Original Research Paper

Volume - 16 | Issue - 06 | June - 2026 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Ayurveda

INTEGRATED APPROACH TO THE MANAGEMENT OF AMAVATA VYADHI- RHEUMATOID ARTHRITIS

Dr. Vijayalaxmi Sujay Patil — M.D.(Kayachikitsa), Associate Professor Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadpasar, Pune -411028, Maharashtra, India

Dr. Priya Pravin Shevale — M.D. (Kayachikitsa) Scholar, Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune- 411028.

ABSTRACT Amavata is a disorder that arises when Ama (improperly digested metabolic toxins) formed due to Agnimandya (diminished digestive fire) interacts with aggravated Vata dosha and localizes in the joints (sandhi), leading to symptoms such as pain, swelling, stiffness, a sense of heaviness, and restricted movements. Rheumatoid Arthritis can be correlated with Amavata. Rheumatoid arthritis (RA) is disease of unknown aetiology characterized by a symmetric polyarthritis. Irregular eating habits, junk food, and incompatible food combinations weaken Agni and forms Ama. Sedentary lifestyle, lack of exercise, and prolonged sitting causes Vata aggravation. Stress and poor sleep pattern affect digestive function & metabolic processes, leads to formation of Amavata. Nidana Parivarjana, Panchakarma Chikitsa, Shamana Chikitsa with medication, and suitable Pathya-Apathya all are important in Amavata. In this study Integrated Approach to the Management of Amavata Vyadhi (Rheumatoid Arthritis) an attempt has been made to explore the efficacy of Ayurveda along with modern medicine in reducing the signs and symptoms of Amavata and long-term relief.

KEYWORDS : Amavata, Ama, Vata Dosha, Rheumatoid Arthritis

INTRODUCTION

Amavata is a common and debilitating disease described in Ayurveda.

Active RA often results in articular cartilage, bone destruction and functional disability, it is vital to diagnose and treat this disease early and aggressively before damage ensues.[1]

Number of patients for Amavata are increasing. The disease most often begins between the ages of 30 and 50, but recent observational studies indicate that the disease can begin in any age group.[2]

Amavata Hetu According to Ayurveda (Madhav Nidana):[3]
Improper diet (viruddha Ahara), weak digestion (Mandagni), oily food (Snigdha Anna) and sedentary lifestyle (Nischal Awashta) lead to Ama formation which combines with Vata and localizes in the joints (Shleshmasthan) causing Amavata symptoms similar to Rheumatoid Arthritis.

The worldwide prevalence of the disease is approximately 0.8% of the population.[4]

Angamarda (Bodyache), Aruchi (Anorexia), Trishna (Thirst), Alasya (Lethargy), Jwara (Fever) Apaka (Indigestion), Shunata (swelling of joints) are clinical features of Amavata.[5]

Basic Modern line of treatment for RA:
Early use of DMARDs to reduce inflammation and prevent joint damage. NSAIDs and corticosteroids for symptomatic relief. Supportive non-pharmacological management includes physiotherapy and lifestyle modification.[6]

Ayurvedic line of treatment for Amavata:[7]

1. Ama- pachana & Agni deepana – Langhana chikitsa, Tikta Rasa dravya and Ayurvedic drugs.
2. Vata Shamana –Snehana, Valuka pottali Svedana.
3. Shodhana therapy – Virechana and Basti.
4. Shamana therapy – Using Ayurvedic formulations.
5. Pathya- Apathya –Warm, easily digestible diet, avoidance of heavy, cold, incompatible foods and day sleep.

In this study patient was treated with both Ayurvedic as well as allopathy medicines.

Case

A 39yr/F in IPD with Amavata presented with joint pain, swelling, and stiffness for 1.5 years and was treated with Ayurvedic treatment along with ongoing allopathic medication.
AGE: 39 Yrs/Female.
OCCUPATION: Housewife

Chief Complaints:

- Sandhi Shoola (Pain in all major and minor joints) - since 1 year
- Sandhi stabdhata (Stiffness of all joints)– since 6-7 months
- Sandhi Shotha (Swelling of joints on and off) – since 1 year

Associated Complaints:

- Alasya (Lethargy) –since 5-6 months
- Malavbaddhata (Constipation) on and off since 5-6 months
- Anga Gaurava (Heaviness of body)

Personal History:
(1) H/O Present illness:
The patient was asymptomatic 1.5 years ago, after which she gradually developed finger stiffness, bilateral multiple joint pain and lethargy.
(2) Previous History:
Patient is having sedentary lifestyle and taking curd, fish and heavy food regularly. On allopathy medications for RA since last 1 year and still experiencing episodes of severe joint pain, stiffness, swelling.
surgical history- No any
Allergy-No any
No any major family history of illness

GENERAL EXAMINATION:

O/E -Afebrile	Prakruti- Vata-Pittaj
Pulse -84/min	BP-130/80 mm Hg
Bala-Madhyama	Koshtha - krura
Weight-48 kgs	

S/E

RS – B/L clear	CVS – S1S2 normal
CNS – conscious and oriented	P/A- soft and non-tender

Local examination of joints:
Assessment Criteria: Based on VAS (visual Analogue Scale) & Severity of degrees

a) No pain/swelling/tenderness -0
b) Mild pain/swelling/tenderness -1
c) Moderate pain/swelling/tenderness -2
d) Severe pain/swelling/tenderness -3

Joint examination & Severity of degrees:

Name of the joint	Sandhi shool		Sandhi Shotha		Sandhi Sthambha		Sandhi Sparshasahatva	
	Right	Left	Right	Left	Right	Left	Right	Left
Parvasandhi	3	2	3	3	3	3	2	2
Janusandhi	3	3	2	2	2	2	2	2
Manibandha	3	2	2	2	2	2	2	1
Kurpara sandhi	2	2	2	1	1	1	1	2

ASHTAVIDHA PARIKSHA:

1) Nadi- Vatapradhan
2) Mutra- Prakruta
3) Mala- Amayukta
4) Jivha- Upalepatwam
5) Shabda- Prakruta
6) Sparsha- Ruksha
7) Druk- Prakruta
8) Aakruti- Madhyama

SAMPRAPTI GHATAKA:

a) Dosha- Vatapradhan Tridoshas
Vata -Vyana, Samana, Apana, Udana
Pitta - Pachaka
Shleshaka
b) Dushya
Dhatu-Rasa, Asthi, Majja
Mala- Baddha pureesha
c) Srotas- Rasavaha, Asthivaha, Majjavaha
d) Ama- Jatharagni & Dhatvagni
e) Udbhavsthana- Amashaya
g) Sanchara Sthana-Sarva Sharira
h) Vyakta Sthana-Sarva Sandhi (Shleshmasthana)
I) Roga Marga- Madhyama
j) Roga Adhishthana -Sarva sandhi
k) Vyadhi Prakara- Chira Kaleena
l) Sapeksha Nidana- Amavata, Sandhigata vata

LABORATORY INVESTIGATION:

Hb-10.3 gm%	Total Bilirubin-0.32 mg/dl
BUL-37.3 mg/dl	Sr. creat-0.64 mg/dl
SGPT-22.7 U/L	SGOT-27.6 U/L
T.WBC-10,800 cells/cu mm	Platelet-3.17 lakhs
ESR-40 mm/hr	CRP-26.6
RA factor +ve	BSL(R) -105 mg/dl

Chikitsa:

Ayurvedic therapy was introduced alongside the pre-existing allopathy medications.

1) Shaman Chikitsa-

No.	Name of The Drug	Dose	Frequency	Duration	Route	Anupana
1	Ampachak Vati	250mg	2 tablets in Vyanodana kala	15Days	PO	Koshna Jala
2	Simhanad Guggul	250mg	2 tablets in Vyanodana kala	15Days	PO	Koshna Jala
3	Rasnasaptak Kwath	20 ml	Vyanodan kala	15Days	PO	Jala
4	Eranda Taila	6 Tsp	Stat	HS	PO	Shunthi Siddha Koshna jala
5	Tab. Folitrax (Methotrexate)	10 mg	Once a week	1 month	PO	Jala
6	Tab. Trufol (L-METHYLFOLATE)	0.8 mg	OD	Weekly thrice	PO	Jala
7	Tab. HCQS (HYDROXYCHLOROQUINE)	200mg	OD	7 Days	PO	Jala
8	Tab. HNU (Vit D3)	60,000 IU	Once a week	1month	PO	Jala

Rheumatologist's follow-up is advised to taper allopathy medications.

2) Shodhana Chikitsa:

Panchakarma (15 days)

a) Sarvanga Snehan - Mahavishagarbha Taila
b) Sarvanga Svedana - Valuka pottali sveda
c) Bastikarma Vyatyasat –
Anuvasan - Hingutriguna Taila
Niruha - Eranda Dashamooladi qwath

3) Pathya-Apathya:[8]

According to Yogaratnakara for Amavata, a light and digestible diet with grains, warm water, ginger, buttermilk, and selected vegetables is recommended. Heavy, oily, incompatible foods, along with curd, fish, milk, black gram, cold exposure, late night awakening and suppression of natural urges should be avoided.

RESULTS

Joint assessment parameters

Parameters (Joint assessment)	Before Treatment	After Treatment
Shotha	+ +	Nil
Shoola	+ + +	+ (slight pain on movement)
Sthambha	+ + +	+
Sparshasahatva	+ +	Absent

Integrated Ayurvedic and modern treatment resulted in marked relief from joint pain, swelling, and stiffness, with improved mobility and quality of life. Ayurvedic chikitsa to helped reduce Ama, inflammation, and the treatment was found to be safe and effective without significant adverse effects.

DISCUSSION

Phenomenon of Vataprakopa and Aamotpatti when occurs in the body at the same time, Aamotpatti gets propelled by the agitated Vata and starts circulating throughout the body. Both the vitiated Vata and Ama together cause deformity of the joints and weakness. The whole body becomes stiff and this is called Amavata.[9]

The joint pain is extremely intense and unbearable, which is why it is compared to the pain of a Scorpion sting (Vrischikdansh Vedana).[10]

According to the treatment principle of Amavata described in Yogaratnakara[11]

Langhana and Deepana-Pachana help reduce Ama and improve digestion, while Svedana, especially ValukaPottali Sveda, relieves joint stiffness and pain. Virechana with Eranda Taila helps in eliminating vitiated doshas and toxins from the body. Eranda Taila holds significant importance in the treatment of Amavata.[12] Simhanada Guggul is a classical formulation having Amapachana, Vatashamana and mild Virechana properties & balances all Doshas.[13] Basti is considered the most effective treatment for Vata disorders and is called as Ardha Chikitsa.[14]Basti therapy provides long-term relief in Amavata by pacifying Vata, relieving pain, and reducing inflammation. Hingutriguna Taila Anuvasan Basti and Erand Dashamooladi Basti help clear body channels and Vata regulation. Methotrexate is immunosuppressant and anti-inflammatory, now the DMARD of first choice and the standard treatment for most patients.[15] Combined with folic acid to reduce its side effects.

Hydroxychloroquine like antimalarial drugs found to induce remission in up to 50% patients of RA, but takes 3–6 months.[16] Vitamin D supplementation supports bone health. NSAIDs help control pain and inflammation in Rheumatoid arthritis. After integrated treatment, the patient's NSAID use reduced from daily intake to once every 15–20 days. Rheumatologist's follow-up is advised for allopathy medications.

CONCLUSION

Amavata (Rheumatoid Arthritis) develops due to Ama formation and aggravated Vata affecting the joints. Integrated Ayurvedic and modern treatment helps to reduce Ama, balances Vata, relieve pain and inflammation, improve mobility, and decrease long-term NSAID dependence, hence improving overall quality of life safely and effectively.

Acknowledgement

I want to express my gratitude to the Department of Kayachikitsa and the Hospital Authority for providing me with this research opportunity. Special thanks are extended to the Maharashtra Arogya Mandal's Secretary, Hon. Mr. Anil Gujar sir, Joint Secretary, Hon. Mr. Arun Gujar sir, Principal and Medical Director, Dr. Sachinkumar S. Patil, and faculty members, Dr. Yogesh Kotangale, Dr. Kiran Ubhe, Dr. Roopa Mathews and Dr. Akshada Matey, for their cooperation during the research study. Many thanks to our Kayachikitsa Post Graduate Students, who helped us expand our knowledge.

Disclosure of Conflict of Interest: The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of Informed Consent: Informed consent was taken from the patient.

REFERENCES

[1] Loscalzo, J., Fauci, A. S., Kasper, D. L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.) (2022). Harrison's principles of internal medicine (21st ed., Vol. 1, p. 2751).
[2] Davidson, S. (2000). Diseases of connective tissues, joints, and bone. In C. Haslett, E. Chilvers, J. Hunter, & N. Boon (Eds.), Davidson's principles and practice of medicine (18th ed., Chap. 12). Harcourt Publishers Limited.

[3] Madhavkara. (2012). Amavata Nidana (Chap. 25, shlok 3). In B. Shastri (Ed.), Madhava Nidana with Manorama Hindi commentary (V. Shrikantha Datta & Vijayrakshita). Chaukhamba Sanskrit Samsthan.
[4] Malaviya, A. (2012). Rheumatology (Sec. 24). In Y. P. Munjal, S. Sharma, & A. Agarwal (Eds.), API textbook of medicine (9th ed.). The Association of Physicians of India.
[5] Madhavkara. (2012). Amavata Nidana (Chapter 25, shlok 6). In B. Shastri (Ed.), Madhava Nidana with Manorama Hindi teeka (V. Shrikantha Datta & Vijayrakshita). Chaukhamba Sanskrit Samsthan.
[6] Mathew, K. G., & Aggarwal, P. (2018). Medicine (7th ed., Chap. 9, p. 709–710). Elsevier.
[7] LaxmipatiShastri (2015). Amavata chikitsa (shlok 1, p. 566). In Yogaratnakara: Amavata Nidana chapter (Vidyotini Hindi teeka). Chaukhamba Prakashan.
[8] LaxmipatiShastri (2015). Amavata chikitsa (shlok 1-4, p. 566). In Yogaratnakara: Amavata Nidana chapter (Vidyotini Hindi teeka). Chaukhamba Prakashan.
[9] Madhavkara. (2012). Amavata Nidana (Chapter 25, shlok 2-5). In B. Shastri (Ed.), Madhava Nidana with Manorama Hindi teeka (V. Shrikantha Datta & Vijayrakshita). Chaukhamba Sanskrit Samsthan.
[10] Madhavkara. (2012). Amavata Nidana (Chapter 25, shlok 8). In B. Shastri (Ed.), Madhava Nidana with Manorama Hindi teeka (V. Shrikantha Datta & Vijayrakshita). Chaukhamba Sanskrit Samsthan.
[11] LaxmipatiShastri (2015). Amavata chikitsa (shlok 1-2, p. 566). In Yogaratnakara: Amavata Nidana chapter (Vidyotini Hindi teeka). Chaukhamba Prakashan.
[12] LaxmipatiShastri (2015). (shlok 3, p. 566). In Yogaratnakara: Amavata Nidana chapter (Vidyotini Hindi teeka). Chaukhamba Prakashan.
[13] Shastri, Ambikadatta. (2019). Bhaishajya Ratnavali (8th ed., Chapter. 30, page. 625). Chaukhamba Prakashan.
[14] Shastri, K. (2012). Agnivesh's Charaka Samhita with Ayurveda-Dipika commentary by Chakrapanidatta and Vidyotini Hindi commentary (Pt. 2, Siddhi Sthana 1/39, reprint ed.). Chaukambha Sanskrit Academy.
[15] Tripathi, K. D. (2013). Essentials of medical pharmacology (7th ed., Chap. 15, p. 210). Jaypee Brothers Medical Publishers.
[16] Tripathi, K. D. (2013). Essentials of medical pharmacology (7th ed., Chap. 15, p. 211). Jaypee Brothers Medical Publishers.