IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 3, September 2026
Impact Factor: 8.2

# A Combined Approach to Amavata W.S.R. to Rheumatoid Arthritis: A Case Study

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**Abstract:** *: Amavata is the Disease of Rasavaha Strotas , Asthivaha Strotas and Is Madhyam-Marga Gatavyadhi.*
*The Etiological Factors Responsible for Rheumatoid Arthritis, Pathology and Clinical Features Are Quite Similar to Amavata. Hence Amavata Can Be Co-Related to Rheumatoid Arthritis.*
*Amavata Is described as An independent Disease of Vata doshas in MadhavNidan.*
*The present study is a case report on management of a female patient 47 yr's old with severe pain present at both knee & ankle Joint Since 1 year, Fever Since 4-5 days, Tenderness over the Same Joint Since 15 days.*
*Ayurvedic medication along with modern medicines were found to be effective in this case.*

**Keywords**: Amavata, Rheumatoid Arthritis, Madhav Nidan, knee & ankle Joint.

## I. INTRODUCTION

Ayurveda is a science of life. It has so many treasures of life thatmake men disease free healthy and long living. Main objectiveof the science is to maintain the health of healthy and curing the ailments of ailing.
Aamvata is the most common inflammatory joint disorder throughout the world.
Aamvata voice recognised as a separate disease only in late 9th century A.D. when Madhavakar describe the distinct etiopathogenesis and symptomatology for it and coined the term Aamvata.
Aamvata has been in ayurvedic text into references.

a) To indicate vitiation of vayu with Aam dosha.
b) Indicate a disease term as Aamvata Roga a constitutional disorder with clinical manifestation of joint inflammation.

Vitaited Aam and Vayu by involves koshtha (GIT) ,Trika(L.S.Spines) and sandhi joints creates pain in joints, loss of appetite, indigestion, stiffness of joint ,swelling of joints, weakness and heavyness in chest this condition is known as aamvata.

## II. OBJECTIVES

1. To Study the clinical representation of Amavata.
2. To observe haematological, clinical changes during treatment.
3. To reduce further complication and the duration of the disease.

## III.MATERIALS AND METHODS

Through review of Ayurvedic text and Modern literature for Amavata (RA) was done, Particular case represented here.


DOI: 10.48175/IJARSCT-38505

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**Conceptual Study**
**Disease Review**
**A] AYURVEDIC VIEW**

Aamvata is not explained in Bruhatrayee but explained in Laghutrayee.
Aamvata was recognised as a separate disease only in late ninth century A.D when Madhavakar describe the distinct etiopathogenesis and symptomatology for it and coined theterm Aamvata
Later books like YogRatnakar, BhaishajyaRatnavali,etc quoted the shlokas of MadhavNidan to explain the disease Aamvata without much change.

**B] MODERN VIEW**

Rheumatoid arthritis is a chronic inflammatory disorder that can affect more than just your joints. In some people,the condition can damage avoid variety of body systems, including the skin, eyes, lungs ,heart and blood vessels. An autoimmune disorder,rheumatoid arthritis occers when your immune system mistakenly attacks your own body tissues. Unlike wear and tear damage of osteoarthritis, rheumatoid arthritis effects the lining of your joints causing a painful swelling that can eventually results in bone erosionand joint deformity. The implamation associated with rheumatoid arthritis is what can damage other parts of body as well. While new types of medication have improved treatment options drammatically severe rheumatoid arthritis can still cause physical disabilities.

**Signs and symptoms of rheumatoid arthritis may include**

Tender,Warm ,Swollen joints Joint stiffness that is usually worse in the morning and after inactivity Fatigue, fever and loss of appetite.
Early rheumatoid arthritis tends to a fixed your smaller jointsfirst - particularly the joints that attack your fingers to your hands and your tooth to your feet.
As the disease progresses symptoms often spreads to the wrist, knees, ankles, elbows , hips and shoulders. In most cases symptoms occur in same joints on both sides of your body

**Case Presentation**

A 47 year old female patient, housewife by occupation reported at hospital on date28/08/26 with complaints of severe pain present at both knee & ankle Joint Since 1 year, Fever Since 4-5 days, Tenderness over the Same Joint Since 15 days.

**H/O- past illness-** No any comorbidities.
No any surgical history.

**Personal History-**

- Appetite-loss of appetite.
- Allergy-Not detected.
- Addiction- NAD
- Bowel-Irregular
- Bladder- Normal
- Diet- veg, non-veg diet.
- Exercise-None.
- Sleep- Disturbed due to Pain.

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**Investigations**

**1) CBC-**

| Haemogram | 28/08/26 | 31/08/26 |
|---|---|---|
| Hb | 9.6 gm% | 10.1 gm% |
| RBC | 4.82million/cmm | 4.42million/cmm |
| WBC | 13,900 /cmm | 9,100 /cmm |
| PLT | 3.00 lacs cumm | 2.12 lacs cumm |

**2)CRP-**

- 35.4 mg/dl. (28/08/26)
- 18.4 mg/dl. (31/08/26)

**3) Sr. Uric Acid -**

- 4.28 mg%. (28/08/26)
- 4.12 mg%. (31/08/26

**4) RA-** Reactive on date (28/08/26)&( 31/08/26)

**5) Urine R&M-** (28/08/26)

Albumin -Absent
Sugar- Nil
Bile Salt -Nil
Ketone – Absent.

Pus cells -0-2
Epithelial cells-1-3
RBCs-Nil

**Treatment- 1) Ayurvedic Medicine Chart-**

| Sr. No. | 28/08/26 | 31/08/26 |
|---|---|---|
| Vatvidhvnas Rasa 250 mg | 2 BD After Meal | 2 BD After Meal |
| Aamapachak Vati 250 mg | 2 BDAfter Meal | 2 BD After Meal |
| Avipattikar Churna 3gm | BD After Meal | BD After Meal |
| Sinhanada Guggul 250 mg | 2 BD After Meal | 2 BD After Meal |
| Castor Oil (Erand Taila) | 15 ML HS With Leukwarm Water. | 15 ML HS With Leukwarm Water. |

**Modern Medicine Chart-**

- **Tab Zifi 200 mg BD after meal.**
- **Tab pan 40 mg OD before meal.**
- **Tab PCM 500 TDS all treatment for 3 days.**

## IV. DISCUSSION

- The Treatment approaches on Ayurveda such as life style modification, management of underlying disease & systemic drug administration.
- This patient was managed with combined treatment of modern & Ayurvedic. The patient was observed on clinical examination & laboratory investigation reports.
- There is no any specific scale applied for the assessment criteria for the case only the following points were observed-

Change in appetite/diet over 1 month.
Change in pain & tenderness over 15 days.

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Change in Change in sleep quality.

## V. OBSERVATIONS

- There was improvement in the Appetite, sleep quality of the Patient**.**
- Pain and tenderness of both knee and ankle Joint reduced.
- Haematological changes got improved over time.
- Overall improvement in the quality of life was observed in the patient.

## VI. CONCLUSION

Ayurvedic and Modern management of Amavata (RA) is found to be effective and safe.
Treatment reduce adverse effects and complications, and improve the quality of life of patient.

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