



Case Study

AYURVEDIC MANAGEMENT OF AMAVATA THROUGH KSHARA BASTI AND SAUNA BATH W.S.R. TO RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is an *Ama-pradosaja Vikara* described in Ayurveda, primarily caused by *Agnimandya*. This impaired digestion leads to the formation and accumulation of *Ama* in *Shlesma-sthanas*, which, combined with the aggravation of *Vata Dosha*, results in joint pain, stiffness, and swelling—a clinical presentation that closely resembles rheumatoid arthritis. *Amavata* and rheumatoid arthritis share the same pathophysiology and symptoms, hence condition can be treated on the basis of *Amavata*. A 48-year-old female patient presented with severe pain in metacarpophalangeal, interphalangeal and wrist joints of both hands associated with swelling and stiffness. The patient also complained of pain in multiple joints including bilateral ankle joints and knee joints along with heaviness throughout the body and difficulty in performing daily activities. The patient was diagnosed as a case of *Amavata*. The patient was treated with *Kshara Basti* and sauna bath along with appropriate internal Ayurvedic medications. **Results:** The patient showed significant improvement in pain, swelling, stiffness, joint movements and functional ability after completion of the treatment. **Conclusion:** Ayurvedic management was found effective in reducing the signs and symptoms of *Amavata* and improving the quality of life of the patient.

INTRODUCTION

Amavata is an *Ama-pradosaja Vikara* described in Ayurveda, primarily caused by *Agnimandya*,^[1] which leads to the formation and accumulation of *Ama* in *Shlesma-sthana* along with aggravation of *Vata Dosha*. This results in pain, stiffness, and swelling of joints, particularly in the *Sandhi* (joints), resulting in symptoms such as *Sandhishoola* (joint pain), *Shotha* (swelling), *Stabdghata* (stiffness), *Gourava*, and restriction of movements. *Nidana Sevana* such as improper dietary habits, sedentary lifestyle, incompatible food intake, and impaired digestion play a significant role in the manifestation of the disease^[2]. Clinically, *Amavata* closely resembles rheumatoid arthritis, a chronic systemic autoimmune

inflammatory disorder affecting synovial joints in a symmetrical pattern. Rheumatoid arthritis has a prevalence of approximately 0.8% worldwide and 0.5–0.75% in India^[3]. Contemporary management mainly depends on long-term use of DMARDs and corticosteroids, which may provide symptomatic relief but are often associated with adverse effects on prolonged use. Ayurveda emphasizes treatment aimed at the root pathology of the disease through *Amapachana*, *Agni Deepana*, *Vata Shamana*, and *Sodhana* therapies. *Panchkarma* procedures such as *Swedana* and *Basti Karma*, especially *Vaitarana Basti* and *Kshara Basti* are considered beneficial in the management of *Amavata*^[4]. The present case study highlights the effectiveness of a comprehensive Ayurvedic treatment approach in improving the clinical symptoms and functional status of a patient suffering from *Amavata*.

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MATERIAL AND METHODS**Case Report**

A 48-year married female visited Panchkarma OPD of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital Dist. Kangra, Himachal Pradesh on date- 17/02/2026 with following details:

Chief Complaints

- Severe pain in metacarpophalangeal and interphalangeal joints and wrist joints of B/L hands associated with swellings and stiffness persist for more than 30 min.
- Pain in multiple joints includes B/L ankle joints and knee joints.
- Heaviness in whole body from 2-3 months.

History of present illness

The patient was apparently asymptomatic 2–3 months back, after which she gradually developed pain in multiple joints. Initially, the pain started in the small joints of both hands, particularly involving the metacarpophalangeal, interphalangeal joints and wrist joints bilaterally. The pain is described as severe in intensity and is associated with noticeable swelling over the affected joints. The patient also reports early morning stiffness in the involved joints lasting for more than 30 minutes, which gradually improves with activity. Over time, the pain progressed to involve multiple joints, including bilateral ankle joints and knee joints, suggesting a polyarticular pattern of involvement. Additionally, the patient complains of a generalized feeling of heaviness in the body for the past 2–3 months. There is no history of trauma, fever, or any other systemic illness reported. The patient has not taken any medication or undergone any treatment for these complaints so far. Due to persistence and progression of symptoms, the patient presented to the OPD for further evaluation and management.

History of past illness

K/C/O HTN from 1-2 year

Family history

No relevant family history found.

Medical history

Tab. Telmisartan 40mg +Amlodipine 5mg 1-0-0

Personal history

Diet – Mixed

Appetite – Reduced

Bowel - Clear (1 time / day)

Micturation -Normal (5–6 times/ day)

Sleep – Disturbed (due to pain)

Clinical Finding

General examination- Patient's general condition was moderate. Her blood pressure was 140/88 mmHg, pulse rate was 86/min, respiratory rate was 18/min, and body temperature was 98.8°F. There was no evidence of edema, pallor, icterus, or clubbing.

Astavidha Pariksha

<i>Nadi</i>	<i>Kaphavataj</i>
<i>Mala</i>	<i>Samanya Varna, Gandha</i>
<i>Mutra</i>	<i>Samanya Varna, Gandha</i>
<i>Jihva</i>	<i>Avrutta</i>
<i>Shabda</i>	<i>Sapashth</i>
<i>Sparsha</i>	<i>Samasheetashna</i>
<i>Druk</i>	<i>Prakruta</i>
<i>Akruti</i>	<i>Madyama</i>

Dashvidha pareeksha

<i>Prakriti</i>	<i>Kaphapittaj</i>
<i>Vikriti</i>	<i>Lakshyanimitaj</i>
<i>Sara</i>	<i>Madhyam</i>
<i>Samhanana</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Sarva Rasa (Lavan Rasa Varjit)</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Ahara Shakti</i>	<i>Madhyam</i>
<i>Vyayama Shakti</i>	<i>Avara</i>
<i>Vayah</i>	<i>Madhyamavasta</i>

Systemic Examination**Respiratory system examination**

Normal vesicular breath sounds with no added sounds.

Cardiovascular system examination

Normal heart sounds (S1 and S2) with no abnormality detected.

Gastrointestinal tract

Per abdomen examination reveals softness, no tenderness and no organomegaly.

Gait – Normal**Central nervous system**

Conscious and well oriented to time, place, and person.

Both recent and remote memory- Intact

Speech – Clear

Table 1: Musculoskeletal system

Inspection		
	Upper limb	Lower limb
Joint involved	B/L PIP, MCP and wrist joint	B/L knee and ankle joint
Movement	B/L restricted wrist joint	B/L restricted knee joint
Symmetry	Symmetrical	Symmetrical
Swelling	Present in B/L PIP, MCP and wrist joint	Not present
Deformity	Not present	Not present
Redness	Not present	Not present
Palpation		
Temperature	Raised	Raised
Tenderness	Present over PIP, MCP and wrist joint	Present over B/L knee joint and ankle joint
Joint crepitus	Not present	Not present
Nodules	Not present	Not present

Grip strength may be reduced due to pain.

Functional limitation present.

Table 2: Laboratory Investigation**Haematological**

HB	11.4gm/dl
PLT	2.88lac/Cu mm
ESR	40mm fall in 1 st hr

Blood chemistry

HbA1c	5.7%
TG	68mg/dl
HDL	50mg/dl
LDL	101.50 mg/dl
TSB	0.37 mg/dl
DSB	0.07 mg/dl
SGOT	21.3 IU/L
S. Urea	23 IU/L
S. Creatinine	0.64mg/dl
S. uric acid	6.25mg/dl

Serology

RA – Factor	Reactive
RA test quantitative	26.0 IU/L
Anti-Nuclear Antibody ANA	349 AU/ml

Positive finding for diagnosis of Rheumatoid Arthritis

- Clinical presentation
- Symmetrical involvement of more than 3 joints i.e. PIP, MCP, wrist, knee and ankle joints.
- Morning stiffness 30 min.
- Investigation
- Elevated ESR
- Positive serological findings.

Table 3: Criteria for diagnosis of Rheumatoid Arthritis [5]

Criteria	Score
Joint involvement	
1 large joint	0
2-10 large joints	1
1-3 small joints	2
4-10 small joints	3
More than 10 joints	5
Serology	
Negative RF and negative ACPA	0
Low – positive RF or low – positive ACPA	2
High- positive RF or high – positive ACPA	3
Acute – phase reactants	
Normal CRP and normal ESR	0
Abnormal CRP and abnormal ESR	1
Duration of symptoms	
Less than 6 weeks	0
More or equal to 6 weeks	1

Patient with score greater or equal to 6 are considered to have RA.

Diagnostic Assessment

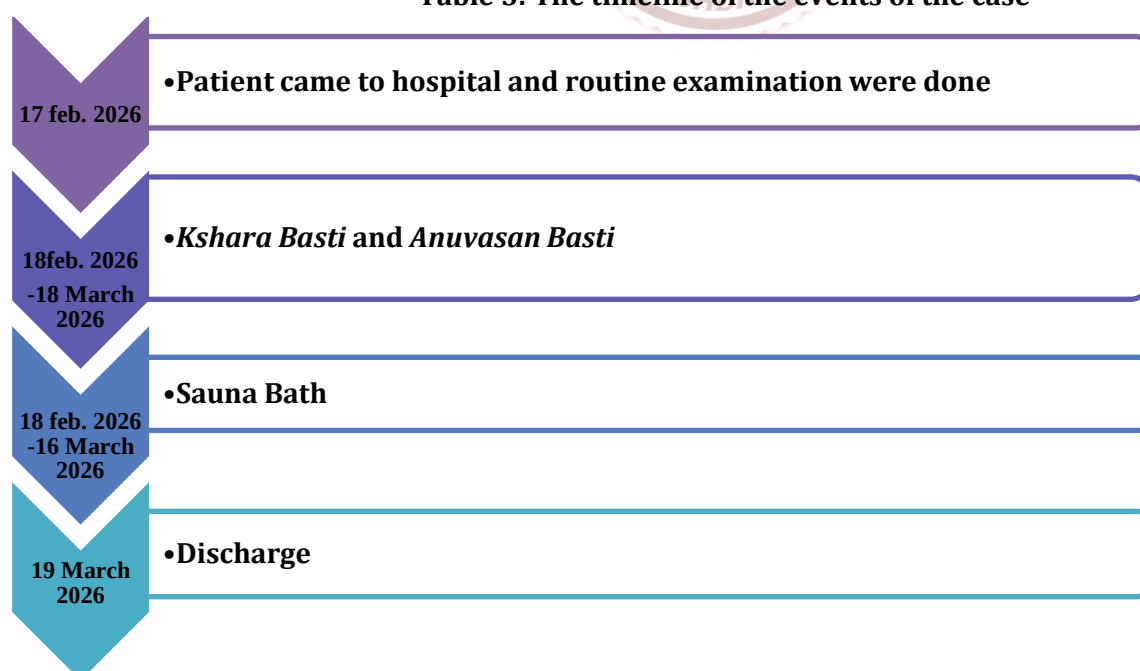
Signs and symptoms mentioned in Ayurvedic classics as per *Madhav Nidan*. [6]

Table 4: Criteria fixed by American Rheumatology Association in 1998

Symptoms	Grades	Score
<i>Angamarda</i> (body ache)	No <i>Angamarda</i>	0
	Occasional, but pt. is able to do work	1
	Continuous, but pt. is able to do work	2
	Continuous, hampers routine work	3
	Severe, Pt. is unable to do any work	4
<i>Aruchi</i> (anorexia)	Normal desire for food	0
	Eating timely without much desire	1
	Desire for food, little late than normal time	2
	Desire for food after a long interval	3
	No desire for food at all	4
<i>Trishna</i> (excessive thirst)	Normal feeling of thirst	0
	Frequent feeling of thirst, but quench with normal amounts of liquids	1
	Satisfactory quench after increased intake of fluids, but no awakening during night	2
	Satisfactory quench after increased intake of fluids with regular awakening during nights.	3
	No quench after heavy intake of fluids	4
<i>Aalsya</i> (lethargy)	No laziness	0
	Mild, starts work in time with efforts	1

	Unable to start work in time but completes the work	2
	Delay in starting and unable to complete the work	3
	Never able to start the work and always like rest	4
<i>Gauravta</i> (heaviness in body)	No feeling of heaviness	0
	Occasional heaviness in body but is able to do usual work.	1
	Continuous heaviness but can do usual work	2
	Continuous heaviness that hampers usual work	3
	Unable to do any work due to heaviness	4
<i>Jwara</i> (fever)	Absent	0
	Normal 36.7° – 37.2°C	1
	Mild fever 37.2° – 37.8°C	2
	Moderate fever 37.8° – 39.4°C	3
	High fever 39.4° – 40.5°C	4
<i>Apaaka</i> (indigestion)	Normal digestion	0
	Occasional indigestion once or twice a week in one meal	1
	Occasional indigestion 3-5 times a week in one meal	2
	Indigestion 3-5 times a week in both meals	3
	Indigestion after every meal	4
<i>Agni daurbalya</i> (loss of digestive fire)	No <i>Agnimandya</i>	
	Occasional <i>Agnimandya</i> 1-2 times a week	1
	<i>Agnimandya</i> 3-4 times a week	2
	<i>Agnimandya</i> 4-6 times a week	3
	Continuous <i>Agnimandya</i>	4
<i>Daha</i> (burning sensation)	No burning sensation	0
	Occasional retrosternal burning	1
	Occasional retrosternal, palm and sole burning	2
	Intermittent burning sensation throughout the body	3
	Continuous burning sensation throughout the body	4
<i>Bahumutrata</i> (increase frequency of urine)	Absent	0
	Urine >3 times at night	1
	Urine >5 times at night	2
	Urine >7 times at night	3
<i>Kukshikathinya</i> (hardness of abdomen)	Absent	0
	Transient	1
	Frequent	2
	Regular	3
<i>Nidravipryaya</i> (disturbed sleep)	Normal sleep	0

	Disturbed sleep during night with short naps during day	1
	1–2-hour reduction in night sleep, mild increase in day sleep	2
	3–5-hour reduction in night sleep with gross increase in day sleep	3
	Wakes during night and sleeps during day	4
<i>Sandhishotha</i> (swelling in joints)	No swelling	0
	Mild swelling	1
	Moderate swelling	2
	Marked swelling	3
<i>Vid vibandha</i> (constipation)	Absent	0
	Motion once a day but not at regular interval	1
	Alternate day	2
	Interval for more than one day	3
<i>Jadya</i> (stiffness)	No morning stiffness	0
	Morning stiffness > 1/2 hour but < 1 hr	1
	Morning stiffness >1 hr but < 6 hr	2
	Stiffness throughout the day	3
<i>Sandhishula</i> (pain in joints)	No pain	0
	Pain only on movements	1
	Pain on rest but no disturbance on routine activity	2
	Severe pain, disturbance on routine activity	3

Timeline**Table 5: The timeline of the events of the case**

Therapeutic Intervention

The treatment protocol was planned based on pathology and was executed in a stepwise *Panchkarma* approach over a period of 30 days (17/02/2026 to 19/03/2026). In treatment protocol, *Kshara Basti* is administered in *Kala Basti Prakaran* as mentioned below.

Table 6

18/2	19/2	20/2	21/2	22/2	23/02	24/2	25/2	26/2	27/2	28/2	1/03	2/03	3/03	4/03
A	N	A	N	A	N	A	N	A	N	A	N	A	N	A

5/03	6/03	7/03	8/03	9/03	10/3	11/3	12/3	13/3	14/3	15/3	16/3	17/3	18/3
N	A	N	A	N	A	N	A	N	A	A	A	A	A

Preparation of Kshara Basti

Saindhav Lavan (rock salt) was taken in *Khalva Yantra* and made into fine powder was mixed well with *Guda* (jaggery) and after that *Kalka* (paste form) of *Shatapushpa* (*Anethum sowa*) and *Kalka* of *Chincha* (*Tamarundus indica*) were added and mixed well. At last (*Prakshep Dravya*) *Gomutra* (cow urine) was added and triturated well until it became a homogenous mixture.

Administration- After passing stool and urine, *Sthanika Snehana* (local massage with *Tila Taila*) and *Sthanika Swedana* (local sudation) should be done. Patient should advise to lie down in the left lateral position on the *Droni* (*Basti table*) with straight body and left hand kept as pillow. The right leg is folded at knee joint and made to rest flat over the straight left leg. Then *Sukhoshna Sneha* (lukewarm oil) is to be applied in the anal region and on the *Basti Netra* (nozzle). Introduce the *Basti Netra* slowly up to 1/4 part of the *Basti Netra*. Lukewarm *Basti* should be administered slowly.

Note: Anatomically, when a patient lies on their left side, *Guda* (rectum) is positioned in alignment with gravity, allowing for optimal absorption of *Basti*.

After the instillation of *Basti Dravya*, the *Netra* (nozzle) is carefully removed from the rectum. This is done gently and slowly to prevent discomfort or irritation to the anal region. Sauna bath was also advised to the patient. Patient was advised to sit in sauna bath chamber and the temperature is maintained around 60-70°C. The body was exposed to dry heat for 15-20 min until mild sweating occurred, while monitoring tolerance and hydration was ensured. After completion, the patient was allowed to rest.

OBSERVATIONS AND RESULTS

Table 7: Effect of *Panchkarma* procedure before and after treatment

Assessment criteria	Before treatment	After treatment
RA factor	Positive	Positive
Ra factor quantitative	26 IU/ml	19 IU/ml
ESR	40 mm fall 1 st hr	20 mm fall 1 st hr
ANA	349.00 AU/ml	212.00 AU/ml
<i>Angamarda</i> (body ache)	Grade 4	Grade 1
<i>Aruchi</i> (anorexia)	Grade 3	Grade 1
<i>Trishna</i> (excessive thirst)	Grade 1	Grade 1
<i>Aalsya</i> (lethargy)	Grade 3	Grade 1
<i>Gauravta</i> (heaviness in body)	Grade 4	Grade 1
<i>Jwara</i> (fever)	Grade 2	Grade 1
<i>Apaaka</i> (indigestion)	Grade 1	Grade 0
<i>Agni daurbalya</i> (loss of digestive fire)	Grade 2	Grade 1
<i>Daha</i> (burning sensation)	Grade 0	Grade 0
<i>Bahumutrata</i> (increase frequency of urine)	Grade 1	Grade 0
<i>Kukshikathinya</i> (hardness of abdomen)	Grade 0	Grade 0

<i>Nidravipryaya</i> (disturbed sleep)	Grade 3	Grade 1
<i>Sandhishotha</i> (swelling in joints)	Grade 2	Grade 0
<i>Vid vibandha</i> (constipation)	Grade 1	Grade 0
<i>Jadya</i> (stiffness)	Grade 1	Grade 0
<i>Sandhishula</i> (pain in joints)	Grade 3	Grade 1

Follow-Up and Outcome

The end of therapy, the patient demonstrated significant neurological recovery characterized by reduced joint pain and inflammation, improved mobility and decrease stiffness. No adverse events were reported during the treatment period. Overall, the integrated *Panchakarma Chikitsa* approach resulted in significant symptomatic relief and enhanced quality of life in this case of *Amavata*.

DISCUSSION

Ama and *Vata* are the prime *Doshas* involved in *Aamvata*. *Aamvata* is primarily caused by *Agnimandya*, leading to the formation and accumulation of *Ama* along with aggravation of *Vata Dosha*. The vitiated *Ama* obstructs the channels (*Srotorodha*) and disturbs the normal movement of *Vata*, resulting in symptoms such as *Sandhishoola* (joint pain), *Shotha* (swelling), *Stabdhata* (stiffness), and restriction of joint movements. Due to its chronic inflammatory nature and clinical resemblance to rheumatoid arthritis, the management of *Amavata* mainly focuses on *Ama Pachana*, *Agni Deepana*, *Vata Shamana*, and *Shodhana Chikitsa*. *Panchakarma* procedures such as *Swedana* and *Basti Karma* play a significant role in breaking the pathogenesis and restoring the normal functioning of the body.

Mode of action of *Basti Dravya*

Saindhava Lavana- *Sukshma Guna* of *Saindhava Lavana* (subtle) reaches up to the microchannel of the body. *Tikshna Guna* (sharp) breaks down the morbid *Mala* (waste product of body) and *Dosha Sanghatana* (two or more *Dosha* attaching together in the body, creating an imbalance) while *Snigdha Guna* liquefies the *Dosha*^[7]. Irritant property eliminates the *Dosha*. *Guda*- *Purana Guda* (old jaggery) is ideal for *Kshara Basti* as it is *Laghu* (lighter to digest), *Vitmutra-amayasodhaka* (cleans feces urine and stomach), *Agnideepana* (promotes digestive strength) and *Vata-Pittaghna Tridoshagna* (balance *Vata Pitta* as well *Tridosha*), *Jvarahara*, *Pathya*^[8]. It also helps in carrying the drug up to the micro-cellular level. It along with *Saindhava* makes a homogenous mixture, to form a solution having high permeability to the water in the rectum. *Saindhav Taila*- *Sneha Dravya* reduces *Vata Dushti*, softens micro-channels, destroys the compact *Mala*, and removes the obstruction in the channels. In this *Basti*, *Saindhavadi Taila* mixed with the mixture of

Guda and *Saindhava* help in forming the uniform mixture. It also protects the mucus membrane from the untoward effect of irritating drugs in the *Basti Drava*. *Amleeka* or *Chincha* (tamarind): *Amleeka* is having property *Vata Kapha Shamaka*, *Ruksha* and *Ushna* properties^[9]. *Ruksha Guna* helps in counteracting the *Ama* which is the chief pathogenic factor. *Gomutra*: *Gomutra* owing *Katu Rasa*, *Katu Vipaka*, *Ushna Virya*, *Laghu*, *Ruksha*, *Tikshna* properties pacify the *Kapha*. The *Ruksha Guna* of *Gomutra* is very helpful in the diseased where *Kapha* is predominant like in the painful and stiffness stage of *Amavata*. It is useful for *Kshara Basti* owing to its *Tridosahara*, *Agnideepana*, *Pachana*, *Srotovishodhana*, and *Vatanulomaka* properties. Thus, it works as a curative as well purification measure. Sauna bath provides therapeutic heat that causes vasodilation, improves blood circulation, reduces muscle spasm, and decreases joint stiffness and pain in patients with rheumatoid arthritis. It also promotes relaxation and improves joint mobility, thereby helping in symptomatic management of rheumatoid arthritis.

Patient Perspective

The patient reported that prior to treatment, there was marked stiffness, pain, and difficulty in joint movements, which affected routine daily activities and functional independence. After undergoing Ayurvedic management, the patient experienced significant improvement in joint stiffness, mobility, and overall functional ability. The patient was able to perform activities of daily living more comfortably and reported better ease in walking and routine movements.

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