

Amavata w.s.r. to Rheumatoid Arthritis: Clinical Presentation and Rheumatoid Factor Response to Ayurvedic Intervention

Dr. Prem Kumari Choudhary¹, Dr. Gyan Prakash Sharma², Dr. Achalaram Kumawat³, Dr. Ku Mamata⁴

¹PG Scholar, P.G. Department of Panchakarma, PGIA, DSRRAU, Jodhpur

²Professor & H.O.D., P.G. Department of Panchakarma, PGIA, DSRRAU, Jodhpur

³Assistant Professor, P.G. Department of Panchakarma, PGIA, DSRRAU, Jodhpur

⁴PG Scholar, P.G. Department of Shalkya Tantra, MMM, Govt. Ayurveda College, Udaipur

Abstract—Background *Amavata* is an important *Vatavyadhi* described in Ayurveda, characterized by the association of *Ama* with aggravated *Vata* and its localization in the joints. The clinical manifestations of *Amavata*, including polyarticular pain, swelling and stiffness, show considerable similarity with rheumatoid arthritis (RA). Case Presentation A 45-year-old female presented with a history of approximately two years of polyarticular pain involving bilateral knee joints, ankle joints, wrists, elbows, shoulders and the lower-back region. She reported morning stiffness lasting more than one hour, along with joint tenderness and swelling. The clinical record documented a diagnosis of *Amavata*. Rheumatoid factor (RF) was markedly elevated at 164.20 IU/mL on 25 November 2025, with a laboratory reference range of 0–20 IU/mL. Ayurvedic treatment included *Simhanada Guggulu*, *Punarnavadi Kwatha*, *Ajmodadi Churna*, *Methi Churna* and *Agnitundi Vati*, along with local therapeutic procedures. Results Following treatment, RF decreased from 164.20 IU/mL to 47.0 IU/mL on 1 March 2026, representing a reduction of approximately 71.4%. The follow-up value remained above the laboratory reference range. Conclusion This case demonstrates substantial reduction in rheumatoid factor following individualized Ayurvedic management of clinically diagnosed *Amavata*. However, because this is a single case and comprehensive disease-activity parameters were not available, the findings should be interpreted cautiously. Further systematic clinical studies are required.

Index Terms—Amavata, rheumatoid arthritis, Ama, Vata, Simhanada Guggulu, Ayurveda, rheumatoid factor, case report.

I. INTRODUCTION

Amavata is a disease described in Ayurvedic literature in which *Ama* combines with aggravated *Vata* and subsequently localizes in the joints, producing characteristic manifestations such as pain, stiffness, swelling and impaired joint function [1,2]. The condition is predominantly associated with disturbance of *Agni*, formation of *Ama* and vitiation of *Vata*.

Madhava Nidana provides a detailed description of *Amavata*, including *Sandhi Shoola* (joint pain), *Sandhi Shotha* (joint swelling), *Stambha* (stiffness), *Gaurava* (heaviness) and other systemic manifestations [1]. These manifestations can clinically resemble rheumatoid arthritis, a chronic inflammatory autoimmune disorder characterized predominantly by persistent synovitis and progressive joint involvement [3].

The modern classification of rheumatoid arthritis considers the pattern and number of joints involved, serological findings including rheumatoid factor and anti-citrullinated protein antibodies, acute-phase reactants and duration of symptoms [4]. Rheumatoid factor is a useful serological marker but is not disease-specific and should therefore be interpreted together with clinical findings and other investigations [3,4].

Ayurvedic management of *Amavata* is based on the stage of disease and predominance of *Ama* and *Dosha*. Classical therapeutic principles include *Langhana*, *Deepana-Pachana*, *Rukshana*, *Swedana*, *Shodhana* and appropriate *Shamana* therapy [1,2]. The present case describes the clinical presentation and outcome of

an individual diagnosed with *Amavata* who demonstrated a marked reduction in RF following Ayurvedic treatment.

II. CASE PRESENTATION

2.1 Patient Information

A 45-year-old female presented with complaints of multiple joint pains and stiffness. According to the available clinical record, the symptoms had been present for approximately two years.

The patient complained of pain involving:

- Bilateral knee joints
- Ankle joints
- Wrist joints
- Elbow joints
- Shoulder joints
- Lower-back region

The clinical record additionally documented:

- Morning stiffness of more than one hour
- Joint tenderness
- Joint swelling
- Constipation

The patient was diagnosed clinically with *Amavata* at the Ayurvedic hospital.

2.2 Clinical Examination

The available clinical record suggested a chronic inflammatory polyarticular presentation. The major clinical findings were:

Clinical Parameter	Observation
Duration of illness	Approximately 2 years
Joint involvement	Multiple joints
Pain	Present
Morning stiffness	>1 hour
Joint tenderness	Present
Joint swelling	Present
Bowel habit	Constipated
Clinical diagnosis	<i>Amavata</i>

The involvement of multiple peripheral joints with prolonged morning stiffness, tenderness and swelling was suggestive of an inflammatory arthropathy. The Ayurvedic diagnosis was established as *Amavata* based on the clinical presentation.

III. DIAGNOSTIC ASSESSMENT

Rheumatoid factor was assessed using the immunoturbidimetric method with serum.

Table 1. Rheumatoid Factor Before and After Treatment

Parameter	Before Treatment	After Treatment
Date	25/11/2025	01/03/2026
Rheumatoid Factor	164.20 IU/mL	47.0 IU/mL
Reference range	0–20 IU/mL	0–20 IU/mL
Interpretation	Markedly elevated	Reduced but elevated

The baseline RF level was **164.20 IU/mL**, which was approximately 8.2 times the upper limit of the laboratory reference range. On follow-up, the RF level had decreased to **47.0 IU/mL**.

The absolute reduction was:

$$164.20 - 47.0 = 117.20 \text{ IU/mL}$$

The percentage reduction was calculated as:

$$\text{Percentage reduction} = [(164.20 - 47.0) / 164.20] \times 100 = 71.4\%$$

Thus, a 71.4% reduction in RF was observed during the documented treatment period.

It should be emphasized that RF is not specific for rheumatoid arthritis and may be positive in other autoimmune and chronic inflammatory conditions [3]. Therefore, the RF finding was considered supportive rather than diagnostic in isolation.

IV. AYURVEDIC ASSESSMENT

Based on the clinical history and examination, the patient was diagnosed with *Amavata*. The clinical presentation was interpreted according to Ayurvedic principles.

Dosha

The predominant involvement was considered:

- *Vata* – manifested through *Sandhi Shoola* and *Stambha*.
- *Kapha* – suggested by *Sandhi Shotha* and heaviness.
- *Ama* – considered an important component of the disease process.

Agni

The presence of constipation and the chronic clinical presentation suggested impairment of digestive and metabolic functions (*Agni*), supporting the therapeutic emphasis on *Deepana-Pachana*.

Dushya

The musculoskeletal tissues, particularly *Mamsa*, *Asthi* and *Majja*, were considered involved in the chronic disease process.

Srotas

The clinical manifestations suggested involvement predominantly of the *Asthivaha* and *Majjavaha Srotas*, with associated involvement of *Annavaha Srotas*.

V. THERAPEUTIC INTERVENTION

The patient was managed according to Ayurvedic principles of *Amavata Chikitsa*, with emphasis on *Ama Pachana*, *Agni Deepana*, *Vata-Kapha Shamana* and local management of the affected joints. The treatment included both internal medication and external Panchakarma procedures.

Table 2. Ayurvedic Treatment Protocol

S. No.	Treatment	Dose/Procedure
1	<i>Simhanada Guggulu</i>	2 tablets twice daily
2	<i>Punarnavadi Kwatha</i>	20 mL twice daily
3	<i>Ajmodadi Churna</i>	3 g
4	<i>Methi Churna</i>	3 g
5	<i>Agnitundi Vati</i>	1 tablet twice daily
6	<i>Karpasthiyadi Pinda Sweda</i>	Applied over the affected parts
7	<i>Churna Basti</i>	Administered for 16 days

5.1 *Karpasthiyadi Pinda Sweda*

Karpasthiyadi Pinda Sweda was administered locally over the affected joints/parts. The procedure was intended to provide localized *Swedana* and thereby help alleviate *Sandhi Shoola* (joint pain), *Stambha* (stiffness) and *Shotha* (swelling). Local *Swedana* is traditionally employed in *Amavata* management, particularly for reducing stiffness and improving joint mobility [1,2].

5.2 *Churna Basti*

Churna Basti was administered for a period of **16 days** as part of the treatment protocol. *Basti* is considered an important therapeutic modality for disorders involving *Vata*, and its use in *Amavata* is described according to the stage and clinical presentation of the disease [1,2]. In this case, *Churna Basti* was incorporated to address the underlying *Vata* involvement and chronic musculoskeletal manifestations.

VI. RESULTS

The principal objectively documented outcome was the change in rheumatoid factor.

Table 3. Change in Rheumatoid Factor

Parameter	Pre-treatment	Post-treatment	Change
RF (IU/mL)	164.20	47.0	-117.20
Percentage reduction	—	71.4%	—
Laboratory reference range	0–20	0–20	—

The RF level decreased from 164.20 IU/mL to 47.0 IU/mL, corresponding to a 71.4% reduction.

Although the post-treatment value remained above the laboratory reference range, the reduction represents a substantial change in the measured serological parameter.

VII. DISCUSSION

Amavata is described in Ayurveda as a disorder resulting from the interaction of *Ama* and aggravated *Vata*. Madhava Nidana describes characteristic manifestations including joint pain, swelling, stiffness and heaviness [1]. The clinical presentation of the present case, involving multiple joints with pain, swelling, tenderness and prolonged morning stiffness, therefore showed a close clinical resemblance to inflammatory polyarthritis.

Rheumatoid arthritis is a chronic systemic autoimmune inflammatory disease that primarily affects synovial joints [3]. The 2010 ACR/EULAR classification criteria incorporate the number and site of involved joints, serological abnormalities, acute-phase reactants and duration of symptoms [4]. In the present case, the markedly elevated RF provided an important serological finding, although RF alone is

insufficient to establish a diagnosis of rheumatoid arthritis [3,4].

The treatment strategy in the present case incorporated both internal medication and Panchakarma procedures. Internal medicines such as *Simhanada Guggulu*, *Punarnavadi Kwatha*, *Ajmodadi Churna*, *Methi Churna* and *Agnitundi Vati* were administered with the objective of addressing *Ama*, impaired *Agni* and *Vata-Kapha* involvement. In addition, *Karpasthiyadi Pinda Sweda* was performed over the affected parts to provide localized *Swedana*, while *Churna Basti* was administered for 16 days to address the predominant *Vata* component. Classical Ayurvedic management of *Amavata* emphasizes *Langhana*, *Deepana-Pachana*, *Rukshana*, *Swedana* and *Basti* according to the clinical stage and *Dosha* involvement [1,2]. The combination of systemic and localized interventions therefore represents a multimodal Ayurvedic approach to the management of chronic *Amavata*.

An important observation in this case was the reduction in RF from **164.20 IU/mL to 47.0 IU/mL**, representing a **71.4% reduction**. This change was observed over the documented follow-up period. However, RF is primarily a diagnostic/serological marker and does not directly correspond to clinical disease activity or structural joint improvement [3].

Previous Ayurvedic clinical reports have described improvement in patients with *Amavata* following interventions involving *Deepana-Pachana*, *Shodhana*, external therapies and *Shamana Aushadhi* [5,6]. Such reports provide preliminary clinical observations but cannot establish efficacy because of small sample sizes, absence of controls and variability in treatment protocols.

The present case is noteworthy because both baseline and follow-up RF values were available from laboratory reports. Nevertheless, important outcome measures such as ESR, CRP, anti-CCP antibody, tender-joint count, swollen-joint count, pain score and DAS28 were not available in the provided records. Consequently, the observed reduction in RF should not be interpreted as definitive evidence of remission or complete control of rheumatoid arthritis.

Future prospective studies should incorporate standardized clinical and laboratory outcome measures, including DAS28, ESR, CRP, anti-CCP, visual analogue scale for pain, morning-stiffness duration, tender/swollen joint counts and functional

assessment. Such methodology would allow more robust evaluation of the potential role of Ayurvedic management in *Amavata*.

VIII. STRENGTHS AND LIMITATIONS

Strengths

1. The case represents a clinically characteristic presentation of *Amavata*.
2. A markedly elevated baseline RF was objectively documented.
3. A follow-up RF value was available.
4. The magnitude of RF reduction could be quantitatively calculated.
5. The Ayurvedic treatment protocol was individualized according to the documented clinical presentation.

Limitations

1. This is a single-case report and cannot establish causality.
2. ESR and CRP values were not available.
3. Anti-CCP antibody testing was not documented.
4. DAS28 or another validated disease-activity score was not recorded.
5. Radiological assessment was not available.
6. The post-treatment RF remained above the laboratory reference range.
7. The exact duration and sequence of all therapeutic procedures should be confirmed from the original clinical record.

IX. CONCLUSION

The present case of a 45-year-old female diagnosed clinically with *Amavata* demonstrated a substantial reduction in rheumatoid factor following individualized Ayurvedic management. RF decreased from 164.20 IU/mL to 47.0 IU/mL, corresponding to a 71.4% reduction.

The observation suggests a potentially beneficial association between the Ayurvedic treatment approach and improvement in the documented serological parameter. However, because this is a single case and comprehensive clinical disease-activity measurements were unavailable, the findings cannot be considered evidence of definitive remission or cure. Well-designed prospective clinical studies using standardized outcome measures are required to

establish the efficacy and safety of Ayurvedic interventions in *Amavata*.

REFERENCES

- [1] Madhavakara. *Madhava Nidana*, with Madhukosha commentary. Tripathi B, editor. Varanasi: Chaukhambha Sanskrit Sansthan; 2006. Amavata Nidana, Chapter 25.
- [2] Chakrapanidatta. *Chakradatta*, with Vaidyaprabha Hindi commentary. Tripathi I, editor. Varanasi: Chaukhambha Sanskrit Bhavan; 2010. Amavata Chikitsa, Chapter 25.
- [3] Smolen JS, Aletaha D, McInnes IB. Rheumatoid arthritis. *Lancet*. 2016;388(10055):2023-38.
- [4] Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham CO 3rd, et al. 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Ann Rheum Dis*. 2010;69(9):1580-8.
- [5] Deepanjali T, Goud KM, Singhal P. An observational study to evaluate the efficacy of Pachana Poorvaka Shodhana in the management of Amavata w.s.r. to rheumatoid arthritis. *J Ayurveda Integr Med Sci*. 2019;4(6):49-56.
- [6] Kritika, Rao N, Padmakiran C. Intervention of Amavata w.s.r. to rheumatoid arthritis through Ayurveda: a single case study. *J Ayurveda Integr Med Sci*. 2023;8(7):229-34.