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Case Study

EFFECT OF *VIRECHANA KARMA* AND *NIDANA PARIVARJANA* IN *AMAVATA* VIS-À-VIS RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is an Ayurvedic clinical condition characterized by joint pain, stiffness, swelling and functional impairment. *Nidana Parivarjana* and appropriate *Panchakarma* procedures may be considered as part of its individualized management. **Objective:** To document the role of *Nidana Sevana*, *Nidana Parivarjana* and *Virechana Karma* in a patient with *Amavata*, with assessment of Rheumatoid Factor (RF) and C-Reactive Protein (CRP). **Case Presentation:** A 55-year-old female presented with multiple joint pain, morning stiffness and generalized weakness for three years. *Virechana Karma* was performed on 26 September 2026 following preparatory procedures. **Results:** Following intervention, the patient reported improvement in joint pain, stiffness and generalized weakness. RA Factor decreased from 255 IU/mL to 178 IU/mL, representing a 30.20% reduction, while CRP decreased from 13.1mg/L to 10.0mg/L, representing a 23.66% reduction. **Conclusion:** The observed clinical improvement and reduction in RA Factor and CRP suggest a favourable change during the treatment period. *Nidana Parivarjana* may help reduce exposure to disease-aggravating factors and the risk of exacerbation. However, a single case cannot establish causality or confirm treatment efficacy. Further clinical studies are required.

INTRODUCTION

Amavata is described in Ayurveda as a condition associated with *Ama* and aggravated *Vata Dosha*, commonly characterized by joint pain, stiffness, swelling, and functional impairment.[1] According to Ayurvedic principles, *Ama* develops due to impaired *Agni*[2] and combines with aggravated *Vata Dosha*, resulting in its localization in the joints and other body tissues.

Nidana Sevana refers to continued exposure to etiological factors that contribute to the development or aggravation of a disease, whereas *Nidana Parivarjana*[3] refers to the avoidance or modification of these factors. In *Amavata, Nidana Parivarjana* includes improving dietary habits, avoiding incompatible food combinations where relevant, maintaining appropriate physical activity, and addressing individual dietary and lifestyle Factors that may aggravate symptoms. It is an important component of Ayurvedic disease management, as symptom-oriented treatment alone may not adequately address the contributing etiological factors.

The assessment of *Nidana* (etiological factors), *Nidana Sevana* (exposure to causative factors), and *Nidana Parivarjana* (avoidance or modification of relevant causative factors) can provide a useful framework for the clinical evaluation and management of *Amavata*.

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The Ayurvedic management of *Amavata* primarily focuses on correcting *Agni*, managing *Ama,* regulating *Vata Dosha*, and improving joint function. The principal therapeutic approaches include:

Langhana: A therapeutic approach intended to reduce heaviness and support *Ama* management when appropriate for the patient's condition.

***Deepana* and *Pachana*:** Measures aimed at improving *Agni* and facilitating the digestion and processing of *Ama*.

Rukshana: Therapies intended to reduce excessive *Snigdha* and *Kapha*-associated features in selected patients.

Swedana: Therapeutic sudation administered according to the patient's condition and stage of disease.

Virechana Karma: Therapeutic purgation that may be considered in appropriately selected patients after assessing *Dosha, Agni, Bala*, and relevant contra-indications.

Basti Karma: Medicated enema therapy that may be considered according to the clinical presentation and the patient's suitability. [4]

Virechana Karma is one of the five principal *Panchakarma* procedures and involves therapeutic purgation. It is primarily indicated in *Ayurveda* for the elimination of aggravated *Pitta Dosha*. [5] In selected patients with *Amavata, Virechana Karma* may be considered as part of an individualized Ayurvedic treatment protocol, depending on the patient's *Dosha* status, digestive capacity, physical strength, and overall clinical condition.

The present case report documents the management of a 55-year-old female patient with *Amavata* who underwent *Virechana Karma*. The study aims to compare Rheumatoid Factor (RF) and C-reactive protein (CRP) values before and after the procedure.

AIM AND OBJECTIVES

To document *Nidana Sevana, Nidana Parivarjana* and effect of *Virechana Karma* in a 55-year-old female patient of *Amavata* and compare pre- and post-intervention RA Factor and CRP reports.

Case Presentation

Patient Information

Age: 55 years

Gender: Female

OPD/IPD Registration No.: 40364

Date of First Visit: 15/09/2026

Occupation: House wife

Chief complaints: Pain in multiple joints with morning stiffness and generalized weakness.

Duration of complaints: 3 years

History of Present Illness

A 55-year-old female patient, visited the Panchakarma Department of Rohilkhand Ayurvedic Medical College and Hospital, Bareilly, on 15/09/2026, with the complaints of pain in multiple joints, morning stiffness, and generalized weakness for the past three years. The patient reported that her symptoms had persisted for a prolonged period and were affecting her daily activities and quality of life. During this period, she had undergone treatment with medicines from different systems of medicine; however, she did not experience satisfactory relief from her symptoms. Due to the persistence of her complaints, she came to the Panchakarma Department for further evaluation and Ayurvedic management.

Past, Family and Personal History

Past Medical History

No history of hypertension, DM and thyroid.

Family History

She reported a positive family history, as her mother had been suffering from similar joint-related complaints.

Medication History

The patient had previously taken medications from different systems of medicine for her complaints; however, she could not recall the names of the medications. Despite receiving treatment, she did not experience satisfactory relief from her symptoms.

Allergy History

The patient had no known history of any drug, food, or other allergies.

Dietary History

The patient follows a mixed diet, including both vegetarian and non-vegetarian food.

Bowel and Bladder Habits

Bowel habits were mildly constipated, while bladder habits were regular.

Sleep and Lifestyle History

The patient's sleep was disturbed due to joint pain, resulting in difficulty maintaining adequate and restful sleep.

Menstrual History: Menopause before 2 years.

***Nidana* Assessment**

Nidana Sevana

***Aharaja Nidana* (dietary Factors)**

1. Frequent consumption of *Guru Ahara* (heavy-to-digest food).
2. Excessive intake of *Snigdha Ahara* (unctuous and oily food).
3. Frequent consumption of *Dadhi* (curd), particularly in excess or at inappropriate times.
4. Consumption of *Viruddha Ahara* (incompatible food combinations).
5. Intake of *Abhishyandi Ahara* (foods traditionally described as obstructing the body channels).
6. Irregular meal timings and consumption of food before the previous meal have been digested (*Adhyashana*).
7. Consumption of cold food or refrigerated food, if reported by the patient.
8. Inadequate dietary discipline and eating habits.

***Viharaja Nidana* (lifestyle/activity Factors)**

1. *Avyayama* – Lack of regular physical exercise.
2. *Divaswapna* – Habitual daytime sleeping.
3. *Alasya*– Sedentary lifestyle and lack of physical activity.
4. *Vishamasana* and *Vishamachesta*– Irregular daily routine and inconsistent activity patterns.
5. Improper rest and sleep– Inadequate or irregular sleep habits.
6. Sedentary Activities– Prolonged sitting and reduced joint movement.

***Nidana Parivarjana* Plan** [6]

Identified Nidana(s) advised to be avoided or modified.

Clinical Examination and Assessment

General Examination

The patient was conscious, oriented to time, place and person, and cooperative during examination. General condition was ill looking.

Built and nourishment were moderate.

Pallor: No

Icterus: No

Cyanosis: Absent

Clubbing: Absent

Lymphadenopathy: No

Oedema: No

Pulse: 76/min

Blood Pressure: 130/90mmHg

Temperature: 98.9°F

Respiratory Rate: 18/min.

VAS: 3

Joint-Wise Examination (Pain, Tenderness, Swelling, Warmth, Range of Movement)

On musculoskeletal examination, the patient reported pain in multiple joints. The distribution of joint pain was moderate.

Tenderness: Present

Swelling: Present

Local warmth: Present

Range of movement: Decreased

Morning Stiffness (duration)

The patient reported morning stiffness lasting approximately 30 minutes, with improvement after 60 minutes.

Ayurvedic Assessment

The clinical presentation was assessed in the context of *Amavata*, considering the patient's history, *Nidana Sevana, Nidana Parivarjana*, joint symptoms and relevant Ayurvedic examination findings.

Agni: Manda

Koshtha: Kroora

Jihva: Lipta evam klinna

Nadi: Vata Kaphaja

Mala: Saama

Dosha assessment: *Vata Kaphaja*

Dushya: Ras, Asthi, Majja

Srotas: Rasvaha, Asthivaha, Majjavaha

Relevant Differential Diagnosis

1. Rheumatoid arthritis
2. Osteoarthritis
3. Gout
4. Systemic lupus erythematosus or other connective tissue disease.
5. Viral arthritis

Investigations

Rheumatoid Factor (RA FACTOR)

C-Reactive Protein (CRP)

Lipid profile

Intervention: *Virechana Karma*

Date(s) of intervention of *Virechana*: 26/09/2026

Deepana-Pachana: Chitrakadi vati [7] 2 tablets thrice a day for 3 days.

Snehapana: With *Shunthi Ghrita* [8]

Date	Dose of *Ghrita*
18/09/2026	30 ml
19/09/2026	60 ml
20/09/2026	90 ml
21/09/2026	120 ml
22/09/2026	155 ml

Abhyanga and *Swedana:* With *Saindhavadi Taila*[9] *Evam Sarvanaga Vashpa Swedana* for 23, 24, 25 September 2026, total 3 days.

Virechana drug/formulation and dose: *Trivrutta lehya*[10] 55gm mix with 100ml *Draksha Kashaya*

Time of administration: 10 AM

Number of *Vegas*/Observations: 13

Shuddhi assessment: *Madhyam Shuddhi*

Samsarjana Krama and duration: 5 days

Adverse events / complications, if any: No

Outcome Assessment and Follow-Up

Record the same clinical parameters at baseline and follow-up wherever possible.

Follow-up date(s): 06/10/2026

Change in joint pain (method/score): VAS- 2

Change in swelling/tenderness: Mild

Change in morning stiffness: Mild

Patient-reported overall change: Improved in pain, stiffness and generalized weakness.

Adverse events during follow-up: No

RESULTS

RA Factor before intervention: 255 IU/ml Date: 15/09/2026

RA Factor after intervention: 178.0 IU/ml Date: 06/10/2026

CRP before intervention: 13.1mg/l Date: 15/09/2026

CRP after intervention:10.0mg/l Date: 06/10/2026

Percentage change, if calculated from comparable values: RA Factor 30.20%; CRP 23.66%

DISCUSSION

The present case involved a 55-year-old female patient with *Amavata* who underwent *Virechana Karma* along with dietary and lifestyle assessment. Following the intervention, the patient reported improvement in joint pain, morning stiffness and generalized weakness. Rheumatoid Factor decreased from 255IU/mL to 178IU/mL (30.20% reduction), while CRP decreased from 13.1mg/L to 10.0mg/L (23.66% reduction).

These findings indicate clinical improvement and a reduction in both laboratory markers during the treatment period. Furthermore, *Nidana Parivarjana* may help minimize exposure to disease-aggravating Factors and reduce the risk of recurrence or exacerbation of *Amavata*.

Limitations

This is a single-patient case report without a control group. Changes in RA Factor and CRP alone cannot establish that *Virechana Karma* caused the observed changes. Interpretation is limited by the completeness of clinical records, timing of laboratory tests, concurrent treatments and duration of follow-up.

CONCLUSION

The present case study documents the management of *Amavata* in a 55-year-old female patient through assessment of *Nidana Sevana*, consideration of *Nidana Parivarjana* and *Virechana Karma*. Following the intervention, the patient showed reported improvement in joint pain, morning stiffness and generalized weakness. Rheumatoid Factor decreased from 255IU/mL to 178IU/mL, representing a reduction of 30.20%, while C-Reactive Protein decreased from 13.1mg/L to 10.0mg/L, representing a reduction of 23.66%.

These observations suggest that clinical improvement and reductions in the measured inflammatory markers occurred during the treatment period. However, the findings from a single case cannot establish a causal relationship or confirm the efficacy of *Virechana Karma* in *Amavata.*

REFERENCES

1. Madhavanidanam (Rogavinishcayah) of Mädavakara with the commentary Madhukosa by Vijayarakshita & Srikanthadatta edited with 'Madhava-vimarsini' Hindi commentary & special deliberations etc. by Dr.Anantaram sharma, Chaukhamba Sanskrit, Pratishthan, Delhi, Aamavata rogadhikar shloka number 6-page no. 448
2. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Sutra Sthana 13 chapter and 25 Shloka reprint edition 2020 Pg.132.
3. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Sutra Sthana 13 chapter and 1-3 Shloka reprint edition 2020 Pg.130.
4. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Sutra Sthana 13

chapter and 29 Shloka reprint edition 2020 Pg.133.

5. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Sutra Sthana 13 chapter and 04 Shloka reprint edition 2020 Pg.130.
6. Kaviraaja Ambikadutta Shastri editor Sushruta Samhita uttartantra chapter 01 and Shloka 1. 2017 Edn. Varanasi: Chaukhambha Sanskrit series publication: 2017; pg. 01.
7. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Chikitsa Sthana 10 chapter and 59-60 Shloka reprint edition 2020 Pg.497.
8. Bhaişajya Ratnavalī of Kaviraj Govind das Sen Edited with 'Siddhiprada' Hindi commentary by prof. Siddhi nandan Mishra chapter 08 and shloka number 555-page no. 301, Chaukhamba Surbharti Prakashan, Varanasi.
9. Kashinath shastri, Gorakhnath Chaturvedi, editors. Vidyotini, Hindi commentary of Charaka Samhita Chikitsa Sthana chapter 27 verse no. 45-46 2020 Edn. Varanasi: Chaukhambha Bharati academy. 2020.
10. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Kalpa Sthana 02 chapter and 09 Shloka reprint edition 2020 Pg.588.

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