

Integrative Management of Amavata (Rheumatoid Arthritis): A Case Study Highlighting Ayurvedic Interventions for Detoxification and Digestive Support

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ABSTRACT

Background: Rheumatoid Arthritis (RA) is a chronic autoimmune disease-causing joint inflammation, pain, swelling, and stiffness. Conventional treatments, including DMARDs and biologics, often provide incomplete relief, leading patients to explore Ayurveda. In Ayurveda, RA is correlated with *Amavāta*, resulting from *Ama* (toxins) accumulation and *Vata* imbalance. A 56-year-old woman with chronic RA symptoms sought Ayurvedic treatment after partial relief from conventional therapy. She presented with persistent joint pain, stiffness, and elevated inflammatory markers, including rheumatoid factor, C-Reactive Protein (CRP), and Erythrocyte Sedimentation Rate (ESR). **Objectives:** *Ayurveda* management of *Amavata* through *Nitya Virechana*, *Vāluka Sweda*, *Dhānyakādi Siddha Jala*, and oral formulations. **Materials and Methods:** This prospective case study examined a diagnosed Rheumatoid Arthritis (RA) patient undergoing a three-month Ayurvedic treatment. The protocol included *Nitya Virechana* and *Vāluka Sweda* for the initial seven days, followed by the oral administration of *Simhanada Guggulu* and *Rasna Saptaka Kashaya* for three months. Additionally, *Dhānyakādi Siddha Jala*, prepared with *Dhānyaka*, *Śuṅṭhī*, and *Jiraka*, was administered. The patient's progress was assessed every 30 days over three months, with treatment efficacy evaluated based on clinical symptom reduction, improvement in the Visual Analog Scale (VAS) score, and post-treatment blood test results. **Results:** The patient experienced gradual symptom relief throughout the treatment. By the end, blood tests showed significant improvement, with reduced symptoms and enhanced overall health and quality of life. **Conclusion:** This case study suggests that an *Ayurveda* treatment protocol incorporating *Nitya Virechana*, *Vāluka Sweda*, oral medications, and *Dhānyakādi Siddha Jala* may be beneficial in the management of *Amavāta* (Rheumatoid Arthritis).

Keywords: Amavata, Bruhat saindavadi taila, Dhanyakadi sidda jala, Nitya Virechana.

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INTRODUCTION

Rheumatoid Arthritis (RA) is a chronic, autoimmune inflammatory disorder that primarily affects the synovial joints, leading to pain, swelling, stiffness, and progressive joint destruction. It typically manifests with symmetrical involvement of the smaller joints, such as the wrists and hands, and can also affect larger joints like the knees and ankles.^[1] Conventional management of RA often includes anti-inflammatory medications,

Disease-Modifying Anti-Rheumatic Drugs (DMARDs), and biological agents aimed at controlling the immune response and reducing symptoms.^[2] However, in some cases, the results may be suboptimal or long-term patient compliance is poor; only 50-55% achieve meaningful disease control,^[3] prompting patients to seek alternative or integrative approaches.

In Ayurveda, RA is closely correlated with a condition known as *Amavata*. The disease is thought to arise when *Ama* accumulates in the body due to improper digestion and metabolism and subsequently gets lodged in the joints, where it is aggravated by *Vata* dosha, leading to symptoms such as joint pain, swelling, stiffness, and systemic manifestations like anorexia and body ache.^[4] The understanding of *Amavata* provides an integrative



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perspective on the pathophysiology of RA, emphasizing the role of digestive health, diet, and lifestyle in the disease process.^[5] This case study examines the application of Ayurvedic principles in the management of Amavata (Rheumatoid Arthritis). It aims to demonstrate how the Ayurvedic conceptualization of Ama and Vata etiology contributes to a comprehensive and individualized therapeutic approach.

PATIENT INFORMATION

The case involves a 56-year-old female patient with a Pitta-Kaphaja Prakriti constitution who presented with a one-year history of progressively worsening joint pain, swelling, and morning stiffness lasting 30 to 60 min. Her symptoms, which initially were mild and sporadic, escalated over time, leading to severe pain and difficulty standing or walking, despite frequent use of anti-inflammatory and analgesic medications. Laboratory investigations confirmed the diagnosis of Rheumatoid Arthritis (RA), with positive rheumatoid factor and elevated Erythrocyte Sedimentation Rate (ESR).

The patient also reported additional symptoms such as anorexia and generalized body aches, which further impacted her quality of life. Although her initial discomfort required minimal use of medications, the escalating pain and swelling led her to rely more heavily on anti-inflammatory drugs, 3-4 times a week, with only partial relief. Dissatisfied with the limited effectiveness of conventional treatments, she sought out integrative medicine options, including Ayurvedic therapies, for more comprehensive symptom management.

CLINICAL FINDINGS

On physical examination, the patient exhibited significant tenderness and increased local temperature in the affected joints (wrist, ankle, knee joints, and hands), indicating inflammation. Joint stiffness was also observed, suggesting underlying joint pathology. These clinical signs are consistent with active joint inflammation commonly seen in rheumatologic conditions (having an 8/10 score as per 2010 ACR/EULAR classification criteria for rheumatoid arthritis).

Laboratory investigations revealed a positive Rheumatoid Factor (RF) with a titer of 80 IU/mL, above the normal range, supporting the diagnosis of rheumatoid arthritis. Additionally, C-Reactive Protein (CRP) was positive at 10 mg/dL, further indicating an inflammatory process. The Erythrocyte Sedimentation Rate (ESR) was elevated at 38 mm after one hour (Wintrob's method), reinforcing the presence of inflammation.

A hemogram revealed mild anemia, with a hemoglobin level of 10.8 g/dL, which is often seen in chronic inflammatory conditions such as rheumatoid arthritis. Other hematological parameters, including a total leukocyte count of 8,800 cells/mm³, were within normal limits, suggesting no acute infection. Serum uric acid

levels were normal at 3.4 mg/dL, helping to rule out gout as a potential cause of the joint symptoms.

Timeline

The timeline of events (clinical findings, interventions, duration, and corresponding VAS scores) for the case is depicted in Table 1. The patient took painkillers and anti-inflammatory medications on and often for a year before starting Ayurvedic treatment, as advised by a family physician. On July 4, 2024, the patient started receiving Ayurvedic treatment.

Diagnostic Assessment

The assessment was done before and after treatment on the basis of clinical signs and symptoms of Amavata (2010 ACR/EULAR classification criteria for rheumatoid arthritis) as well as some specific investigations such as for RA factor, CRP, and ESR estimation and also performed routine blood investigations.

Therapeutic Interventions

The treatment protocol for the patient was designed with a focus on internal detoxification (*Shodhana chikitsa*), anti-inflammatory interventions, and digestive support (*deepana, pachana chikitsa*) to manage the symptoms of Amavata^[6] (rheumatoid arthritis) and enhance joint function. The patient underwent daily *Nitya Virechana* with 15 mL of *Brihat Saindhavadi Taila*,^[7] administered orally each morning, to facilitate the elimination of Ama (toxins) and support internal detoxification for 7 days. In addition, *Valuka Sweda*, a localized heat therapy using heated sand, was applied to the affected joints to alleviate stiffness, improve local circulation, and reduce inflammation-related pain. The patient was also instructed to consume *Dhanyakadi Siddha Jala*, a medicated water prepared by boiling 6 g each of *Dhanyaka* (*Coriandrum sativum*), *Shunthi* (*Zingiber officinale*), and *Jeeraka* (*Cuminum cyminum*) in 4 L of potable water until reduced by half, with a daily intake of up to 2 L. This *Siddha Jala*^[8] aims to reduce inflammation, enhance digestive fire (*Agni*), and promote the digestion and expulsion of Ama. Furthermore, *Simhanada Guggulu*,^[9] an Ayurvedic formulation with well-established anti-inflammatory and detoxifying properties, was prescribed to balance the *doshas*, particularly *Vata* and *Kapha*. To further manage pain and swelling, *Rasna Saptaka Kashaya*,^[10] an herbal decoction targeting *Vata*-related joint disorders, was administered. The patient was also advised to continue the periodic consumption of *Sunthi Dhanyaka Siddha Jala* every alternate week to maintain anti-inflammatory effects, support digestive health, and ensure effective pacification of *Vata*.

The patient was counseled to stay away from fried, processed foods, baked goods, junk food, curd, and daytime sleep. The patient followed these dietary and lifestyle recommendations without experiencing any negative side effects and with good tolerance.

FOLLOW UP AND OUTCOME

The patient was advised to return for consultation every 30 days during the 3-month treatment period. Throughout this time, a significant reduction in symptoms such as joint pain, swelling, and morning stiffness was noted (Table 2). Additionally, the patient experienced improved digestion, reduced body aches, and less fatigue, suggesting decreased systemic inflammation and better metabolic function. The patient's improved quality of life, marked by better joint function and less reliance on anti-inflammatory medications, highlights the potential of Ayurveda as a complementary treatment for *Amavata* (RA).

The patient's lab results show significant improvement. The Rheumatoid Factor dropped from 80 to 19 IU/mL, indicating reduced autoimmune activity. Inflammatory markers also decreased, with CRP falling from 10 to 1.2 mg/dL and ESR from 38 to 20 mm, suggesting a reduction in inflammation. Additionally, hemoglobin increased from 10.8 to 11.8 g/dL, pointing to better general health and possible recovery from anemia. These results indicate a positive response to treatment and symptom remission.

DISCUSSION

This case highlights the effectiveness of Ayurveda in managing *Amavata*, similar to rheumatoid arthritis. The treatment emphasized detoxification, inflammation reduction, and digestive improvement to counter *Ama* accumulation and *Vata* imbalance, leading to significant symptom relief. The use of *Nitya Virechana* with *Brihat Saindhavadi Taila* effectively promoted the elimination of *Ama*, the primary pathological factor in *Amavata*. This daily detoxification approach aimed to clear accumulated toxins from the body, targeting one of the

root causes of the disease. *Brihat Saindhavadi Taila* is a versatile Ayurvedic formulation that possesses *ushma* (heating), *tikshna* (penetrating), *vyavayi* (quick-spreading), and *sukshma* (subtle) qualities, making it suitable for both topical and internal use. It is particularly effective in managing conditions such as *Sandhi Roga* (joint disorders), *Vataroga* (*Vata*-related disorders), and *Kaphaja Roga* (*Kapha*-related disorders). It likely improves joint circulation by removing *srotorodha* (blockages) from the joints and facilitating *Ama pachana* (digestion of toxins), thereby effectively reducing joint swelling and pain.^[11] A case study reported significant improvements in the signs and symptoms of *Amavata* following classical *Virechanakarma*. The assessment also showed favourable outcomes in serological markers, including RA factor, CRP, and ESR levels.^[12]

The application of *Valuka Sweda*, a localized heat therapy, effectively alleviated pain and stiffness in the affected joints. The use of heated sand improved local blood circulation, reducing joint inflammation and relieving muscle tension, thereby enhancing joint mobility.^[13] As a *Ruksha Sweda* (dry heat therapy), *Valuka Sweda* is particularly beneficial in pacifying *Vata-Kapha dosha* imbalances and addressing stiffness, and its targeted application to the affected joints can effectively relieve pain and stiffness in specific areas.^[14] A recent study on *Amavata* utilizing internal medications and *Valuka Sweda* demonstrated notable improvements, including an increase in Hb% from 8.4 to 10.4, a reduction in ESR from 74 to 32, enhanced range of motion, and decreased pain after 60 days of treatment.^[15]

The daily consumption of *Dhanyakadi Siddha Jala* supported digestive health while aiding in the reduction of inflammation. *Dhanyakadi* herbs were chosen for their synergistic

Table 1: The timeline of events (clinical findings, interventions, duration, and corresponding VAS scores).

Date of visit	Presentation during visit	Intervention	Duration	VAS score
04.07.2024 to 10.07.2024	- Tenderness and increased local temperature in the affected joints (wrist, ankle, knee joints, and hands). - Swelling and morning stiffness. - Anorexia and generalized body aches.	- <i>Nitya virechana</i> with <i>brihat saindhavadi taila</i> (15 mL early morning). - <i>Valuka sweda</i> over affected joints. - <i>Sunthi dhanyaka siddha jala</i> (2 L per day).	7 days	08
11.07.2024 to 09.08.2024	- Improved appetite - Started feeling lightness in body. - Generalized body aches reduced. - Morning stiffness reduced.	- <i>Simhanada guggulu</i> (2 BD, After food). - <i>Rasna saptaka kashaya</i> (15 mL BD After food). <i>dhanyaka Sunthi, jeeraka jala</i> (Alternate weeks)	30 days	06
09.08.2024 to 08.09.2024	- Appetite Maintained. - Joint pain reduced. - Swelling reduced.	Same as Above.	30 days	04
09.09.2024 to 08.10.2024	- Appetite maintained. - Swelling reduced. - No Joint Pain.	Same as above.	30 days	00

Table 2: Clinical outcomes of the case report (examinations, investigations, and symptoms):

Parameters	BT 03/07/2024	AT 09/10/24
Tenderness in the affected joints	Present	Absent
Increased local temperature of the affected joints	Present	Absent
Swelling of the affected joints	Present	Absent
Morning stiffness > 1 hr	Present	Absent
Anorexia	Present	Absent
Generalized body aches	Present	Absent
Vas Score	08	00
Investigations		
RA Factor	80 IU/mL	19 IU/mL
CRP	10mg/dL	1.2 mg/dL
ESR	38 mm	20 mm
Hb%	10.8g/dL	11.8 g/dL

anti-inflammatory, digestive-stimulant, and *Vata*-pacifying properties, which contributed to overall therapeutic benefits in managing *Amavata*. *Shunti*,^[16] with its *Katu Rasa* (pungent taste), *Laghu* (light) qualities, *Ushna Virya* (hot potency), and *Vata*-pacifying actions, exhibited anti-inflammatory and analgesic effects, providing relief from joint pain and swelling. It further aided in the digestion of *Ama*, the primary cause of *Amavata*, by stimulating *Agni* (digestive fire). Additionally, *Shunti*'s anti-rheumatic properties enhanced its effectiveness in reducing inflammation and promoting joint health.^[17] *Dhanyaka*,^[18] known for its *Kashaya* (astringent), *Tikta* (bitter), and *Katu Rasa* (pungent taste), along with its *Rochana* (appetizing) and *Deepana* (digestive stimulant) properties, effectively supported digestive health. Its anti-inflammatory and antioxidant properties^[19] further enhanced its ability to reduce joint inflammation and promote overall well-being. *Jeeraka*,^[20] with its *Katu* (pungent) and *Tikta Rasa* (bitter taste) and *Ushna Virya* (hot potency), acted as a carminative, digestive stimulant, and gastroprotective agent. It enhanced digestion, promoted the elimination of *Ama*, and helped alleviate *Kapha* and *Vata dosha* imbalances. Additionally, *Jeeraka*'s antioxidant, anti-inflammatory, and analgesic effects^[21] supported joint health and reduced pain and swelling. *Simhanada Guggulu* is a traditional Ayurvedic remedy that is frequently utilized because of its efficacy in treating inflammatory and joint-related conditions. It blends the healing qualities of *guggulu* (*Commiphora mukul*) with additional herbs that promote better digestion, cleansing, and inflammation reduction. *Triphala*, *Eranda Taila*, *Suddha Guggulu*, and *Sudha Gandhaka* are the components of *Simhanada Guggulu*. *Triphala* contains anti-inflammatory properties, *tridoshahara prabhava*, *ushna virya*, and *laghu* and *ruksha guna*. *Guggulu* possesses

tridoshahara, *ushna virya*, *katu vipaka*, and *laghu ruksha guna*. *Guggulu*'s anti-inflammatory and anti-arthritis properties^[22] have been demonstrated in numerous investigations. The drug's main ingredients are *ushna*, *laghu*, *ruksha guna*, and *tikta-katu rasa*, which can be acted upon by *agni deepana*, *ama nirharana*, and *kapha chedana*.^[23]

Rasna Saptaka Kashaya is primarily used to address conditions caused by imbalances in the *Vata* and *Kapha doshas*. This formulation contains potent herbs such as *Rasna* (*Pluchea lanceolata*), *Guduchi* (*Tinospora cordifolia*), *Eranda* (*Ricinus communis*), *Devadaru* (*Cedrus deodara*), *Shunthi* (*Zingiber officinale*), *Gokshura* (*Tribulus terrestris*), and *Punarnava* (*Boerhavia diffusa*), which collectively possess anti-inflammatory, analgesic, and anti-arthritis properties, making the formulation highly effective in alleviating joint pain, swelling, and stiffness. Additionally, some ingredients, such as *Aragvadha* (*Cassia fistula*), are known for their antioxidant properties, while *Guduchi* enhances immunomodulatory function.^[24] *Tinospora cordifolia* has been shown to reduce arthritis severity and prevent joint damage in the rat Collagen-Induced Arthritis (CIA) model.^[25] Its extract exhibits potent analgesic, anti-inflammatory, and antioxidant properties.^[26,27] Similarly, *Zingiber officinale* possesses strong antioxidant and anti-inflammatory effects.^[28] Together, these ingredients support overall joint health, reduce inflammation, and improve mobility.

CONCLUSION

This case highlights the importance of Ayurveda in managing *Amavata* (rheumatoid arthritis) through *Nitya Virechana*, *Valuka Sweda*, *Simhanada Guggulu*, and *Rasna Saptaka Kashaya*, which helped to alleviate joint pain, swelling, and stiffness by addressing *Ama* accumulation and *Vata* imbalance. Additionally, *Dhanyaka Siddha Jala* contributed to reducing inflammation and enhancing digestion. The significant reduction in CRP, ESR, and rheumatoid factor levels suggests that Ayurvedic therapies can play a supportive role alongside conventional treatments. However, further clinical studies are necessary to validate these findings and establish standardized protocols for integrating Ayurveda into RA management.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ABBREVIATIONS

RA: Rheumatoid Arthritis; **DMARDs:** Disease-Modifying Anti-Rheumatic Drugs; **RF:** Rheumatoid Factor; **CRP:** C-reactive protein; **ESR:** Erythrocyte Sedimentation Rate; **Hb%:** hemoglobin percentage; **VAS:** Visual Analogue Scale; **ACR/EULAR:** American College of Rheumatology/European League against Rheumatism; **Lt:** Liter; **BD:** Twice a day.

PATIENT CONSENT DECLARATION

Authors certify that they have acquired the patient consent form, wherein the caretaker has granted permission for the case report and further clinical information to be published in the journal. The caretaker acknowledges that his name and initials will remain unpublished, and reasonable steps will be undertaken to protect his identity; however, complete anonymity cannot be guaranteed.

SUMMARY

Rheumatoid Arthritis (RA) is a chronic autoimmune disease marked by joint inflammation, pain, swelling, and stiffness. A 56-year-old woman with chronic rheumatoid arthritis (RA) turned to Ayurvedic treatment after partial relief from conventional therapies. Ayurveda defines *Amavata* (RA), caused by toxin buildup (*Ama*) and *Vata dosha* imbalance. Her treatment included detoxification (*Nitya Virechana*), localized heat therapy (*Valuka Sweda*), and herbal remedies like *Simhanada Guggulu* and *Dhanyakadi Siddha Jala* to enhance digestion. After three months, she showed significant improvement in symptoms and lab markers, including reduced CRP, ESR, and rheumatoid factor levels, highlighting Ayurveda's potential as a complementary approach to RA management.

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