Case Report Rheumatoid Arthritis

Check for updates

Journal of Ayurveda and Integrated

Medical Sciences



 \odot \odot

2025 Volume 10 Number 4 APRIL

Intervention of Amavata (Rheumatoid Arthritis) through Ayurvedic approach

Bishnoi S^{1*}, Meena PK²

DOI:10.21760/jaims.10.4.50

- ^{1*} Suman Bishnoi, Post Graduate Scholar, PG Dept of Kayachikitsa, Madan Mohan Malviya Government Ayurvedic College and Hospital, Udaipur, Rajasthan, India.
- ² Pradeep Kumar Meena, Assistant Professor, PG Dept of Kayachikitsa, Madan Mohan Malviya Government Ayurvedic College and Hospital, Udaipur, Rajasthan, India.

Introduction: Amavata is an Ama Pradoshaja Vikara, caused by Agnimandya, which leads to accumulation of Ama in Shleshmasthana and Prakopa of Vata Dosha. It closely resembles the chronic inflammatory auto immune disorder called Rheumatoid Arthritis. Clinical features ranges from mild inflammation to complete degenerative changes of joint. Prevalence of R.A is approximately 0.8% worldwide and 0.5-0.75% in India.

Materials and Methods: A 36 year old female patient came to OPD of Kayachikitsa Dept. with complaint of multiple joint pain, stiffness and swelling particularly affecting the wrists, knees and hands since 8 years but symptoms have exaggerated from last 8-9 months. Diagnostic evaluation confirmed the presence of rheumatoid factor (RF) and CRP was found raised. Conventional treatments, such as DMARDs & NSAIDs were initiated but resulted in only partial symptom relief. Patient was treated with Kshara Basti for 30 days along with oral ayurvedic medicine such as Rasanadi Kwatha, Eranda Sneha, Chitrakadi Vati, Simhanad Guggulu etc. These modalities help in Amapachan, Vatashaman and Srotas Shodhan. Dietary recommendations emphasized warm, easily digestible foods, and the reduction of cold, heavy, and processed items to mitigate Ama formation.

Conclusion: The Ayurvedic approach led to significant improvements in the patient's symptoms, including reduced joint pain and stiffness, enhanced mobility, and overall better quality of life. This case study illustrates the potential benefits of integrating Ayurvedic therapies with conventional treatment to manage Amavata effectively. It highlights the importance of a holistic approach in treating chronic autoimmune conditions and encourages further exploration of Ayurvedic practices in contemporary rheumatology.

Keywords: Agni, Ama, Vata Dosha, Autoimmune disease, Chronic symmetrical polyarthritis, Synovial inflammation, Cartilage destruction, Bone erosion, Joint deformities, NSAIDs, Joint pain, Swelling, Morning stiffness

Corresponding	g Author	How to Cite this	Article To	Browse
Suman Bishnoi, Post Gradua Kayachikitsa, Madan Mohan Ayurvedic College and Hospit India. Email: sumu.bishnoi21 @	n Malviya Government tal, Udaipur, Rajasthan,	Bishnoi S, Meena PK, Interv (Rheumatoid Arthritis) through / Ayu Int Med Sci. 2025;10(4):32 Available From https://jaims.in/jaims/article/vie	Ayurvedic approach. J 6-330.	
Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted 2025-04-2
2025-03-14	2025-03-24	2025-04-04	2025-04-14	
Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	Not required	13.25	

© 2025 by Bishnoi S, Meena PK and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License https://creativecommons.org/licenses/by/4.0/ unported [CC BY 4.0].

Introduction

Amavata (Rheumatoid arthritis) is lifestyle disorder which has high prevalence around globe. Amavata is defined as condition where Ama & Vata Dosha are vitiated simultaneously and enters Trika (Pelvic girdle) and Sandhi (joints) causing stiffness (Stabdhata) of body. Here, Ama means improperly/partially digested food or undigested Rasa Dhatu formed due to poor strength of Agni. Acharya Madhav has described causative factors for disease as Viruddhahara (Unwholesome Diet), Viruddhachesta (Erroneous Habits), Mandagni, Sedentary Lifestyle and exercising immediately after food.[1] Its symptoms include joint pain like that of scorpion bite, swelling and stiffness in multiple ioints with systemic features (Sarvadaihika Lakshanas) of Ama like Angamarda (myalgia), Aruchi Trishna (anorexia), (thirst), Alasya (laziness), Gaurav (heaviness), Jwara (pyrexia), Apaaka (indigestion), Anga Shunata (oedema). The clinical presentation of Amavata closely mimics with Rheumatoid arthritis (RA), in accordance with their similarities in clinical features like multiple joint pain, swelling, stiffness, fever, general debility etc. Rheumatoid arthritis affects approximately 0.5-1% of adult population worldwide.[2] The incidence of RA increases between 25 and 55 years of age, after which it plateaus until age of 75 and then decreases.[3] Women are affected approx. 3 times more often than men.[4] Despite of various treatment measures available in Allopathic system of Medicine prevalence of disease is guite high. Moreover, Allopathic drugs have many side-effects thus, adding to misery of patients. So, study was planned for effective management of Amavata by Ayurvedic treatment. Management typically involves digestion enhancement, detoxification, and pacification of Vata and Ama.

Kṣhāra Basti, an Ayurvedic enema therapy, is a potent treatment for *Vata* and *Kapha* disorders. *Śamana Chikitsā* includes dietary regulation, herbal formulations, and lifestyle modifications to balance *Doshas* and remove *Ama*. This case report highlights the integrative approach of these therapies in managing *Amavata*.

Case Report

Pradhana Vedana Vruttanta - Pain in multiple joints associated with swelling and stiffness.

Adyatana Vyadhi Vruttanta - A female patient aged 36 years visited the OPD of Kayachikitsa, Government Ayurveda Medical College, Udaipur, Rajasthan, India. She was presented with chief complaints of pain in multiple joints associated with swelling and stiffness which lasts more than 2 hrs. Patient was diagnosed with Rheumatoid arthritis with RA factor 666 IU/ml and ESR 36 mm/1st Hr. She has undergone allopathic treatment and has taken steroids many times, but did not get any relief from her symptoms. For further management, she visited the OPD of Kayachikitsa, Government Ayurveda Medical College, Udaipur.

Poorva Vyadhi Vruttanta: Nothing significant

Koutumbika Vruttanta: Nothing significant

Vayaktika Vruttanata:

Name: xyz Age: 36 years Marital status: Married Occupation: House wife Diet: Mixed Bowel: Constipated Appetite: Reduced Menstrual history: Regular Height: 160cm Weight: 55kg

Ashta Sthana Pareeksha

Nadi: Manda Mala: Baddha Mutra: Atimutrata with Avilata Jihwa: Lipta Shabda: Prakruta Sparsha: Prakruta Drik: Prakruta Akriti: Madhyama

Systemic Examination

Table 1: Showing Musculo Skeletal System

	B/L knee	B/L ankle	Small joints of
	joints	joints	hands
Swelling	Present	Present	Present
Deformity	Absent	Absent	Present
Tenderness	Present	Present	Present
Temperature	Warmth	Warmth	Normal
Range of movement	Restricted	Painful	Restricted

Cardio vascular system: S1 S2 heard, no abnormality detected.

Respiratory system: NVBS heard, no abnormality detected.

Gastro intestinal system: P/A: Soft, non-tender

Table2:Showing2010ACR/EULARclassification criteria for RA

Parameters	Score
Joint distribution (0-5) >10 joints	5
Serology (0-3) High RA factor (114.60IU/mL)	3
Symptoms duration (0-1) >6weeks	1
Acute phase reactants - Normal ESR	

Total score: >6 defines RA

Nidana Panchaka

Nidana

Aharaja: Snigdha, Abhishyandi Atisevana, Ati Sheeta Aahar Sevana (Fridge Items) , Mamsa Sevan.

Viharaja: Divaswapna after taking food.

Purvaroopa: Agnimandya

Roopa: Anga Gourava, Shoola Shotha and Stabdtha in multiple joints.

Upashaya: Summer season, afternoon hours, immersing joints in hot water

Anupashaya: Winter season, cold water.

Samprapti Ghataka

Dosha: Vata Pradhana Tridosha Dushya: Rasa, Asthi, Majja Agni: Jataragni, Dhatwagni Agnidushti: Mandagni Srotas: Rasavaha, Asthivaha, Majjavaha Srotodusti: Sanga Udbhavasthan: Amashaya Sancharasthana: Sarvashareera Vyaktasthana: Sandhi Adhishtana: Sandhi Rogamarga: Madhyama Sadhyasadhyata: Kricchrasadhya

Treatment

According to Acharya Chakradatta treatment of Amavata in order is that - Langhana, Svedana, Katu - Tikta Deepaniya Dravya, Virechana, Snehapana, Basti (Saindhavadi Anuvasana Basti and Kshara Basti).[5] Satahvadi Kshar Basti and Vaitarana Basti both are main line of treatment for Amavata which has mentioned in Niruha Basti Adhikarana.[6] Properties of *Kshara* should not be *Ati Tikshna, Ati Mrudu, Ati Shukla, Ati Picchila.* It also has *Tridoshagna, Agneya, Ushna, Teekshna, Pachana, Shodhna, Ropana, Vilayana, Lekhana* properties.[7] The *Bastis* where *Kshara, Gomutra* and *Teekshna Dravya* used as ingredients are can be considered as *Kshara Basti.*

Treatment protocol adopted

Panchakarma

The patient was given *Kshara Basti* along with *Bruhatsaindhavadi Taila Anuvasana Basti* in format of *Kala Basti* i.e.,16 days.

Shamana Yogas

- Combination of -
- Aamvatari Ras 125mg
- Chohsthaprahari Pippali 125mg
- Pravalpanchamrita Ras 250mg
- Mahavatvidhvanshak Ras 125mg
- Vatari Churna 2gm B.D B/F
- Rasnaerandadi Kwatha 10ml-0-10ml (empty stomach)
- Erand Taila 10ml at night
- Chitrakadi Vati 2-0-2 A/F
- Simhanada Gugullu 2-0-2 A/F

Contents of Kshara Basti

- Amlika 50gm
- Guda Paka 25gm
- Saindhava 10gm
- Shatahva 10gm
- Gomutra 100ml

Assessment

Table 3: Scoring of the symptoms

Grade	Sandhi Shotha	Sandhi Shoola	Sandhi
			Stabdata
0	No swelling	No pain	No
			stiffness
1	Visible swelling, but no	Mild pain with slight difficulty in	5mins to
	loss of joint contour	flexion and extension	30mins
2	swelling with Loss of	Moderate pain with much	30mins to
	normal joint contour	difficulty in flexion and extension	1hr
3	Frank cystic swelling of	Severe pain with restricted	1hr to
	joint	movements	2hrs
4	-	-	More than
			2 hours

The results were assessed on the basis of clinical signs and symptoms mentioned in Ayurvedic classics as well as 2010 ACR/EULAR classification criteria for RA

Observations and Results

Days	Treatment	Observations
D1 - D20	Only Shaman Chikitsa	Pain, swelling, stiffness in multiple
	was given to patient	joints reduced by 40%.
		Range of movements: restricted
D25 - D40	Kshara Basti along with	Marked reduction in pain, swelling,
	Bruhatsaindhavadi Taila	stiffness. Absence of pain during night
	Anuvasana Basti	time. Heaviness of the body reduced.
	After that Shaman	
	Chikitsa continued	

Table 4: Showing Overall assessment

Assessment criteria	Before treatment	After treatment
Sandhi Shoola	Grade 3	Grade 1
Sandhi Shotha	Grade 1	Grade 0
Sandhi Stabdhatha	Grade 4	Grade 2
RA FACTOR	666 IU/ML	113 IU/ML
CRP	5.530 mg/L	5.79 mg/L
ESR	36 mm/1st hr	10 mm/1st hr
EULAR score	10	8

Discussion

Madhavakara has described Viruddhahara, Viruddhacheshta, Nishchalatva and exercise immediately after Snigdha Ahara are the Nidana of the Amavata disease. Avoidance of the Nidana is the first and foremost line of treatment because these are directly or indirectly responsible for Dosha Utklesha and Agnimandhya and because of the Agnimandhya, Ahara Rasa is not digested properly which leads Ama formation. Due to Ama, Rasa *Dhatu* is not well formed. This pathology mainly effects the Amashaya which is the site of Kapha Dosha. Hence, Ama leads to Kapha vitiation and leading symptoms like Srotorodha, Gauravata, Alasya, Aruchi etc. when the impaired Vatadi Dosha being mixed up with Ama Dosha leads to Amavisha. It is very difficult to treat due to its Ashukriya and opposite nature of Ama and Visha's treatment.

Avastha Vishesha Chikitsa: Based on Avastha Vishesha treatment of Amavata should be divided into two categories. Amavavastha & Niramavastha.

Langhana, Ruksha Swedan and Katu - Tikta Dipaniya Dravyas can be given in Amavastha for digestion of the Ama. After digestion of *Ama* means in *Niramavastha Virechana, Snehapana* and *Basti* treatment can be given.

Doshanubandha Chikitsa: According to Acharya Charaka, the quantity of *Niruha Basti's Dravya* can be increase or decrease based on various situation. i.e.,

In *Vatanubandha Amavata*, can be increased the amount of *Sneha* or *Tila Taila* in *Kshara Basti* and Decrease the *Ushna* and *Tikshna Dravya* like *Satahva* and *Gomutra*. Hence, it will help in pacify the *Vata Dosha*.

Like, in *Pittanubandha Amavata*, burning sensation and redness around the joints are seen. Hence, the quantity of *Amlika* and *Satahva* can be decrease because of its *Amla Vipaka* and *Pittakara* properties of *Amlika* and *Katu-Tikta Rasa, Katu Vipaka* and *Ushna Virya* of *Satahva*. In this condition increase the quantity of *Purana Guda* because of its *Madhura Vipaka*. so, it can be helpful to pacify the *Pitta Dosha* in the body.

In *Kaphanubandh Amavata*, *Kapha Dosha* is an aggravated form. Hence, *Satahva* and *Gomutra* can be added in more quantity and can be decrease the amount of *Purana Guda*.

Avayava Prabhava (Mode of action of an individual drugs):

Purana Guda: Ushana Virya of *Guda* helps in *Dosha Paka*.

Saindhava Lavana: It helps to dissolve and disintegrate morbid Kapha and Ama Dosha by its Kapha Vilayana or Kapha Vichhedana properties.

Amlika: Its Ruksha Guna and Ushna Virya, helps in Amapachana.

Satahva: Katu - Tikta, Ushna Virya, and Katu Vipaka properties of Satahva, help in the digestion of Ama and the bring back to Agni.

Gomutra: It helps to pacify *Kapha Dosha* because it contains *Katu Rasa, Katu Vipaka, Ushna Virya,* and *Laghu, Tikshna Guna.* It is also helps in *Srotovishodhana* due to its *Teekshna Guna.* Additionally, the properties of its *Ruksha Guna, Tridoshghna, Agnideepaka,* and *Vatanuloman* are beneficial in *Amavata* disease.

Tila Taila: It is cold in touch which counteracting the irritant potency of *Kshara*.

Also, its *Vata-Kapha Nashaka* properties, it may help to prevent further aggravation of *Vata*.

Samudaya Prabhava (Probable mode of action): Niruha Basti is a uniform mixture of Makshika, Lavana, Sneha, Kalka and Kwath. But in this Kshara Basti Guda is used instead of Madhu. Lavana possesses Sukshma and Tikshna Guna which helps the Basti Dravya to reach up to the Sukshma Srotas and due to Guru Guna of Amlika helps retention of Basti Dravya.

Also, the *Kalka* of *Satahva* which gives potency to the whole *Basti Dravya* and its *Katu-Tikshna Guna* and *Ushna Virya* helps to digestion of *Ama*. In *Kshara Basti, Gomutra* is *Pradhana Dravya* which maintains the volume of *Basti*.

Also, helps in the spreading *Basti Dravya* and cleansing the *Srotas*. And having its *Katu-Tikta Rasa, Katu Vipaka* and *Ushna Virya* pacify the *Kapha Dosha*. The general properties of *Mutra* is *Tikshna, Bhedana, Vatanulomana* and *Srotovishodhana* which helps in the elimination of vitiated *Ama Dosha* from the *Sukshma Srotas*.

In *Vaitarana* type of *Kshara Basti*, adding *Tila Taila* along with these *Dravya* except *Satahva*, helps to easy elimination of *Basti Dravya* with vitiated *Ama* and *Dosha* without any discomfort and strains because *Kshara Guna* of *Gomutra* might have chance to cause irritation.

Guna Vishesha Siddhanta: Kshara Basti is a type of Tikshna Niruha Basti which consists Laghu, Tikshna, Ushna and Ruksha Guna which completely opposite to the Guru, Snigdha and Picchila Guna of Kapha and Ama Dosha. Thus, Kshara Basti helps to break obstruction and expel out the morbid Dosha from all over the body.

Conclusion

Amavata is most common crippling joints disorder. Ama and Vata both being contradictory in nature make difficult to treat. Thus, Kshara Basti can be effective and ultimate line of treatment for Ama and Vata Dosha. The drugs of these two Bastis have Vata-Kapha Nashaka, Agnideepaka, and Vatanulomaka properties, they might be an effective treatment for Ama and Vata Dosha. This means that Kshara Basti may be thought of as a successful treatment for Amavata disease because it is having opposing Guna to Ama and Kapha Dosha.

References

1. Madhav V, Kanthdatta, Vijayrakshit. Mahdav Nidana, Amavata Nidana Adhyaya. Edited by Sudarshan Shastri. Reprint ed. Varanasi: Chaukhambha Prakashan; 2008. p. 508 [Crossref] [PubMed][Google Scholar]

2. Harrison, Longo, Fauci, Kasper et al. Harrison's Principles of Internal Medicine. 18th ed. Vol. 2. New York: McGraw-Hill; p. 2738 [Crossref][PubMed] [Google Scholar]

3. Harrison, Longo, Fauci, Kasper et al. Harrison's Principles of Internal Medicine. 18th ed. Vol. 2. New York: McGraw-Hill; p. 2738 [Crossref][PubMed] [Google Scholar]

4. Shah SN, Anand MP et al. API Textbook of Medicine. 7th ed. Mumbai: Association of Physicians of India; p. *1160* [Crossref][PubMed][Google Scholar]

5. Tripathi JP, editor. Chakradutta of Chakrapanidutta with Savimarsha 'Bhavarthasandipani'. Amavata Chikitsa, Ver. 1. 5th ed. Varanasi: Chaukhamba Sanskrit Series; p. 225 [Crossref][PubMed][Google Scholar]

6. Tripathi JP, editor. Chakradutta of Chakrapanidutta with Savimarsha 'Bhavarthasandipani'. Niruhadhikarah, Ver. 30-32. 5th ed. Varanasi: Chaukhamba Sanskrit Series; p. 603 [Crossref][PubMed][Google Scholar]

7. Tripathi JP, editor. Chakradutta of Chakrapanidutta with Savimarsha 'Bhavarthasandipani'. Niruhadhikarah, Ver. 30-32. 5th ed. Varanasi: Chaukhamba Sanskrit Series; p. 603 [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.