



ORIGINAL RESEARCH

Clinical Evaluation of Ayurvedic Management in Amavata (Rheumatoid Arthritis) : A Case Study

Authors - 1. Dr. Krushna Tadas; 2. Dr. Mujahid Khan

Author Affiliations -

1. PG Scholar, Department of Samhita, Mahatma Gandhi Ayurved College, Sawangi (Wardha)
2. Associate Professor, Department of Samhita, Mahatma Gandhi Ayurved College, Sawangi (Wardha)

Abstract

Aama and Vata are the principal pathogenic factors responsible for the manifestation of Aamavata. It is a disorder of the Madhyam Rogamarg. Asthi and Sandhi are the prime sites where the cardinal symptoms such as Sandhishool, Sandhisotha, and Sandhigraha appear. Based on its clinical presentation, the condition can be correlated with "Rheumatoid Arthritis" in modern medical science.

In the present case, a 48-year-old female patient with a history of pain and morning stiffness in multiple joints for one year, swelling in both hands and wrist joints for two months, and intermittent low-grade fever for two months was registered in our OPD. Detailed history and clinical examination established the diagnosis of Aamavata. Considering the presenting features, the patient was treated on the principles of Aamavata Chikitsa. Langhana, Deepana-Pachana and local Ruksha Swedana were administered along with oral medications for a duration of 30 days.

Before initiation of therapy, symptom grading was done on the basis of subjective parameters, and after completion of treatment, the grades were reduced. No adverse effects were observed during or after the course of therapy. The treatment provided marked relief in the symptoms of Aamavata.

Keywords - *Aamavata, Aama, Vata, Rheumatoid Arthritis, Langhana, Pachana, Valuka Swedana*

Introduction

In the present time due to modern lifestyle, unhealthy eating habits, hectic schedule and stress, incidence of *Ama* related diseases are increasing. One of the most common diseases is

Amavata. In Ayurveda, Madhavkar (700 A.D.) first mentioned *Amavata* as a separate disease.

The word *Amavata* has two components i.e., *Ama* and *Vata*. These two components contribute to the morbidity and disease process in *Amavata*.



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The main causative factor *Ama* is formed due to malfunctioning of the digestive and metabolic mechanisms. *Ama* with *Vata* gets localized in the body tissues and joints resulting in pain, stiffness, swelling, tenderness etc. and presents as *Amavata* disease.

The features of *Amavata* are much identical to Rheumatoid Arthritis. The disease is chronic, progressive, autoimmune disorder characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestation. In global scenario, more than one million people are affected by rheumatic disorders and one fifth of these are severely disabled. The prevalence of the disease is approximately 0.8% of the total population worldwide (range 0.3% to 2.1%) with male and female ratio of 1:3. The onset is most frequent during the fourth and fifth decades of life, with 80% of patients developing the disease between age group of 35 and 50.

CASE REPORT

A 48 years old female patient presented with one year history of pain and stiffness in multiple joints, swelling in hand and wrist joints with intermittent low-grade fever. Initially, pain was started from both hands and wrist joints and progressively it involved bilateral shoulder joints, knee joints and ankle joints. Pain was pricking and severe in nature. It was aggravating on cold exposure and by rest, and relieved by physical activity, hot fomentation and on exposure to sunlight. Along with joint pain, she had stiffness in multiple joints which was more in morning hours and after inactivity and lasted for about 1–2 hours. Patient also told that she developed swelling in bilateral hands and wrist joints. She had complaint of loss of appetite but no history of fatigue, weight loss or diarrhoea. She had no history of Diabetes, Hypertension or any other major illness in the past.

Examination

General Physical Examination

Patient was fully conscious, cooperative and well oriented to time, place and person at the time of

history taking. She had moderate built and appeared to be of her age. There was normal color of skin without any hypo/hyper pigmentation. No skin lesion was present. Eyebrows were bilaterally symmetrical, no loss of lateral 1/3rd of eyebrows. There was no periorbital edema. Pupil: Regular, reactive to light bilaterally. Ear, Nose, Throat and Paranasal sinuses were clear from any discharge, collection, sign of infection or inflammation. Lips were pinkish in color. Oral hygiene was well maintained.

Systemic examination of respiratory, cardiovascular, CNS and G.I.T. systems revealed no abnormality detected.

Local Examination

Upper Limb:

- Joints involved: PIP, MCP and wrist joints
- Movement: Restricted (bilateral)
- Symmetry: Symmetrical
- Swelling: Present in both PIP and MCP joints
- Deformity: Not present
- Redness: Not present

Lower Limb:

- Joints involved: Bilateral knee and ankle joints
- Movement: Restricted
- Symmetry: Symmetrical
- Swelling: Not present
- Deformity: Not present
- Redness: Not present

Palpation Findings:

- Temperature: Not raised
- Joint crepitus: Present at knee joints bilaterally
- Nodules: Not present

Differential Diagnosis

- *Amavata* (Rheumatoid Arthritis)
- *Sandhivata* (Osteoarthritis)
- *Vatarakta* (Gout)

Investigations done

1. Hemoglobin – 11.8 g/dl
2. Total Leukocyte Count – 10.4×10^3 /mCL
3. Differential Leukocyte Count – L 24%, M 13.2%, N 62.8%
4. Platelet Count – 205000 /mCL
5. ESR – 110 mm fall in first hour
6. RA Factor – Positive
7. C-Reactive Protein – Positive
8. Serum Uric Acid – 6.3 mg/dl
9. All other parameters remained normal.

Positive Findings for Diagnosis

- Clinical presentations suggestive of *Amavata*
- Symmetrical involvement of more than 3 joints (PIP, MCP, wrist, knee and ankle)
- Morning stiffness
- Swelling in bilateral hands
- Intermittent low-grade fever
- Elevated ESR
- Positive serum rheumatoid factor
- Positive C-reactive protein

Diagnosis

Diagnosis was made on the basis of symptoms described in the classics of Ayurveda and criteria fixed by the American Rheumatology Association (1988).

Criteria for Diagnosis of Rheumatoid Arthritis

- 1 large joint – Score 0
- 2–10 large joints – Score 1
- 1–3 small joints – Score 2
- 4–10 small joints – Score 5
- Negative RF and ACPA – Score 0
- Low positive RF or ACPA – Score 2
- High positive RF or ACPA – Score 3
- Duration < 6 weeks – Score 0
- Duration > 6 weeks – Score 1
- Normal CRP and ESR – Score 0
- Abnormal CRP and ESR – Score 1

Patient with total score ≥ 6 are considered to have Rheumatoid Arthritis.

Final Diagnosis: Rheumatoid Arthritis (*Amavata*).

Therapeutic focus and assessment

As per the principles of *Aama Vata Chikitsa* described in Ayurvedic classics, patient was treated with *Langhana*, *Deepana-Pachana* along with oral drugs viz. *Singhnada Guggulu*, *Vishtinduk Vati*, *Dashmoola Kashayam* and *Baluka Swedana* as local treatment.

Treatment protocol

1. **Langhana** – Given as the first line of treatment
2. **Deepana-Pachana** – For Ama pachana
3. **Ruksha Swedana** – Once a day (local fomentation)

Oral Medicines

1. *Singhnada Guggulu* (Haritaki, Vibhitaki, Amalaki, Shudhagandhaka, Shuddhaguggulu, Erandmoola): 500 mg twice daily after meals with plain water.
2. *Vishtinduk Vati* (Shuddha Kupilu, Supari, Maricha, Chinchha Phal): 125 mg twice daily after meals with lukewarm water.
3. *Dashmoola Kashayam*: 40 ml with equal quantity of water, orally, twice daily after meals.

Advice to Patient:

Avoid *Aamajanya Ahara* (Dadhi, Mashapishtkam, Matsya, Guda, Ksheer, Upodika, Dushtaneeram, Viruddha Ahara, Vegarodha, Vishamasana). Mild physical activity advised.

Assessment Criteria

Clinical signs and symptoms were assessed based on Ayurvedic parameters and ARA (1988) guidelines. Grading scales used:

Angamarda (Body ache)

None	0
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Occasional, Normal Activity	1
Continuous but manageable	2
Severe, Hampers routine	3
Unable to work	4

Normal	0
1 - 2 times a week	1
3 - 4 times a week	2
4 - 6 times a week	3
Continuous	4

Aruchi (Anorexia)

Normal Appetite	0
Eating timely without much desire	1
Desire slightly delayed	2
Desire only after long intervals	3
No desire at all	4

Vairasyata (Impairment of taste)

Normal	0
Occasional unpleasant taste	1
Continuous mild unpleasant taste	2
Persists after eating	3
Severe all day	4

Trishna (Excessive thirst)

Normal	0
Frequent, satisfied with normal intake	1
Needs more fluids	2
Awakened at night by thirst	3
Unsatisfied even after heavy intake	4

Daha (Burning Sensation)

None	0
Occasional retrosternal	1
Palms/ Soles burning	2
Intermittent full-body	3
Continuous	4

Alasya (Lethargy)

None	0
Starts work with effort	1
Delay in starting	2
Unable to complete tasks	3
Always wants rest	4

Bahu Mutrata (Frequent Urination)

Absent	0
>3 times/ night	1
>5 times/ night	2
>7 times/ night	3

Gauravta (Heaviness in body)

Normal	0
Frequent, satisfied with normal intake	1
Needs more fluids	2
Awakened at night by thirst	3
Unsatisfied even after heavy intake	4

Kukshi Kathinya (Abdominal Hardness)

Absent	0
Transient	1
Frequent	2
Regular	3

Apaka (Indigestion)

None	0
Once or twice weekly	1
3 - 5 times weekly	2
Both meals affected	3
After every meal	4

Jadya (Stiffness of body)

None	0
Stiffness < 1 hr	1
Stiffness > 1 hr	2
All day stiffness	3

Agnimandya (Loss of digestive fire)

Jadya (Stiffness of body)

None	0
Stiffness < 1 hr	1
Stiffness > 1 hr	2
All day stiffness	3

Sanshishool (Pain in joints)

None	0
On movement	1
On rest but routine ok	2
Severe, affects activity	3

Sandhijadyata (Joint Stiffness)

None	0
<1 hr	1
> 1 hr	2
Persistent whole day	3

Sandhishotha (Swelling in Joints)

None	0
Mild	1
Moderate	2
Marked	3

Observations and Results**(Effect of therapy before and after treatment)**

RA factor - Positive → Positive

CRP - Positive → Negative

ESR - 110 mm fall in 1st hr → 20 mm fall in 1st hr

Pain (*Sandhishool*) - Grade 2 → 0

Morning stiffness (*Sandhijadyata*) - Grade 3 → 1

Swelling (*Sandhishotha*) - Grade 2 → 0

Analgesic need - Once a day → Not needed

Angamarda (Body ache) - Grade 3 → 1

Aruchi (Anorexia) - Grade 4 → 0

Trishna (Thirst) - Grade 1 → 0

Alasya (Lethargy) - Grade 3 → 1

Gauravta (Heaviness) - Grade 3 → 1

Apaka (Indigestion) - Grade 4 → 0

Agnidourbalya - Grade 3 → 0

Vairasyata - Grade 2 → 1

Daha - Grade 4 → 2

Bahu Mutrata - Grade 0 → 0

Nidra Vipraya (Disturbed sleep) - Grade 4 → 1

Jadya (Body stiffness) - Grade 3 → 1

Discussion

Ama and *Vata* are the prime *Doshas* involved in *Aamavata*. *Vata* governs all body movements and when obstructed by *Ama* in the *Srotasa*, its normal function is impaired, causing *Vatavyadhi*. As *Ama* and *Vata* are the key pathogenic factors, treatment was designed as *Vatahara* and *Aamapachaka Chikitsa*.

Mode of Action of Therapy:

- *Langhana* (fasting) helps in digestion of *Ama*.
- *Deepana-Pachana* drugs stimulate *Agni* and digest *Ama*.
- *Ruksha Swedana* pacifies *Vata* and liquefies *Ama* due to *Ushna Guna*, opening channels and restoring balance.
- *Simhnada Guggulu - Katu-Tikta Rasa, Laghu-Ruksha Guna, Ushna Virya, Amapachak, Srotoshodhaka* actions.
- *Vishtindukadi Vati* - acts as *Vata-Kapha Shamana* and *Aamapachana*, reducing joint stiffness.
- *Ruksha Baluka Sweda* - absorbs *Ama* from *Sleshma Sthana (joints)*, relieving *Stambha* (stiffness) and *Shoola* (pain).

Conclusion

From this case study, it can be concluded that the results obtained after Ayurvedic management were encouraging. Combined *Panchakarma* and *Herbo-mineral* treatment as per classical texts gave significant relief in signs and symptoms of *Aamavata (Rheumatoid Arthritis)*, improving the patient's quality of life. This integrated Ayurvedic approach can be effectively adopted for further cases of *Aamavata*.