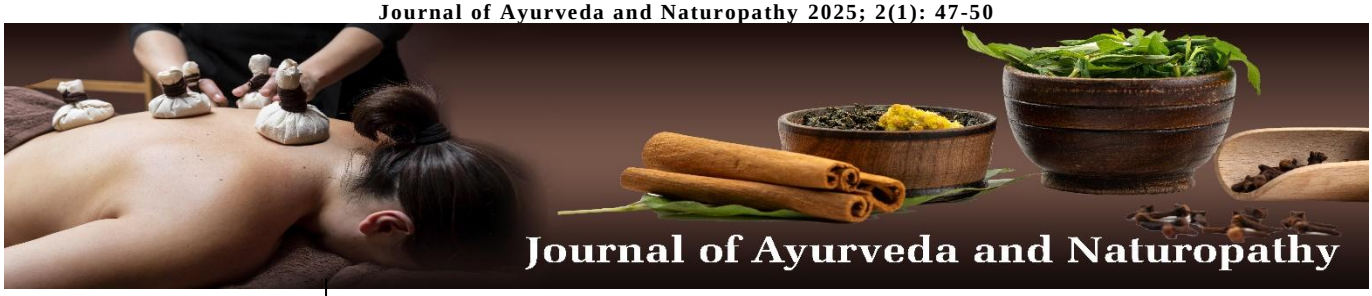

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A case study on the clinical management of Āmavāta with an ayurvedic approach

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Abstract
Background: *Āmavāta* is a chronic inflammatory disorder described in *Ayurveda*, characterized by *āma* formation and *vāta* vitiation, resembling rheumatoid arthritis (RA) in modern parlance. It presents with symptoms like joint pain, swelling, stiffness, and systemic fatigue. Conventional treatments offer symptomatic relief but often result in adverse effects and poor patient compliance. *Āyurvedic* management aims to remove *āma*, pacify *vāta*, and restore *agni* through a combination of *Śodhana* and *Śamana* therapies.
Case Presentation: A 42-year-old female presented with complaints of pain, swelling, and morning stiffness in bilateral knee and wrist joints for 2 years, associated with loss of appetite, heaviness, and fatigue. The case was diagnosed as *Āmavāta* based on clinical presentation and supported by raised ESR and RA factor. Ayurvedic assessment showed *Manda Agni*, *Āma Lakṣaṇa*, and vitiation of *Vāta-Kapha doṣa*.
Intervention: The treatment protocol included.
Stage 1: *Deepana-Pācana* with *Śuṇṭhī*, *Pippalī*, and *Trikatu Churna* for 5 days.
Stage 2: *Snehapāna* with *Mahātiktaghṛta*, followed by *Sarvanga Abhyanga* and *Swedana* for 3 days.
Stage 3: *Virechana* with *Trivṛt Lehyam* on day 9.
Stage 4: *Śamana* therapy with *Simhanāda Guggulu* (500 mg TID), *Āmavatārī Rasa* (125 mg BID), and *Dashamūla Kaṣāya* for 30 days.
Outcome Measures: Subjective relief in joint pain, stiffness, and swelling. Objective improvement in DAS28 score. Reduction in ESR and RA factor levels.
Results: Significant symptomatic relief was observed within 2 weeks of initiation. Pain and stiffness reduced by >70%. Inflammatory markers (ESR, CRP) showed marked reduction after 4 weeks. No adverse reactions were reported during treatment.
Conclusion: This case study demonstrates that a structured *Āyurvedic* treatment protocol integrating *Deepana-Pācana*, *Virechana*, and *Śamana* therapy can be an effective approach in managing *Āmavāta*.

Keywords: *Āmavāta*, *Rheumatoid Arthritis*, *Āyurveda*, *Simhanāda Guggulu*, *Virechana*, *Deepana-Pācana*, case study

Introduction
Āmavāta is a chronic, painful disorder described in *Ayurveda*, characterized by the simultaneous vitiation of *Vāta dosha* and the presence of *Āma* a toxic byproduct of impaired digestion and metabolism. The pathogenesis begins with *Agnimandya* (weak digestive fire) leading to the formation of *Āma* in the gastrointestinal tract, which then circulates through the *Srotasas* (body channels) and localizes in *Sandhi* (joints) due to the aggravation of *Vāta*. This results in symptoms such as *Sandhishoola* (joint pain), *Sandhishotha* (joint swelling), stiffness, heaviness in the body, loss of appetite, and fever. Acharya Madhava clearly elaborates that *Āmavāta* originates due to a combination of dietary, behavioral, and environmental causes, including indulgence in incompatible food (*Viruddha Āhāra*), sedentary lifestyle, and suppression of natural urges (*Vega dhāraṇa*) [1].
Management of *Āmavāta* in *Ayurveda* focuses on eliminating *Āma*, balancing *Vāta*, and restoring *Agni*. The treatment protocol includes *Deepana* and *Pācana* (appetite and digestion-enhancing therapies) to digest *Āma*, followed by *Snehapāna*, *Swedana*, and *Virechana* for internal purification. In advanced stages, *Basti* therapy is recommended to control *Vāta*. Oral medications such as *Simhanāda Guggulu*, *Āmavatārī Rasa*, and *Dashamūla Kaṣāya* are commonly used. Dietary modifications like *Laghu* (light) and *Āma-pācaka* foods are advised to support digestion.

The emphasis on the root-cause approach, detoxification, and rejuvenation distinguishes *Āyurvedic* management from symptomatic modern treatments [2].

From an epidemiological perspective, *Āmavāta* closely correlates with Rheumatoid Arthritis (RA), an autoimmune inflammatory disorder with significant global burden. The prevalence of RA varies across populations, affecting approximately 0.5-1% of adults worldwide. It is more common in women and typically presents in the third to fifth decades of life. Epidemiology helps in tracking disease patterns, understanding genetic and environmental risk factors, and assessing the impact of interventions. The role of diet, smoking, stress, infections, and genetic predisposition are considered important in modern epidemiological studies on RA [3].

Modern medicine defines Rheumatoid Arthritis as a systemic autoimmune disease characterized by chronic inflammation of the synovial joints, leading to cartilage and bone erosion. It is classified under inflammatory arthropathies and is diagnosed based on clinical criteria, serological markers (like RF and anti-CCP), and imaging. Treatment includes the use of NSAIDs, corticosteroids, disease-modifying antirheumatic drugs (DMARDs) like methotrexate, and newer biologics. These treatments aim at reducing inflammation, slowing disease progression, and improving quality of life. However, they often carry the risk of adverse effects and require long-term monitoring [4].

Despite advancements, modern treatment focuses largely on symptom control and immune suppression. The chronic nature of RA demands continuous therapy and can lead to drug dependency or complications. In contrast, *Āyurvedic* approaches emphasize root-cause elimination, detoxification, and personalized care based on body constitution (*Prakṛti*). There is a growing interest in integrating *Āyurveda* and modern rheumatology through evidence-based studies to explore complementary benefits. Thus, a multidisciplinary approach can offer more sustainable and patient-friendly management for chronic diseases like *Āmavāta* [5].

Case Report

A 42-year-old female, homemaker by occupation, visited the Kayachikitsa OPD with complaints of persistent joint pain, stiffness, and swelling predominantly affecting her bilateral knee and wrist joints for the past 1.5 years. She reported that the symptoms started insidiously, initially as mild discomfort and stiffness in the morning, which gradually progressed to continuous pain throughout the day, especially after physical exertion or exposure to cold. The stiffness lasted for more than an hour every morning and was associated with swelling and tenderness in the affected joints.

Over time, she began to experience generalized body ache, heaviness, and fatigue, along with episodes of low-grade fever, particularly in the evenings. She also complained of reduced appetite, indigestion, and occasional constipation. The patient gave a history of irregular dietary habits, frequent intake of heavy, oily, and incompatible foods (*Viruddha Āhāra*), and minimal physical activity. These factors collectively contributed to the manifestation of *Āmavāta* as per *Āyurvedic* understanding.

There was no history of trauma, recent infection, or significant family history of autoimmune or rheumatological diseases. However, she recalled a recent episode of seasonal flu prior to the onset of joint symptoms, which could have played a contributory role in triggering the disease. She had taken over-the-counter NSAIDs intermittently, which offered temporary relief but failed to control the progression of the symptoms.

On *Āyurvedic* examination, features of *Āma* such as *Arochaka* (anorexia), *Anga-gourava* (heaviness), *Mandāgni* (weak digestive fire), and *Malabaddhata* (constipation) were observed. *Vāta-Kapha* predominance was evident in her symptoms. Her *Prakṛti* was assessed as *Vāta-Kapha*, and her *Agni* was *Manda*. Clinical diagnosis of *Āmavāta* was confirmed based on classical signs and symptoms as mentioned in *Mādhava Nidāna* and *Charaka Saṁhitā*. Thus, the case was documented as a classical presentation of *Āmavāta*, and the patient was planned for *Āyurvedic* management focusing on *Āma-pācana*, *Vāta-śamana*, and *Agni-dīpana*, followed by *Śodhana* and *Śamana* therapies.

Table 1: Vital Examination

Parameter	Observations
Pulse Rate	82/min, regular
Blood Pressure	122/78 mmHg
Respiratory Rate	18/min
Temperature	98.6°F
Body Weight	61 kg

Table 2: Systemic Examination

System	Findings
Musculoskeletal	Swelling, tenderness, and stiffness in bilateral knee and wrist joints
Gastrointestinal	Mild distension, reduced appetite (*Arochaka*), no organomegaly
Cardiovascular	S1, S2 heard normally; no murmurs
Respiratory	Clear breath sounds; no added sounds
Nervous	Intact cranial nerves; normal reflexes
General Appearance	Mild pallor, moderate fatigue, slow gait

Table 3: Ashta Vidha Parīkṣā

Parīkṣā	Observation
Nadi (Pulse)	*Vāta-Kapha* dominant
Mutra (Urine)	Slightly scanty, yellowish
Mala (Stool)	Constipated, dry in nature
Jihvā (Tongue)	Coated with white *āma*-layer
Śabda (Voice)	Mildly feeble
Sparśa (Touch)	Mild temperature, roughness of skin
Dṛk (Eyes)	Mild congestion, dull appearance
Ākṛti (Body build)	Moderate; *Vāta-Kapha Prakṛti*

Table 4: Treatment Schedule

Date	Time	Drug / Therapy	Anupāna	Dose & Dosage	Vital Examination
01/03/2025	08:00 AM	*Trikaṭu Churna*	Warm water	3 g twice daily (BID)	BP: 124/80 mmHg, Pulse: 82/min, Temp: 98.6°F
02/03/2025	08:00 AM	*Trikaṭu Churna*	Warm water	3 g BID	BP: 122/78 mmHg, Pulse: 84/min, Temp: 98.4°F
03/03/2025	08:00 AM	*Trikaṭu Churna*	Warm water	3 g BID	BP: 124/76 mmHg, Pulse: 80/min, Temp: 98.6°F
04/03/2025	08:00 AM	*Trikaṭu Churna*	Warm water	3 g BID	BP: 122/80 mmHg, Pulse: 82/min, Temp: 98.5°F
05/03/2025	08:00 AM	*Trikaṭu Churna*	Warm water	3 g BID	BP: 120/78 mmHg, Pulse: 80/min, Temp: 98.3°F
06/03/2025	08:00 AM	*Mahātiktaghṛta* (Snehapāna)	—	30 ml (increasing dose daily)	BP: 120/76 mmHg, Pulse: 78/min, Temp: 98.2°F
07/03/2025	08:00 AM	*Mahātiktaghṛta*	—	60 ml	BP: 118/78 mmHg, Pulse: 76/min, Temp: 98.4°F
08/03/2025	08:00 AM	*Mahātiktaghṛta*	—	90 ml	BP: 118/76 mmHg, Pulse: 74/min, Temp: 98.2°F
09/03/2025	08:00 AM	*Mahātiktaghṛta*	—	120 ml	BP: 116/76 mmHg, Pulse: 72/min, Temp: 98.2°F
10/03/2025	09:00 AM	*Abhyanga* with *Daśamūla Taila*	—	Local application	BP: 120/78 mmHg, Pulse: 78/min, Temp: 98.5°F
10/03/2025	11:00 AM	*Swedana* (Nāḍi Sweda)	—	15-20 minutes	BP: 122/76 mmHg, Pulse: 80/min, Temp: 98.6°F
11/03/2025	09:00 AM	*Abhyanga + Swedana*	—	Same as above	BP: 122/74 mmHg, Pulse: 78/min, Temp: 98.4°F
12/03/2025	09:00 AM	*Abhyanga + Swedana*	—	Same as above	BP: 120/76 mmHg, Pulse: 76/min, Temp: 98.3°F
13/03/2025	06:30 AM	*Trivṛt Lehya* (Virechana)	Warm water	50 g single dose	BP: 116/74 mmHg, Pulse: 70/min, Temp: 98.2°F
14/03/2025	08:00 AM	*Simhanāda Guggulu*	Warm water	500 mg TID (after meals)	BP: 118/76 mmHg, Pulse: 76/min, Temp: 98.4°F
14/03/2025	08:00 AM	*Āmavatārī Rasa*	Warm water	125 mg BID (after meals)	Same as above
14/03/2025	08:00 AM	*Daśamūla Kaṣāya*	—	40 ml BID (before meals)	Same as above
28/03/2025	08:00 AM & 08:00 PM	Continue *Śamana* Chikitsā	As above	Same dosages maintained	Daily vitals remained within normal limits

Table 5: Follow-Up Schedule

Visit No.	Day	Observations Reviewed	Action Taken
1st	Day 7	Assessment after *Deepana-Pācana*	Started *Snehapāna*
2nd	Day 13	Post-*Virechana* status	Initiated *Śamana Aushadhi*
3rd	Day 21	Joint pain and swelling reduced by 60%	Continued same medication
4th	Day 28	Symptom relief >80%; appetite improved	Planned tapering & Rasāyana

Table 6: Laboratory Investigations

Test	Before Treatment	After Treatment (Day 28)
ESR (mm/hr)	52	18
RA Factor	Positive (+++)	Positive (+)
CRP	24 mg/L	6 mg/L
Hb%	10.8 g/dL	12.1 g/dL
TLC	7,800 /cmm	7,100 /cmm
DLC	N70 L26 E3 M1	N72 L24 E3 M1
FBS/RBS	Normal	Normal
Liver Function Tests	Within normal limits	Within normal limits
Kidney Function Tests	Within normal limits	Within normal limits

Results and Findings

The patient showed progressive and significant clinical improvement over the course of 28 days of *Āyurvedic* management. The following symptomatic and laboratory changes were observed:

Clinical Improvements:

- **Pain Reduction:** Joint pain reduced by approximately **80%** by day 28. The patient reported substantial relief in knee and wrist pain, allowing improved mobility and ease of performing daily activities.
- **Morning Stiffness:** Initially lasting for over 60 minutes, morning stiffness reduced to less than 10 minutes by the end of treatment.
- **Joint Swelling:** Local swelling in both knees and wrists reduced visibly, with improvement in range of motion.
- **Appetite and Digestion:** Appetite improved significantly by day 10, with relief in associated symptoms such as heaviness, anorexia (*Arochaka*), and bloating.
- **Fatigue and Body Ache:** Generalized body ache and fatigue subsided gradually, with reported energy levels improving from day 14 onward.
- **Bowel Regularity:** Constipation was resolved within the first week, and bowel movements became regular.

Table 7: Laboratory Findings

Parameter	Before Treatment	After Treatment (Day 28)
ESR	52 mm/hr	18 mm/hr
RA Factor	Positive (+++)	Positive (+)
CRP	24 mg/L	6 mg/L
Hemoglobin (Hb%)	10.8 g/dL	12.1 g/dL
TLC	7,800 /cmm	7,100 /cmm
General Vitals	Normal limits	Maintained within normal

Overall Assessment

- Disease Activity: Disease Activity Score (DAS28) reduced from moderate to low.
- No adverse reactions were observed during the course of therapy.
- The patient's quality of life improved with better appetite, energy, and reduced dependence on painkillers.
- The patient expressed satisfaction with the treatment and was advised Rasāyana therapy for maintenance.

Discussion

The case presented here demonstrates a classical manifestation of *Āmavāta*, as described in *Āyurvedic* texts, characterized by *Sandhishoola* (joint pain), *Stambha* (stiffness), *Gourava* (heaviness), and systemic symptoms due to the accumulation of *Āma* and vitiated *Vāta* [6]. The chronicity of symptoms, dietary history, and seasonal influences were key contributing factors in the development of the condition. The patient had been on intermittent allopathic medications, primarily NSAIDs, with only temporary relief and recurrent symptoms, suggesting the need for a holistic and causative treatment approach [7].

In *Āyurveda*, *Āmavāta* is managed through a comprehensive therapeutic protocol targeting the root pathology *Agnimandya* and *Āma sanchaya*. The initial phase of *Deepana-Pācana* using *Trikaṭu Churna* successfully stimulated the digestive fire and facilitated *Āma pachana*, evident from improved appetite and reduced heaviness [8]. Sequential *Snehapāna* with *Mahātiktaghṛta*, followed by *Abhyanga* and *Swedana*, enhanced the systemic mobilization of morbid *doṣas*, preparing the body for *Virechana*. The timely administration of *Trivṛt Lehya* produced effective purgation and lightness of body, marking a turning point in symptom regression [9].

The subsequent *Śamana* phase with *Simhanāda Guggulu*, *Āmavatārī Rasa*, and *Daśamūla Kaṣāya* worked synergistically to pacify *Vāta*, digest residual *Āma*, and alleviate joint inflammation. These classical formulations have been documented to possess *Amapācaka*, *Vātānulomaka*, *Śothahara*, and *Vedanāsthāpana* properties. Significant improvements in inflammatory markers such as ESR and CRP, along with clinical parameters like pain, stiffness, and joint mobility, underscore the efficacy of the treatment protocol. Moreover, the personalized regimen according to the patient's *Prakṛti* and *Rogibala* ensured minimal risk and high tolerability [10].

This case highlights the strength of *Āyurvedic* medicine in addressing chronic autoimmune conditions like *Āmavāta*, through a multi-dimensional approach involving detoxification (*Śodhana*), symptomatic relief (*Śamana*), lifestyle correction, and dietary modifications. It also emphasizes the importance of early diagnosis, comprehensive patient assessment (*Aṣṭa Vidha Parīkṣā*), and staged treatment to achieve sustainable outcomes. The results affirm that integrating classical *Āyurvedic* principles with clinical observation can yield safe, effective, and patient-centered outcomes, even in complex chronic conditions. Further controlled trials and long-term studies can help establish standardized protocols for broader application [11].

Conclusion

The present case study highlights the effectiveness of a comprehensive *Āyurvedic* treatment protocol in the management of *Āmavāta*, a chronic inflammatory condition resembling rheumatoid arthritis. The approach involving *Deepana-Pācana*, *Snehapāna*, *Virechana*, and *Śamana* therapies, tailored to the patient's *Prakṛti* and *Rogibala*, resulted in significant symptomatic relief and improvement in inflammatory markers within 28 days. The individualized regimen not only addressed the root cause *Āma* and *Vāta* vitiation but also restored digestive strength (*Agni*) and enhanced overall well-being without any adverse effects. This case underscores the potential of *Āyurveda* as a safe, holistic, and causative approach in managing autoimmune and chronic musculoskeletal disorders like *Āmavāta*.

Conflict of Interest: Nil

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References

1. Madhava. *Madhava Nidāna* with Madhukosha commentary by Vijayarakshita and Kanthadatta. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan, 2019, p. 456-461.
2. Agnivesha. *Charaka Saṁhitā* with *Āyurveda Dīpikā* commentary by Chakrapani Datta. Edited by Jādavaji Trikamji Āchārya. Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan, Chikitsa Sthāna, Chapter 28, 2017, p. 622-630.
3. Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR. *Kelley's Textbook of Rheumatology.* 10th ed. Philadelphia: Elsevier Saunders, 2017, p. 1091-1105.
4. Smolen JS, Aletaha D, McInnes IB. Rheumatoid arthritis. Lancet. 2016 Oct 22;388(10055):2023-2038. DOI: 10.1016/S0140-6736(16)30173-8.
5. Acharya YT. *Sushruta Samhita* of Sushruta with *Nibandha Sangraha* commentary by Dalhana. Varanasi: Chaukhamba Surbharati Prakashan; Reprint, Chikitsa Sthāna, Chapter 4, 2018, p. 432-436.
6. Sharma PV. *Dravyaguna Vijnana* (Materia Medica-Vol. II). Reprint ed. Varanasi: Chaukhamba Bharati Academy, 2010, p. 245-247.
7. Tripathi I. *Rasa Ratna Samuccaya* with Hindi commentary. Reprint ed. Varanasi: Chaukhamba Krishnadas Academy, 2015, p. 301-303.
8. Sharma RK, Dash B. *Caraka Saṁhitā-Text with English Translation & Critical Exposition based on Cakrapāṇi Datta's Āyurveda Dīpikā.* Vol. IV. Varanasi: Chowkhamba Sanskrit Series Office, 2010, p. 64-70.
9. Jindal S, Narayana D, Thakur M. Ayurvedic management of rheumatoid arthritis: A review through classical perspective. J Ayurveda Integr. Med. 2020 Oct-Dec;11(4):556-562. DOI: 10.1016/j.jaim.2020.01.010.
10. Pandey GS, Chunekar KC. *Bhavaprakasha Nighantu* with commentary. Reprint ed. Varanasi: Chaukhamba Bharati Academy, *Guggulu Varga*, 2014, p. 308-309.
11. Sharma A, Dey YN, Sahu R, De S. Simhanada Guggulu: A comprehensive review on classical formulation for rheumatoid arthritis. Indian J Tradit Knowl. 2015;14(4):596-602.