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A case study on Aamvata (Rheumatoid arthritis)

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Abstract

Aamvata is one of the most common disorders affecting a large adult population. The term Aamvata is formed from two words, Aam and Vata. Aamvata is Madhyam marg vyadhi & It is firstly mentioned as separate disease by Madhavkara. In the pathogenesis of Aamvata, both Aam and Vata act as the main pathogenic factors. The aggravated Vata carries Aam and deposits it in the Shlesmasthanas (Asthi, Sandhi, and Aamashaya), leading to the development of Aamvata. So here Aamvata develops due to Agnidushti, formation of Aam, and derangement of the joints (Sandhivikruti). Therefore, the ideal treatment is one that restores normal Agni, digests and eliminates Aam, regulates Vata, and maintains the health of the joints and Sandhista Shleshma.

The symptomatology of Aamvata, as described in Ayurvedic literature, closely parallels the clinical presentation of rheumatoid arthritis. Aamvata is characterized by the association of Aam with vitiated Vata dosha, leading to pain, stiffness, swelling, and restricted movements of the joints. Similarly, rheumatoid arthritis is a chronic, progressive autoimmune joint disorder that predominantly affects multiple joints in a bilateral and symmetrical manner. In India, the prevalence of rheumatoid arthritis ranges from 0.5-3.8% in women and 0.15-1.35% in men. Acharya Chakradatta has described specific Chikitsa Siddhanta for the management of Aamavata, which includes Langhana, Swedana, administration of drugs possessing Tikta and Katu Rasa with Deepana properties, along with Virechana, Snehapana, and Basti. By applying these therapeutic principles, a case of Aamvata was treated successfully. Significant improvement was noted in the signs and symptoms following the treatment, and no complications were observed during the course of therapy.

Keywords: Aamvata, Aam, Aamshaya, Agni, Asthi, Rheumatoid arthritis

Introduction

Unwholesome lifestyle practices, including improper dietary patterns such as visamsana and adhyasana, day sleep (divasvapna), lack of physical activity (avyayama), and excessive intake of guru and snigdha aahar-such as bakery products, sweet preparations, and fast food-play a significant role in the vitiation of agni. In addition, psychological stressors like krodha (anger), shoka (grief), and chinta (anxiety) further aggravate this condition, resulting in mandagni. Impairment of digestive fire leads to the generation of aam, which, under the influence of aggravated vata dosha, circulates throughout the body and becomes lodged in shleshma sthanas (kapha-dominant sites) such as asthi and sandhi. This pathological process manifests clinically as sandhi-shoola (joint pain) and sandhi-shotha (joint swelling). Angamarda (bodyache), Agni Daurbalya (loss of digestive fire), Aalasya (lethargy), Aapaka (Indigestion), Aruchi (loss of appetite), Bahumutrata (frequent micturition), Trushna (thirst), etc. these features of Aamvata closely resembles with Rheumatoid Arthritis. Rheumatoid arthritis commonly presents with pain, swelling, and stiffness predominantly involving the small joints of the hands, feet, and wrists. In some cases, larger joints may be affected, along with systemic manifestations and extra-articular involvement. The worldwide prevalence of the disease is approximately 0.8% of the population. The disease most often begins between the ages of 30 and 50, but recent observational studies indicate that the disease can begin in any age group.

Case report: A 48yr female came to opd with complaints of sandhiruja and sandhishotha at Ubhay Manibandhi sandhi, Hastangulpurva sandhi, Janusandhi & Ubhay Gulf sandhi for 1 year. She also complained of Pratahkalin Sthmbha persisting for more than 45min since 6 months. Along with that the patient had associated symptoms of Aruchi, Jwara & here, nature of pain described by patient as todavat vaedana (pricking type of pain).

H/O past illness: There was no history of Hypertension, Diabetes or any other major illness in the past.

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Personal history Occupation: Nurse.

Diet: Guru, Snigdha, virudh aahar, excess sweets etc.

Allergy: No known.

Ashtavidh Parikshna

1. **Nadi:** 76/min
2. **Mala:** 3-4 times / week
3. **Mutra:** Samyak mutraprvruti(5-6times/day)
4. **Jihva:** Alpasama 5. Shabda: Spashta
5. **Sparsha:** Ushna
6. **Drik:** Prakrut
7. **Akriti:** Sthula

General examination

BP-130/80 mm of hg
PR-78/min
SPO₂-98%
Temp.-Afebrile

Systemic examination

CVS- S₁S₂ Normal
CNS- Conscious & oriented
RS-Clear
P/A-Soft

Local examination

Sandhishoth seen on Ubhay Janusandhi, Gulf sandhi, Hastaangul sandhi & Manibandhsandhi. Along with that there

is sandhigrah (stiffness) seen in Janusandhi, Manibandhsandhi.

Range of movement

Painful restriction of movements was observed in Ubhay Janusandhi & Manibandhsandhi.

Differential diagnosis: Vatarakta (Gout), sandhigatvaat.

Blood investigation

The routine blood investigations of the patient were found to be -

1. Hb - 9.2gm%
2. WBC count - 11,540/cmm
3. Plattlet count -3,65,000/cmm
4. ESR (Erythrocyte sedimentation rate) was recorded 40mm/hr
5. Serological evaluation showed the rheumatoid factor to be negative (8 IU/ml).
CRP level measured 23 mg/L, indicating a positive result.
6. Sr. creatinine, S. Uric acid, Blood sugar fasting & postmeal, Sr. cholesterol values were within normal limits.

Samprapti

Nidan Sevan(virudha aahar,Snigdha,Guru aahar sevan etc.)
Mandagni formation of Aam in body Aam + prakopita vata
Aam + vata samyoga Srotorodha Samcharana of Aam vata
through Rasvah strotas Sthanasamshraya in shleshmasthan
Sandhi shotha,sandhi shoala,stambha,Gauravata Aamvata.

Table 1: Treatment plan

Sr. No	Medicine	Dose	Anupan	Duration
1	Simhanad Guggul	500mg BD	Koshna jala	21 days
2	Rasnasaptak kashay	20ml BD	Koshna jala	21 days
3	Panchkola churna	2gm BD	Koshna jala	21 days
4	Vishwabhaishya churn siddha Eranda Tail	5ml HS	Koshna jala	21 days

Shaman chikitsa

Table 2: Panchkarma

	Duration	Period of time
Valuka pottali sweda	20 min	8 days

Table 3: Advised

Do's		Don'ts	
Aahar	Vihar	Aahar	Vihar
Laghu, ushna, ruksha aahar Old rice, yava Mudga yusha Takra(buttermilk) Ushna jala Vegetables- Lasuna, Adraka, Drumstick, Bottle gourd Freshly prepared food	Regular mild exercise Daily walking for 20 min	Guru, singdh Aahar Dadhi Cold water Fermented food, Bakery products, fast food, Sweets, Stale food etc.	Diwaswap Avyayama

Assessment criteria

Table 4: Grading of Sandhishotha (swelling)

Sr. No.	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table 5: Grading of Sandhishoola (pain)

Sr. No.	Severity of pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

Table 6: Sandhigrah (Stiffness in joints)

Sr. No.	Stiffness in joints	Grade
1	No stiffness	0
2	Stiffness lasting for 1-2hours	1
3	Stiffness lasting for 2-8 hours	2
4	stiffness lasting for more than 8 hours	3

Table 7: Grading of Sparshasahatwa (tenderness)

Sr. No.	Severity of tenderness	Grade
1	No tenderness	0
2	The patient says the area is tender	1
3	Patients winces due to pain	2
4	Patients winces and withdraws the affected part	3
5	Patients doesn't allow touching the affected part	4

Result

Table 8: Assessment of joint swelling(sandhishoth)

Left		Name of joint	Right	
Before treatment	After treatment		Before treatment	After treatment
2	0	Gulf sandhi	2	1
3	1	Janu sandhi	3	1
2	0	Hastaangulparva sandhi	2	0
2	0	Manibandh sandhi	2	1

Table 9: Assessment of Joint Pain (sandhishoola)

Left		Name of joint	Right	
Before treatment	After treatment		Before treatment	After treatment
3	1	Gulf sandhi	2	0
2	1	Janu sandhi	3	1
2	0	Hastaangulparva sandhi	2	1
2	0	Manibandh sandhi	3	1

Table 10: Assessment of Sandhigrah (Morning stiffness)

Morning stiffness	
Before treatment	After treatment
2	0

Table 11: Assessment of Joint tenderness (Sparshasahatwa)

Left		Name of joint	Right	
Before treatment	After treatment		Before treatment	After treatment
3	1	Gulf sandhi	2	0
2	0	Janu sandhi	3	1
2	0	Hastaangulparva sandhi	2	0
2	0	Manibandh sandhi	3	1

Table 12: Investigation

Investigations	Before treatment	After treatment
Hb	9.2gm%	10.8gm%
WBC count	11,540/cmm	10,500/cmm
Platlet count	3,65,0000/cmm	3,75,0000/cmm
ESR	40mm/hr	20mm/hr
CRP	Positive(23mg/L)	Negative (5)
RA Factor	Negative(8 IU/ml)	Negative(5IU/ml))

Discussion

Response to treatment was recorded, and treatment effectiveness was evaluated through relief of patients symptoms. It was observed that the patient's clinical symptoms gradually decreased during the treatment period. The therapeutic management of Aamvata, measures such as lightening therapy, sudation, use of bitter and pungent drugs with appetising properties, purgation, internal oleation, and administration of enemas are advised. Furthermore, unctuous

enema prepared with Saindhavadi Taila followed by Kshara Basti has also been recommended.

Valuka Pottali Sweda is a modality of Swedana therapy classified under Pinda Sweda. In this method, clean sand is heated and tied into a bolus, which is then applied over the affected joints to provide therapeutic warmth. Swedana is particularly indicated in conditions where Stambha (stiffness), Gaurava (heaviness), and Shula (pain) are present. Because presence of Aam, Ruksha swedana administered as Valuka pottali is advocated. It is beneficial in alleviating Sandhi Shoola (pain), Gauravata (heaviness/swelling), and Stambhata (stiffness).

Eranda Taila is considered one of the most effective drugs in the management of Aamvata. It possesses Katu rasa, Ushna virya and Vataghna properties. Because of its Sukshma guna, it is able to penetrate into the Sandhi and disintegrate the Doshasanghata. Vishwabhaishjya (Shunthi) acts as Deepana and Vibandhahara, and also exhibits immunomodulatory and

Shothahara (anti-inflammatory) effects. Through its Pachana activity, it facilitates the digestion of Ama. Hence, this combination plays an important role in Samprapti Vighatana. Simhanad Guggulu possesses Katu and Tikta Rasa, Laghu and Ruksha Guna, Ushna Virya, and Katu Vipaka, along with actions such as Vedanasthapana, Amapachana, and Srotoshodhana. These properties help to interrupt and counteract the pathogenic process of Aamvata.

Here Rasnasaptak kashay mainly act in vataj and vata- kaphaj disease. Due to its vata kaphahar properties it is used in Aamvata.

Panchkola powder should be taken with warm water. Due to its Dipana, Pachana, and Kaphaghna properties, Panchakola Churna helps in the elimination of Aam and plays a vital role in breaking the pathogenesis of Aamvata.

Conclusion

After giving treatment to patient, It is seen that there is relieve of symptoms in patient so we can use these medicine in patient who are suffering from Aamvata to reduce both sign & symptoms successfully with greater effectiveness.

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