadhavakara*, the production of *Ama* owing to *Mandagni* is the main cause behind this disease. *Amavata* is a chronic disease that becomes *Krichhrasadhya* (~difficult to treat) at its later stages. The clinical findings show that the process of *Shodhana* (~detoxification through *Panchakarma*) plays an important role in changing the course of the disease. *Shamana Chikitsa may provide only temporary relief to the patient.*[7]

CASE REPORT

Patient Information – A 64-year-old lady Mrs XYZ, a retired teacher, residing in Gurgaon, was admitted to Kayachikitsa ward after a visit to the OPD at CBPACS, New Delhi with a 10-year history of gradually progressing pain and stiffness in several small symmetrical joints of the hands and feet. The patient gave a history of about 1 hour of stiffness in the morning, along with generalized stiffness and pain in the metacarpopha-

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langeal, proximal interphalangeal and distal interphalangeal joints of hand and the metatarsophalangeal and interphalangeal joints of foot. With the progression of the disease, deformities such as swan-neck deformity and Z-shape deformity in fingers started appearing. She also had poor appetite, tiredness, lethargy and disturbance in sleep due to joint pains.She had been treated earlier through the allopathic line of treatment, which included the use of corticosteroids like methylprednisolone and the disease-modifying antirheumatic drug methotrexate, but could not achieve satisfactory symptomatic relief. Chronic inflammatory polyarthritis with persistent morning stiffness, involvement of symmetrical small joints and deformities suggested Rheumatoid Arthritis. In terms of the traditional system of *Ayurveda*, the case was correlated clinically with *Amavata*, which is known for joint pain and stiffness with functional disability. After initial evaluation, the patient was treated under the *Kayachikitsa* Department, where she was treated through the line of treatment called *Shamana Chikitsa* with the intention of *Deepana – Pachana* and correction of *Ama*.

Clinical Findings

Table 1: *Clinical findings of the patient*

Examination	Findings
General condition	General condition was fair. The patient appeared pale, with pallor present and no icterus. Fatigue was present. There was no recent weight loss. Intermittent fever was reported during disease flare-ups.
Vital signs	Blood pressure: 116/80 mmHg; Pulse rate :80 bpm; Temp:98.7 F; SpO2 :98%
Inspection	Symmetrical swelling was present over the MCP, PIP, MTP, and DIP joints. The involved digits showed a spindle-shaped appearance. Both wrist joints were involved, with reduced range of motion. Z-shaped deformity and swan-neck deformity were noted in both hands. No rheumatoid nodules were observed over extensor surfaces.
Palpation	Tenderness was present over the small joints. Swelling was soft and boggy. Affected joints were warm to the touch.
Movements and Functions	Pain and limitation of movement were present, with decreased range of motion at the affected joints. Grip strength was reduced, and the patient had difficulty making a fist with both hands.

Table 2: Ashtavidha and Dashavidha Pariksha & Rog-Rogi Pariksha

***Pariksha* / Paramete**	**Findings**	***Pariksha* / Paramete**	**Findings**
Nadi	*Kapha–Vata*	***Vyayama* Shakti**	*Avara*
Mala	*SamaMala*; constipation with hard stools	***Vaya***	*Vriddha*
Mutra	*Prakrita*	***Dosha***	*Vata–Kapha* predominance with *Ama*
Jihva	*Saama*; whitish coating present	***Dushya***	*Rasa*, *Rakta*, *Mamsa*, *Asthi* and *Majja*
Shabda	*Prakrita*	***Agni***	*Mandagni*
Sparsha	*Ushna* over affected joints; otherwise *Samasheetoshna*	***Ama***	Present
Drik	*Prakrita*	***Srotas* involved**	*Rasavaha*, *Asthivaha* and *MajjavahaSrotas*
Akriti	*Madhyama*	***Dosha***	*Vata–Kapha* predominance with *Ama*
Prakriti	*Vata–Kapha*	***Dushya***	*Rasa*, *Rakta*, *Mamsa*, *Asthi* and *Majja*
Vikriti	*Vata–Kapha* predominance with *Ama*	***Agni***	*Mandagni*
Sara	*Madhyama*	***Ama***	Present
Samhanana	*Madhyama*	**Type of *Srotodushti***	*Sanga*
Pramana	*Madhyama*	***UdbhavaSthana***	*Amashaya*
Satmya	*Madhyama*	***Adhisthana***	*Asthi-Sandhi*
Satva	*Pravara*	***RogaMarga***	*MadhyamaRogaMarga*
Ahara Shakti	*Madhyama*		

Differential Diagnosis

The patient was previously diagnosed with Rheumatoid arthritis. The differential diagnosis in Ayurveda is mentioned in Table 3.

Table 3: ***Differential Diagnosis of Amavata (Rheumatoid Arthritis)***

Diagnosis	Inclusion criteria	Exclusion criteria
Amavata	*SandhiShotha*, *Ruja*, *Stabdhata*, *Graha*; bilateral/ symmetrical small-joint involvement; *Gaurava*, *Aruchi*, *Alasya*, *Jwara*	Absence of prominent *Ama* features
Vatarakta	*SandhiRuja*, *Shotha*, *Daha*; predominantly peripheral joints; severe pain	*Daha*, *Raga* and acute episodic attacks usually prominent; chronic symmetrical MCP/PIP involvement with RA-type deformities less typical
Sandhigata Vata	*SandhiShoola*, *Graha* (~restricted movement); large joints involvement	Usually non-inflammatory; absence of significant warmth/ swelling; crepitus and degenerative changes common
Rheumatoid Arthritis (RA)	Symmetrical inflammatory polyarthritis of MCP, PIP, wrists and MTP; boggy swelling, tenderness, warmth, restricted ROM; presence of swan-neck/ Z deformities and reduced grip	Absence of persistent synovitis, symmetrical small-joint involvement and characteristic deformities
Psoriatic Arthritis	Joint pain/swelling; DIP involvement, dactylitis; nail changes; MCP/PIP involvement possible	Absence of psoriasis, nail pitting/onycholysis, dactylitis and typical asymmetric pattern
Gouty Arthritis	Acute severe pain, swelling, warmth and tenderness; recurrent attacks; tophi may occur; serum uric acid may be elevated	Absence of episodic attacks/ tophi; persistent symmetrical MCP/PIP synovitis with RA-type deformities is atypical
SLE Arthritis	Symmetrical polyarthralgia/ polyarthritis involving small joints	Usually non-erosive/non-deforming; malar rash, photosensitivity, oral ulcers, alopecia or other systemic features suggest SLE

Prognosis

Amavata is a chronic joint condition that results from inflammation of joints, which causes pain, stiffness, swelling, and difficulty moving the joint. If not treated early, the condition can affect a person's quality of life and functional capacity significantly. The chronic form of *Amavata* can cause deformation of joints; however, it can be managed well with the right treatment.

Timeline

The patient started experiencing morning stiffness, pain, and swelling affecting the bilateral wrist and MCP joints in May 2016. Thereafter, it progressed to affect multiple joints and interfere with daily activities in July 2016. The patient's first medical evaluation was in August 2016, when ESR and CRP levels were high along with positive RF and anti-CCP antibody, thereby making a diagnosis of RA. Later, the patient underwent allopathic treatment using DMARDs between August 2016 and May 2025. Quantitative RF level was 26.07 U/mL on 13 January 2025 and increased to 39.06 U/mL on 5 May 2025.

Here, the Pacification Treatment Therapy was done based on the Disease *Avastha* for almost 12 months; however, total relief from symptoms was not obtained. The patient was later scheduled for *Panchakarma* therapy in June 2026.The timeline of the events of this case is presented in Table 4.

Therapeutic Interventions

Avasthika Chikitsa was administered to the patient from July 2025 to June 2026, with periodic modifications according to the clinical presentation and response to treatment. Initially, *Vata-Kapha Shamaka* and *Amapachana* measures were emphasized, followed by *Raktaprasadaka*, *Deepana-Pachana* and *Vatahara* interventions according to the *Avastha*of the patient. The therapeutic regimen included *Shringarabhra Rasa*, *Vishtinduk Vati*, *Singhnad Guggulu*, *Nagaradi Kwatha*, Rheumartho Gold Plus, *Laghu VishagarbhaTaila*, *Khadirarishta*, *Brihat Marichyadi Taila*, *Arogyavardhini Vati*, *Panchatikta Ghrita Guggulu*, *Brihat Manjishthadi Kwatha*, *Rasa Raj Rasa* and other supportive formulations, with local application of medicated oils.

The details of the therapeutic interventions, dosage and duration are presented in Table 5 & Table 6. Progressive clinical improvement in pain, swelling and associated symptoms was observed during the course of treatment, with approximately 60% improvement

Table 4: ***Timeline of the Events***

Date / Period	Clinical Event/ Follow-up Findings / Investigations / Outcome
May 2025	First visit to the *Ayurvedic* OPD, Department of *Kayachikitsa.* Examination was done and treatment was started with medications and *Pathya-Apathya.***Quantitative RF level was 39.06 U/mL on 5 May 2025**
June 2025	First follow up. Mild reduction in joint pain and morning stiffness; morning stiffness was not significantly reduced. Medicines were modified and further follow-up advised.
29/07/2025	Treatment continued; also, improvement in pain involving multiple joints
30/08/2025	Treatment continued; F/C/O: burning sensation and pain in the fingers of the hands, with rashes over the body.
09/09/2025	Treatment continued & improvement in pain involving multiple joints. Burning sensation in bilateral PIP joints and rashes over the body with itching persisted. Advice: Quantitative RF and serum uric acid.
20/09/2025	Treatment continued. Further improvement in pain involving multiple joints and reddish, itchy lesions over the body. **13/09/2025- RA factor: 26.70 U/mL**; serum uric acid: 6.8 mg/dL.
04/10/2025	Treatment continued. Mild improvement in multiple joint pain and itching associated with rashes. F/C/O: Cough with sputum × 4 days.
18/10/2025	Treatment continued, improvement present. F/C/O: Swelling over interphalangeal joints of bilateral hands × 3 weeks and cough with sputum × 3 weeks.
04/11/2025	Treatment continued, improvement reported.
Nov 2025–Feb 2026	Treatment continued with regular follow-up, mild reduction in symptoms observed.
07/03/2026	Treatment continued with regular follow-up, Improvement reported. **F/C/O:** Reduced appetite and swelling over bilateral feet and ankles × 1.5 months.
04/04/2026	Treatment continued, Improvement reported.
12/05/2026	Treatment continued & Improvement reported. F/C/O: Pain in body.
28/05/2026	Laboratory investigations performed. hs-CRP: 40.77 mg/L; CRP: 37.4 mg/L; **RA factor: 10 U/mL**; ESR: 48 mm/hr; Eosinophils: 10.8%; 25-OH Vitamin D: 29 ng/mL; T-score (right forearm): −3.8 SD, suggestive of osteoporosis; HbA1c: 5.5%.
30/05/2026	Treatment continued, Improvement reported.
06/06/2026	Patient was admitted to the *Kayachikitsa* Department further *Ayurvedic* management was administered. Significant reduction in symptoms with improvement in joint deformities.
26/06/2026	Treatment continued with regular follow-up; approximately 60% improvement in pain involving multiple joints was reported.

in pain involving multiple joints documented by June 2026.

Abbreviations 1 BD- Twice daily; TDS- Thrice daily; L/A - Local Application; tsp – Teaspoon; mL- millilitre

OUTCOME AND FOLLOW-UP

Clinical Assessment: The patient was assessed for rheumatoid arthritis, considering the pattern and number of involved joints, serological status, acute-phase reactants and duration of symptoms. The patient presented with inflammatory polyarthritis involving multiple joints, particularly the bilateral wrist and metacarpophalangeal joints, associated with morning stiffness, pain and swelling. Rheumatoid factor (RF) was positive, measuring 26.07 U/mL on 13/01/2025, which subsequently increased to 39.06 U/mL on 05/05/2025**;** serum uric acid was 6.8 mg/dL. Pain severity was assessed during follow-up, along with clinical assessment of joint pain and swelling.

Patient Assessment: At baseline, the patient reported pain, swelling and morning stiffness involving multiple joints, predominantly the bilateral wrist and MCP joints. Progressive improvement in joint pain, swelling and associated symptoms was observed during the treatment period. By 07/03/2026, reduced appetite and swelling over the bilateral feet and ankles was documented, with continued improvement during subsequent follow-ups. At the final follow-up on 26/06/2026, the patient reported 60% improvement in pain involving multiple joints**.** Pain intensity assessed using the 10-point Visual Analogue Scale (VAS) showed a reduction from 8/10 at baseline to 3/10 at the final follow-up, corresponding with the patient's reported improvement in multiple-joint pain. The overall clinical response demonstrated progressive reduction in disease-related symptoms during the treatment period.

Table 5: ***Therapeutic Intervention Including Timeline, Medicine and Dose/Anupana (Shamana Therapy)***

Date / Time Period	Medications with Dose and *Anupana*
29/07/2025	*Shringarabhra Rasa* – 1 TDS; *VishtindukVati* – 1 TDS; *Singhnad Guggulu* – 2 TDS with *Nagaradi Kwatha*; *Nagaradi Kwatha* – 40 mL BD; Cap. Rheumartho Gold Plus – 1 BD; *Laghu Vishagarbha Taila* – L/A
30/08/2025 – 20/09/2025	*Shringarabhra Rasa* – 1 TDS; *Vishtinduk Vati* – 1 TDS; *Singhnad Guggulu* – 2 TDS with *Nagaradi Kwatha*; *Nagaradi Kwatha* – 40 mL BD; Cap. Rheumartho Gold Plus – 1 BD; *Laghu Vishagarbha Taila* – L/A; *Khadirarishta* – 3 tsp BD; *Brihat Marichyadi Taila* – L/A
04/10/2025	*Shringarabhra Rasa* – 1 TDS; *Vishtinduk Vati* – 1 TDS; *Singhnad Guggulu* – 2 TDS with *Nagaradi Kwatha*; *Nagaradi Kwatha* – 40 mL BD; Cap. Rheumartho Gold Plus – 1 BD; *Laghu Vishagarbha Taila* – L/A; *Khadirarishta* – 3 tsp BD; *Brihat Marichyadi Taila* – L/A; *Vasavaleha* – 1 tsp BD
18/10/2025 – 02/12/2025	*Shringarabhra Rasa* – 1 TDS; *Vishtinduk Vati* – 1 TDS; *Singhnad Guggulu* – 2 TDS with *Nagaradi Kwatha*; *Nagaradi Kwatha* – 40 mL BD; Cap. Rheumartho Gold Plus – 1 BD; *Laghu Vishagarbha Taila* – L/A; *Khadirarishta* – 3 tsp BD; *Brihat Marichyadi Taila* – L/A; *Vasavaleha* – 1 tsp BD; *Kantakari Avaleha* – 1 tsp BD; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD
20/12/2025	*Shringarabhra Rasa* – 1 TDS; *Vishtinduk Vati* – 1 TDS; *Singhnad Guggulu* – 2 TDS with *Nagaradi Kwatha*; *Nagaradi Kwatha* – 40 mL BD; Cap. Rheumartho Gold Plus – 1 BD; *LaghuVishagarbha Taila* – L/A; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD
17/01/2026	*Shringarabhra Rasa* – 1 TDS; *Vishtinduk Vati* – 1 TDS; *Singhnad Guggulu* – 2 TDS; *Nagaradi Kwatha* – 40 mL BD; *Ajmodadi Churna* – ½ tsp TDS A/M; Cap. Rheumartho Gold Plus – 1 BD; *Laghu Vishagarbha Taila* – L/A; *Brihat Marichyadi Taila* – L/A; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD
07/03/2026 – 04/04/2026	*Singhnad Guggulu* – 2 TDS; Cap. Rheumartho Gold Plus – 1 BD; *Nagaradi Kwatha* – 40 mL BD; *Arogyavardhini Vati* – 2 TDS; *Panchatikta Ghrita Guggulu* – 2 TDS; *Brihat Manjishthadi Kwatha* – 40 mL BD; Lippu Oil – L/A; *Saindhavadi Taila* – L/A; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD
12/05/2026	*Singhnad Guggulu* – 2 TDS; Cap. Rheumartho Gold Plus – 1 BD; *Nagaradi Kwatha* – 40 mL BD; *Arogyavardhini Vati* – 2 TDS; *Panchatikta Ghrita Guggulu* – 2 TDS; *Brihat* Manjishthadi *Kwatha* – 40 mL BD; Lippu Oil – L/A; *Saindhavadi Taila* – L/A; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD
30/05/2026 – 06/06/2026	*Singhnad Guggulu* – 2 TDS; *Rasa Raj Rasa* – 1 BD; *Nagaradi Kwatha* – 40 mL BD; *Arogyavardhini Vati* – 2 TDS; *Panchatikta Ghrita Guggulu* – 2 TDS; *Brihat Manjishthadi Kwatha* – 40 mL BD; Lippu Oil – L/A; *Saindhavadi Taila* – L/A; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD
07/06/2026 – 26/06/2026	*Singhnad Guggulu* – 2 TDS; *Rasa Raj Rasa* – 1 BD; Nagaradi Kwatha – 40 mL BD; *Arogyavardhini Vati* – 2 TDS; *Panchatikta Ghrita Guggulu* – 2 TDS; *Brihat Manjishthadi Kwatha* – 40 mL BD; Tab. Bonivia 1 BD; Tab. Shallaki Plus 2 BD; Shallaki liniment for L/A; *Talishadi Churna* 50 g + *Tankan Bhasma* 5 g – ½ tsp BD

Table 6: ***Panchkarma Therapies performed during Inpatient Care***

Date/ Time Period	*Panchkarma* Therapies
08/06/2026 – 10/06/2026	Only *Baluka Svedana* was performed for 45 minutes for 3 Days.
11/06/2026 – 26/06/2026	*Patra Pinda Pottali Svedana* after *Abhyang* with *Mahanarayan Taila* (as per availability); duration of therapy of 45 minutes for 15 days & *Anuvasana Basti* (with *Brihat Saindhavadi Taila*, 60 mL) and *Vaitarana Basti* (approx. 400 mL) (given on Alternate days) for 15days. *Anuvasana Basti* (60 mL) was given after food in the afternoon around 2 pm on alternate days and *Vaitarana Basti* (approx. 400 mL) was given on an empty stomach around 9 am on alternate days.

ADHERENCE AND TOLERANCE

The patient was taking her medicines regularly for 11 months. Interaction through telephonic communication was done between OPD visits for monitoring the condition of the patient in terms of medication tolerance, *Pathya-Apathya* and external applications. *Panchakarma* treatments were well tolerated by the patient. The patient was kept under constant observation in the Inpatient Department throughout the period of stay, and no untoward incidents took place. Follow-ups were done to check that the medications were well tolerated by the patient.

RESULTS

There was significant improvement in the subjective parameters like *SandhiShoola* (~Joint pain),*Sandhi Shotha* (~Joint swelling), *Stabdhta* (~morning stiffness), tenderness, and fatigue. There was a significant improvement in the functional status in terms of increased walking tolerance, joint movements, grip strength, and daily activity performance. Improvement was noted according to ACR criteria, such as tender joint count and functional status. There was no progression of joint deformities. The rheumatoid factor exhibited a favorable declining trend.

DISCUSSION

Rheumatoid arthritis (RA) is a systemic autoimmune inflammatory disorder marked clinically by recurrent synovitis, pain, swelling, morning stiffness, deformity, and disability. As per *Ayurveda*, the symptoms of RA can be compared well with *Amavata*, which is formed due to the combination of *Ama*, which results due to the improper *Agni*, and the deranged *Vata*, which further deposits in the joints,causing Shula, *Shotha*, *Stambha*, and mobility problems. The patient was suffering from RA for a long duration, which was indicated from polyarthritic pain, morning stiffness, swelling of small joints, raised inflammation, positive rheumatoid factor, and deformity at a later stage.

The major principle of therapy in the case of *Amavata* is to break the disease cycle consisting of *Agnimandya*, *Ama*, *Srotorodha*, and increased *Vata*. In the current case, the main treatment approach was aimed at *Deepana*, *Pachana*, *Vata-Kapha Shamana*, *Srotoshodhana*, *Shothahara*, and *Vedanasthapana*. Taking into account the chronic course of the disease, joint deformity, and constant inflammatory process, the treatment was tailored to individual needs depending on the progress of symptoms, strength, associated diseases, and development stages of the disease. The recorded consecutive observations revealed gradual decrease in symptoms with oral therapy followed by significant relief after introduction of *Panchakarma* therapy in June 2026.

In the first phase, the medicines used were *Shringarabhra Rasa*, *Vishtinduka Vati*, *Singhnad Guggulu*, and *Nagaradi Kwatha*, in an effort to improve *Agni*, digestion of *Ama*, relieve pain, and reduce stiffness. *Shringarabhra Rasa*[8]contains *Abhraka Bhasma* along with *Shunthi*, *Pippali*, *Maricha*, *Kustha*, and *Tvak*. Predominance of qualities such as *Katu*, *Ushna*, and *Tikshna* can facilitate *Agni Deepana*, *Ama Pachana*, and *Vata Kapha Shamana*, whereas *Abhraka Bhasma* is believed to be supportive for strengthand tissue nourishment.

Vishtinduka Vati was chosen due to its qualities of *Laghu*, *Tikshna*, and *Ushna*, which might aid in *Deepana*, *Pachana*, and opening up of the channels. The reason for using it is that it is traditionally known for pain associated with neuromuscular and *Vata* predominance conditions. However, due to its content of purified *Kupilu*, caution in dosage and purifications should

[8]Ayurmedinfo. Shringarabhra Ras: Benefits, Dosage, Ingredients, Side Effects [Internet]. Ayurmedinfo; 2012 [cited 2026 Sep 22]. Available from: https://ayurmedinfo.com/2012/07/27/shringarabhra-ras-benefits-dosage-ingredients-side-effects/

Table 7: ***Treatment therapies and their Possible mode of action in Amavata***

Sr. No.	Medicine / Panchakarma therapy	Key ingredients	Possible mode of action in *Amavata*
1	*Shringarabhra Rasa*	*Abhraka Bhasma, Shunthi, Pippali*	*Agni-deepana, Ama-pachana, Vata-Kapha shamana.*
2	*Vishtinduka Vati*	*Shuddha Kupilu, Maricha, Chincha Phala*	*Deepana-Pachana, Sro-toshodhana, Vata-Kapha shamana.*
3	*Singhnad Guggulu*	*Triphala, Shuddha Guggulu, Eranda Taila*	*Ama-pachana, Srotoshod-hana, Shotha-Vedana hara.*
4	*Nagaradi Kwatha*	*Nagara, Haritaki, Guduchi*	*Agni-deepana, Ama-pachana, Shotha-Vedana hara.*
5	Rheumartho Gold Plus	*Shallaki, Yograj Guggulu, Ashwagandha*	*Shothahara, Vedanastha-pana, Vata-Kapha shamana.*
6	*LaghuVishagarbhaTaila*	*Nirgundi, Vatsanabha, Eranda Taila*	Local *Vata-Kaphashamana*, *Shotha-Vedana hara.*
7	*Ajmodadi Churna*	*Ajamoda, Shunthi, Saindhava*	*Deepana-Pachana, Vatanu-lomana, Shoola hara.*
8	*Panchatikta Ghrita Gug-gulu*	*Panchatikta dravyas, Guggulu, Ghrita*	*Tikta-pachana, Srotoshod-hana, Shotha hara.*
9	*Brihat Manjishthadi Kwatha*	*Manjishtha, Guduchi, Nimba*	*Rakta-shodhana, Pitta-Kapha shamana, Shotha hara.*
10	*Arogyavardhani Vati*	*Katuki, Triphala, Shuddha Guggulu*	*Deepana-Pachana, Pitta-virechana, Srotoshodhana.*
11	*Baluka Sveda*	*Baluka* (~heated sand)	*Ushna-sveda, Vata-Kapha shamana, Stambha hara.*
12	*Patra Pinda Pottali Svedana + Mahanarayana Taila*	*Eranda, Nirgundi, Arka, Chincha (*leaves*); Rasnadi Churna, Haridra, Methika, Saindhava Lavana,* grated coconut, lemon*;* fried in Mahanarayana Taila	*Ushna-sveda, Srotoshod-hana, Shotha-Vedana hara.*
13	*Anuvasana Basti*	*Brihat Saindhavadi Taila*	*Vata shamana, Ama-pachana, Srotoshodhana.*
14	*Vaitarana Basti*	*Amlika, Guda, Saindhava, Gomutra, Tila Taila*	*Ama-pachana, Vata-Kapha shamana, Srotoshodhana.*
15	*SaindhavadiTaila*	*Saindhava, Chitraka, Eranda Taila*	Local *Vata-Kaphashamana*, *Shotha-Vedanahara.*
16	Tab. *Shallaki* Plus	*Boswelliaserrata, Vitexnegundo*	*Shothahara, Vedanastha-pana, Vata-Kapha Shamana.*
17	*Rasa Raj Rasa*	*Abhraka Bhasma, Ashwagandha, Swarna Bhasma*	*Vata shamana, Balya-Rasayana, Dhatu poshana.*
18	Tab. Bonivia	Type-II Collagen, Glucosamine, *Cissusquadrangu-laris*	Adjunctive cartilage-bone metabolic support.

be taken into consideration.[9]

Singhnad Guggulu[10]is one of the formulations that play an important role during the entire course of treatment. The formulation components, namely *Triphala*, *Shuddha Gandhaka*, *Guggulu*, and *ErandaTaila*, are normally used because of their ability to exhibit actions of *Ama-Pachana*, *Srotoshodhana*, *Shothahara*, and *Vatanulomana* respectively. Properties like *Laghu*, *Tikshna*, *Ruksha*, and *Ushna* of the formulation are considered opposite to the *Guru*, *Snigdha*, and *Sheeta* properties of

[9]Sharma PV. Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; Madakari Prakarana. p. 83, 362, 750.

[10]Trivedi AR, editor. Chakradutta. Varanasi: Chaukhambha Prakashan; Amavata Chikitsa, Chapter 25, verses 31-35. p. 168.

Ama and *Kapha*.

Nagaradi Kwatha[11], including *Nagara*, *Haritaki*, *Guduchi*, was used as an *Ama-Pachaka* and *Vata-Kapha Shamaka* remedy. This is because the therapeutic value of this medicine lies in enhancing digestion, metabolism, reducing *Srotorodha*, and providing relief from inflammation and pain. The use of this decoction along with *Singhnad Guggulu* is indicative of the classical principle of using *Ushna* and *Tikshna* treatment in the stage of *Ama*-dominance in *Amavata*.

Rheumartho Gold Plus [12] is taken as an adjunctive proprietary preparation. The constituents in it are mentioned as *Shallaki*, *Maharasnadi Kwatha*, *Suranjan*, *Yogaraj Guggulu*, *Ashwagandha*, purified *Kuchla*, *Chopchini*, various mineral preparations, and *Swarna Bhasma*. With regard to *Ayurveda*, all the above-mentioned constituents have been chosen due to their ability to serve in *Shothahara*, *Vedanasthapana*, *Vata-Kapha Shamana*, *Balya*, and *Rasayana*. However, it should be used along with other treatments and not alone; hence any change in symptoms is not attributable to this.

External therapies were incorporated to address local pain, stiffness, and restricted mobility. *Laghu Vishagarbha Taila*[13] was initially applied locally, with the therapeutic goal of *Vata-Kapha Shamana*, *Snehana*, and the management of pain and stiffness. It contains *Nirgundi*, *Rasna*, *Devadaru*, *Haridra*, *Daruharidra*, *Eranda*, and other herbs that are known to be traditionally *Ushna* and analgesic in nature. Afterwards, the *Brihat Marichyadi Taila* was used when itching and skin lesions were also present, since it was thought to be only a supportive remedy for the skin complaints, but not *Amavata*.

As the treatment continued, changes were made in response to associated symptoms. *Khadirarishta* and *Brihat Marichyadi Taila* were included for rash and itching, while *Vasavaleha*, *Kantakari Avaleha*, *Talishadi Churna*, [14]and *Tankan Bhasma* were prescribed for cough and sputum-related complaints. These changes have been done in relation to the *Kapha Dosha* imbalance and involvement of *Pranavaha Srotas*. They do not represent disease modifying treatment for *Amavata*. *Ajmodadi Churna*[15] *has then been added to facilitate* Deepana, Pachana, *and* Vatanulomana.

In the latter part, there were additions like *Arogyavardhini Vati*, *Panchatikta Ghrita Guggulu*, and *Brihat Manjishthadi Kwatha*[16]. *It can be seen as an attempt to manage chronic inflammation and skin manifestations, along with possible* Rakta *and* Pitta *involvement, and ongoing* Vata *involvement as well. The involvement of* Panchatikta Ghrita Guggulu *can be seen as due to its* Tikta *dominance, as well as its* Vata-Kapha Shamana *property.* Brihat Manjishthadi Kwatha *can be seen as being used in order to facilitate* Rakta Prasadana *and decrease inflammatory manifestations.*

The most substantial clinical improvement was documented after inpatient *Panchakarma* management. Initially, *Baluka Svedana*[17]was performed for three days. Following this, *Patra Pinda Pottali Svedana* was performed post *Abhyanga* with *Mahanarayan Taila* for 15 days, followed by alternate-day *Basti* (*Vaitarana* and *Anuvasana Basti* with *Brihat Saindhavadi Taila*).The rationale for *Ruksha Svedana* during an *Ama*-associated stage is reduction of stiffness, heaviness, and obstruction without excessive unctuousness. *Patra Pinda Svedana*[18]and local oleation may subsequently help relieve pain and improve joint mobility.

Basti was selected because *Amavata* involves vitiated *Vata* and chronic musculoskeletal involvement. In *Amavata*, *Vaitarana Basti*[19]is applied for *Ama Pachana*, *Sroto Shodhana*, and alleviation of *Vata Kapha* morbidity, while *Anuvasana Basti* with *Brihat Saindhavadi Taila* acts as a lubricating therapy for pacification of *Vata*. Here, the combination was prescribed for 15 days, on alternate days, with the observation that there was

[11]Ask Ayurveda. Nagaradi Kashayam: A Comprehensive Evidence-Based Guide [Internet]. Ask Ayurveda; 2025 [cited 2026 Sep 22]. Available from: https://ask-ayurveda.com/articles/787-nagaradi-kashayam-a-comprehensive-evidencebased-guide

[12]Shree Baidyanath Ayurved Bhawan Pvt Ltd. *Rheumartho Gold Plus*: product information. Jhansi: Shree Baidyanath Ayurved Bhawan Pvt Ltd.

[13]Akshay A. Gurav, Shailaja U. A Case Study on Bala Amavata w.s.r. to Juvenile Rheumatoid Arthritis. J Ayurveda Integr Med Sci 2024; 3:273-277. http://dx.doi.org/10.21760/jaims.9.3.44

[14]Sharangadhara. *Sharangadhara Samhita. Madhyama Khanda.* Reference for *Talisadi Churna* .2009. Varanasi:Chaukhambha Orientalia; Chapter 6 verse 130-133.p.98.

[15]Sharangadhara. *Sharangadhara Samhita. Madhyama Khanda.* Reference for *AjmodadiChurna*.2009. Varanasi: Chaukhambha Orientalia; Chapter 6 verse 113 - 117. p.96.

[16]Sharangadhara. *Sharangadhara Samhita. Madhyama Khanda.* Reference for *BrihatManjishthadiKwatha*.2009. Varanasi: Chaukhambha Orientalia; Chapter 2 verse 137 - 142. p.72.

[17]Easy Ayurveda. *Valuka Sweda* – sand sweating treatment: procedure, benefits. Available from: https://www.easyayurveda.com/valuka-sweda-sand-sweating-treatment-procedure-benefits/ [accessed 2026 Sep 7].

[18]Directorate General of Health Services, Ministry of Ayush, Government of India. Management of Common Musculoskeletal Disorders in Ayurveda System of Medicine (AYUSH Vertical). New Delhi: Ministry of Ayush; [cited 2026 Sep 14]. Available from: https://www.researchgate.net/publication/391743283

[19]Gulhane Harshad, Bhople Sunanda, Sangita Vidhale, Anjali Deshmukh,Anup Pande. A ClinicalStudy on The Effect of *Vaitaran Basti*inthe Management of *Amavata* Vis-À-Vis Rheumatoid Arthritis. AYUSHDHARA, 2021;8(3):3270-3275

remarkable improvement in the symptoms, including joint deformities, with about 60 per cent improvement in polyarthritic pain by early June 2026.The laboratory results that were available in May 2026 showed ongoing inflammation with high levels of hs-CRP, CRP, and ESR but with a decreased level of rheumatoid factor compared to the initial reading. The patient had osteoporosis based on bone mineral density on the forearms and vitamin D deficiency. Based on these results, it can be concluded that an improvement in symptoms does not necessarily mean remission from the autoimmune disorder. It is necessary to conduct further rheumatology examinations and evaluate the activity of the disease.

The present case indicates that an *Ayurvedic* approach to treatment that involves *Ama-Pachana*, *Agni-Deepana*, *Vata-Kapha Shamana*, local treatment modalities, and *Panchakarma* with *Basti* therapy might have a beneficial effect on pain, stiffness, swelling, and functionality in chronic *Amavata* linked with RA. However, it is a case with multiple interventions at different points of time, different follow-up periods, and the absence of a control group. Therefore, any improvement cannot prove efficiency or causality. Further investigations should include measurements of disease activity by RA criteria, regular assessments of inflammatory markers, structural evaluation by imaging, quality of life questionnaires, and adverse event monitoring.



Figure 1: Hand Deformities in RA - Bilateral hands showing symmetrical fusiform (spindle-shaped) swelling of the MCP and PIP joints, mild ulnar deviation, and early swan-neck deformity of the fingers, without visible rheumatoid nodules.



Figure 2: Foot Deformities in RA - Bilateral feet showing symmetrical forefoot swelling over the MTP joints with mild splaying/overlapping of the toes, consistent with the forefoot involvement seen

CONCLUSION

The case study discussed above is that of a chronic case of rheumatoid arthritis which correlates with *Amavata*, and is manifested through pain in several joints, swelling of small joints, morning stiffness, difficulty in movement, and deformed joints. The patient was subjected to long-term *Ayurvedic* treatment in the form of *Shamana Chikitsa* including *Deepana*, *Pachana*, *Ama-Pachana*, *Vata-Kapha Shamana*, *Shothahara*, and *Vedanasthapana*, in addition to *Pathya-Apathya*. Pain, stiffness, swelling, and functional limitations of the joints were observed through the Visual Analogue Scale (VAS).

Later on, *Panchakarma* treatment was done which included *Baluka Svedana*, *Abhyanga*, *Patra Pinda Pottali Svedana*, alternate day *Vaitarana Basti* and *Anuvasana Basti* with *Brihat Saindhavadi Taila*. After *Panchakarma* treatment, the patient had a decrease in her VAS pain score of 8/10 to 3/10 and around 60% subjective relief in polyarticular pains, stiffness, deformities of joints and functioning. The above case indicates that an individualized *Ayurvedic* management protocol can

be helpful in reducing the disease activity and pain in chronic *Amavata*.

However, the fact that inflammation markers are chronically elevated and coexist with osteoporosis means that the patient's recovery should not be seen as the complete immunological remission. Since it was a case report without a control group and with different treatments carried out sequentially, the results obtained need to be confirmed by further carefully designed studies.

Declaration

of Patient Consent

The authors affirm that they have obtained the signed consent of the patient, where the patient or caregiver gives his/her consent regarding the publishing of the patient's case and clinical information in the journal. The patient is aware that her name and initials are not going to be disclosed, but still their identity cannot be completely guaranteed.

Patient's Perspective: The patient was satisfied with the significant improvement shown after *Panchkarma* therapy and *Shaman Chikitsa*.

Conflict of Interest

The authors declare no conflicts of interest.

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