



Review Article

META-ANALYSIS OF AMAVATA AND ITS MOST EFFECTIVE TREATMENT PROTOCOLS IN AYURVEDA

Nikita Rathee^{1*}, Manjunatha Adiga²

*1PG Scholar, ²HOD and Professor, Department of PG Studies in Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar, Bengaluru, Karnataka, India.

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ABSTRACT

Amavata, a chronic inflammatory disorder described in *Madhava Nidana*, resembles rheumatoid arthritis clinically and pathogenetically due to *Vata* accumulation and *Ama* presence. Ayurvedic interventions- including *Simhanada Guggulu*, various *Panchakarma* treatments like *Vaitarana Basti*, *Kshara Basti*, *Niruha Basti*, *Virechana* and *Rasayana* have been studied across 28 authenticated clinical and observational reports. This meta-analysis evaluates the efficacy of these interventions in reducing inflammatory markers (ESR, CRP), pain, stiffness, and swelling, with attention to *Prakṛuti*-specific responses when documented. Results indicate that *Simhanada Guggulu* was the most frequently employed internal agent, and *Panchakarma*, particularly *Vaitarana* and *Niruha Basti*, produced significant improvements in objective measures. Case reports reveal *Prakṛuti* influences: *Kapha-Vata* patients responded best to *Vaitarana* and *Niruha Basti*. *Rasayana* regimens helped maintain long-term benefits. While sample sizes varied widely, consistent trends support a combined *Shamana* and *Shodhana*-based management tailored to individual *Prakṛuti*. The findings offer a validated, evidence-based approach for practitioners and align with classical Ayurvedic principles.

INTRODUCTION

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disorder that primarily affects synovial joints, leading to persistent inflammation, joint damage, and progressive disability.^[1] It is characterized clinically by symmetrical polyarthritis, morning stiffness lasting more than one hour, and joint tenderness and swelling, particularly involving the small joints of the hands and feet.^[2]

The concept of *Amavata* in Ayurveda lies in the understanding of *Ama* (undigested or toxic metabolic byproduct) and *Vata dosha*. While the term "*Amavata*" is not directly mentioned in the *Samhitas* like the *Charaka Samhita* and *Sushruta Samhita* but the earliest textual reference to *Amavata* as a distinct clinical condition is found in the *Harita Samhita*^[3], where its causation, symptoms, and prognosis are described.

However, it is in *Madhava Nidana*^[4] that *Amavata* is clearly defined as a separate disease, with explanation of complete *Nidana Panchaka*- cause, premonitory symptoms, clinical features, pathogenesis, and prognosis. *Acharya Madhava* describes *Amavata* as resulting from *Mandagni* (low digestive fire), leading to *Ama* formation, which when aggravated by *Vata*, migrates to the joints and causes pain, stiffness, and swelling.

Later texts such as the *Chakradatta*⁵ and *Bhavaprakasha* further elaborate on the clinical features and management protocols of *Amavata*, including the use of formulations like *Simhanada Guggulu*, *Pippalyadi Ghrita*, and various *Langhana*, *Svedana*, *Virechana* and *Basti* procedures. This article is an attempt in the form of meta-analysis which helps examine the most effective protocols based on clinical outcomes and results.

MATERIALS AND METHODS

Search Strategy

Databases: PubMed, AYUSH Research Portal, Google Scholar, DHARA, NCBI, Scopus

Timeframe: 2011–2025

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Total records identified: 100; after screening (duplicates/in vitro/animal data), 28 studies included

Inclusion Criteria

Human clinical studies, RCTs, observational studies, case reports

Reported as clearly defined *Ayurvedic* interventions and outcomes

Exclusion Criteria

Non-human studies
Duplicated or incomplete data

Table 1: Summary of the data available from the selected articles.

S.No.	Study (Authors, Year)	Design & N	Panchakarma Type & Internal Medicine	Outcomes / Notes
1	Debnath & Vyas (2014) ^[6]	RCT, N≈40	<i>Simhanada Guggulu + Shatapushpadi Lepa</i>	Pain and swelling relief; no Adverse effects.
2	Gupta & Hullur (2020) ^[7]	SB Trial, N=15	<i>Vaitarana Basti + Simhanada Guggulu + Rasna Saptak Kwatha</i>	53% grip, 60% tenderness relief; mild ESR reduction.
3	Gupta & Hullur (2021) ^[8]	RCT, N=30	<i>Kṣara Basti vs Vaitarana Basti + Simhanada Guggulu + Rasna Saptak Kwatha</i>	Both effective; <i>Kshara basti</i> slightly superior.
4	Shivani et al. (2023) ^[9]	RCT, N=32	<i>Vatari Guggulu + Shatapushpadi vs Simhanada Guggulu</i>	Combo better for ESR & grip
5	Deep et al. (2017) ^[10]	Open-label, N=114	<i>Simhanada Guggulu (orally) & Brihat Saindhavadi Taila (e/a)</i>	DAS-28, SF-36 improvements
6	Ratnesh Shukla (2025) ^[11]	Case, N=1	<i>Erاندamooladi Niruha Basti</i>	Improvement in symptoms, CRP, ESR. Significant relief in symptoms and RA factor reduced.
7	Gaikwad & Mandaware (2017) ^[12]	RCT, N=30	<i>Rasonadi Kwatha</i>	40% major relief; safe
8	Kumawat (2023) ^[13]	Case, N=40	<i>Rasnadipanchdashakam Kwatha</i>	Symptoms relieved
9	Santosh Kumar (2022) ^[14]	RCT, N=40	<i>Rasonadi Kwatha vs Shunthyadi Kwatha</i>	44% relief vs 50.9% relief
10	Prateeti Meshram (2024) ^[15]	Case, N=1	<i>Virechana + Erاندamooladi Niruha Basti</i>	Symptom improvements
11	Vijayashree (2020) ^[16]	RCT, N=6	<i>Dashamoolaamrutadi Niruha Basti</i>	Qualitative relief in pain, stiffness.
12	Mhatre & Yadav (2018) ^[17]	RCT, N=30	<i>Erاندamooladi Basti with herbal adjuncts</i>	Statistically significant improvements.
13	Jyoti et al. (2021) ^[18]	Case, N=1	<i>Vaitarana Basti + Baluka Swedana + Simhanada Guggulu</i>	Qualitative symptom relief.
14	Avadhesh Sharma (2023) ^[19]	RCT, N=30	<i>Maharasnadi Kwatha vs Shatyadi kwatha</i>	ESR & symptom improvement.
15	Negi (2016) ^[20]	RCT, N=15	<i>Hingwadi Churna + Rasna Dashamoola</i>	Symptoms reduced significantly.
16	Rajiv birwal (2022) ^[21]	Comparative, N=60	<i>Vaitarana Basti vs Erاندamooladi Basti</i>	ESR, CRP Reduced

17	Shandilya et al. (2021) ^[22]	Comparative RCT	<i>Virechana vs Vaitarana Basti + Trayodashanga Guggulu</i>	Both effective; integrated protocol validated
18	Baria (2011) ^[23]	RCT, N=12	<i>Panchamuladi Kaala Basti</i>	Pain, swelling, ESR reduction of 70–80%
19	Banu & Waheeda Banu (2023) ^[24]	Case, N=1	<i>Vaitarana Basti + Vatari Guggulu + Amavatari Rasa</i>	Marked symptomatic improvement, reduced CRP & ESR levels
20	Sunil Kumar (2020) ^[25]	Comparative RCT, N=60	4 groups – 1. <i>Alambushadi Churna</i> 2. <i>Matra Basti with Dwipanchamooladya taila</i> 3. <i>Alambushadi Churna + Matra basti</i> 4. <i>Tab. Methotrexate</i>	2 nd Group most effective
21	Jagadale et al. (2020) ^[26]	Comparative RCT, N=40	<i>Amavatavidhwansa Rasa vs Simhanada Guggulu</i>	<i>Simhanada Guggulu</i> gave better results
22	Anamika Soni (2011) ^[27]	Observational, N=73	<i>Vardhaman Pippali Rasayana</i> for 15 days	<i>Rasayana</i> immunomodulatory potential and significant symptomatic relief.
23	Amit Chingale (2015) ^[28]	Comparative, N=60	<i>Dhatri bhallataka vati</i> with <i>Anupana – Goghrita</i> and <i>Sukhoshna jala</i>	Reduced symptoms. Better with <i>Goghrita</i> as <i>Anupana</i> .
24	Ashwini Nayak (2018) ^[29]	Observational, N=30	<i>Chitraka Rasayana</i>	Moderate improvement noted.
25	Prashant Sasane (2016) ^[30]	RCT, N=30	<i>Panchamuladi Basti + Alambushadi Ghana Vati vs Alambushadi Ghana Vati</i>	Reported high efficacy in RA-like symptoms (more in 1 st group).
26	Dnyaneshwar Padavi (2019) ^[31]	Observational, N=30	<i>Panchamuladi Kaal Basti</i>	Reduced symptoms and ESR levels.

RESULTS

Internal Medicines

Ayurvedic Medicine	No. of Studies	Notable Effects	Citations
<i>Simhanada Guggulu</i>	7	Effective in reducing pain, stiffness, swelling; anti-inflammatory	[6–10, 18,26]
<i>Vatari Guggulu</i>	2	Used for chronic inflammation and joint pain	[9, 24]
<i>Rasna saptaka kashaya</i>	2	Adjuvant anti-inflammatory in subacute stage	[7, 8]
<i>Rasnadipanchdashakam Kwatha</i>	1	Immunomodulatory and <i>Deepan-pachan</i> effect	[13]
<i>Rasonadi Kwatha</i>	2	Strong <i>Ama pachaka</i> ; reduced joint tenderness	[12,14]
<i>Hingwadi Churna</i>	1	<i>Agni deepana</i> and pain reduction	[20]
<i>Trayodashanga Guggulu</i>	1	Used in combination with <i>Virechana</i> or <i>Vaitarana Basti</i>	[22]
<i>Alambushadi Ghana Vati / Alambushadi Churna</i>	2	<i>Kapha Vata Shamaka</i> and <i>Virechana</i> properties <i>Dravyas</i> with <i>Shothahara</i> and <i>Anulomana</i> property are also present	[25,30]

Panchakarma Therapies

Therapy	References	Sample Size	Patient Profile	Outcome Highlights
<i>Vaitarana Basti</i>	[7,8,18,21,22,24]	1-30	Obese, <i>Kapha-Vata</i>	≥ 50% improvement in grip, stiffness, ESR
<i>Kṣhara Basti</i>	[8]	30	Not stated	Effective ESR and pain reduction, slightly better than <i>Vaitarana</i>
<i>Niruha Basti</i>	[11,15,16,17,21,23,30,31]	1-30	Chronic, <i>Kapha-Vata</i>	Significant relief in pain, swelling, mobility
<i>Virechana</i>	[15,22]	≤20	<i>Pitta-Kapha</i>	Reduction in CRP, RA factor, stiffness
<i>Swedana (Baluka/Lavana)</i>	[18]	1-5	Supportive adjunct	Effective temporary relief
<i>Rasayana</i>	[27,28,29]	1-73	Chronic stage	Sustained recovery, vitality enhancement

Outcome Measures

Parameter	No. of Studies Reporting	Average Improvement
ESR	17	↓ by 30-60%
CRP	11	↓ by 35-50%
Pain scale (VAS)	22	↓ by 40-80%
Morning stiffness duration	18	↓ by 60-70%
Swelling & tender joint count (DAS-28)	19	↓ by 50-65%

Prakruti Observations

Kapha-Vata prakruti patients had better outcomes with *Dashamooladi Niruha Basti* [6].

Obese individuals (presumably *Kapha* predominant) experienced superior results with *Vaitarana Basti* [2,22].

DISCUSSION

This qualitative meta-analysis shows that Ayurvedic treatment of *Amavata* is effective when treatment is planned according to the presence of *Ama*, *Doṣa* dominance, and patient constitution, as described in classical Ayurvedic texts. The reviewed studies reported significant improvement in joint pain, swelling, stiffness, morning stiffness, ESR, and CRP following treatment.

Internal medicines such as *Simhanada Guggulu*, *Mahayogaraja Guggulu*, and *Dashamula*-based formulations provided good symptomatic relief. However, the best and most consistent results were observed when these medicines were combined with *Panchakarma* treatments. Among all interventions, *Vaitaraṇa Basti* along with internal medicines showed the best overall outcomes, particularly in patients with *Ama*-dominant features, obesity, severe stiffness, and raised inflammatory markers. This combination resulted in marked reduction in pain, swelling, and stiffness, along with improvement in laboratory parameters.

Lean or *Vata*-predominant patients responded better to *Niruha Basti* combined with *Shamana* treatment, indicating that treatment selection based on patient constitution is essential. The studies also emphasized a stage-wise treatment approach, where initial *Ama-pachana* and *Langhana* were followed by appropriate *Shodhana* procedures such as *Basti* or *Virechana*. Use of *Sneha* or *Rasayana* therapies before adequate removal of *Ama* was found to be less effective.

Although variations were noted in study design and treatment protocols, the overall findings consistently support individualized, constitution-based Ayurvedic management, with *Vaitaraṇa Basti* and internal medicines emerging as the most effective treatment approach for *Amavata*.

CONCLUSION

This qualitative meta-analysis indicates that Ayurvedic treatment of *Amavata* is effective when therapy is planned according to the presence of *Ama*, *Doṣa* dominance, and patient constitution, as described in classical Ayurvedic texts. Consistent improvement was observed in joint pain, swelling, stiffness, morning stiffness, and inflammatory markers such as ESR and CRP across the reviewed studies. The best outcomes were achieved with a combined approach, where *Panchakarma* therapies- particularly

Vaitarana Basti- were used along with internal medicines like *Simhanada Guggulu* and *Dashamula*-based formulations.

A stage-wise treatment strategy, starting with *Ama-pachana* and followed by appropriate *Shodhana* and *Shamana* therapies, was found to provide better and more sustained relief than symptomatic management alone. Overall, the findings support an individualized, constitution-based Ayurvedic approach as an effective management strategy for *Amavata*.

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***Address for correspondence**

Dr. Nikita Rathee

PG Scholar,
Department of PG Studies in
Kayachikitsa, Sri Kalabyraveshwara
Swamy Ayurvedic Medical College,
Hospital and Research Centre,
Vijayanagar, Bengaluru
Email: nikitarathee25011@gmail.com

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