A Holistic Ayurvedic Approach to Rheumatoid Arthritis: An Amavata Case Report

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Abstract

Amavata is considered one of the major debilitating diseases in Ayurveda, as it can significantly restrict a person's mobility and make independent living difficult. The term *Amavata* is derived from two components *Ama* and *Vata*. *Ama* refers to the toxic, improperly digested metabolic products that form due to impaired functioning of *Agni* (digestive and metabolic fire). In a literal sense, the word *Ama* denotes something unripe, immature, or incompletely processed. When this improperly metabolized substance circulates in the body under the influence of aggravated *Vata*, it spreads through the channels and tends to accumulate at structurally weak sites (*Khavaigunya*), particularly in the joints. This leads to the development of *Amavata.* In the pathology of *Amavata*, *Vata Dosha* plays a dominant role, while *Ama* acts as the principal pathogenic factor. The disease process is believed to originate in the gastrointestinal tract, where faulty digestion leads to the formation of Ama. Gradually, this Ama penetrates deeper tissues and shows a particular affinity for sites associated with *Kapha Dosha*, especially the joints (*Sandhi*). In the present case, patient was treated on the line of *Aamavata. Langhana, Deepana- Pachana,* and *shamana* treatment, the patient showed notable improvement, with gradual regression of symptoms and no evidence of relapse during the observation period. Within a relatively short duration, the patient responded well to the medication and was able to discontinue previously used allopathic medications. This case highlights the potential role of Ayurvedic management in conditions such as Rheumatoid Arthritis. The therapeutic interventions applied were non-invasive, economical, and strictly based on classical Ayurvedic principles.

Keywords: Amavata, Khavaigunya, Langhana, Deepana, Pachana, shamana, Ayurveda.

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Introduction

In the present era, rapid changes in lifestyle such as irregular daily routines, unhealthy dietary patterns, increased mental stress, and hectic work schedules have led to a rising incidence of diseases associated with *Ama*. Among these conditions, *Amavata* is one of the commonly encountered disorders. The disease was first described as an independent clinical entity by *Madhavkar* around 700 A.D. The term *Amavata* is formed from two words—*Ama* and *Vata*. Both play a crucial role in the initiation and progression of the disease. *Ama* is produced as a result of impaired digestive and metabolic processes caused by weakened *Agni*. When improperly digested material *aam* combines with aggravated *Vata Dosha*, it circulates throughout the body and tends to accumulate in body tissues, particularly in the joints. This accumulation leads to clinical manifestations such as pain, swelling, stiffness, and tenderness, which collectively characterize the condition known as *Amavata*. Clinically, many features of Amavata resemble those of Rheumatoid Arthritis. This condition is a chronic, progressive autoimmune disorder that primarily affects the joints in a bilateral and symmetrical manner and may also present with systemic manifestations. On a global scale, rheumatic diseases affect more than one million individuals, and a significant proportion of these patients experience severe disability. The worldwide prevalence of rheumatoid arthritis is estimated to be around 0.8% of the total population, with reported ranges between 0.3% and 2.1%. The condition is more commonly observed in females than in males, with an approximate ratio of 3:1. The onset of the

disease most frequently occurs during the fourth and fifth decades of life, and nearly 80% of cases develop between the ages of 35 and 50 years.

Case Report

A 27-year-old female patient came with complaints of pain and stiffness in multiple joints since past 2 years. The condition was also associated with swelling in the hand and wrist joints along with episodes of intermittent low-grade fever. Initially, the pain began in both hands and wrist joints and gradually progressed to involve the bilateral shoulder and ankle joints over time. The nature of the pain was severe and pricking. In addition to pain, the patient experienced stiffness in several joints, particularly during the early morning hours and after prolonged inactivity. The stiffness usually persisted for about one to two hours. The patient also reported noticeable swelling in both hands and wrist joints. Along with these symptoms, she complained of reduced appetite and irregular bowel habits.

Basic information of the patient

S.no	Demographic details	
1.	OPD no	20260000129
2.	Age/Sex	27/f
3.	Religion	Hindu
4.	Socioeconomic status	Middle income group
5.	Education	Graduate
6.	Marital Status	Married
7.	Occupation	Housewife
8.	Type of living	Joint family
9.	Habitation	Urban

Place of study: The present case study was conducted at the *Kayachikitsa* OPD of Khudadad Dungaji Government Ayurvedic Hospital, Government Ayurvedic College, Raipur (Chhattisgarh).

Past medical/ surgical/ family history: No past history of Diabetes Mellitus, Hypertension, surgical procedures, or family history was reported

Menstrual and Obstetric History: Menstrual cycles were regular. The patient was G2P2L2, having delivered two full-term normal deliveries (FTND), one male and one female child.

Personal history-

Diet	Mixed
Appetite	Irregular
Bowel	Constipated
Bladder	Normal
Sleep	Less
Addiction	Tobacco

Eight-fold examination

Pulse	Vata – kapha Dominant
Urine	Normal
Motion	Constipation
Tongue	Coated
Speech	Clear
Eyes	Normal
Built	moderate built

Systemic Examination: Systemic examination revealed no abnormal findings, and all vital signs were within normal limits.

On examination- The patient presented with pain and stiffness in multiple joints, occasionally associated with swelling. Morning stiffness and intermittent fever were reported. Movements of the affected joints were restricted due to pain, and bony tenderness was present

Investigation

- RA factor- positive
- CRP- positive
- ESR- positive

Differential Diagnosis

***Sandhigata Vata*:**

Sandhigata Vata is a degenerative joint disorder that mainly affects the major joints of the body. The common clinical features include pain, swelling, and bony crepitus in the affected joints. In this condition, patients usually experience relief after rest and local massage (Abhyanga). However, in the present condition of *Amavata*, massage does not provide relief; instead, it may aggravate the symptoms due to the presence of Ama and inflammatory pathology.

***Vatarakta*:**

Vatarakta is considered a metabolic disorder primarily involving the smaller joints. The characteristic features include severe pain, burning sensation, itching, and discoloration around the affected joints. Patients generally feel relief with rest. The pain is often described as resembling the bite of a mouse. Therapeutic procedures such as *Raktamokshana* (bloodletting), *Virechana* (purgation), and *Basti* (enema) are beneficial in its management. In contrast, *Amavata* typically involves larger joints and is associated with marked stiffness and severe pain, which is often compared to the sting of a scorpion.

Diagnosis

The diagnosis of *Amavata* was established based on a detailed clinical assessment of the patient. This included evaluation of the subjective symptoms, findings obtained during clinical examination, and relevant investigations. The presenting features such as pain, stiffness, swelling of multiple joints, and morning stiffness were carefully correlated with the classical description of *Amavata* mentioned in Ayurvedic texts.

In addition, the etiopathogenesis of the disease, involving the formation of *Ama* and its association with vitiated *Vata Dosha*, leading to its localization in the joints (*Sandhi*), was considered while arriving at the diagnosis. By correlating the clinical manifestations, examination findings, and investigative reports with the classical Ayurvedic description, the condition was diagnosed as *Amavata.*

Subjective Parameters helpful for assessing the severity of the disease

Pain history during trial

Joints	Right	Left	Character of pain
DIP	+ NT	+ NT	SEVERE
PIP	+ NT	+ NT	SEVERE
MCP	+ NT	+ NT	SEVERE
WRIST	+ NT	+ NT	MILD
ELBOW	+ NT	+ NT	PRICKING
SHOULDER	+ NT	+ NT	MILD
KNEE	-NT	-NT	ABSENT
ANKLE	+ NT	+ NT	MODERATE
MTP	-NT	-NT	ABSENT
OTHER	-NT	-NT	ABSENT

Swelling/tenderness history during trial

Joints	Right	Left	Tenderness
DIP	+ NT	+ NT	Wincing of face
PIP	+ NT	+ NT	wincing of face
MCP	+ NT	+ NT	wincing of face
WRIST	+ NT	+ NT	ABSENT
ELBOW	-NT	-NT	ABSENT
SHOULDER	-NT	-NT	ABSENT
KNEE	-NT	-NT	ABSENT
ANKLE	-NT	-NT	ABSENT
MTP	-NT	-NT	ABSENT
OTHER	-NT	-NT	ABSENT

Stiffness history during trial

Morning stiffness was present for approximately one hour, especially during the early morning hours.

Major components for the pathogenesis of *Amavata*

Dosha	*Vata Kapha predominant*
Dushya	*Tridosha Rasa, Rakta, Mamsa, Snayu, Asthi, Sandhi, Kandara*
Strotas	*Rasavaha*
Strotodushti	*Sanga*
Adhishtana	All joints
Udbhavasthana	*Amashayoktha*
Rogamarga	*Madhyam*
Vyadhi Swabhav	*Ashukari*
Agni	*Jatharagnimandya, Dhatwagnimandya*
Sadhyasadhyata	*Yapya*

Treatment Advised

After considering the etiopathogenesis of *Amavata,* the following treatment plan was advised. Initially, *Deepana–Pachana Aushadhi* were administered for 7 days to improve the digestive fire (*Agni*) and to digest the accumulated *Ama*. This was followed by *Koshtha Shuddhi* to facilitate proper elimination of morbid doshas.

Subsequently, *Shamana Aushadhi* were prescribed for a duration of 60 days to control the disease process and reduce the symptoms. For local application, a *lepa* (topical application) was also advised over the affected joints to reduce pain, swelling, and tenderness.

Along with the medicinal therapy, the patient was strictly advised to follow appropriate *Pathya–Apathya*. Light and easily digestible food was recommended in order to enhance digestive fire (*Agni*) and prevent further formation of *Ama*.

Treatment Protocol

Deepan-pachan & *Shaman*-Stepwise plans as follows

S.no	*Therapy*	*Drug*	*Days*
1.	*Deepan-pachan*	*Tab Sanjeevani vati 2bd Guduchyadi kashay 30ml Bd (empty stomach)*	*07*
2	*Lepa*	*Hinstradi lepa Paka with Gomutra.*	*60*
3.	*Shaman*	*Ajmodadi vatak 5gm BID with lukewarm water*	*60*
4.	*Kostha suddhi and Vataanuloman*	*Triphala churna 5gm HS with luke warm water*	*60*

The patient was given *shaman chikitsa* as follows:

1 *Sanjeevani vati* 2 tab each 250 mg twice daily after meal with luke warm water

2 *Guduchyadi Kashay* 30 ml twice daily empty stomach

3 *Hinstradi lepa* 30gm applied twice daily over the affected joints after processing *(Paka)* with *Gomutra*.

4 *Ajmodadi vatak* 5gm BID after meal with lukewarm water

5 *Triphala churna* 1 tsf at night with lukewarm water

Nidana parivarjana- The patient was strictly advised to avoid *Guru Ahara* (heavy and difficult-to-digest foods), *Ratri Jagaran* (late night awakening), curd, fish, *urad dal*, spicy food, and fast food, as these factors may aggravate the condition and contribute to the formation of Ama.

Observations and Results

After completion of the 60-day treatment protocol, marked clinical improvement was observed in the patient. The patient reported significant reduction in joint pain and stiffness, which resulted in improved functional capacity and ability to perform daily activities with ease. Restricted movements of the affected joints were considerably reduced. Improvement in digestive fire (Agni) was evident, along with relief from constipation, indicating better gastrointestinal functioning. Overall, the therapeutic interventions produced notable improvement in both

systemic and musculoskeletal symptoms, thereby enhancing the patient's quality of life.

Pain history after trial

Joints	Right	Left	Character of pain
DIP	+ NT	+ NT	MILD
PIP	+ NT	+ NT	MILD
MCP	-NT	-NT	ABSENT
WRIST	-NT	-NT	ABSENT
ELBOW	-NT	-NT	ABSENT
SHOULDER	-NT	-NT	ABSENT
KNEE	-NT	-NT	ABSENT
ANKLE	-NT	-NT	ABSENT
MTP	-NT	-NT	ABSENT
OTHER	-NT	-NT	ABSENT

Swelling/tenderness history after trial

Joints	Right	Left	Tenderness
DIP	+ NT	+ NT	MILD
PIP	-NT	-NT	ABSENT
MCP	-NT	-NT	ABSENT
WRIST	-NT	-NT	ABSENT
ELBOW	-NT	-NT	ABSENT
SHOULDER	-NT	-NT	ABSENT
KNEE	-NT	-NT	ABSENT
ANKLE	-NT	-NT	ABSENT
MTP	-NT	-NT	ABSENT
OTHER	-NT	-NT	ABSENT

Stiffness history after trial

Morning stiffness lasting approximately 10–15 minutes was noted in the distal interphalangeal (DIP) joints, particularly during the early morning hours

Discussion

In the present study, the patient showed noticeable improvement in clinical symptoms such as joint pain, swelling, tenderness, stiffness, and constipation, and was able to perform routine daily activities with greater comfort. The therapeutic approach was primarily aimed at the elimination of *Ama*, which is considered the key pathogenic factor in the development of *Amavata*. The administered treatment helped in improving *Agni* (digestive fire), thereby reducing the formation and accumulation of *Ama*. As *Ama* was gradually cleared, symptoms like stiffness, pain and swelling were significantly alleviated. Relief from constipation further indicates normalization of digestive and metabolic functions.

The treatment protocol mainly exhibited *Vata-Kapha shamana* properties, which are essential in the management of *Amavata*, as the disease involves vitiation of both *Vata* and *Kapha* along with the presence of *Ama*. By correcting *Agni*, digesting *Ama*, and pacifying the aggravated *Doshas*, Thus, the combined effect of *Deepana*, *Pachana*, and *Vata-Kapha shamana* interventions contributed to the overall clinical improvement observed in the patient.

The probable mode of action of the therapeutic interventions may be explained as follows.

Mode of action of oral medication

In the present case of *Amavata,* the treatment protocol was planned according to the classical principle of *Ama pachana, Agni deepana, Vata-Kapha shamana and Srotoshodhana*, which are considered the main line of management in *Amavata*. *Sanjeevani Vati* was administered initially for its strong *Deepana and Pachana* properties, which help in stimulating *Jatharagni* and digesting the accumulated Ama, the primary factor responsible for the pathogenesis of *Amavata.* By removing Ama from the system, it reduces heaviness, stiffness and obstruction in the channels. *Guduchyadi Kashaya* was given along with it as *Guduchi* possesses *Ama-pachana,* anti-inflammatory and *Rasayana* properties that help in reducing joint inflammation and improving the metabolic process of Dhatus while pacifying aggravated *Vata* and *Kapha*. For *Koshtha Shuddhi*, *Triphala Churna* was administered, which acts as a mild laxative and helps in cleansing the gastrointestinal tract, thereby removing accumulated Ama and improving Agni to prevent further formation of toxins. *Ajmodadi Vatak, containing Ajmoda, Pippali, Maricha, Vidanga, Chitraka, Devadaru, Saunf, Saindhava, Pippalimoola, Shunthi, Vidhara and Haritaki,* further enhances *Deepana and Pachana*, clears obstructed *Srotas* and helps in pacifying *Vata-Kapha dosha,* ultimately reducing joint pain, stiffness and swelling. For local management, *Hinstradi Lepa* consisting of *Kantkari, Kebuk, Sahijan, and Valmika Mritika* was applied after preparing it with *Gomutra,* which enhances its *Lekhana, Shothahara* and *Vedanasthapana* effects. The local application helps in reducing inflammation, tenderness and stiffness of the affected joints by improving local circulation and facilitating the removal of Ama from the joint region. Thus, the combined effect of these internal and external therapies helps in correcting *Mandagni,* digesting Ama, clearing *Srotorodha* and pacifying Vata-Kapha, thereby breaking the *Samprapti* of *Amavata* and providing significant relief in pain, stiffness and functional disability.

Conclusion

Amavata is a chronic inflammatory joint disorder with systemic involvement that requires early diagnosis and appropriate long-term management. In the present case, the Ayurvedic treatment protocol based on the principles of *Ama Pachana, Agni Deepana, Vata-Kapha Shamana* and *Srotoshodhana* showed encouraging results in reducing the clinical manifestations of the disease. The administration of classical Ayurvedic formulations along with appropriate local therapy helped in alleviating symptoms such as pain, stiffness and swelling of joints, and also improved the patient's overall functional ability and quality of life the observations

indicate that Ayurvedic management, including classical Herbo-mineral preparations described in the texts, can play an important role in the management of *Aamavata* (Rheumatoid Arthritis).

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