



**Case Study**

**A CASE REPORT ON MANAGEMENT OF AMAVATA W.S.R RHEUMATOID ARTHRITIS**

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**ABSTRACT**

*Amavata* is a term from Ayurveda, an ancient system of medicine from India. It describes a condition that resembles rheumatoid arthritis, where a person experiences joint pain, swelling and stiffness. The word *Amavata* comes from two words: “*Ama*” which means toxins and “*Vata*” which refers to one of the body’s fundamental energies, often associated with movements and wind. Early diagnosis and management of the disease is the only way to reduce the chances of deformities and morbidity caused by the disease. In Ayurveda a number of treatment modalities have been mentioned to treat *Amavata*. *Panchkarma* is very important and one of the eminent treatments explained in classical text. Current case study was done on female patient of 45 year with complaints of pain and inflammation in multiple joints (bilateral ankle joints, wrist joints). She was diagnosed with rheumatoid arthritis 6 year ago. In this case study patient was given *Shodhana* therapy with *Erandmooladi Niruha Basti* and *Prasarini Taila Anuvasana Basti* along with *Shamana Chikitsa (Bhasma Vati)*. The patient got marked relief from this treatment.

**INTRODUCTION**

The world is improving day by day in terms of technology, culture, education and socio economic growth. While advancements have been made in terms of the healthcare system, still we face great challenges in the management of chronic disorders. Musculo-skeletal disorders being chronic in nature are one of the major causes of morbidity throughout the world. Out of these, rheumatoid arthritis is a crippling disorder that mounts a great challenge for physicians.

It is a persistent autoimmune inflammatory condition that begins by affecting small joints, then progresses to larger ones, and eventually impacts the skin, eyes, kidneys, and lungs.<sup>[1]</sup> Often the bone and cartilage of joint are destroyed; tendon and ligament weaken with time further causing deformities and bone erosions. Patients thus experience chronic pain, suffering and increasing disabilities. Life expectancy is also reduced with the advent of long term complications of the disease. The onset of this disease is usually at the age of 25 to 60 years with remissions and exacerbations.

In India, the prevalence of RA is estimated to be 0.7% which is higher than the global prevalence of 0.46% that afflicts women up to five times more than men <sup>[2]</sup>. Among the modifiable risk factors, faulty diet and cigarette smoking have a strong association with Rheumatoid arthritis as they influence susceptibility to autoimmune diseases and interfere with inflammatory pathways.

Ayurveda, a favoured system of medicine in the management of many crippling diseases, also believes that changes in lifestyle, unhealthy eating pattern, stress and hectic schedules are the main reasons behind such disorders. The symptoms of *Amavata* are similar to rheumatoid arthritis as described in modern textbooks. This disease demonstrates the involvement of both *Dosha (Vata)* and *Dushya (Ama)* in its causation. *Amavata* is one of the most severe disease caused by *Ama* and is regarded as a severe condition arising from the accumulation of *Ama* (undigested food) due to weakened digestive processes. This *Ama*, carried by disturbed *Vayu* travels throughout the body and settles in the joints, which are considered the sites influenced by *Kapha*, one of the three *Doshas* in Ayurveda. *Madhavakara* was the foremost to provide a detailed description of *Amavata* based on the *Dosha* implicated <sup>[3]</sup>. *Harita Samhita* explained four types of *Amavata* like *Snehi, Gulmi, Pakvam* and *Vishtambha*<sup>[4]</sup>.

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According to Ayurvedic principles, the primary approach to managing this disease is to halt the production of *Ama* in the body by strengthening the digestive fire. The management of *Amavata* includes: *Nidana Parivarjana*<sup>[5]</sup>, *Shodhana* therapy and *Shamana* therapy. *Shamana* therapy is a palliative approach using very effective and time-tested preparations of *Kwath* such as *Rasnasaptaka*, *Dashmoola* and powders like *Panchkola*, *Hingvadi*, *Amritadi churna* etc. Herbo-mineral preparations like *Yograj Guggulu*, *Singnad Guggulu*<sup>[5]</sup> *Amavatari Rasa*<sup>[6]</sup> offer great relief from the symptoms. *Shodhana* therapy is a detoxification or purification process that includes *Panchkarma* procedures to eliminate the vitiated *Doshas* causing the disease. Specific therapies prescribed for the management of *Amavata* include *Langhana*, *Swedana*, *Snehapana*, *Virechana* and *Basti* such as *Kshara Basti*, *Vaitrana Basti*<sup>[7]</sup> *Dashmool kwath Basti*, *Erandmool*, *Basti* etc. are administered per rectum <sup>[8]</sup>. This therapy has been demonstrated to be highly effective in the management of RA.

In this case study, *Erandmooladi Niruha Basti*<sup>[8]</sup>, *Prasarini Taila Anuvasana Basti*<sup>[9]</sup>, and *Shamana Chikitsa*<sup>[10]</sup> are incorporated as treatment modalities to manage *Amavata* effectively.

### Case Report

A 45-year-old female patient visited *Panchkarma* OPD of Dayanand Ayurvedic College and Hospital, Jalandhar, with chief complaints of pain and swelling in multiple joints and since 6 years. Also, she

had complaints of loss of appetite, morning stiffness in wrist joints, heaviness, and general weakness in the body since 1 year.

### History of Present Illness

The Patient was asymptomatic 6 years back then she had complaints of pain and swelling in multiple joints (ankle joints, wrist joints). She gradually developed pain and swelling in interphalangeal joints, associated with the burning sensation in wrist joints.

On further enquiry patient said that her pain aggravated over the last 2 years which hampered her daily routine work. From the last one year, she started experiencing morning stiffness for a minimum of 2 hours. She developed tenderness with minor complaints of anorexia, weakness, heaviness in the body and pain usually increased at night causing disturbed sleep. The patient also took allopathic treatment but she didn't get any relief, in fact, the severity of pain and stiffness aggravated steadily. With all these complaints she approached this hospital *Panchkarma* OPD for Ayurvedic treatment.

**History of Past Illness:** The patient had no history of diabetes, hypertension, or any major medical and surgical history

**Family History:** Father- H/O HTN & *Janusandhi gatavata* (bilateral knee joints)

Mother - Healthy

Brother - HTN

**Table 1: Personal History**

Diet	Vegetarian, Mostly had <i>Madhura, Snigdha Ahara Sevana</i>
Appetite	Reduced
Sleep	Disturbed due to pain
Bowel	Normal
Micturition	6-7 times a day

**Table 2: General Examination**

BP	130/90mmHg
Pulse	78/min
Temperature	97.2°C
Respiratory rate	18/min
Height	148 cm
Weight	65 kg

**Table 3: Ashtavidha Pariksha**

<i>Nadi</i>	78/min ( <i>Vata</i> dominance)
<i>Mala</i>	normal (1/day)
<i>Mutraprakritha</i>	6-7 times/day, once a night
<i>Jivha</i>	<i>Lipta</i>
<i>Sparsha</i>	<i>Ushnasparsha</i> at <i>Angulaparva</i> and <i>Manibandhsandhi</i>
<i>Shabda</i>	<i>Prakrit</i>
<i>Druka</i>	<i>Prakrit</i>
<i>Aakriti</i>	<i>Madhyam</i>

**Table 4: Local Examination**

<b>Inspection</b>
<ul style="list-style-type: none"> <li>Swelling was present in interphalangeal, wrist joint of both hands and ankle joints.</li> <li>Swan neck deformity in the index and ring finger of bilateral hands was present.</li> </ul>
<b>Palpation</b>
<ul style="list-style-type: none"> <li>Temperature of interphalangeal and wrist joints of both hands was raised.</li> <li>Tenderness was present on both wrist and interphalangeal joints.</li> </ul>

**Table 5: Criteria of Assessment Subjective Parameter**

Parameter	Description	Score
<i>Angamarda</i>	No <i>Angamarda</i>	0
	Occasional <i>Angamarda</i> but patient is able to do usual work	1
	Continuous <i>Angamarda</i> but patient is able to do usual work	2
	Continuous <i>Angamarda</i> which hampers routine work	3
	Patient is unable to do any work	4
<i>Aruchi</i>	Normal desire for food	0
	Eating timely without much desire	1
	Desire for food little late than normal time	2
	Desire for food only after long intervals	3
	No desire for food at all	4
<i>Gauravata</i>	No feeling of heaviness	0
	Occasional heaviness in body but can do usual work	1
	Continuous heaviness in body but can do usual work	2
	Continuous heaviness that hampers the usual work	3
	Unable to do any work due to heaviness	4
<i>Daha</i>	No burning sensation	0
	Occasional burning	1
	Occasional palm and sole burning	2
	Intermittent burning sensation throughout the body	3
	Continuous burning sensation throughout the body	4
<i>Jadhyata</i>	No morning stiffness	0
	Morning stiffness more than half an hour but less than one hour	1
	Morning stiffness more than one hour but less than six hours	2
	Stiffness all day through	3
<i>Sparsha Asahyata</i>	No pain on palpation	0
	Mild pain on palpation	1
	Moderate pain	2
	Patient does not allow palpation	3
<i>Sandhi Shoola</i>	No pain	0
	Mild pain of low density causing no disturbance in routine work	1
	Moderate pain hampers the daily routine work	2
	Severe pain causing definite interruption in routine work	3
<i>Sandhi Shotha</i>	No swelling	0
	Mild swelling	1
	Moderate swelling	2
	Severe swelling	3
<i>Nidra</i>	Normal sleep	0
	Disturbed sleep during the night with short naps during the day	1
	One to two-hour reduction in night sleep with a mild increase in day sleep	2

Viparyaya	Three to five-hour reduction in night sleep with a gross increase in day sleep	3
	Wakes during the night and sleeps during the day	4

**Objective Parameter**

<b>E.S.R Quantitative</b>	
Normal [ $<20$ mm/hrs]	0
Mild 21-30 mm in 1 hour	1
Moderate 30-40 mm in 1 hour	2
Severe $>41$ mm in 1 hour and above	3
<b>RA Factor</b>	
Normal ( $< 15$ IU/ML)	0
15-30 IU/ML	1
30-45 IU/ML	2
45-60 IU/ML	3
<b>CRP</b>	
Negative	0
Positive	1

**Treatment Given**

1. *Nidana Parivarjana* (*Vata-Kapha Vardhak Ahara/Vihara* such as *Mash, Rajmah, Matsya, Dadhi, Abhishyandi Ahara* [11] (brinjal, lady finger), oily food, cold water and beverages, suppression of natural urges, exposure to cold wind and excess of stress.
2. *Amapachana - Trikatu Churana* 3gm thrice a day with lukewarm water for 4 days.
3. *Erandmooladi Niruha Basti* was given for 16 days (from 5<sup>th</sup> to 20<sup>th</sup> day)
4. *Bhasma Vati* was also given simultaneously for 16 days (from 5<sup>th</sup> to 20<sup>th</sup> day)

**Basti Schedule**

In *Kaal Basti*, ten *Anuvasana* and six *Niruha Basti* were given, beginning with one *Anuvasana Basti* followed by six *Niruha Basti* and five *Anuvasana* alternatively and at last four *Anuvasana Basti* were instilled.

**Table 6: Kaal Regimen of Basti** [12]

<b>1<sup>st</sup> Day</b> <i>Anuvasana Basti</i>	<b>2<sup>nd</sup> Day</b> <i>Niruha Basti</i>	<b>3<sup>rd</sup> Day</b> <i>Anuvasana Basti</i>	<b>4<sup>th</sup> Day</b> <i>Niruha Basti</i>
<b>5<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>6<sup>th</sup> Day</b> <i>Niruha Basti</i>	<b>7<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>8<sup>th</sup> Day</b> <i>Niruha Basti</i>
<b>9<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>10<sup>th</sup> Day</b> <i>Niruha Basti</i>	<b>11<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>12<sup>th</sup> Day</b> <i>Niruha Basti</i>
<b>13<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>14<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>15<sup>th</sup> Day</b> <i>Anuvasana Basti</i>	<b>16<sup>th</sup> Day</b> <i>Anuvasana basti</i>

**Composition of Erandmooladi Niruha Basti****Table 7: Erandmooladi Niruha Basti**[8]

Ingredient	Quantity
<i>Madhu</i>	80 ml
<i>Saindhavalavana</i>	5 gm
<i>Tiala taila</i>	120 ml
<i>Kalka</i>	40 gm
<i>Kwath</i>	160 ml
<i>Gomutra</i>	80 ml

**Kalka Dravya**– *Shatahaba, Hapusha, Priyangu, Pippali, Madhuk, Bala, Rasanjan, Vatsaka Musta*

**Kwath Dravya**– *Erandmool, Palash, Lagupanchmool, Rasna, Ashwagandha, Atibala, Guduchi, Punarnava, Aragwadha, Devdaru, Madanaphala*

**Ingredients of Prasarini taila**[9]

Preparation of *Prasarini Taila* was carried out as per standard preparation mentioned in *Vata Vyadhi in Sharangadhara Samhita*.

**Table 8: Dose of Basti**

S.No.	Procedure	Drug	Dose
1.	Niruha Basti	Erandmooladi Kwath	480 ml
2.	Anuvasana Basti	Prasarini Taila	100 ml

**Shamana Yoga (Bhasma Vati)<sup>[10]</sup>**

**Ingredients of BhasmaVati**

Haritaki, Visatindubija, Hingu Suddha, Krimighna, Saindhava Lavana, Vida Lavana, Sauvarcala Lavana, Yavani, Ajamoda, Khurasani Ajwain, Sunthi, Maricha, Pippali, Gandha Suddha, 35.7mg each (1 part); Nimbu Rasa - Bhawana Dravya (QS).

Total quantity of 1 tablet= 500 mg

**Table 9: Dose of Bhasma Vati**

Drug	Dose
Bhasma Vati	1 tab twice daily with lukewarm water after meal

**Assessment Criteria of Patient**

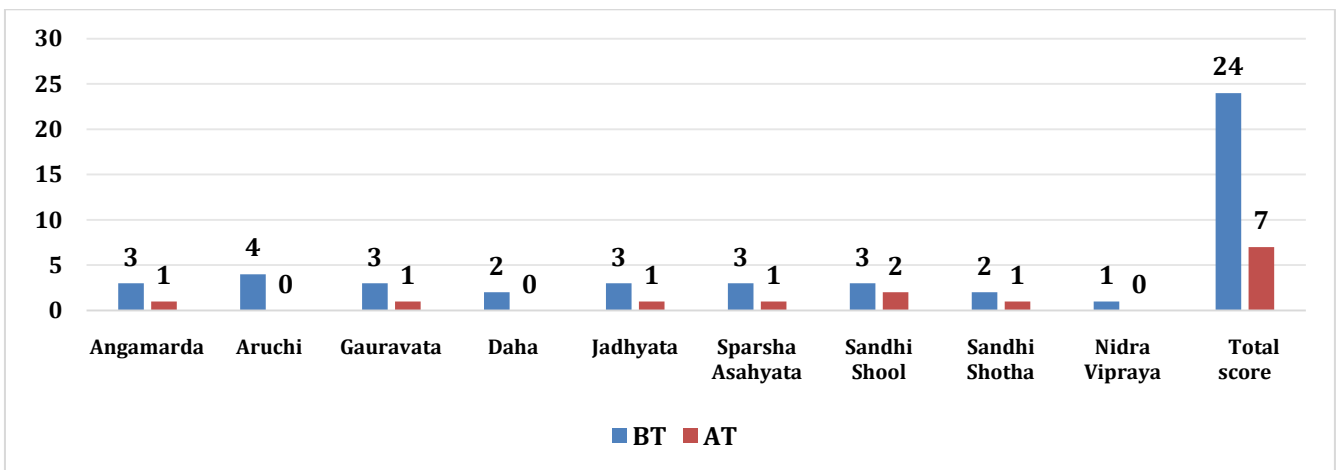
The patient was assessed at the time of enrolment and after the end of the treatment.

**Scoring Criteria of Subjective Parameter**

**Table 10: Before Treatment and After Treatment**

Criteria	BT	AT
Angamarda	3	1
Aruchi	4	0
Gauravata	3	1
Daha	2	0
Jadhyata	3	1
Sparsha Asahyata	3	1
Sandhi Shool	3	2
Sandhi Shotha	2	1
NidraVipraya	1	0
<b>Total Score</b>	<b>24</b>	<b>7</b>

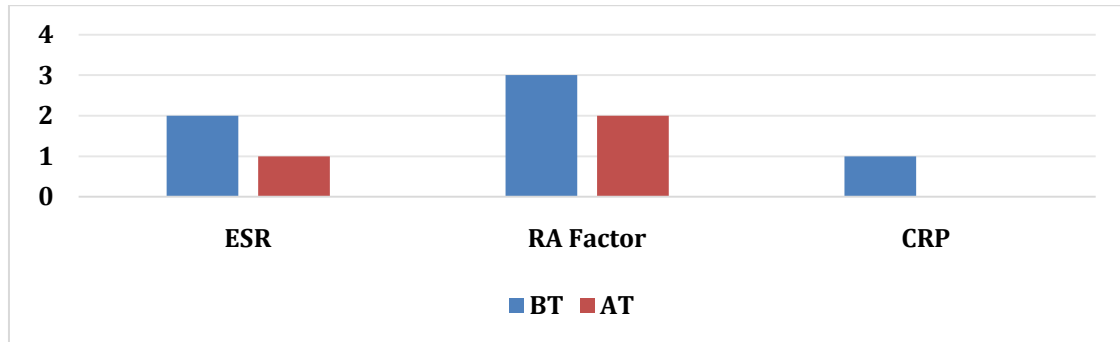
Assessment criteria of overall symptoms	BT Score	AT Score	(BT-AT)	% Changes
	24	7	17	70.8



**Scoring Criteria of Objective Parameter**

Parameter	Before Treatment	After Treatment
E.S.R Quantitative	2	1
RA Factor	3	2
CRP	1	0

Assessment criteria of Objective Parameters	BT Score	AT Score	(BT-AT)	% Changes
	6	3	3	50



## RESULT

The prescribed medications and treatments helped in controlling the signs and symptoms of the disease, preventing them from further aggravation. The patient got 70.8% relief in overall symptoms. Reductions were observed in the values of erythrocyte sedimentation rate (ESR), RA factor and C-reactive protein (CRP) following the treatment.

## DISCUSSION

*Amavata* is the condition that arises when *Ama* combines with vitiated *Vata Dosha* which leads to the *Trika* and *Sandhi* and ultimately causes *Stabdhat* (stiffness) of the body. The pathophysiology of *Amavata* is primarily caused by an imbalance in *Agni*, which results in production of *Ama* and *Vata Prakopa* and impairment of other *Doshas*. So in this case improving *Agni* and removal of *Ama* from body was the main aim of treatment. We started with *Deepana Pachana Aushadi* to eliminate *Ama Dosha* and *Vatahara Aushadi* to regulate vitiated *Vata*. *Erandmooladi Niruha Basti* is a beneficial method for treating vitiated *Vata* and plays a significant role in eliminating *Ama Dosha*. Therefore, *Erandamooladi Basti* was selected to treat this patient. It consists of the *Vatahara Dravyas*, which act as *Maruta Nigraha* (controls *vata*) and is useful in reducing *Trika* and *Prishta Shoola*. The various contents of this *Basti* are *Ushna* in *Veerya*, *Vatakaphara* in nature and possess the *Teekshna* and *Sukshma Guna* which further help in eliminating the obstruction of *Srotas* (channel). The ingredients in this *Basti* therapy also aid in boosting the patient's digestive fire, as many of the substances used possess *Agni Deepana* properties, which helps to enhance appetite [13]. It also pacifies the *Kapha Dosha* by reducing symptoms like *Stambha* and *Gaurvata* in the patient's body. For *Anuvasana prasarini taila* was selected which possess the pharmacodynamic qualities that helps in *Ama-Pachana*. It has *Laghu Tikshana Guna*, *Katu Tikta Rasa*, and *Ushna Veerya* which works against the *Guru Pichala Sheetal* properties of *Ama*. Its *Deepaniya* action prevents further *Ama* formation. *Srotas-abhyshandha* acts as *Srotas-Shodhana* by relieving symptoms like

*Sandhishool*, *Shotha*, *Aruchi* etc due to its anti-inflammatory (*Shothahara*) and analgesic (*Vedna-prashamana*) properties [14]. Therefore, in addition to its local effects, the *Basti* treatment produces a systemic effect by balancing *Agni* and *Vayu* throughout the body, thereby providing physiological relief to the patient. *Shamana* therapy (*Bhasma Vati*): consists of drugs which comprised of *Katu*, *Tikta Rasa*, *Laghu*, *Ruksha Teekshna Guna*, *ushna Veerya*, *Katu Vipaka*, and has *Deepana*, *Lekhana*, *Anulomana* and *Pachana Karmas*[15], which helps in countering the complaints of the patient. As a whole, both *Basti* and *Shamana Aushadhi* helped the patient to get moderate relief from her complaints.

## CONCLUSION

The treatment process including *Deepana Pachana*, *Erandmooladi Niruha Basti*, *Prasarini Anuvasana Basti*, and *Bhasma Vati* has symptomatic relief of *Amavata* and improves patient's quality of life. *Basti*, considered half of the treatment in Ayurveda, effectively pacifies vitiated *Vata*. *Shamana aushadhi* (*Bhasma Vati*) used here helps to reduce *Ama* and enhance *Agni*. This case shows substantial improvement in *Amavata* symptoms. Further Clinical studies should be conducted to confirm the long term efficacy of these therapies in other patients with similar conditions.

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