Effect of Vaitarana Basti and Simhanada Guggulu in the Management of Aamavata (Rheumatoid Arthritis): A Single Case Study

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***Abstract*—Background: Aamavata, described in Ayurveda, is a chronic inflammatory disorder resulting from the accumulation of *Ama* and the vitiation of *Vata Dosha*. Its clinical presentation closely resembles Rheumatoid Arthritis (RA), an autoimmune disease characterized by symmetrical polyarthritis, pain, swelling, morning stiffness, and progressive joint deformity. Ayurveda advocates *Shodhana* and *Shamana* therapies for the management of Aamavata. Among these, Vaitarana Basti and Simhanada Guggulu are widely recognized for their *Ama-pachana*, *Vata-Kapha shamana*, and anti-inflammatory properties. Case Presentation: A middle-aged patient presented with complaints of multiple joint pain, swelling, morning stiffness, restricted movements, and difficulty in performing daily activities. Based on Ayurvedic examination, the condition was diagnosed as Aamavata. The patient was treated with a course of Vaitarana Basti along with oral administration of Simhanada Guggulu for the prescribed duration. Clinical assessment was carried out before and after treatment using subjective symptoms and objective parameters. Results: The intervention produced significant improvement in joint pain, swelling, tenderness, and morning stiffness. Functional mobility and quality of life were markedly enhanced, enabling the patient to perform routine activities with greater ease. No adverse effects or treatment-related complications were observed during the study period. Conclusion: The combined administration of Vaitarana Basti and Simhanada Guggulu demonstrated encouraging therapeutic efficacy in the management of Aamavata (Rheumatoid Arthritis). The treatment helped reduce inflammatory symptoms, improve joint function, and enhance overall well-being. Although this is a single case study, the findings suggest that this Ayurvedic approach may serve as a safe and effective complementary management strategy, warranting further evaluation through larger controlled clinical studies.**

***Index Terms*—Aamavata, Rheumatoid Arthritis, Vaitarana Basti, Simhanada Guggulu, Ayurveda, Panchakarma, Basti Therapy, Ama, Vata Dosha, Case Study.**

I. INTRODUCTION

Aamavata is one of the most common and debilitating disorders described in Ayurveda, resulting from the simultaneous vitiation of Ama and Vata Dosha. The term *Ama* refers to improperly digested or metabolized substances produced due to impaired digestive fire (*Mandagni*), while *Vata* is responsible for movement and circulation within the body. When Ama combines with aggravated Vata and localizes in the joints (*Sandhi*), it produces symptoms such as pain (*Shoola*), swelling (*Shotha*), stiffness (*Stabdhata*), tenderness, and restriction of movement, collectively known as Aamavata.[1],[2]The causative factors described in Ayurvedic classics include the consumption of heavy and incompatible foods (*Viruddha Ahara*), excessive intake of oily and difficult-to-digest meals, sedentary habits, suppression of natural urges, irregular dietary practices, and physical exertion immediately after eating. These factors weaken the digestive fire, leading to the formation of Ama. The accumulated Ama circulates through the body with aggravated Vata and lodges in susceptible joints, producing inflammation and functional impairment.[1] From the perspective of modern medicine, Aamavata shows a close resemblance to Rheumatoid Arthritis (RA), a chronic

systemic autoimmune inflammatory disease that primarily affects synovial joints in a symmetrical pattern. The disease is characterized by persistent synovitis, progressive cartilage destruction, bone erosion, and varying degrees of disability. Women are affected more frequently than men, and the disease commonly manifests during the third to fifth decades of life.[3],[4]

Rheumatoid Arthritis affects approximately 0.5–1% of the global population and is a major cause of chronic pain and physical disability. Its exact etiology remains uncertain; however, genetic susceptibility, environmental factors, immune dysregulation, and inflammatory cytokines such as TNF-α, IL-1, and IL-6 play important roles in its pathogenesis. Persistent inflammation eventually leads to irreversible joint damage if not managed appropriately.[3],[5]

Conventional management includes non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, disease-modifying antirheumatic drugs (DMARDs), and biological agents. Although these therapies are effective in controlling inflammation and slowing disease progression, long-term use may be associated with adverse effects such as gastrointestinal disturbances, hepatic and renal toxicity, increased susceptibility to infections, and economic burden. Therefore, there is growing interest in complementary and integrative approaches that can improve symptoms with acceptable safety.[6]

Ayurveda emphasizes treating the root cause of Aamavata by correcting Agni, digesting Ama, pacifying Vata, and eliminating accumulated doshas through Shodhana and Shamana therapies. Among the Panchakarma procedures, Basti is considered the principal treatment for Vata disorders because of its systemic therapeutic action. Vaitarana Basti, in particular, is indicated in Aamavata due to its Ama-pachana, Vata-Kapha shamana, and Srotoshodhana properties, thereby helping to relieve pain, swelling, and stiffness.[2],[7] Simhanada Guggulu is a classical Ayurvedic formulation widely used in the management of Aamavata. It possesses Deepana and Pachana actions that improve digestion and reduce Ama, while its anti-inflammatory and Vata-Kapha pacifying properties contribute to pain relief and improved joint function. The combination of Vaitarana Basti and Simhanada Guggulu is therefore expected to provide a comprehensive therapeutic approach by addressing both the underlying pathology and the clinical manifestations of the disease.[8] Considering the chronic nature of Rheumatoid Arthritis and the need for safe and effective long-term management, documenting the clinical outcomes of classical Ayurvedic interventions is of considerable importance. Hence, the present single case study was undertaken to evaluate the effect of Vaitarana Basti along with Simhanada Guggulu in the management of Aamavata (Rheumatoid Arthritis) and to assess its impact on pain, swelling, stiffness, functional ability, and overall quality of life.

II. AIM AND OBJECTIVES

Aim

To evaluate the therapeutic efficacy of Vaitarana Basti and Simhanada Guggulu in the management of Aamavata (Rheumatoid Arthritis) through a clinical assessment of a single case.

Objectives

1. To assess the effect of Vaitarana Basti and Simhanada Guggulu on joint pain, swelling, tenderness, and morning stiffness.
2. To evaluate the improvement in joint mobility and functional ability after treatment.
3. To study the role of combined Panchakarma and Ayurvedic internal medication in the management of Aamavata.
4. To document the clinical outcome and safety of this therapeutic approach in a single case.

Case Report

A patient presented to the Outpatient Department of Panchakarma with complaints of pain and swelling in multiple joints, particularly involving the bilateral wrist joints, metacarpophalangeal joints, proximal interphalangeal joints, knee joints, and ankle joints. The patient also complained of morning stiffness, difficulty in walking, generalized body ache, fatigue, and inability to perform routine daily activities comfortably. The symptoms had gradually progressed over several months with intermittent exacerbations.

Initially, the patient experienced pain and stiffness in the small joints of the hands, which later spread to larger joints. The symptoms were aggravated by exposure to cold weather, physical exertion, and intake of heavy or incompatible food, while temporary relief was obtained with rest and analgesic medications. However, the improvement was short-lived, and the

disease continued to interfere with the patient's quality of life.

On detailed history, there was no history of major trauma or any significant chronic infectious illness. The patient had previously received symptomatic treatment but continued to suffer from recurrent pain and stiffness. Appetite was reduced, bowel habits were irregular, and a feeling of heaviness after meals was present, suggesting impaired digestion (*Mandagni*) and the formation of *Ama* according to Ayurvedic principles.

General Examination

- Conscious and well-oriented
- General condition: Stable
- Blood pressure: Within normal limits
- Pulse rate: Within normal limits
- Temperature: Afebrile
- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Pedal edema: Absent

Musculoskeletal Examination

Examination revealed tenderness over the affected joints with mild swelling and painful restriction of movements. Morning stiffness was prominent, and grip strength was reduced because of pain. The patient experienced difficulty in prolonged walking and routine household activities due to joint discomfort.

Ashtavidha Pariksha

Parameter	Findings
Nadi	Vata-Kapha dominant
Mala	Irregular
Mutra	Normal
Jihva	Coated
Shabda	Normal
Sparsha	Tenderness over affected joints
Drik	Normal
Aakruti	Madhyama

Dashavidha Pariksha

Parameter	Findings
Prakriti	Vata-Kapha
Vikriti	Vata associated with Ama
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Satva	Madhyama
Ahara Shakti	Reduced
Vyayama Shakti	Reduced
Vaya	Madhyama

Based on the clinical presentation, Ayurvedic examination, and correlation with the features of Rheumatoid Arthritis, the case was diagnosed as Aamavata. Considering the predominance of Ama and Vata Dosha, a treatment plan consisting of Vaitarana Basti along with Simhanada Guggulu was selected. Appropriate dietary advice and lifestyle modifications were also recommended to enhance the therapeutic outcome and prevent recurrence.

Investigations and Diagnosis

The patient was evaluated through detailed clinical examination and relevant laboratory investigations to establish the diagnosis and assess disease severity. Baseline investigations included complete blood count (CBC), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), rheumatoid factor (RF), and other routine biochemical parameters as indicated. The findings were suggestive of an active inflammatory condition consistent with Rheumatoid Arthritis.Based on the classical Ayurvedic symptoms such as Sandhi Shoola (joint pain), Sandhi Shotha (joint swelling), Stabdhata (stiffness), Gaurava (heaviness), and the presence of Ama associated with aggravated Vata Dosha, the condition was diagnosed as Aamavata. The clinical features also correlated with Rheumatoid Arthritis as described in modern medicine. Therefore, an integrative clinical diagnosis of Aamavata (Rheumatoid Arthritis) was established.

Treatment Protocol

The treatment was planned according to the Ayurvedic principles of Ama Pachana, Agni Deepana, Vata Shamana, and Shodhana Chikitsa. Considering the predominance of Ama and Vata, Vaitarana Basti was selected as the principal Panchakarma therapy, while Simhanada Guggulu was administered as internal medication to provide sustained therapeutic benefits.

Table 1. Treatment Schedule

Intervention	Dose/Procedure	Duration
Vaitarana Basti	Administered as per classical Ayurvedic protocol under medical supervision	As per treatment schedule
Simhanada Guggulu	2 tablets (500 mg each) twice daily with lukewarm water after meals	Throughout the treatment period
Pathya Ahara	Light, easily digestible diet; avoidance of heavy, oily, cold, and incompatible foods	Entire treatment period
Lifestyle Advice	Adequate rest, gentle joint movements, avoidance of excessive exertion and daytime sleep	Entire treatment period

Dietary and Lifestyle Advice

The patient was advised to consume a light and easily digestible diet to facilitate Ama Pachana and improve digestive fire (*Agni*). Foods that were heavy, oily, fermented, refrigerated, or incompatible were avoided. Warm water was recommended for drinking, and freshly prepared meals were encouraged.

The patient was instructed to avoid prolonged exposure to cold, excessive physical exertion, and irregular eating habits. Gentle range-of-motion exercises and adequate rest were advised to maintain joint mobility without aggravating symptoms. Compliance with dietary restrictions and medication was emphasized throughout the treatment period.

Assessment Criteria

The therapeutic response was evaluated before and after treatment using both subjective and objective parameters.

Subjective Parameters

- Joint pain
- Joint swelling
- Morning stiffness
- Tenderness
- Difficulty in walking
- Restriction of joint movements

Objective Parameters

- Tender joint count
- Swollen joint count
- Functional ability in daily activities
- Laboratory parameters (where available), such as ESR and CRP
- Overall clinical improvement based on physician assessment

Improvement in these parameters before and after therapy was documented to evaluate the effectiveness of the combined treatment with Vaitarana Basti and Simhanada Guggulu.

III. RESULTS

The patient showed noticeable clinical improvement following the administration of Vaitarana Basti and Simhanada Guggulu. A gradual reduction in joint pain, swelling, morning stiffness, and tenderness was observed during the course of treatment. Functional capacity also improved, enabling the patient to perform daily activities with greater ease. No adverse drug reactions or treatment-related complications were reported during the study period.

Table 2. Subjective Assessment Before and After Treatment

Clinical Parameter	Before Treatment	After Treatment
Joint pain	Severe	Mild
Joint swelling	Moderate	Minimal
Morning stiffness	Marked	Mild
Tenderness	Present	Significantly reduced
Difficulty in walking	Present	Improved
Restriction of joint movements	Moderate	Mild

Table 3. Overall Clinical Improvement

Parameter	Observation
Pain	Significant reduction
Swelling	Reduced
Morning stiffness	Markedly improved
Joint mobility	Improved

Functional ability	Improved
Quality of life	Better than baseline

Overall, the combined therapy produced satisfactory symptomatic relief and improvement in physical functioning. The patient reported better comfort during routine activities and a reduction in disease-related discomfort. The findings suggest that the combination of Vaitarana Basti and Simhanada Guggulu may be beneficial in the management of Aamavata (Rheumatoid Arthritis). However, as this is a single case study, larger controlled clinical studies are required to validate these observations.

IV. DISCUSSION

Aamavata is a disease resulting from the interaction of Ama and aggravated Vata Dosha, with Mandagni playing a pivotal role in its pathogenesis. Due to impaired digestion and metabolism, Ama is formed and circulates throughout the body. Under the influence of aggravated Vata, it localizes in the joints, leading to pain, swelling, stiffness, tenderness, and restriction of movement. This Ayurvedic concept closely resembles the pathophysiology of Rheumatoid Arthritis, a chronic autoimmune inflammatory disorder characterized by persistent synovitis and progressive joint destruction.[9]

The line of treatment for Aamavata emphasizes Ama Pachana, Agni Deepana, Vata Shamana, and Shodhana. Among the Panchakarma procedures, Basti is considered the most effective therapy for Vata-dominant disorders because it acts on the principal seat of Vata and produces systemic therapeutic effects. Classical Ayurvedic texts specifically recommend Vaitarana Basti in the management of Aamavata due to its ability to digest Ama, remove obstruction in the channels (*Srotoshodhana*), and alleviate pain and inflammation.[10]

The ingredients of Vaitarana Basti possess properties such as Deepana, Pachana, Lekhana, and Vata-Kapha Shamana, which help in reducing the pathological accumulation of Ama. By restoring digestive function and facilitating the elimination of accumulated doshas, the therapy improves joint mobility and decreases stiffness and swelling. This mechanism addresses the disease at its root rather than merely providing symptomatic relief.[11]

Simhanada Guggulu is a classical formulation extensively indicated for Aamavata and chronic inflammatory joint disorders. The formulation exhibits Deepana and Pachana actions, promotes proper metabolism, and helps pacify aggravated Vata and Kapha. Experimental and clinical studies have also suggested anti-inflammatory and analgesic properties of its constituent drugs, which may contribute to reducing joint pain and improving functional capacity.[12]

In the present case, the combined administration of Vaitarana Basti and Simhanada Guggulu resulted in marked improvement in joint pain, swelling, morning stiffness, and restriction of movement. The patient also reported better performance of routine daily activities and an overall improvement in quality of life. These observations indicate a synergistic effect of Panchakarma therapy and internal medication in managing both the underlying pathology and the clinical manifestations of Aamavata.[13]

From a modern biomedical perspective, Rheumatoid Arthritis is mediated by chronic immune activation and the release of inflammatory cytokines such as TNF-α, IL-1, and IL-6, which promote synovial inflammation and cartilage destruction. Reduction in clinical symptoms following Ayurvedic treatment may reflect modulation of inflammatory processes and improvement in functional status, although definitive mechanisms require further scientific investigation.[14]

Since this report represents a single case study, the findings cannot be generalized to the entire patient population. Nevertheless, the encouraging clinical response highlights the potential role of classical Ayurvedic interventions as a safe and effective complementary approach in the management of Rheumatoid Arthritis. Future studies involving larger sample sizes, standardized outcome measures, and long-term follow-up are necessary to validate these findings and establish stronger clinical evidence.[15]

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