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## A Case Presentation on Understanding *Samprapti* and Management of *Amavata* W.S.R to Rheumatoid Arthritis

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### Abstract

*Amavata* is a condition that arises from the disturbance or increase of *Vata* in conjunction with *Ama*. The *Ama* is transported by the heightened *Vata* and accumulates in *Shelshmathana* (the sites of biophysical force, similar to *kapha*, such as joints), leading to symptoms like *Angamarda* (Bodyache), *Aruchi* (Loss of appetite), *Alasya* (Fatigue), *Sandhi Shula* (Joints pain), and *Sandhishotha* (Joint swelling). *Amavata* is a chronic autoimmune inflammatory systemic disorder that primarily impacts synovial joints. In this case study, a 55-year-old male patient visited the outpatient department of Shree Goraksha Ayurvedic College, Hospital & Research Center in Khamgaon, reporting pain and swelling in several joints for the past three years. Furthermore, he has experienced morning stiffness in these joints for the last year. He also encounters difficulties in walking, along with intermittent fever, which was successfully treated, showing significant results with a review of the understanding of *samprapti* (pathogenesis) of *Amavata* was conducted.

**Keywords:** *Amavata*, *Ayurveda*, Rheumatoid Arthritis, *Samprapti*, *Chikitsa*.

### Introduction

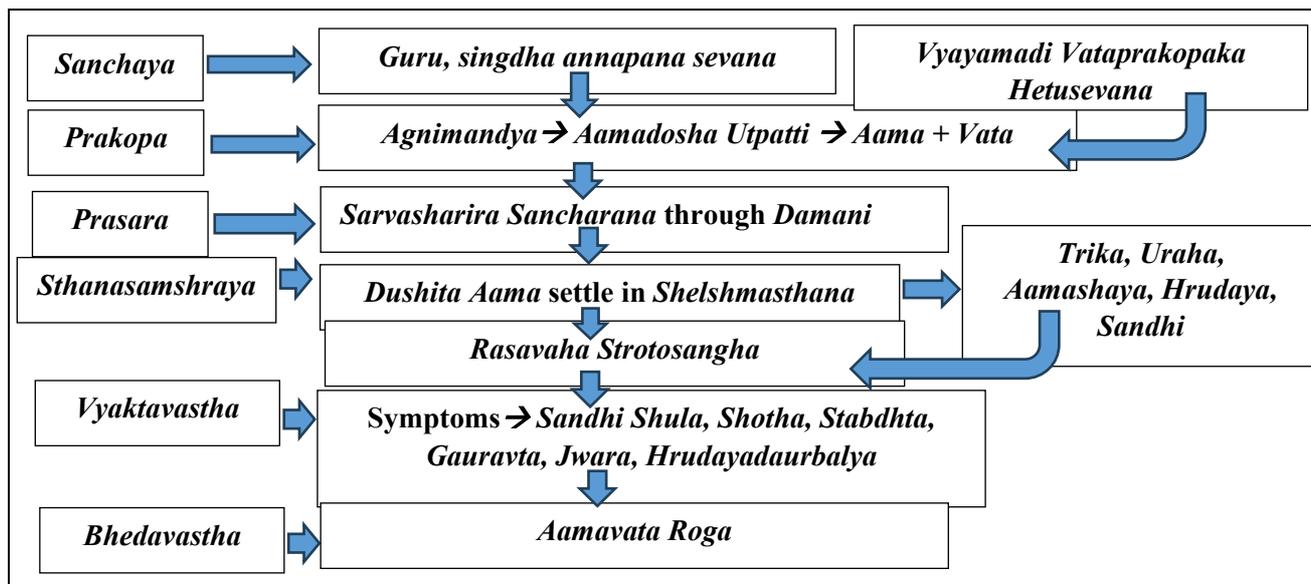
*Amavata* is a condition characterized by the simultaneous aggravation of *vata* and the presence of *Ama* [1]. This *Ama* accumulates in the *trika sandhi*, leading to severe joint pain, inflammation, fever, and ultimately joint stiffness, which can result in temporary or permanent joint disability [2]. It primarily arises from the presence of *Ama* and the vitiation of *Vata Dosha*. The aggravated *Vata* transports the *Ama* and deposits it in *Shelshmathana* (the seats of *kapha*, such as joints, etc.), resulting in symptoms like *Angamarda* (Bodyache), *Aruchi* (loss of appetite), *Alasya* (Fatigue), *Sandhi Shula* (joint pain), and *Sandhishotha* (joint swelling) [3]. *Amavata* is classified as a disease of *Madhyama Roga marga*, making it known as *Kruchhasadhya* or *Yapya*. Clinically, *Amavata* closely resembles Rheumatoid arthritis, which is a chronic, progressive autoimmune arthropathy characterized by bilateral symmetrical joint involvement along with various systemic clinical features [4]. The treatment options in modern medicine are limited due to potential side effects. The prevalence of RA is approximately 0.8% of the population (ranging from 0.3% to 2.1%), with women being affected about three times more frequently than men. This

prevalence increases with age, and the differences between sexes become less pronounced in older age groups [5].

### Understanding of *Samprapti* (Pathogenesis):

Rheumatoid Arthritis is an autoimmune condition that leads to chronic symmetrical polyarthritis with systemic effects. Modern medical management involves the use of NSAIDs (Nonsteroidal Anti-Inflammatory Drugs), glucocorticoids, DMARDs (Disease Modifying Antirheumatic Drugs), and immunosuppressive therapies, which can result in various side effects over time. The clinical manifestations of *Amavata* are similar to those of Rheumatoid Arthritis. When *Ama* combines with aggravated *Vata Dosha* and settles in *Shelshmathana*, or joints, it leads to a painful condition. Ayurveda offers a natural treatment approach that avoids side effects. Acharya Chakra Dutta emphasizes a therapeutic regimen that includes *Langhana*, *Amapachana*, *Virechana*, *Snehapana*, *Kshara basti*, and *Vaitarana basti*. Through its holistic and multimodal approach, particularly via *shamana aushadi* and *panchakarma* therapy, Ayurveda effectively helps in preventing and treating *Amavata*. Treatments such as *Baluka Swedana*, *langhana*, and *deepana*, *pachana* are

recommended for *Amavata*. The current study indicates that *Amavata* can be effectively managed with Ayurveda [6, 7].



**Case Presentation**

**Chief Complaints:** Patient complaints of pain and swelling in several joints for the past three years. Furthermore, he has experienced morning stiffness in these joints for the last year. He also encounters difficulties in walking, along with intermittent fever.

**Demographic information of patient:**

**Age:** 55 years, **Sex:** Male  
**Religion:** Hindu,  
**Occupation:** Shopkeeper

**History of Present Illness:**

A 55-year-old male patient visited the outpatient department of Shree Goraksha Ayurvedic College, Hospital & Research Center in Khamgaon, reporting pain and swelling in several joints for the past three years. Furthermore, he has experienced morning stiffness in these joints for the last year. He also encounters difficulties in walking, along with intermittent fever. He was apparently normal before 3 years. Since then, He has developed gradual pain and stiffness in metacarpals joints of hand. Then increasing intensity of pain in bilateral ankle joints, shoulder joints, metatarsal joints and knee joints. Patient received allopathic painkiller medications but getting only temporary relief. Hence patient visited to our hospital for better treatment.

**Past Medical History:**

He is known case of Hypertension in the last 8 years on regular medications. (Tab- Cilgard 5mg (Cilnidipine) once a day in morning)

**Family History:** No any family history HTN & RA.

**Personal history:**

**Rogi Pariksha:**

*Aahara* (Diet) – Mixed diet  
*Nidra* (Sleep) – Disturbed  
*Jivha* (Tounge) – Coated  
*Kshudha* (Appetite) – Poor  
*Mutra* (Micturition) – 4-5 times/day, 2-3 times/night  
*Mala* (Bowel) – regular -once/day/Sometime constipated  
*Prakruti* – *Vata Kapha Prakruti*  
*Bala*- *Madhyama*

**General Examination**

BP – 130/90mmhg  
 Pulse- 88/min  
 Temp- 99/F/Afebrile  
 Pallor, Edema, Clubbing, Icterus, Lymphadenopathy - Absent

**Systemic Examination**

R/S- AEBE, clear  
 CVS- S1, S2 normal  
 CNS- Conscious, oriented  
 P/A- Soft, nontender, no distention, liver, spleen not palpable.

**On Local Examination:**

Local raise of temperature was present in multiple joints. Tenderness and Swelling was present in metacarpals joints.

**Blood Investigation**

CBC, RBS, LFT, Lipid profile, serum creatinine, serum calcium all reports findings are within normal parameters  
 RA test – 30 IU/mL (Positive quantitatively)

**Treatment Timeline**

The patient received treatment following the management protocol for *Amavata*. Initially, the patient started with *Amapachana* using *Shunthi Kashaya* and *Sarvanga Baluka Sweda*, in addition to the internal medication *Simhanada Guggulu* at a dosage of 500mg twice a day, and *Rasnasaptaka Kashaya* at 15 ml three times a day. The treatment lasted for one month, with follow-up appointments scheduled every 7 days. (Table no. 1)

**Table 1:** Treatment timeline.

S. No.	Therapy/Medicine	Dose	Duration
1	<i>Shunthi Kashaya</i>	50 ml/twice a day/before food	For 5 days
2	<i>Sarvanga Baluka Swedana</i>	twice a day/External	1 month
3	<i>Rasnasaptaka Kashaya</i>	15 ml/thrice a day/after food	
4	<i>Simhanada Guggulu</i>	500 mg/twice a day/after food	

\*Patients were advised to follow *Langhana* in the form of *Laghu Ahara*.

**Treatment Results Assessment:**

Results assessment was done before treatment during each follow-up, and after the treatment concluded, the grading of the patient's symptoms has shown significant improvement. (Table no. 2)

**Table 2:** Assessment of result with gradings of symptoms.

S. No.	Symptoms of Pt.	BT Grading	1 <sup>st</sup> follow up (on 7 <sup>th</sup> day)	2 <sup>nd</sup> follow up (on 15 <sup>th</sup> day)	AT Grading
1	Morning stiffness	3	2	1	0
2	Pain in joints	3	2	1	0
3	Swelling	3	1	0	0
4	Walking difficulty	3	2	1	1
5	Fever	2	1	0	0

**Discussion** [6, 7, 8, 9, 10]

In this case study classical *chikitsa sutra* was followed. Chakra Datta was the first to outline the *Chikitsa Siddhant* for *Amavata*. This includes *Langhana*, *Swedana*, and drugs with *Tikta*, *Katu Rasa*, and *Deepana* actions, as well as *Virechana*, *Sneha Pana*, *Anuvasana*, and *Kshara basti*. The Yogaratnakar has introduced *Upanaha* without *Snehana* to these therapeutic approaches. *Amavata* primarily arises from the vitiation of *Vata Dosha* and the formation of *Ama*. The main contributor to *Ama* production is *Mandagni*. In the Yogaratnakar, *Langhana* is noted as the most effective treatment for *Ama*. Patients were advised to follow *Langhana* in the form of *Laghu Ahara*. *Amavata* is classified as an *Amasayotha vyadhi* and *Rasapradoshaja Vikara*. *Langhana* serves as the first line of treatment in such cases. *Swedana* is particularly recommended when *Stambha*, *Gaurava*, and *Shula* are present. In the case of *Amavata*, *Ruksha Sweda* is suggested in the form of *Baluka Pottali Sweda* due to the presence of *Ama*. This approach aids in pacifying the vitiated *Vata Dosha*, thereby alleviating pain and stiffness. *Simhanada Guggulu* possesses *Laghu*, *Ruksha*, *Ushna*, and *Tikshna* properties. Most of the components in *Simhanada Guggulu* exhibit *Deepana* (enzyme activating), *Ama-Pachana* (biotoxin neutralizing), *Shothahara* (oedema reducing), *Shulahara* (analgesic), *Jwaraghna* (antipyretic), *Balya* (energy enhancing), and *Amavataghna* (anti-rheumatic) properties. It boosts *Agni-Bala* (digestive and metabolic capacity), mitigates *Ama* (biotoxins), and prevents further *Ama* (biotoxins) formation in the body. This leads to a reduction in the clinical manifestations of *Amavata* (Rheumatoid arthritis) and assists in disrupting the *Samprapti* (pathogenesis) of *Amavata*. *Rasnasaptaka Kashaya* possesses *Amapachana*, *Deepana*, *Vatahara*, and *Shulaghna* properties, which aid in breaking *Samprapti* and alleviating symptoms of *Amavata*.

**Conclusion**

In this case study, the patient has shown significant improvement in symptoms of patient. The *Amavata samprapti* is well understood, and patients can be effectively treated using classical *chikitsa Siddhanta*. Nevertheless, as this is a single case study, additional research with a larger patient population is required to confirm its effectiveness.

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**Funding Sources:** Nil.

**Patient's Consent:**

The authors confirm that they have secured all required patient consent forms. The patients acknowledge that their names and initials will remain unpublished.

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