



**Case Study**

**AYURVEDIC MANAGEMENT OF AMAVATA: AN EVIDENCE BASED CASE REPORT**

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**ABSTRACT**

*Amavata* is a chronic and debilitating disorder described in Ayurveda, caused by *Agnimandya* leading to the formation of *Ama* and its association with vitiated *Vata Dosh*. The disease presents with systemic and articular manifestations such as pain, stiffness, swelling, loss of appetite, fever, and functional disability, closely resembling rheumatoid arthritis, a chronic autoimmune inflammatory joint disorder. Effective management of *Amavata* requires correction of impaired digestion, elimination of *Ama*, and pacification of vitiated *doshas*. In the present case, a 32-years-old female with a 13-years history of multiple joint pain, prolonged morning stiffness, swelling, recurrent fever, appetite loss, and sleep disturbance was treated with an integrated Ayurvedic approach. Diagnosis was established based on classical Ayurvedic features and ACR/EULAR 2010 criteria for rheumatoid arthritis. The treatment protocol included *Deepana-Pachana* and *Vata-Kapha Shamana* internal medicines along with external therapies such as *Lepana, Dhanyamla Dhara, Dhanyamla Dhara with Kola-Kulathadi Choorna*, and *Mukki Kizhi*. Clinical assessment before and after treatment showed significant improvement in pain, stiffness, swelling, appetite, sleep, and overall functional ability. Approximately 50% overall symptomatic relief was achieved without any adverse effects. This case highlights the potential role of Ayurveda as a safe and effective therapeutic modality in the management of *Amavata* correlated with rheumatoid arthritis.

**INTRODUCTION**

The term *Amavata* is derived from two components- *Ama* and *Vata*. *Ama* refers to toxic, undigested metabolic by-products formed due to impaired digestion, which exert harmful effects on the body. *Amavata* develops when vitiated *Vata dosha* combines with *Ama*, leading to disease manifestation. The aggravated *Vata* circulates *Ama* throughout the body via the *Dhamanis*, where it localises in *Kapha*-dominant sites such as the *Amashaya* and *Sandhis* (joints). This results in clinical features including pain, stiffness, swelling<sup>[1]</sup>, and tenderness affecting both small and large joints, often causing significant functional limitation. The clinical presentation of *Amavata* closely resembles rheumatic disorders, particularly rheumatoid arthritis.

Rheumatoid arthritis (RA) is a chronic autoimmune inflammatory disease that primarily affects the synovial joints, causing pain, swelling, stiffness, and progressive joint deformity. Besides involvement of the joints, RA is a systemic disorder that can affect extra-articular organs such as the heart, lungs, kidneys, skin, eyes, gastrointestinal tract, and nervous system, leading to long-term disability and increased mortality. The disease greatly impacts quality of life and creates significant economic and healthcare burdens. RA affects about 1% of the global population and is more common in women. Its development is multifactorial, involving genetic susceptibility, environmental factors<sup>[2]</sup>, and immune system dysregulation. Arthritis is broadly classified into non-inflammatory arthritis, like osteoarthritis, and inflammatory arthritis, caused by infections, crystal deposits, or autoimmune mechanisms. Unlike osteoarthritis, which results from mechanical wear and tear, rheumatoid arthritis (RA) is an immune-mediated disease characterized by chronic inflammation of the synovium, which can lead to progressive destruction of cartilage and bone if not treated.

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According to Ayurvedic principles, the cornerstone of *Amavata* management lies in preventing the formation of *Ama* by restoring and enhancing *Agni*. The therapeutic strategy primarily focuses on eliminating causative factors and correcting metabolic dysfunction. The treatment of *Amavata* is broadly classified into *Nidana Parivarjana*, *Shodhana Chikitsa*, and *Shamana Chikitsa*.

**MATERIALS AND METHODS**

**Case Report**

A 32-year-old female patient came to OPD of Government Ayurveda College, Kannur, with chief complaints of pain in multiple joints for 13 years. It was associated with morning stiffness, swelling in joints, along with loss of appetite, recurrent fever.

**History of Present Illness**

A 32-year-old female, a nurse by profession, is a known case of hypothyroidism and has been on regular medication for the past 8 years. Thirteen years ago, following a viral fever, she developed neck pain and knee joint pain associated with morning stiffness lasting more than two hours. The pain was pricking in nature and severe in intensity. It was aggravated in the morning and on exposure to cold weather and was relieved by hot climate. While on medication, her symptoms subsided; however, on withdrawal of treatment, the pain and stiffness became aggravated. During episodes of severe pain, she also developed a fever. Over the past 13 years, she consulted various allopathic and Ayurvedic hospitals and took intermittent treatment. During this period, the disease showed a gradual progression, and she began to experience bilateral pain involving the wrist, elbow, knee, and ankle joints.

**History of Past Illness**

History of hypothyroidism for 8 years and under medication.

**Family History**

There is no relevant family history contributing to the current situation of the patient.

**Personal History**

*Ahara* - Mixed diet

*Mala*- Once in two days, constipated

**Musculoskeletal Examination**

*Mutra* - 4-5 times/day, 0-1 time/night

*Vihara* - *Divaswapna*

*Agni*- *Jataragni Mandya*

*Nidra* - *Nidralpata* due to *Sandhisoola*

*Manasika* - *Chinta, Shoka*

Occupation: Nurse

**Physical Examination**

Built - Moderate

Nourishment: Moderately nourished

Pallor: Absent

Icterus: Absent

Clubbing: Absent

Edema: Absent

Lymphadenopathy: Absent

Blood pressure: 110/70mmHg

Respiratory rate: 18 cycles per min

Pulse rate - 85 beats per min

Height: 155cm

Weight - 53kg

***Ashta Sthana Pareeksha***

*Jiwha* - *Upaliptha*

*Naadi*- *Drutham*

*Mala* - *Asamahatham*

*Mootram*- *Prakrutha*

*Shadha*- *Prakrutha*

*Sparsha* - *Anushna seeta*

*Druk*- *Prakruta*

*Aakruti*- *Madhyama*

***Dasavidha praeeksha***

*Prakruthi*- *Kapha vatam*

*Vikruthi* - *Tridosham, Rasam*

*Saram*- *Madhyamam*

*Samhananm*- *Madhyamam*

*Pramana*- *Madhyama*

*Satva* - *Madhyama*

*Saatmya*- *Sarava rasa Satmya*

***Ahara Shakti***

*Jarana Shakthi*- *Avara*

*Abhyavaharan shakthi*- *Avara*

*Vyayama Shakthi*- *Madhyama*

*Vaya*- *Madhyama*

**Table 1: On Inspection**

Joints	Upper Limb	Lower Limb
Joints Involved	B/L MCP, wrist, elbow	B/L knee and ankle joints
Movements	Painful	Painful
symmetry	Symmetrical	Symmetrical
Swelling	Present in the MCP, wrist, and elbow	Present in the knee and ankle joint

**Table 2: On Palpation**

Joint warmth	Raised in the wrist, knee, and elbow	Lt- Ankle
Joint crepitus	Not present	Not present

**Investigation done on 14/11/25**

ESR- 70mmhr  
 RA Factor- Negative  
 C-RP- 75.7mg/dl  
 Anti CCP- Negative

**Diagnosis**

The diagnosis was made according to the criteria established by the American College of Rheumatology (ACR) / European League Against Rheumatism (EULAR) in 2010.

Final Diagnosis: *Amavata*/Rheumatoid Arthritis

**Samprapthi Ghataka**

*Nidana*: Improper dietary habits, *Divaswapna*, *Manasika* factor, *Chinta*, *Soka*

*Poorvarupa*: Mild pain over *Janu*, *Kurpara*

*Rupa*: *Ruk* and *Sopha* over *Janu*, *Manibhandha*, *Kurpara*, *Gulpham*

*Upashayam*: *Ushnopachara*

*Samprapthi*- In this case, due to prolonged *Nidana sevana* such as improper dietary habits (mixed diet, possible *Guru* and *Apachita ahara*), *Divaswapna*, and

*Manasika* factors like *Chinta* and *Shoka*, along with a history of post-viral illness, she had *Jataragni mandya*. This led to the formation of *Ama*, as evidenced by features like *Aruchi*, *Gaurava*, *Upalipta jihva*, and *Mala asamahata*. Simultaneously, *Vata dosha* vitiated and combined with *Ama* to form *Ama-Vata* complex, which caused *Srotorodha* in *Rasavaha* and other *Srotas*. Propelled by *Vata*, this *Ama* circulated throughout the body via *Dhamanis* and localized in *Kapha sthana*, particularly *Sandhis* (MCP, wrist, elbow, knee, and ankle joints). There, along with *Kapha* association, it produced symptoms like *Sandhi shoola*, *Sandhi shotha*, *Stabdhatta*, *Jwara*, *Angamarda*, *Aruchi*.

**Treatment Given**

Treatment in *Amavata* is scientific approach aimed at reversing the underlying pathology (*Samprapthi Vigkhatana*). To alleviate the symptoms and prevent recurrence of the diseases, the patient requires intervention such as *Pachana*, *Deepana*, *Vata-kapha samana*.

**Table 3: Course of the Treatment Given -Internal**

S.No	Medicine	
1	<i>Amruthotharam kashayam</i>	45ml, 6 am, 6 pm before food
2	<i>Punarnavadhi kashayum</i>	45ml, 6 am, 6 pm before food
3	<i>Nimbamruthaeranada Thailam</i>	10 ml with Morning <i>Kashayum</i>
4	<i>Vaiswanara Choornam</i>	5gm- half an hour before food-noon time - with one glass of hot water
5	Tablet - <i>Shaddharanam</i>	2 tablets twice per day, after food
6	Tablet - <i>Amavatari</i>	2 tablets twice per day, after food
7	Tablet - <i>Simhanadha Guggulu</i>	1 tablet thrice per day, after food
8	<i>Avipathy choornam</i>	2 tablespoons with hot water, at night

**External procedure**

S.No	Procedure	Days
1	<i>Lepanam</i> with <i>Gridhadhoomadhi choornam + Dhanyamalam</i>	28 days
2	<i>Dhanyamla dhara</i>	7 days
3	<i>Dhanyamla dhara</i> with <i>Koalkulathathadhi choornam</i>	14 days
4	<i>Mukkikizhi</i>	7 days

**Assessment Criteria of Patient**

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

**Table 4: 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
Gauravata	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
Daha	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
Jadhyata	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
Sparsha Asahyata	No pain on palpation	0
	Mild pain on palpation	1
	Moderate pain	2
	Patient does not allow palpation	3
Sandhi Shoola	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
Sandhi Shotha	No swelling	0
	Mild swelling	1
	Moderate swelling	2
	Severe swelling	3
Nidra Viparyaya	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
	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

**Scoring Criteria of the subjective parameter**

**Table 5: Before Treatment and After Treatment**

Criteria	BT	AT
Angamarda	4	2
Aruchi	4	0
Sparsha Asahyata	2	1
Sandhi Sotha	2	1
Sandhi Soola	3	2
Nidra Viparyaya	4	0

**RESULT**

The medication and treatments helped to control the signs and symptoms of the disease, patient got 50% relief in overall symptoms.

**DISCUSSION**

Amavata is a classical Ayurvedic disease characterized by the association of Ama with vitiated Vata Dosha. Due to Agnimandya, Ama is formed and, when propelled by vitiated Vata, it circulates throughout the body and gets accumulated in Shleshma Sthana, particularly the Sandhi. This pathological

association leads to the manifestation of *Amavata*. The disease presents with systemic as well as articular features such as *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gourava*, *Jwara*, *Apaka*. *Amruthotharam kashayum*<sup>[3]</sup> and *Punarnavadhi kshayum*<sup>[4]</sup> were administered to promote *Paachan*, *Deepana*. *Avipathy choornam*<sup>[5]</sup> acts as *Mrdhu virechanam* and *Vata pitta Samana Nimbamritha erandam* acts as *Vata anulomana* and mild *Virechana*. *Vaiswanara choornum* is *Agnideepana* and *Vatakapha samana*. *Saddharanam* tablet possesses *Amapanchana*, *Deepana* and *Sulahara* properties. *Simhanada Guggulu* is predominantly having *Ushna*, *Laghu*, *Ruksha guna* and *Tikta-katu rasa*, which can act by *Kapha chedana*, *Ama nirharana* and *Agni deepana*.

### External Procedure

*Lepanam* with *Grihadhoomadhi choornum* with *Dhanyamalam -Gridhadhoomadi Curnam*, possessing *Ruksha* and *Laghu guna* with *Ushna virya* along with *Tikshna* and *Sukshma* qualities, effectively acts in the pacification of *Kapha-vata dosha* and facilitates *Amapacana*. When combined with *Dhanyamla*, which is characterised by *Amla rasa* and *Ushna virya* and exhibits *Srotoshodhana*, *Dipana*, and *Pacana* properties, the formulation helps alleviate *Shula*, *Shotha*, and *Stabdhatta* while improving local circulation.

*Dhanyamla* has *Laghu guna*, so it is light and easy to digest. Its main *Rasa* is *Amla*, which helps to increase *Agni* and digest *Ama*. The *Deepana*, *Jarana*, and *Rochana* properties of *Dhanyamla* help in improving digestion and appetite. In *Amavata chikitsa*, *Ruksha sweda* is advised as an important treatment. Due to its *Laghu* and *Teekshna* properties, *Dhanyamla Parisheka* acts as a type of *Ruksha sweda*. These properties help to pacify *Kapha* and *Vata doshas* and reduce pain, stiffness, and swelling.

*Dhanyamla Dhara* with *Kola-Kulathadi Curnam*: The addition of *Kola-Kulathadi curnam* intensifies the *Lekhana* and *Ruksha* actions, making this *Dhara*

suitable for chronic *Amavata* characterised by persistent swelling, stiffness, and heaviness.

*Mukki Kizhi (Ruksha Pinda Sveda)*- *Mukki kizhi* provides controlled *Ruksha svedana*, which is specifically indicated in *Ama conditions*.

### CONCLUSION

*Amavata* is a chronic and debilitating disorder resulting from *Agnimandya* leading to *Ama* formation and *Vata* vitiation, producing systemic and articular manifestations comparable to rheumatoid arthritis. In the present case, an integrated Ayurvedic treatment approach employing *Deepana-Pachana* drugs, *Vata-Kapha Shamana* medicines, and *Ruksha Svedana* therapies resulted in significant clinical improvement. The treatment effectively reduced pain, stiffness, swelling, appetite loss, and sleep disturbances, thereby enhancing the patient's quality of life. This case highlights the potential role of Ayurveda as a safe and effective therapeutic modality in the management of *Amavata*/rheumatoid arthritis

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