



Case Study

## A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF VATARAKTA W.S.R TO ELDERLY ONSET RHEUMATOID ARTHRITIS

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### ABSTRACT


*Vatarakta*, described in Ayurvedic classics as a disorder arising from the vitiation of *Vata* and *Rakta*, shares clinical similarities with Elderly Onset Rheumatoid Arthritis (EORA), particularly in its inflammatory and debilitating presentation. Conventional management often focuses on symptomatic control, whereas Ayurveda offers a holistic approach aimed at restoring systemic balance. **Case Presentation:** A geriatric patient presented with moderate swelling (Grade 2), severe burning sensation (Grade 3), and severe pain (Grade 4) along with markedly elevated inflammatory markers. An Ayurvedic treatment protocol was designed, incorporating *Dasamoola Kashaya Dhara*, *Choorna Pinda Sweda (Ruksha and Snigdha)*, *Snehapana*, *Abhyanga* and *Panchakarma* procedures like *Virechana*, *Ardhmatrika Vasti*, and *Ksheera Vasti* over a structured treatment period. **Outcomes:** Post-treatment evaluation showed complete resolution of swelling and burning sensation, with pain reducing from Grade 4 to Grade 1. Hemoglobin improved from 10.4gm% to 11.2gm%. Inflammatory markers showed remarkable reduction: ESR decreased from 95mm/hr to 50mm/hr, CRP from 192.8mg/dL to 35mg/dL, and Rheumatoid Factor from 640 IU/mL to 120 IU/mL. These clinical and biochemical improvements indicate significant alleviation of systemic inflammation and autoimmune activity. **Conclusion:** The integrative Ayurvedic protocol demonstrated substantial therapeutic benefit in managing *Vatarakta*/EORA, suggesting its potential as an effective complementary approach in geriatric inflammatory joint disorders.

### INTRODUCTION

Elderly-onset rheumatoid arthritis (EORA)<sup>[1]</sup> refers to rheumatoid arthritis that begins after the age of 60 and is recognized as a distinct clinical subtype with characteristic features. Compared with younger-onset RA, EORA often shows a more balanced sex distribution, sometimes with a slight male predominance, and commonly begins abruptly with systemic or constitutional symptoms. Patients tend to present with higher inflammatory markers at diagnosis, more frequent systemic involvement, greater disease activity, and a preference for large-joint inflammation. Although rheumatoid factor is less

commonly positive in this group, anti-citrullinated protein antibody levels may be higher, and bone erosions and functional impairment are frequently observed.

RA in the elderly can manifest in three overlapping clinical patterns: a presentation similar to classic RA, a phenotype resembling polymyalgia rheumatica, or remitting seronegative symmetrical synovitis with pitting oedema. Management considerations for EORA differ from those in younger patients. NSAIDs are generally avoided as an initial treatment due to increased risk of adverse effects and the high prevalence of contraindicating comorbid conditions among older adults. Instead, disease-modifying antirheumatic drugs (DMARDs), particularly methotrexate, are typically started promptly after diagnosis. For patients who do not respond adequately to conventional DMARDs, biologic or targeted synthetic DMARDs offer alternative therapeutic options.

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As a distinct clinical entity, EORA requires individualized treatment strategies. Growing evidence underscores the limitations of NSAID use in older adults and reinforces the need to get a better treatment option.

EORA can be correlated with *Vatarakta* in Ayurvedic literature, and with appropriate Ayurvedic interventions, it can be effectively managed.

*Vatarakta* is identified in Ayurvedic literature as a painful joint disorder characterized by severe pain, tenderness, inflammation, and a burning sensation. Classical texts such as the *Brihatrayi* and various *Samhitas* describe the condition extensively and refer to it by several names, including *Khuddavata*, *Vatabalasa*, and *Aadhaya Vata*<sup>[2]</sup>. Ayurveda classifies the causative factors of *Vatarakta* into dietary (*Aaharaja*) and lifestyle-related (*Viharaja*) categories. Excessive consumption of salty, sour, pungent, oily, hot, moist, dry, irritating, or alkaline foods, along with incompatible food combinations and eating before the previous meal is digested, are considered dietary contributors. Items such as meat from marshy animals, horse gram, black gram, certain legumes, and alcoholic beverages are also implicated<sup>[3]</sup>. Lifestyle factors such as anger, daytime sleeping, night-time wakefulness, a delicate constitution, lack of physical activity, poor hygiene, trauma, frequent water-related activities, excessive swimming, suppression of natural urges, and riding on animals like horses, elephants, and camels increase susceptibility as well<sup>[4]</sup>. The *Sushruta Samhita* further notes that individuals who are naturally delicate, obese, or habitually consume unhealthy foods are particularly predisposed to developing *Vatarakta*<sup>[5]</sup>.

### Types of *Vatarakta*

#### According to Charaka Samhita – 2 types<sup>[6]</sup>

- In *Uttana Vatarakta*, the pathological process affects the superficial tissues such as the skin and muscles, and the symptoms remain confined to these layers. This form often resembles a skin disorder (*Kushta*), presenting with skin changes and muscle discomfort.
- In *Gambhira Vatarakta*, the disease process extends into deeper tissues, including the blood, bones, joints, and internal organs. This form presents as a more systemic condition with complex symptoms and resembles a joint disorder, as joint involvement is more prominent than skin manifestations.

#### 1. According to Charaka Samhita – 4 types<sup>[7]</sup>

- *Vata Pradhana Vatarakta* presents with *Sira Ayama*, *Shoola*, *Sphurana*, *Toda*, *Shyava-Ruksha Shotha*, *Vridhi-Hani* of symptoms etc.

- *Pitta-pradhana Vatarakta* typically presents with *Vidaha*, *Vedana*, *Murcha*, *Sweda-adhikya*, *Trishna-adhikya*, along with symptoms such as *Mada* and *Bhrama*.
- *Kapha-pradhana Vatarakta* is marked by *Staimitya* and *Gauravam*, *Sneha-Snigdhatata*, *Supti*, *Manda Vedana*, *Shitata*, and *Kandu*, among other symptoms.
- *Rakta-pradhana Vatarakta* is characterized by *Shwayathu*, *Atiruka*, *Toda*, *Tamra varna*, and *Chimchimayata*, among other symptoms.

### Case Presentation

#### Patient Information

A 71-year-old lean-built male patient, working as a spray painter since 50 years, with no previously documented medical comorbidities presented with a 6-month history of progressive polyarticular joint pain, predominantly involving the left knee. The onset was insidious, initially manifesting as a sharp, pricking pain along with burning sensation localized to the left knee, which gradually progressed to involve multiple joints, including the right knee, shoulders, ankles, elbows, wrists, and interphalangeal joints of both hands. Approximately midway through the course of symptoms, the patient noted swelling of the left foot, which he reports subsided following a course of antibiotics taken on his own initiative. Despite temporary relief in swelling, the joint pain persisted and continued to worsen. The patient described the pain as persistent throughout the day and night, with notable exacerbations during the early morning and late evening hours. Morning stiffness lasting 20–30 minutes was consistently present. The patient also reported that symptoms were aggravated by cold weather and rainy conditions, while relative relief was achieved with rest and lying down. No history of trauma, fever, weight loss, or similar prior episodes was reported.

The patient sought treatment from allopathic physicians, though these interventions did not yield significant improvement, then he consulted an Ayurvedic physician and he advised a Rheumatoid Factor (RF) test, which revealed a markedly elevated level of RF 640 IU/ml. Due to the persistently worsening symptom, the patient presented to our outpatient department (OPD), following which he was admitted to the inpatient department (IPD) for further evaluation and management.

#### Past History

- H/O Chikungunya – 25 years back
- No H/O type-2 diabetes mellitus, hypertension and dyslipidemia

**Personal History**

- Diet: mixed
- Bowel: regular
- Appetite: poor
- Micturition: WNL
- Sleep: disturbed
- Addiction: smoking (beedi 2 packets/ day) and alcohol started at the age of 19 (both stopped before 6 months)
- Allergy: not known

**General Physical Examination**

- Patient is conscious, talkative, co-operative, oriented to time place and person.

- Built- Lean
- Pallor - Nil
- Icterus - Nil
- Cyanosis - Nil
- Clubbing - Nil
- Lymph node enlargement - Nil
- Edema - Absent

**Systemic Examination**

- CVS: S1, S2 heard, no abnormality detected
- Respiratory system: lungs - clear, no abnormality detected.
- Digestive system: Poor appetite, constipated stools

**Locomotor system**

**Table 1: Spine examination**

Examination	Cervical	Thoracic	Lumbar
Inspection	NAD	NAD	NAD
Palpation	No tenderness	No tenderness	No tenderness
ROM	possible with pain	Possible	Possible

**Table 2: Shoulder joint examination**

Shoulder joint examination	RT	LT
Inspection	NAD	NAD
Palpation	Warmth (+) Grade 1 tenderness	Warmth (+)
ROM: Flexion	Possible upto 90 degree	Possible upto 120 degree
Extension	Possible	Possible
Adduction	Possible	Possible
Abduction	Upto 70 degree	Upto 80 degree
Int rotation	Restricted due to pain	Possible
Ext rotation	Restricted due to pain	Possible

**Table 3: Elbow joint examination**

Elbow joint examination	RT	LT
Inspection	NAD	NAD
Palpation	Grade 2 tenderness	grade 2 tenderness
ROM	All movements possible with pain	All movements possible with pain

**Table 4: Wrist joint examination**

Wrist joint Examination	RT	LT
Inspection	NAD	NAD
Palpation	Grade 2 tenderness	Grade 2 tenderness
ROM	All movements restricted due to pain	All movements restricted due to pain

- MCP joints. - grade 1 tenderness (b/l)
- DIP joints. - grade 1 tenderness. (b/l)
- PIP joints - grade 1 tenderness (b/l)

**Table 5: Knee joint examination**

Knee joint examination	RT	LT
Inspection	Swelling present	swelling present
Palpation	<ul style="list-style-type: none"> <li>Grade 1 tenderness</li> <li>warmth +</li> </ul>	<ul style="list-style-type: none"> <li>Grade 2 tenderness (medially)</li> <li>Warmth (+)</li> </ul>
ROM	<ul style="list-style-type: none"> <li>Flexion- possible upto 90 degree</li> <li>Extension - possible</li> </ul>	<ul style="list-style-type: none"> <li>Flexion- possible upto 90 degree</li> <li>Extension - possible</li> </ul>

**Table 6: Ankle joint examination**

Ankle joint examination	RT	LT
Inspection	Mild swelling present	Mild swelling present
Palpation	Warmth (+)	Warmth (+)
ROM	Restricted due to pain	Restricted due to pain

**Ashtavidha Pareeksha**

- Nadi - Sadaranam
- Mootram - Anavilam
- Malam. - Abadham
- Jihwa - Upaliptham
- Sabdha - Spashtam
- Sparsha. - Anushna sheetam
- Drik. - Vyaktam
- Akrti. -Krusham

**Dasavidha Pareeksha**

- Dushyam: Rasa, Rakta, Mamsam, Asthi, Sandhi
- Desham: Anupa
- Balam:
  - Roga bala: Pravara
  - Rogi bala: Madyama
- Kalam
  - Vyadhiavastha – Navam
  - Kshanadi – Greeshmam
- Analam: Madyama
- Prakruthi: Vata kapha
- Vaya: Vrudha
- Satwam: Madhyama
- Sathmya: Madhura rasa pradhana
- Ahara Sakthi:
  - Jarana Sakthi: Madhyama
  - Abhyavaharana Sakthi: Avara
- Vyayama sakti: Avara

**Nidana**

- Intake of Mrushtannam (Snigdha, Guru, Madhura), Anupa mamsam, Masha, meat, alcohol, Vega nigrham.
- Occupation: spray painting - since 50 years

The exposure to volatile organic chemicals associates positively with rheumatoid arthritis<sup>[8]</sup>.

**Purvarupa: Avyaktam****Rupa**

- Swayathu (Oedema) – Present in the early stage
- Sthambha (Stiffness)
- Soola
- Sphurana

**Samprapti**

- Due to continuous chemical exposure, excessive sun exposure, and daily alcohol consumption over a period of 50 years, Pitta was aggravated, which in turn vitiated the associated Asraya Rakta.
- Due to excessive physical exertion and irregular food habits and considering the age, Vata was aggravated.

Doshakopa nidanas → Vitiating Pitta, Raktha and Vata → Hampers normally functioning Agni. → Ama formation. → Anyonya Avarana of Vata and Rakta occurs. → Localized in Sandhi Pradesha → Manifestation of Vata Sonita.

**Samprapti Ghataka**

- Dosha: Vata pradana vatarakta
- Dushya: In Gambhira vatarakta: Rasa, Rakta, Mamsa, Asthi and Sandhi.
- Srotas: Rasa vaha, Rakta vaha, Mamsa vaha, Asthi vaha
- Srotodushti: Sanga, Vimarga gamana
- Adisthana: Janu, Uru, Amsa,
- Rogamarga: Madhyama
- Sadhyasadyatha: Yapy

**Differential Diagnosis**

- Psoriatic arthritis: Psoriatic arthritis is associated with psoriasis and can affect the joints and skin. It may present with a pattern of joint involvement as RA, but can also affect the spine and may have characteristic skin and nail changes.
- Gout: In gouty arthritis there will be elevated uric acid. But in this case the uric acid level is normal (4.4mg%)
- Amavata: While Amavata and Vata rakta both involve joint inflammation, Amavata is

characterized by joint pain and swelling associated with digestive issues, which are not primarily in Vatarakta.

- Sandhigatavata: Sandhi vata is characterized by joint degeneration and pain that worsens with activity, unlike the inflammatory nature of Vatarakta.

**DIAGNOSIS**

- **Provisional Diagnosis** – Vatarakta
- **Final Diagnosis** – Vata dhika Vatarakta/ Elderly onset Rheumatoid Arthritis

**Therapeutic Interventions****Internal Medications****Table 7: First Course Medicine – 2 weeks**

S.No.	Medicines	Dose	Time of administration	Days
1	Amritotharam kashayam	90 ml	6 am	14 days
2	Punarnavadi Kashayam	90 ml	6 pm	14 days
3	Shaddharanam tab	1-0-1	6am, 6pm with Kashaya	14 days
4	Dhanwantharam tab	2-0-2	Before food	14 days
5	Manomitra vatakam	0-0-1	Night after food	14 days

**Table 8: Second Course Medicine – 2 weeks**

S.No.	Medicines	Dose	Time of administration	Days
1	Guluchyadi kashayam	90 ml BD	6am, 6pm	14 days
2	Sudarshanam tab	2-0-2	After food	14 days
3	Balarishtam	20 ml BD	After food	14 days
4	Dasamoola hareetaki lehyam	1 tsp	Night time after food	14 days

**Table 9: Discharge Medicine**

S.No.	Medicines	Dose	Time of administration	Days
1	Kokilaksham kashayam	90 ml BD	6am, 6pm	14 days
2	Shaddharanam tab	2-0-2	After food	14 days
3	Balarishtam	20 ml BD	After food	14 days
4	Dasamoola hareetaki lehyam	1 tsp	Night time after food	14 days

**Table 10: Panchakarma Procedures and External Therapies**

S.No.	Procedures	Duration
1	Dasamoola Kashaya dhara	7 days
2	Choorna pinda sweda (Ruksha)- with kolakulathadi choorna	7 days
3	Snehapanam with indukantham ghritam in arohana matra	7 days
4	Abhyanga with murivenna and nadi sweda	3 days
5	Virechana with Nimbamritha eranda taila - 30ml	1 day
6	Choorna pinda sweda (Snigdha) with Kolakulathadi choorna Frying – in eranda taila	7 days
7	Ardhamatrika vasti <ul style="list-style-type: none"> <li>• Makshika – 96 ml</li> <li>• Saindhava – 12 gm</li> </ul>	5 days

	<ul style="list-style-type: none"> <li>• <i>Madhuyashtyadi tailam</i> – 96 ml</li> <li>• <i>Satahwa kalka</i> – 12 gm</li> <li>• <i>Dasamoola kashayam</i> – 384 ml</li> </ul>	
8	<i>Ksheera vasti</i> <ul style="list-style-type: none"> <li>• <i>Makshikam</i> -120 ml</li> <li>• <i>Guggulu tikthakam ghritam</i> – 120ml</li> <li>• <i>Dhanwantharam mezhukupakam</i>- 120 ml</li> <li>• <i>Guluchyadi ksheera kashayam</i>- 250 ml</li> </ul>	7 days
9	<i>Samana snehapanam</i> <ul style="list-style-type: none"> <li>• <i>Madhuyashtyadi tailam</i> – 15 ml</li> </ul>	14 days

**Assessment Criteria**

**Subjective criteria**

**Table 11: Grading of signs and symptoms as per WHO scoring pattern<sup>[9]</sup>**

Signs & Symptoms	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Swelling	No swelling	Slight	Moderate	Severe	-
Discoloration	Normal coloration	Near to normal	Reddish discoloration	Slight reddish black discoloration	Blackish discoloration
Burning sensation	No burning sensation	Mild	Moderate	Severe	-
Pain	No pain	Mild pain	Moderate pain but no difficulty in moving	Slight difficulty in moving due to pain	Much difficulty
Itching	No localized itching	Itching occurs occasionally	Continuous itching (disturbing normal activity)	Severe localized itching (Desquamation of overlying skin)	-

**Table 12: DAS 28 Score - Before Treatment**

	Left		Right	
	Swollen	Tender	Swollen	Tender
Shoulder	Absent	Absent	Absent	Present
Elbow	Absent	Present	Absent	Present
Wrist	Absent	Present	Absent	Present
MCP 1	Absent	Present	Absent	Present
MCP 2	Absent	Present	Absent	Present
MCP 3	Absent	Present	Absent	Present
MCP 4	Absent	Present	Absent	Present
MCP 5	Absent	Present	Absent	Present
PIP 1	Absent	Present	Absent	Present
PIP 2	Absent	Present	Absent	Present
PIP 3	Absent	Present	Absent	Present
PIP 4	Absent	Present	Absent	Present
PIP 5	Absent	Present	Absent	Present
Knee	Present	Present	Present	Present
Total	1	13	1	14

**Table 13: DAS 28 Score – After Treatment**

Left	Right	
	Swollen	Tender
Shoulder	Absent	Absent
Elbow	Absent	Absent
Wrist	Absent	Absent
MCP 1	Absent	Absent
MCP 2	Absent	Absent
MCP 3	Absent	Absent
MCP 4	Absent	Absent
MCP 5	Absent	Absent
PIP 1	Absent	Absent
PIP 2	Absent	Absent
PIP 3	Absent	Absent
PIP 4	Absent	Absent
PIP 5	Absent	Absent
Knee	Absent	Present
Total	0	1

**Objective Criteria:** ESR, RF factor and CRP

#### OBSERVATIONS AND RESULTS

**Table 14: Changes in symptoms before and after treatment**

Symptoms	Before treatment	After treatment
Swelling	Grade 2	Grade 0
Discoloration	Grade 0	Grade 0
Burning sensation	Grade 3	Grade 0
Pain	Grade 4	Grade 1
Itching	Grade 0	Grade 0

**Table 15: Changes in Investigations**

Investigations	Before treatment	After treatment
Haemoglobin	10.4 gm%	11.2 gm%
ESR	95 mm/hr	50 mm/hr
RF factor	640 IU/mL	120 IU/ml
CRP	192.8 mg/dl	35 mg/dl

#### Clinical Outcomes

As per WHO scoring prior to initiation of treatment, the patient presented with multiple significant symptoms, notably moderate swelling (Grade 2), severe burning sensation (Grade 3), and severe pain (Grade 4). Discoloration and itching were absent at baseline. Following the treatment period, there was a marked improvement across all symptomatic parameters. Swelling and burning sensation resolved completely (Grade 0), and pain decreased substantially from Grade 4 to Grade 1, indicating near-complete symptomatic relief. Discoloration and itching, which were absent initially, remained unchanged.

Clinical disease activity assessed by DAS-28 scoring demonstrated significant improvement. Before

treatment, the patient had 1 swollen joint on the left and 1 on the right, with 13 tender joints on the left and 14 on the right. Following treatment, swollen joints reduced to zero on both sides, and tender joints markedly decreased to 1 on the left and 1 on the right, indicating significant reduction in disease activity and joint tenderness.

#### Laboratory Improvements

The biochemical investigations demonstrated clear improvement correlating with the clinical response. Haemoglobin levels increased from 10.4gm% to 11.2gm%, suggesting enhancement in overall haematological status. Markers of inflammation showed significant reductions: ESR declined from 95mm/hr to 50mm/hr, and CRP decreased sharply

from 192.8mg/dL to 35mg/dL, indicating a substantial reduction in systemic inflammatory activity. Additionally, Rheumatoid Factor (RF) levels reduced markedly from 640 IU/mL to 120 IU/mL, reflecting a noteworthy decrease in autoimmune or inflammatory burden.

### Overall Outcome

The combined clinical and laboratory findings indicate that the treatment produced a strong therapeutic response, characterized by marked symptom resolution and substantial improvement in inflammatory markers. The patient exhibited both subjective and objective recovery, demonstrating the effectiveness of the therapeutic approach.

## DISCUSSION

### On Disease

Elderly Onset Rheumatoid Arthritis (EORA)<sup>[10]</sup> represents a distinct clinical entity within the rheumatoid arthritis spectrum, characterized by onset after the age of 60 years. Compared with younger-onset RA, EORA often presents with acute onset, prominent constitutional symptoms, higher inflammatory markers, and a tendency for large-joint involvement. These features highlight an age-related alteration in immune responsiveness, inflammatory pathways, and musculoskeletal resilience. When examined through the Ayurvedic lens, many of these patterns parallel the classical description of *Vatarakta*, a disorder arising from the pathological interaction between aggravated *Vata* and vitiated *Rakta*.

Ayurveda describes ageing (*Vardhakya*) as a period marked by the natural increase of *Vata doṣa*, predisposing elderly individuals to degenerative, painful, and mobility-restricting diseases. In EORA, the heightened inflammatory response and joint stiffness can be interpreted as a condition wherein *Vata*, already dominant due to age, becomes further aggravated by factors like diminished tissue nutrition, reduced metabolic fire (*Agni*), and accumulation of inflammatory mediators that can be equated to *Rakta duṣṭi*. Thus, the core pathogenesis of EORA resonates with the *Vata-pradhana Vatarakta* pathology described in classical Ayurvedic texts.

Furthermore, the clinical features of EORA- acute joint pain, swelling, morning stiffness, fatigue, and systemic manifestations- closely map onto the symptomatology of *Vatarakta*, which includes *Sūla* (pain), *Sopha* (swelling), *Stabdha gati* (restricted movement), *Raga* (redness), and *Daha* (burning sensation). The chronicity and recurrent nature of the condition also align with the Ayurvedic categorization of *Vatarakta* into *Uttana* (superficial) and *Gambhīra* (deep) stages, paralleling the progression from synovial inflammation to joint destruction in RA. The

more aggressive inflammatory profile seen in EORA may be interpreted as greater involvement of *Rakta* and *Pitta*, whereas the deformities and functional decline seen in advanced disease reflect deep-seated *Vata* dominance.

The management principles in both systems show conceptual alignment. Modern therapeutics for EORA emphasize early control of inflammation, prevention of joint damage, and maintenance of function. Ayurveda recommends pacification of aggravated *Vata* along with purification or pacification of *Rakta*, employing therapies such as *Snehana* (oleation), *Svedana* (fomentation), *Virechana* (purgation), and *Raktaśodhana* approaches, along with *Vata-anulomana* and *Rasayana* therapies tailored to the elderly physiology. This holistic approach addresses not only the joints but also comorbidities, metabolic abnormalities, and tissue fragility, all commonly seen in elderly populations.

Viewing EORA through the *Vatarakta* framework provides a broader biopsychosocial perspective that encompasses degeneration, inflammation, and systemic ageing. It supports individualized management strategies that combine anti-inflammatory, rejuvenative, and lifestyle-corrective measures. Integrating Ayurvedic insights with contemporary understanding may thus offer a more comprehensive, patient-centred approach for elderly individuals suffering from rheumatoid arthritis.

### On Shamana Medicines

In the first phase of treatment, the aim is to reduce acute pain in which there is *Avarana* of *Kapha* and *Ama* in *Vata pradhana* condition.

*Amrithotharam Kashaya is Dīpana-Pacana, Amapacana* and *Jvara-Śothahara*. In the earliest stage, *Vatarakta* is strongly influenced by *Ama* obstructing *Vata* in the channels. *Amrithotharam* breaks this pathology by improving *Agni*, reducing inflammation and provides *Srotoshodhana*<sup>[11]</sup>, which helps restore proper circulation and reduces early pain and stiffness.

*Punarnavadi kashayam* possess potent anti-inflammatory and anti-oedematous activity. In early *Vatarakta*, which often presents with local oedema and microvascular congestion, *Punarnavadi Kaṣayam* assists in reducing tissue swelling and improving metabolic clearance<sup>[12]</sup>.

*Shaddharanam* tab having *Agni Deepana* and *Srotoshodhana* properties. This formulation, containing components such as *Trikatu* and *Triphala*, enhances gastrointestinal motility, stimulates digestive enzymes, and improves bioavailability.

*Dhanvantaram* tablet, rich in *Vatahara* herbs, are traditionally used in *Vata* pacification, Neuro-

musculoskeletal support. It enhances peripheral circulation and reduces stiffness and pain.

Psychological stress is known to modulate inflammatory pathways and exacerbate *Vata*-related disorders. Herbs in *Manomitram Vatakam*, such as *Brahmi* and *Jatamamsi* exhibit anxiolytic, adaptogenic, and mild sedative properties. By stabilizing the autonomic nervous system, this formulation indirectly contributes to reducing inflammatory triggers.

Their combined use may help prevent disease progression and reduce the severity of early symptoms when administered judiciously.

*Guluchyadi kashayam* is *Jvaraghna*, *Raktaprasadaka*, *Amapacana*, *Vata-Pitta* balancing properties<sup>[13]</sup>, which helps to reduce systemic inflammatory markers, modulate immune overactivation, improve metabolic clearance, reduce joint warmth, fatigue, and episodic fever associated with active RA. It's dual *Pitta-Vata* pacification aligns with the hyperinflammatory yet degenerative nature of EORA.

*Sudarshanam* tablet is a polyherbal compound with more than 40 bitter-predominant herbs providing antioxidant, antimicrobial, hepatic-supportive and anti-inflammatory functions<sup>[14]</sup>. In EORA-associated *Vatarakta*, it helps correct inflammatory metabolism, reduces reactive oxygen species implicated in synovial damage, supports liver function essential for detoxification and drug metabolism and prevents acute flare-ups by reducing inflammatory response due to *Pitta* dominance.

*Balarishta* possesses *Vatahara* and *Balya* properties, and it boosts neuromuscular tone while improving appetite and digestion. It aids in tissue nourishment, enhances functional abilities, and helps in recovery from weakness caused by inflammation

In addition to strengthening the respiratory and muscular systems, improving bowel function, and lowering chronic inflammation in EORA patients, *Dasamoola hareetaki lehyam* is *Vata-kaphahara* and *Rasayana*. It promotes intestinal regularity, which is important because elderly people frequently have sarcopenia, poor metabolism, and constipation- all of which exacerbate EORA.

The combined use of these formulations collectively addresses systemic inflammation, metabolic toxins, *Vata* aggravation, microvascular dysfunction, age-related tissue depletion and support functional improvement and reduce disease progression in geriatric inflammatory joint disorders.

*Kokilaksham kashayam* given as discharge medicine possess *Mutrala*, *Sothahara* and *Vata-pittahara* properties, and also supports kidney function and improves microcirculation. In EORA,

where chronic synovitis is associated with metabolic waste accumulation, this formulation reduces residual joint swelling, promotes excretion of inflammatory metabolites, supports fluid balance and assists in controlling pain and stiffness in weight-bearing joints.

*Shaddharaṇam* enhances gastrointestinal enzyme activity, gut motility and metabolic clearance of inflammatory mediators. It helps to prevent accumulation of ama and acts as an essential drug to maintain metabolic homeostasis after discharge.

These formulations collectively control subclinical inflammation, correct metabolism and prevent ama formation, pacify chronic *Vata* derangement, rejuvenate musculoskeletal tissues and support digestive and systemic resilience.

This integrated approach helps maintain remission, prevents flare-ups, and enhances quality of life in elderly patients navigating chronic inflammatory joint diseases.

### On Panchakarma Treatment and External Therapies

*Kasaya dhara* refers to the pouring of lukewarm *Kasayas* over the body and it is effective for managing pain, inflammation etc. According to Ayurvedic literature, *Dashamoola* is a powerful anti-inflammatory and analgesic composition. Importance of *Dashamoolam* in treating pain and inflammation is validated by each herb's distinct qualities<sup>[15]</sup>.

*Choorna pinda swedam* is highly beneficial in *Vatarakta* because it reduces pain, swelling and stiffness, improves circulation, pacifies both *Vata* and *Rakta* and reduces *Ama* and heaviness in joints and *Kolakulathadi Pinda Sweda* is opted because of its *Vatahara*, *Sulahara*, *Sothahara* and *Vedana sthapana* properties<sup>[16]</sup>.

*Indukantham Ghrita* has the properties such as *Pittanilahara*. The ingredients have been also reported having immunomodulatory, anti-inflammatory and antioxidant activities<sup>[17]</sup>. The *Ghritam* is given as *Snehapana* for seven days and after attaining *Samyak snigdha lakshanas*, underwent *Abhyangam* and *Swedam* for 3 days and *Virechana* therapy is administered using *Nimbamruthadi eranda tailam*.

*Nadi swedam* is a targeted sudation therapy for *Vatarakta*. It is particularly effective in alleviating pain, reducing inflammation and pacifying aggravated *Vata* and *Rakta dosha*. And the properties of the ingredients in *Murivenna* has the ability to promote microcirculation, and helps in lowering inflammation. When examining the characteristics of each component of *Murivenna*, the majority of them were *Kapha* and predominantly *Tikta*, *Katu*, and *Madhura Rasa* so it also has *Pitta Shamana* property<sup>[18]</sup>.

According to *Ashtanga Hridaya Nimbamritadi Eranda Taila* is indicated in *Vatarakta*. It possesses actions such as *Vata-nulomana*, *Srotoshodhana*, *Balya*, *Adhobhaga dosha hara*, *Deepana*, and *Shothahara*. This *Taila* is particularly suitable for *Vata* disorders involving *Rakta* and *Pitta*, such as *Vatarakta*. Its properties including *Teekshna*, *Sūkṣma*, *Sara*, *Kashaya rasa*, and helps in pacifying *Madhura vipaka* both *Vata* and *Rakta*, has blood purifying property, which aid in its anti-inflammatory effects and function as an efficient detoxifying agent<sup>[19]</sup>, thereby benefiting conditions like *Vatarakta*.

***Eranda Taila (Castor oil)*** - It pacifies aggravated *Vata* by restoring its normal flow that is *Vatanulomana*, promotes *Srotovishodhana*, and reduce *Kapha*<sup>[20]</sup>.

*Ardhamatrika Vasti* is a half-volume variant of *Niruha Vasti*, designed to deliver milder detoxification, controlled *Vata* pacification, improved tolerance in elderly, debilitated patients and is indicated for *Vatarakta* in Ayurveda classics. *Ardhamatrika Vasti* is a clinically valuable intervention in *Vatarakta* correlated with Elderly-Onset Rheumatoid Arthritis (EORA) due to its ability to pacify aggravated *Vata* safely, reduce chronic inflammation, correct metabolic and gut pathology, improve microcirculation, support detoxification and enhance functional capacity in elderly patients. Its reduced volume makes it particularly suitable as a Panchakarma procedure, delivering sustained benefits without imposing physiological strain on geriatric individuals<sup>[21]</sup>.

*Ksheera Vasti* containing *Makshikam*, *Guggulu Tikthakam Ghritam*, *Dhanwantharam Mezhukupakam*, and *Guluchyadi Ksheera Kashyam*<sup>[22]</sup>, offers a comprehensive, geriatric-friendly therapeutic approach for EORA correlated with *Vatarakta*. Its actions include safe *Vata* pacification, potent anti-inflammatory and immune-modulation, metabolic correction, rejuvenation of joints, improved digestive and systemic resilience.

*Makshikam* possess anti-inflammatory, antioxidant properties and enhances drug absorption, improves peristalsis and colon lubrication, which facilitates wound and tissue healing. Honey acts as a vehicle that improves the penetration and bioavailability of the *Vasti* components. It also counteracts oxidative stress in inflamed synovium.

*Guggulu Tikthakam Ghritam* having *Vata-Pitta* pacifying and deep anti-inflammatory and anti-rheumatic effect and *Lekhana guna*, helps rejuvenates bone, joints, and connective tissue and improves lubrication of degenerated joints.

*Dhanwantharam Mezhukupakam* helps in neuro-musculoskeletal strengthening, possess analgesic and anti-stiffness effect, improves circulation

to joints and nerves and corrects *Vata*. Elderly patients often have a combination of arthritis and degenerative spinal symptoms. This component ensures neuromuscular stability, reduces gait disturbance, and enhances mobility.

*Guluchyadi ksheera kashayam* having anti-inflammatory, antipyretic, Immunomodulatory and *Rakta-prasadana* qualities, corrects *Ama* and inflammatory metabolites and helps in reducing burning sensation. It decreases synovial inflammation and prevents RA flare-ups and helps maintain immune balance in chronic autoimmune conditions.

This makes *Ksheera Vasti* a valuable Panchakarma intervention in the maintenance, recovery, and remission-support phases of elderly rheumatoid arthritis.

*Madhuyashtyadi taila* indicated for *Chathush prayoga* in *Ashtanga Hridaya Vatarakta chikitsa*, given as *Samana snehapana*, administered as small dose at night, lubricates joints internally, reduces morning stiffness, provides mucosal healing and gut protection and nourishes tissues.

## CONCLUSION

This case report highlights the notable efficacy of a comprehensive Ayurvedic treatment strategy in the management of *Vatarakta* with special reference to Elderly Onset Rheumatoid Arthritis. The patient experienced significant symptomatic relief, including complete resolution of swelling and burning sensation and marked reduction in pain. Parallel improvements in hematological and inflammatory biomarkers further substantiate the therapeutic impact of the interventions. The combination of *Shamana* and *Shodhana* therapies- particularly *Vasti*, *Virechana*, *Snehapana*, and *Swedana* procedures, played a pivotal role in restoring systemic balance and mitigating inflammatory processes. This case underscores Ayurveda's potential in offering safe, effective, and holistic management in geriatric inflammatory conditions. Nonetheless, larger clinical studies are essential to establish standardized protocols and validate the broader applicability of these findings.

## Patient Perspective

The patient was pleased with the treatment, evaluation, and follow-up, as his pain decreased enough for him to carry out daily activities independently and resume his work.

## Declaration of Patient Consent

The authors confirm that they have obtained the patient's consent to publish this case in the journal. The patient understands that his name and initials will not be revealed and that measures will be taken to safeguard his identity, although complete anonymity cannot be guaranteed.

## REFERENCES

- Pavlov-Dolijanovic S, Bogojevic M, Nozica-Radulovic T, Radunovic G, Mujovic N. Elderly-Onset Rheumatoid Arthritis: Characteristics and Treatment Options. *Medicina (Kaunas)*. 2023 Oct 23; 59(10): 1878. doi: 10.3390/medicina 59101878. PMID: 37893596; PMCID: PMC10608066.
- Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Chikitsa Sthana Chapter 29/11, Varanasi, Chaukambha Bharti Academy.
- Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Chikitsa Sthana Chapter 29/5-7, Varanasi, Chaukambha Bharti Academy.
- Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Chikitsa Sthana Chapter 29/5-7, Varanasi, Chaukambha Bharti Academy.
- Sushruta, Sushruta Samhita, Hindi commentary by Ambikadatta Shastri, Nidana Sthana, Chapter 1/40-41, Varanasi, Chaukambha Sanskrit Sanstana.
- Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Chikitsa Sthana Chapter 29/19-20-21, Varanasi, Chaukambha Bharti Academy.
- Charak, Charak Samhita, Hindi commentary by Kashinath Shastri, Chikitsa Sthana Chapter 29/24-29, Varanasi, Chaukambha Bharti Academy.
- Lei T, Qian H, Yang J, Hu Y. The exposure to volatile organic chemicals associates positively with rheumatoid arthritis: a cross-sectional study from the NHANES program. *Frontiers in Immunology*. 2023; 14: 1098683.
- Neha Chaudhary, Shweta Mishra. Management of Vatarakta with Yashtyaha Niruha Basti: A Case Study. *J Ayurveda Integr Med Sci [Internet]*. 2023 Oct. 12 [cited 2025 Nov. 15]; 8(8): 273-8.
- Pavlov-Dolijanovic S, Bogojevic M, Nozica-Radulovic T, Radunovic G, Mujovic N. Elderly-Onset Rheumatoid Arthritis: Characteristics and Treatment Options. *Medicina (Kaunas)*. 2023 Oct 23; 59(10): 1878.
- Rajan P, Parameswaran Nair L, Chandran H, Esanamangalam M. Exploring the Health Benefits and Therapeutic Uses of Amruthotharam Kashayam. *International Journal of Ayurveda and Pharma Research*. 2025; 13(4): 68-70.
- Bashi MB, Rahitha Devi SJ, Prakash Kumar B. Evaluation of free radical scavenging and anti-lipoxygenase activity in various fractions of Ayurvedic polyherbal decoction Punarnavadi kashayam. *Indian Journal of Traditional Knowledge*. 2021; 20(3): 651-659.
- Jagtap MA. Therapeutic use of Guluchyadi Kashaya. *World J Pharm Res*. 2020; 9(5): 1003-1012.
- Kumar R, Sharma M, Khandel SK. Pharmacodynamics of Sudarshan Churna. *Biomed Ther Lett*. 2024; 11(1): 901.
- Nanda GC, Tiwari RK. Dashamoola's shothahara effects as an anti-inflammatory: a review. *Ayushdhara*. 2016; 3(1)
- Anderson AS, Loeser RF. Why is osteoarthritis an age-related disease? *Best Pract Res Clin Rheumatol*. 2010; 24(1): 15-26. doi: 10.1016/j.berh.2009.08.006. PMID:20129196; PMCID:PMC2818253
- Aggarwal P, Galib R, Prajapati PK, Yadav PR. Indukanta ghritam – An Ayurvedic formulation for acid peptic disorder and longevity: A review. *J Ayurveda*. 2021; 15(3): Jul-Sep
- Nair VV, Mohanan A, Mishra AK. An experimental study to evaluate anti-inflammatory activity of Murivenna in Wistar albino rats. *Int J Pharm Sci Res*. 2020; 11(10): 5091-3. doi:10.13040/IJPSR. 0975-8232.11(10).5091-03
- Chandrasekharan C, Bhat S, Kannan A, Jenu A. Effect of Ayurveda interventions in the management of venous stasis dermatitis in a patient with type 2 diabetes: A case report. *J Res Ayurvedic Sci*. 2023; 7(3): 171-7
- Gogte VM. *Dravyagunavijnana*. Part 2. 3rd ed. Pune: Vaidyamitra Prakashan; 2008. p. 245, 293, 294, 372, 637
- Prashanth A. A Pre-Test and Post-Test Clinical Study Design to Evaluate Ardhamatrika Nirooha Basti and Nimbamruthadi Eranda Virechana In Hyperuricemia W.S.R. To Vatarakta. *J Ayurveda Holist Med*. 2021; 8(6): 72
- Kalyani Sarvade, Niranjana Rao, Sandesh Shetty. A clinical study to evaluate the effect of Guduchyadi Ksheera Basti in Hyperuricemia. *J Ayurveda Integr Med Sci*. 2023; 7(5)

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