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Ayurvedic Management of *Amavata*: A Single Case Study

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ABSTRACT

Introduction: *Agni* is the essential element responsible for the transformation of raw material into a refined form. When *Agni* becomes low-flamed or of reduced potency (*Agnimandya*), digestion of food is prolonged and incomplete, resulting in improper formation of *Ahararasa*. Due to this impaired digestion, pathological conditions develop. *Amavata* is one such disease caused by *Agnimandya*. As *Ahararasa* is not properly formed, subsequent *Dhatu poshana* becomes disturbed, leading to disease manifestation. *Agnimandya* is observed at the levels of *Jatharagni*, *Panchabhutagni*, and *Dhatvagni*. *Agnidushti* leads to impairment of *Bala*, *Varna*, and *Oja*, and subsequently affects proper *Upadhatu* formation. In modern science, *Amavata* is symptomatically correlated with rheumatoid arthritis. The global prevalence of RA varies, with an estimated 0.5 to 1% of adults affected.

Methodology: 22-year-old female patient who presented with complaints of right wrist joint pain, swelling, and inability to move the joint, loss of appetite, anorexia, constipation, body ache and low grade fever for the past one year. With serial management of *deepan*, *pachan*, *anuloman* followed by *brimhan karma* and *rasayan chikitsa* and patient experienced relief.

Results: Using *Chikitsa Siddhanta*, a case of *Amavata* was successfully treated. Marked improvement was observed in the patient's complaints, and no complications were noted.

Discussion: Significant relief in *Amavata* was achieved by correcting *Agnimandya* and eliminating *Ama* through *Langhana*, *Deepana-Pachana*, and *Shaman* based on *Chikitsa Siddhanta*. This approach reduced *Shotha*, *Shula*, and *Stabdhatu* by pacifying vitiated *Vata* and *Kapha*.

Conclusion: In this case, with the help of *Ayurvedic* interventions helped in this conditions of *amavata*.

Keywords: *Amavata, langhan, RA, shaman chikitsa, aam.*

INTRODUCTION

Amavata is mainly an *annavaha* and *rasavaha srotodushtijanya vyadhi*. Due to weakness of *jatharagni*, food is not properly digested and remains in the *amasaya* as undigested form—called *aam*.(1) As a result, *apachita ahararasa* is formed and gets lodged into the channels, initiating the *Amavata samprapti*. As *ahara rasa* is not well formed, the further *dhatuposhan kram* is also affected, resulting in *rasa, rakta*, and *mansa* becomes *sama*. It not only affects the *sara dhatu–nirman* process but also impairs *upadhatu* formation. Mainly, *artavavaha srotodushti* is observed. The global prevalence of RA varies, with an estimated 0.5 to 1% of adults affected(2). The indications of RA most closely resemble with *amavata* as mentioned in *Ayurvedic* texts. Rheumatoid Arthritis (RA) is a chronic, auto immune inflammatory systemic disease which affects synovial joints with extra articular manifestations(3).

AIM AND OBJECTIVE :

The aim of this study was to evaluate the efficacy of *Langhana* (fasting or *Upavasa* with *Laghu Ahara*), *Swedana* (*Valuka Pottali Sweda*), and *Shamana Aushadhi* having *Tikta and Katu Rasa*, followed by *Apunarbhava Chikitsa*, in the management of *Amavata*.

MATERIAL AND METHODS:

OPD no. 9 of Ayurved Mahavidyalaya Sion, Mumbai, Maharashtra

CASE REPORT:

year-old female patient who presented with complaints of right wrist joint pain, swelling, and inability to move the joint, loss of appetite, constipation, body ache and low grade fever for the past one year.

The patient was treated with Folitrax 10 mg (once daily on Saturday and Sunday), Tab. Folvite 5 mg (once daily from Monday to Friday), and Tab. HCQ 200 mg once daily. Despite this regimen, no significant relief was observed; therefore, the patient approached APM's *Ayurvedic* Hospital, Sion, for further management.

Known case of rheumatoid arthritis diagnosed in december 2024

Family history: There is no family history of similar complaints.

Surgical history: No history of any surgical interventions.

Menstrual history : LLMP 12/02/2025 ; LMP 10/04/2025 with clots and scanty flow.

General examination : BP 110/70 mmHg P 86/min Weight 46 kg

Table no. 1 Asthavidha pariksha:

Sr.No.	Parameters	observations
	<i>Nadi</i>	86/min <i>Vata Kaphaj</i>
	<i>Mala</i>	<i>Asamadhankarak</i>
	<i>Mutra</i>	<i>Prakruta</i>
	<i>Jivha</i>	<i>Saam</i>
	<i>Shabda</i>	<i>Spashta</i>
	<i>Sparsha</i>	<i>Ushna at right wrist joint</i>
	<i>Druk</i>	<i>Prakruta</i>
	<i>Akruti</i>	<i>Krusha</i>

Table no. 2 Dashvidha pariksha

Sr. no.	Parameters	Observation
	<i>Prakruti</i>	<i>Vata pittaj</i>
	<i>Vikruti</i>	<i>Vata kaphaj</i>
	<i>Satva</i>	<i>Uttam</i>
	<i>Satmya</i>	<i>Madhyam</i>
	<i>Ahara shakti</i>	<i>Alpa</i>
	<i>Vyayam shakti</i>	<i>Madhyam</i>
	<i>Saara</i>	<i>Madhyam</i>
	<i>Saamhanan</i>	<i>Alpa</i>
	<i>Agnishakti</i>	<i>Alpa</i>
	<i>Vaya</i>	<i>Madhyam</i>

Table no. 3 Clinical Assessment criteria for subjective parameters:

Sr. No.	feature	0	+	++	+++
	<i>Sandhishoola</i> (Pain in joints)	No swelling	Mild swelling	Moderate swelling	Marked swelling
	<i>Sandhijadyata</i> (stiffness in joints)	No stiffness	more than ½ hour but less than 1 hour	Morning Stiffness persisting for a long time (>1hour)	Stiffness for whole day and night
	<i>Sandhishotha</i> (Swelling in joints)	No pain	Pain only on movement	Pain on rest but no disturbance	Severe pain, disturbance on routine

				on routine	activity
	<i>Angamarda</i> (body ache)	No angamarda	Occasional Angamarda	Continuous Angamarda; able to do usual work	Continuous Angamarda; hampers routine work
	<i>Kshudhamandya</i> (Loss of appetite)	Normal	Eating timely	little late than normal time	only after long interval

Diagnosis : The condition primarily manifested as pain and swelling in the right wrist joint, accompanied by restricted joint movements. Systemic features such as loss of appetite (*Aruchi*), constipation, generalized body ache, and low-grade fever were also present, predominantly affecting the lower limbs. Collectively, these clinical features are

suggestive of the musculoskeletal disorder known as *Amavata*.

Ayurved Treatment Protocol : *Langhana*, *Deepana* and *Pachana* were administered initially, followed by *Brimhana* along with *Rasayana Chikitsa* over a period of 7 months, with follow-up conducted every 15 days.

Table no. 4 Follow up :

Date	Complaints	Changes in medications	Wt(kg)
29/04/2025	Rt wrist joint pain +++ Rt wrist joint shotha++ Loss of appetite ++ Costipation Bodyache+++ Low grade fever	With Luke warm water <i>Higwasthaka churna</i> 3gm BID before food <i>Simhanad guggulu</i> 250mg BID after food <i>Gandharva haritaki</i> 3gm HS <i>Rasapachak vati</i> 250mg BID after food <i>Granthyartav yog</i> 3gm BID after food <i>Shunthee churna</i> for local application	46
08/05/2025	Rt wrist joint pain +++ Rt wrist joint shotha++ Loss of appetite ++ Costipation Bodyache+++ Low grade fever	With Luke warm water <i>Higwasthaka churna</i> 3gm BID before food <i>Simhanad guggulu</i> 250mg BID after food <i>Gandharva haritaki</i> 3gm HS <i>Rasapachak vati</i> 250mg BID after food	46

		<i>Granthyartav yog</i> 3gm BID after food <i>Shunthee churna</i> for local application	
16/05/2025	Rt wrist joint pain ++ Rt wrist joint shotha++ Loss of appetite ++ Costipation Bodyache++ Low grade fever	With Luke warm water <i>Higwasthaka churna</i> 3gm BID before food <i>Simhanad guggulu</i> 250mg BID after food <i>Rasapachak vati</i> 250mg BID after food <i>Granthyartav yog</i> 3gm BID after food <i>Shunthee churna</i> for local application Instead of <i>gandharva haritaki churna</i> 1cup of milk+ 2 tsp <i>eranda taila</i> in morning.	46.5
31/07/2025	Rt wrist joint pain ++ Rt wrist joint shotha+ Loss of appetite + No Costipation Bodyache+++ No fever	With Luke warm water <i>Higwasthaka churna</i> 3gm BID before food <i>Simhanad guggulu</i> 250mg BID after food <i>Rasapachak vati</i> 250mg BID after food <i>Granthyartav yog</i> 3gm BID after food <i>Shunthee churna</i> for local application Instead of <i>gandharva haritaki churna</i> 1cup of milk+ 2 tsp <i>eranda taila</i> in morning. <i>Ashwagandhavaleha</i> 2 tsp in morning	47
11/08/2025	Rt wrist joint pain + Rt wrist joint shotha+ No Loss of appetite No Costipation No Bodyache	With Luke warm water <i>Higwasthaka churna</i> 3gm BID before food <i>Simhanad guggulu</i> 250mg BID after food <i>Rasapachak vati</i> 250mg BID	47.35

		<p>after food <i>Granthyartav yog</i> 3gm BID after food <i>Shunthee churna</i> for local application Instead of <i>gandharva haritaki churna</i> 1cup of milk+ 2 tsp <i>eranda taila</i> in morning. <i>Ashwagandhavaleha</i> 2 tsp in morning <i>Tapyadi loha</i> 1od in morning</p>	
28/09/2025	<p>Rt wrist joint pain + Rt wrist joint shotha No Loss of appetite No Bodyache</p>	<p>With Luke warm water <i>Higwasthaka churna</i> 3gm BID before food <i>Simhanad guggulu</i> 250mg BID after food <i>Rasapachak vati</i> 250mg BID after food <i>Granthyartav yog</i> 3gm BID after food <i>Shunthee churna</i> for local application Instead of <i>gandharva haritaki churna</i> 1cup of milk+ 2 tsp <i>eranda taila</i> in morning. <i>Ashwagandhavaleha</i> 2 tsp in morning <i>Tapyadi loha</i> 1od in morning</p>	48
17/11/2025	<i>Upashyanugami</i>	Treatment completed	48

Pathya–Apathya

Do's

Diet: *Laghu ahara* such as *Mudga yusha*, *Shali lahya* or *jawar lahya*, *Rajgeera*, *Shunthi siddha jala*, *pumpkin*, *petha*, and carrots are advisable.

Lifestyle: *Valuka pottali sweda*, *Pranayam*, easy *Yogasana*, *Shunthi lepa* applied over painful and swollen joints, bathing with only hot water, and use of gloves, socks, or woolen clothes to avoid exposure to cold.

Dont's

Diet: *Guru and Snigdha ahara* such as *paneer* and *Dadhi*, *Paryushit ahara*, *Ruksha*

ahara, and improper lunch and dinner timings should be avoided.

Lifestyle: *Divaswap* (daytime sleeping), heavy work immediately after consuming

food, exposure to cold factors such as water and wind, and late-night sleeping should be avoided.

Table no. 5 Results

Sr. No.	Symptoms	Before treatment	During treatment	After treatment
	Rt wrist joint pain	3+	2+	1+
	Rt wrist joint shotha	2+	2+	0
	Loss of appetite	2+	1+	0
	Costipation	Mild	Not present	Not present
	Bodyache	3+	2+	0
	Low grade fever	Mild degree	Not present	Not present

Table no. 6 Investigations

Assessment criteria	Before treatment	After treatment
CBC	13.06/4.79/10.9/412	11.6/4.43/9.47/325
ESR	31	18
ANA	-	0.324
Anti CCP	-	3.70
RA Factor	127.3	15.4
CRP	1.5	3.98

Discussion –

Hetu of Amavata(4)

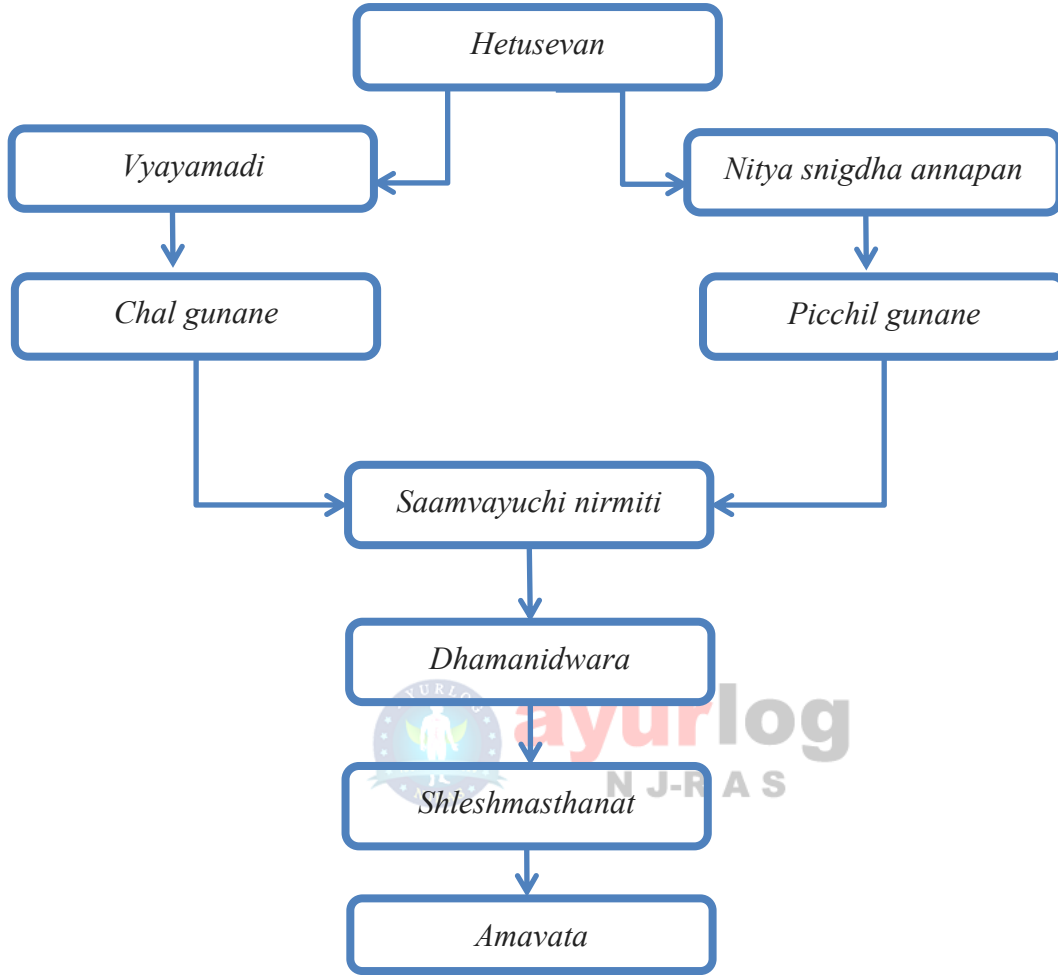
Viruddha Ahara: *Viruddha Ahara* includes faulty combinations such as *Sanyoga Viruddha* and *Matra Viruddha*.

Viruddha Cheshta : *Viruddha Cheshta* refers to activities or behaviors done at an inappropriate time or in an improper manner, which disturb *Agni* and vitiate *Dosha*.

Nischalata : A sedentary lifestyle further aggravates *Mandagni*, leading to poor digestion, *Ama* formation, and increased *Kapha*.

Snigdham bhuktavato Annam vyayaamam : Performing *Vyayama* immediately after consuming *Snigdha Ahara* is harmful because oily, heavy food remains undigested, resulting in *Ajeerna* and *Vata* vitiation.

Samprapti of Amavata(5)



Hetusevana such as *Vyayamadi* leading to *Chala guna* dominant *Vata prakopa* and *Nitya snigdha annapana* possessing *Picchil guna* results in *Ama utpatti*. The *Sama Vata* thus formed facilitates further *Ama nirmiti*, which then spreads through *Dhamani*. This vitiated complex subsequently attains *sanshraya* at *Shleshmasthanana*, particularly involving the *Trik pradesh* and other *Sandhi* (joints). The accumulation of *Ama* along with aggravated *Vata* in these sites leads to

Stambha (stiffness) and *Shoola* (pain), ultimately manifesting as *Amavata*.

Treatment protocol(6)

लंघनं स्वेदनं तिक्तं दीपनानि कटुनि चा विरेचनं स्नेहपानं बस्तश्राममारतो
सैन्धवाद्धेनानुवास्य क्षारबस्ति प्रशस्यते। (चक्रदत्त 25/1)

The management of *Amavata* is planned strictly according to its classical *Chikitsa sutra*, aiming at *Agnideepana*, *Ama pachana*, and *Vata anulomana*. Initially, *Langhana* is advised to correct *Agnimandya* at the level of *Jatharagni* and to reduce *Ama sanchaya*. This

is followed by *Swedana*, especially *Ruksha sweda*, to relieve *Sandhishoola*, *Sandhigraha*, and *Stambha*, and to facilitate the *Vilayana* of *Ama*.

Subsequently, *Deepana* and *Pachana* are administered using *Katu* and *Tikta dravya* to stimulate *Agni* and promote *Ama pachana*, while *Anulomana* helps in maintaining the normal *Gati* of *Vata dosha* and prevents further *Srotorodha*. After achieving *Niramavastha*, *Brimhana chikitsa* is initiated to nourish *Dhatu*, with special emphasis on *Mamsa dhatu* and *Bala vardhana*. Finally, *Apunarbhava chikitsa* is adopted to maintain *Dosha samyata*, strengthen *Agni*, and prevent recurrence of *Amavata*.

Higwasthak churna(7)

It contains *Trikatu*, *Ajmoda*, *Saindhav*, *Dvaya jeeraka* (*Krushana* and *Shweta*), and *Hingu*. All these drugs are *Katu rasatmaka*, *Ushna veerya*, and *Katu vipaki*, as a result enhance *Jatharagni* and control vitiation of *Vata dosha*.

Simhanad guggulu(8)

It is *vyadhipratyanik dravya*. As it contains *triphala*, *gandhak*, *eranda taila* and *guggulu*. Most of the drugs are *agnideepak*, *laghu*, *ushna gunatmak*. *Guggulu* has *sukshma srotogamitva guna*. It helps in *amapachan* at *srotas* level, *singdha* and *madhura guna* deplevates *vata* and *sandhishoola* gets relief.

Gandharav haritaki

Gandharva Haritaki acts as *Deepana*, *Pachana*, and *Anulomana* drug. Its *Mridu virechana* effect eliminates *Ama* and vitiated

Dosha from *Koshtha*, normalizes *Apana vata*, relieves *Srotorodha*, and helps in achieving *Niramavastha*, thereby reducing symptoms of *Amavata*.

Rasapachak vati(9)

It is also beneficial in *rasadhatugata jwara avastha*. The formulation contains *indrayava*, *patola patra* and *kutaki*, which predominantly act on *rasavaha srotas* and its *upadhatu*. These drugs possess *dipana* and *pachana* properties that facilitate proper *pachana* of *rasa dhatu* and help in the elimination of *ama*. By correcting *agnimandya* at the level of *rasa dhatu*, the formulation restores the normal functioning of *rasavaha srotas*. Adequate nourishment of *rasa dhatu* supports appropriate *upadhatu nirmana*; therefore, *stanya* and *artava* are formed in a proper, healthy, and timely manner, contributing to overall *dhatu samya* and *deha bala*.

Granthyartava yog(10)

It contains *patha*, *trikatu* and *indrayava*, which are *tikta-katu rasatmaka* with *tikshna* and *laghu guna*, and are *kapha-vata shamaka*. These drugs help in correcting *agnimandya*, facilitating *ama pachana*, and maintaining the normal functioning of *artavavaha srotas*. By regulating *vata* and *kapha dosha*, they support proper formation and regular flow of *artava*, thereby promoting physiological *artava pravritti*.

Shunthee churna

Used as a local application, due to its *Ushna Guna* it acts as *Shothaghna* and *Amapachaka* at the painful joint. It exhibits *Shothahara* and

Vata-Kaphahara properties and is also beneficial as *Deepana* and *Bhedana*.

Tapyadi loha(11)

Tapyadi Loha acts from *rasa dhatu* up to *shukra dhatu*, with predominant action on *rasa, rakta* and *mansa dhatu*. It possesses *ushna, tikshna* and *ruksha guna*, which regulate vitiated *pitta dosha*. The *pachaka* and *dipaka* drugs, along with *snigdha dravya*, help restore *prakruta gati* of *margavarodhajanya vata*. The *ushna, tikshna, dipaka* and *pachaka dravya* act as *kleda nashaka* for *kapha dosha*. The remaining ingredients such as *raupya, mandura, suvarnamakshika, shilajatu, loha, devadaru* and *sharkara* function as *dhatuposhaka*, thereby supporting overall *dhatu poshana*.

Ashwagandhavaleha(12)

It contains *ashwagandha, Gokharu, Shatavari, Vidarikand, bala, yasthimadhu, Talmakhana, kapikachu, shalmali moola, Vidhari beej, Laung, Javitri, Jaiphal, Nagkesar, Dalchini, Tejpat, Vanshlochan, Ela dvyay, Kesar* and *guduchi satva*. All these drugs are useful for *balya* and *rasayan chikitsa*. This formulation is beneficial in *dhatukshaya avastha* and *vataroga*.

Conclusion

Thus, it can be concluded that *Deepana, Pachana, Vata anulomana, and Balya chikitsa* are useful in the management of *Amavata*. The combined application of these therapies produced significant clinical improvement in the present case.

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