

**A LONG TERM AYURVEDIC INTERVENTION FOR AMAVATA (RHEUMATOID ARTHRITIS): EVALUATING CLINICAL OUTCOMES AND QUALITY OF LIFE - A CASE STUDY**

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**ABSTRACT**

Amavata is a disease characterised by simultaneous vitiation of Vata Dosha and accumulation of Ama (metabolic toxins) in the joints, clinically resembling Rheumatoid Arthritis (RA). Chronic RA causes progressive disability and reduced quality of life. This case report presents a 52-year-old female with multiple joint pain, swelling, and prolonged morning stiffness. Diagnosis was established based on 2010 ACR-EULAR criteria. The subject underwent repeated Shodhana (purificatory) procedures, external therapies including Abhyanga and Swedana, along with Shamana Aushadhis targeting Amapachana over four visits spanning 2019–2023. Outcomes were assessed by subjective parameters (pain, stiffness, joint mobility) and objective parameters including laboratory markers. The subject demonstrated considerable reduction in subjective parameters like Sandhisoola (joint pain), Sandhisotha (swelling), objective parameters like VAS score, and Quality of Life along with significant decline in inflammatory markers like ESR, CRP, RF levels. This case highlights the efficacy and safety of long-term, repeated Ayurvedic intervention in managing Amavata.

**KEYWORDS:** Amavata, Rheumatoid Arthritis, Shodhana, Quality of Life, Case Report

**INTRODUCTION**

Rheumatoid Arthritis (RA) is a chronic inflammatory disease of unknown aetiology characterised by symmetric polyarthritis affecting small joints, often referred to as deformative arthritis.<sup>1</sup> According to the Global Burden of Disease Study 2021, RA affected approximately 17.6 million people globally in 2020, with a rising prevalence of 2.45%, particularly among females, with

incidence peaking between 25 and 55 years of age, contributing to long-term morbidity, functional disability, and diminished quality of life.<sup>2</sup>

*Amavata* is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* (metabolic toxins) occur in the joints, simulating RA in modern parlance. Its *Samanya Lakshana* (general features)

include *Gatrastabdhatā* (body stiffness), *Sandhishoola* (joint pain), *Sandhishotha* (joint swelling), and *Sparshasahyata* (tenderness), associated with extra-articular symptoms including *Angamarda* (body pain), *Aruchi* (anorexia), *Alasya* (lethargy), *Gourava* (heaviness), *Klama* (fatigue without exertion), and *Jwara* (fever), as described by *Acharya Madhava*.<sup>3</sup>

*Samprapti* (pathogenesis) of *Amavata* originates from consumption of *Virudha Ahara*, sedentary habits, and *Manasika Bhavas* (anxiety and stress), leading to *Agni mandya* (impaired digestive fire). This results in accumulation of *Ama*, which interacts with *Vata Dosha* to form *Sama Vata*. Progressive stages of *Sanchaya*, *Prakopa*, and *Prasara* allow *Ama* to circulate through *Dhamani* (channels) and localise in *Sleshma Sthana* (sites of *Kapha*), causing *Tridosha Dushti* and manifesting as systemic and joint-level features of *Amavata*.<sup>4</sup>

Ayurvedic management of *Amavata* targets *Samprapti Vighatana*. The *Chikitsa Sutra* described in *Chakradatta* advocates a multimodal approach comprising *Langhana*, *Swedana*, *Deepana-Pachana*, *Virechana*, and *Basti* (*Vaitarana* or *Kshara Basti*) along with *Shamana Aushadhis* targeting *Amapachana*.<sup>5</sup> The objective of this case study is to critically evaluate the clinical efficacy, safety, and therapeutic rationale of repeated, long-term Ayurvedic *Shodhana* (purificatory) and *Shamana* (palliative) intervention aimed at reducing pain, swelling, and stiffness, while improving joint mobility, inflammatory markers, and overall Quality of Life (QoL).

## CASE

A 52-year-old female presented with complaints of pain and swelling in multiple joints along with morning stiffness lasting more than 30 minutes since five years. She was unable to perform routine activities (combing hair, cooking, household chores) upon waking. Pain aggravated in cold climate and was relieved by hot fomentation. Sleep was disturbed due to pain. No family history was reported. The subject was on DMARDs and NSAIDs for a prolonged period with only mild symptomatic relief.

## CLINICAL FINDINGS

*Ashtavidha Pariksha* (Eightfold Examination):

Pariksha	Findings
<i>Nadi</i>	<i>Vata pradhana Kapha</i>
<i>Jihva</i>	<i>Lipta</i>
<i>Mala</i>	<i>Prakruta</i>
<i>Mutra</i>	<i>Ishat peeta varna; 5–6 times daily</i>
<i>Sparsa</i>	<i>Ushna</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akruti</i>	<i>Pittakapha</i>

**Table 1: Timeline of Clinical Presentation and Examination**

Visit Date	Clinical Presentation and Examination Findings
08/10/2019	Subject presented with pain, tenderness, swelling in the MTP, PIP joint (2nd–5th fingers), bilateral elbow and knee joint along with stiffness. ROM: PIP, MTP and DIP – Restricted, Painful. Knee joint R [Flex 95°, Ext 80°], L [Flex 115°, Ext 45°]; Ankle R [DF 10°, PF 20°], L [DF 10°, PF 20°]; Shoulder R [Flex 90°, Ext 30°],

	L [Flex 45°, Ext 30°]; Elbow R [Flex 40°, Ext 20°], L [Flex 40°, Ext 40°]; Wrist R [DF 10°, PF 10°], L [DF 10°, PF 10°].
22/10/2021	Subject presented with pricking-type pain and burning sensation associated with swelling, morning stiffness in bilateral PIP, MTP, DIP joints, bilateral wrist, elbow, shoulder, ankle, and knee joints. ROM: PIP, MTP and DIP – Restricted, Painful. Knee R [Flex 95°, Ext 80°], L [Flex 115°, Ext 45°]; Ankle R [DF 10°, PF 20°], L [DF 10°, PF 20°]; Shoulder R [Flex 90°, Ext 30°], L [Flex 45°, Ext 30°]; Elbow R [Flex 40°, Ext 20°], L [Flex 40°, Ext 40°]; Wrist R [DF 10°, PF 10°], L [DF 10°, PF 10°].
04/05/2022	Subject presented with pain, burning sensation associated with swelling, morning stiffness in bilateral PIP, MTP, DIP joints, bilateral elbow, shoulder, ankle, and knee joints. ROM: PIP, MTP and DIP – Restricted, Painful. Knee R [Flex 100°, Ext 70°], L [Flex 115°, Ext 40°]; Ankle R [DF 10°, PF 20°], L [DF 10°, PF 20°]; Shoulder R [Flex 100°, Ext 40°], L [Flex 90°, Ext 35°]; Elbow R [Flex 40°, Ext 20°], L [Flex 40°, Ext 40°]; Wrist R [DF 10°, PF 10°], L [DF 10°, PF 10°].
18/04/2023	Subject presented with pain associated with swelling, morning stiffness in bilateral PIP, MTP, DIP joints, bilateral elbow, shoulder, ankle, and

knee joints. ROM: PIP, MTP and DIP – Restricted, mild pain. Knee R [Flex 100°, Ext 60°], L [Flex 115°, Ext 30°]; Ankle R [DF 15°, PF 20°], L [DF 15°, PF 30°]; Shoulder R [Flex 100°, Ext 40°], L [Flex 95°, Ext 35°]; Elbow R [Flex 60°, Ext 20°], L [Flex 40°, Ext 40°]; Wrist R [DF 10°, PF 10°], L [DF 10°, PF 10°].
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### Laboratory Investigations

Biochemical investigations including Rheumatoid Factor (RF), Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein (CRP) were performed to confirm diagnosis and monitor disease activity.

### Therapeutic Intervention

*Common Bahirparimarjana* Procedures (administered in all visits):

- *Sadhyovirechana* with *Gandharvahastadi taila*<sup>6</sup> 50 ml + warm milk
- *Sarvanga Udwartana* followed by *Bashpa Sweda* (first 3 days)
- *Sarvanga Abhyanga* with *Brihat Saindhava taila*<sup>7</sup> followed by *Bashpa Sweda*
- *Anuvasana Basti* with *Brihat Saindhava taila*
- *Upanaha* to bilateral knee and elbow joints with *Rasna* and *Shunti choorna*

*Common Shamana Aushadhi* (administered after every visit):

*Amrutottara Kashaya*<sup>8</sup> — 10 ml orally, three times daily (TID) after food.

**Table 3: Year-wise Visit-Specific Therapeutic Interventions and Additional Medicines**

Year / Visit	Visit-Specific Shodhana Modifications	Shamana Aushadhis
08/10/2019 (Visit 1)	Vaitarana Basti <sup>9</sup>	1. Shaddharana Yoga Vati <sup>10</sup> — 1tab TID after food 2. Amavathari — 1tab TID after food
22/10/2021 (Visit 2)	Erاندamoola Niruha Basti <sup>11</sup>	1. Mahayogaraja Guggulu <sup>12</sup> — 1tab TID after food
04/05/2022 (Visit 3)	Erاندamoola Niruha Basti Valuka Sweda — evenings, once daily	1. Shaddharana Yoga Vati — 1tab TID after food 2. Mahayogaraja Guggulu — 1tab TID after food 3. Pippalyasava <sup>13</sup> — 10 ml TID after food 4. Haritaki <sup>14</sup> Tab — 1 tab OD at night after food
18/04/2023 (Visit 4)	Erاندamoola Niruha Basti	1. Shaddharana Yoga Vati — 1tab TID after food 2. Mahayogaraja Guggulu — 1tab TID after food 3. Pippalyasava — 10 ml TID after food

OD: Once daily; TID: Three times daily;  
BD: Twice daily

## RESULTS AND OBSERVATIONS

The subject demonstrated considerable improvement in subjective and objective parameters over the course of four treatment visits spanning 2019–2023.

**Table 4: Assessment of Subjective and Objective Parameters (During 4 Visits)**

Parameter	Grade / Score (Before Treatment)	Grade / Score (After Treatment)
Sandhisoola (Joint pain) VAS Score	8	3
Ritchie Articular Index for tenderness	3	1
Sandhisotha (Joint swelling) – most joints except right knee joint, left elbow	Grade 2	Grade 0
ROM – all joints except right knee joint, left elbow	Restricted and painful	Able to flex and extend with mild pain
Activities of Daily Living – Visual Analog Questionnaire	Most of times (2019)	Never / Sometimes (2023)
ESR (mm/hr)	80 (2019)	32 (2023)
CRP (mg/L)	21.4 (2019)	4.1 (2023)
RA Factor (IU/mL)	80 (2019)	92 (2023)*

\*RF remains elevated; however, clinically significant symptomatic improvement was observed.

## DISCUSSION

The present case demonstrates that long-term, repeated *Shodhana* and *Shamana* intervention can produce clinically sustained improvement in *Amavata* (RA), reflected in subjective and objective parameters, laboratory markers, and quality of life. The selected management aligns with the *Chikitsa Sutra* of *Amavata*, aiming for symptomatic relief and long-term disease modification.<sup>15</sup> *Pippalyasava* and *Shaddharana Yoga Vati* were administered to combat *Jatharagni Mandya* in *Amashaya*. *Pippalyasava* is a potent *Deepana* and *Pachana yoga*. *Shaddharana Yoga Vati* has *Katu* and *Tikta* properties and exerts *Amapachana* action on toxins lodged within the deeper tissues. *Amrutottara Kashaya* is *Tridoshaghna* and *Jwaraghna*. *Shunthi* acts as the *Amapachaka*, while *Guduchi* has strong *Rasayana* (immunomodulatory) property. *Punarnava* is effective in reducing swelling in *Sandhishopha*. *Kiratatikta* aids in managing intermittent fevers seen in conditions like SLE and RA.<sup>16</sup> *Haridra* helps reduce inflammation in conditions with elevated IgE levels.<sup>17</sup>

*Bhava Prakasha* mentions the use of *Brihat Saindhava Taila* for *Pana*, *Abhyanga*, *Virechana*, and *Basti* in the management of *Amavata*. *Bhaishajya Ratnavali* also suggests it for *Amavata* management; when administered as *Basti*, it alleviates vitiated *Kapha*, *Vata*, and *Ama*.<sup>18</sup> *Eranda taila* provides relief from pain and stiffness through its documented anti-inflammatory and analgesic properties. The ingredients of *Simhanada Guggulu* exert *Agnideepana*, *Amapachana*, and *Yogavahi karma*.<sup>19</sup>

*Amavatari Rasa*<sup>20</sup> has predominance of *Ushna Virya* and *Madhura Vipaka* and exerts *Agnideepana* and *Vatahara* actions. *Mahayogaraja Guggulu* was administered to address severe *Sandhishoola* and prevent deformities due to its complex herbomineral composition that confers *Vedanasthapana* (analgesia) and *Rasayana* effects. It halts the progressive destruction of joints and restores functional mobility. The progressive decline in ESR, CRP, and symptomatic grades over successive annual visits validates the cumulative therapeutic efficacy of repeated *Shodhana* and *Shamana* in the long-term management of chronic inflammatory joint disorders. Larger controlled clinical trials are required to validate the long-term efficacy and safety of repeated Ayurvedic interventions in *Amavata*.

## CONCLUSION

This single-case study demonstrates that long-term, repeated Ayurvedic intervention including *Shodhana* and *Shamana* can reduce pain, swelling, stiffness, and inflammatory markers in chronic *Amavata* over a four-year treatment course. Sustained improvements in joint mobility and quality of life were observed, with no adverse effects reported. Multimodal Ayurvedic management offers an effective approach for chronic *Amavata*, improving both clinical outcomes and patient well-being.

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