



A CLINICAL CASE STUDY OF AMAVATA (RHEUMATOID ARTHRITIS) WITH SPECIAL REFERENCE TO THE ROLE OF AGNIMANDYA AND UPASHAYATMAKA PARIKSHANA BY RASONADI KASHAYA AND KULATTHA YUSHA

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ABSTRACT

Amavata is a major inflammatory disease mostly brought on by *Agnimandya*, which leads to the accumulation of *Ama*. Along with *Ama*, the weakened *Vata Dosha* sits in the joints and moves around the body, causing symptoms including joint pain, edema, stiffness, and general body discomfort. These symptoms are similar to those of Rheumatoid Arthritis, a chronic autoimmune disease that targets synovial joints. The goal of this study was to evaluate the role of *Agnimandya* in the etiopathogenesis of *Amavata* and to compare the therapeutic efficacy of *Rasonadi Kashaya* and *Kulattha Yusha*. Thirty patients were arbitrarily divided into two groups of 15 each. Group A received *Rasonadi Kashaya*, while group B received *Kulattha Yusha*. The evaluation was made using the traditional indicators as well as an analysis of *Agni* and *Ama*. The Group A showed more improvement in joint symptoms, whereas Group B showed better outcomes in boosting digestion and decreasing edema highlights the importance of *Deepana-Pachana* therapy.

KEYWORDS: *Amavata*, *Agnimandya*, *Ama*, *Rasonadi Kashaya*, *Kulattha Yusha*, comparative study, connection with Rheumatoid Arthritis.

INTRODUCTION

Understanding the origins, progression, and clinical manifestations of disorders depends much on *Nidana Panchaka* in *Ayurveda*. *Amavata* is a disease that is caused by the pathological effects of *Ama* and *Vata Dosha*. These are the main things that make the disease show itself.

The term *Amavata* denotes an association between *Ama* and an exacerbated *Vata Dosha*. According to ancient writings, the state results from the digestive fire being diminished; hence, *Ama* is produced. This *Ama* travels throughout the body and accumulates in the joints, which results in inflammatory symptoms.

Madhava Nidana presents *Amavata* in its traditional form as a systemic condition affecting the *Ama*, *Vata Dosha*, and the joints. From a modern medical perspective, *Amavata's* clinical expression is quite similar to that of Rheumatoid Arthritis, which is characterized by persistent inflammation in synovial joints. The current study aims to analyse the disease process from the perspective of *Rognidana*, with an emphasis on *Nidana*, *Samprapti*, and comparative analysis of therapeutic interventions.

AIM OF THE STUDY

To assess the role of *Agnimandya* in the *Nidan* & *Samprapti* of *Amavata* and to conduct a comparative analysis of *Rasonadi Kashaya* and *Kulattha Yusha*.

OBJECTIVES

1. To evaluate the contributing factors for the occurrence of *Amavata*.
2. To evaluate the role of *Agnimandya* in the formation of *Ama*.
3. Examining *Amavata's* development process from the viewpoint of *Dosha-Dushya* interaction.
4. To evaluate how *Rasonadi Kashaya* affects *Amavata* management.
5. To assess the influence of *Kulattha Yusha* on *Amavata*.
6. To perform a comparative evaluation of both interventional medications.

MATERIAL AND METHODOLOGY

Interventions(Dose & Duration)

1. Twice daily, two hours after a meal, one group of patients drank 48ml of *Rasonadi Kashaya* (48ml) while another drank 48ml of *Kulattha Yusha*. Both groups took warm water as a digestive aid for 60 days.
2. *Valukapottali Swedana* was also advised to all the patients along with the above intervention.
3. Proper *Pathya Ahara* and *Vihara* were provided to every patient.

Duration: 60 days

Follow-up: 15 days.

Preparation of *Rasonadi Kashaya* and *Kulattha Yusha*: According to the *Sharangdhar Samhita*, the *Rasonadi Kashaya* was prepared following the usual *Kwath Kalpana* approach.

A clinical examination was done to see how *Agnimandya* affected the *Nidana* and *Samprapti* of *Amavata*, as well as how it was treated using *Upashayatmaka Parikshana* with *Rasonadi Kashaya* and *Kulattha Yusha*. *Ayurveda's* basic idea of therapy is *Nidana Parivarjana*, which stresses getting rid of disease-onset-inducing elements.

The healing strategy included *Shamana Chikitsa*, which combined the giving of *Rasonadi Kashaya* and *Kulattha Yusha*. *Rasonadi Kashaya* was given in the correct dosage before meals to enhance *Deepana*, facilitate *Pachana*, and alleviate *Vata-Kapha Doshas*. *Kulattha Yusha* was recommended as part of the dietary regimen due to its *Laghu*, *Ruksha*, and *Ushna* characteristics, which aid in *Ama* digestion and the alleviation of joint stiffness.

The patient's assessment was based on clinical symptoms, physical examination, and laboratory tests, with progress documented using a grading system for joint pain, swelling, stiffness, and tenderness. The therapeutic response was observed through *Upashayatmaka Parikshana*, which confirms the role of *Agnimandya* in the development of *Amavata*, which is clinically similar to Rheumatoid Arthritis.

Study Design

Through *Upashayatmaka Parikshana*, the present study was conducted as a comparative clinical trial to analyze the function of *Agnimandya* in the illness identification and progression of *Amavata*, as well as to assess the comparative therapeutic efficacy of *Rasonadi Kashaya* and *Kulattha Yusha*.

Source of Data

Patients diagnosed with *Amavata* were selected from the Outpatient Department (OPD) and Inpatient Department (IPD) of the Department of *Rognidana Evum Vikriti Vigyan* at the institution. The diagnosis was made depending upon the classic *Ayurvedic* signs and symptoms mentioned in *Madhava Nidana* and other *Ayurvedic* literature. The clinical traits were concurrently compared with the characteristics of Rheumatoid Arthritis described in contemporary medical references.

Study Population

A total of 30 patients diagnosed with *Amavata* were selected from the OPD and IPD of the Department of *Rognidana Evum Vikriti Vigyan*. The patients were randomly selected into two groups, each containing 15 individuals.

Sample Size

A total of 30 patients which following the diagnostic criteria for *Amavata* were included in this study.

Grouping of Patients

Group Intervention Number of Patients

1. Group A *Rasonadi Kashaya* 15
2. Group B *Kulattha Yusha* 15

Grouping of Patients

Group	Intervention	Number of Patients
Group A	<i>Rasonadi Kashaya</i>	15
Group B	<i>Kulattha Yusha</i>	15

Selection Criteria

Inclusion Criteria

- Patients having signs and symptoms of *Amavata* were considered for the present study.
- Patients of 16-60 years of age.
- Patients of either sex.
- Patient is either married or unmarried.
- Chronicity of less than 10 years.
- Patient who satisfied the criteria laid down by the American Rheumatism Association were selected and registered for detailed investigation and follow-up. Patient satisfied at least 4 of these 7 criteria.

Exclusion Criteria

- Complicated cases of R.A associated with DM & HTN.
- Patients suffering from Carcinoma, Systemic diseases like- Chronic Renal disease, Heart/Hepatic

disease, HIV & other immune-compromised diseases.

- Pregnant and lactating mothers.
- Severe deformities with severe ankylosed joints, Patients of R.A with chronicity of more than 10 years.
- Patients below 16 years and above 60 years.

Parameter of Study

Grading For Assessment Of Disease: Criteria Of Assessment: Subjective Criteria

The results of the therapy were assessed on the basis of clinical signs and symptoms mentioned in *Ayurvedic* classics, and laboratory investigations were repeated at the end of the treatment schedule. The details about the assessment were as follows:

Assessment of cardinal and associated symptoms was done and recorded on the zero day, 15th, 30th, 45th, and 60th day after completion of the treatment period and on the day of follow-up (on every 15th day up to 60 days).

- The details of the scoring pattern adopted for the assessment of clinical signs and symptoms were as follows:

Subjective Parameter: Classical *Lakshanas* of *Amavata* & *Agnimandya*, such as

- 1) *Sandhishoola*
- 2) *Sandhishotha*
- 3) *Sandhigraha*
- 4) *Sparshasahatva*
- 5) *Angamarda*
- 6) *Aruchi*
- 7) *Aalasya*
- 8) *Gaurava*
- 9) *Jwara*
- 10) *Shunnata – Anganam*
- 11) *Vairasyata*
- 12) *Bahu Mutrata*

Scoring and Gradation of Symptoms of Agnimandya

- a) *Ajeerna*
- b) *Adhamana*
- c) *Atilalasarava*
- d) *Aruchi*
- e) *Chardi*
- f) *Vibandha*

Objective Criteria

1. Haematological

- (a) Complete Blood Count
- (b) Erythrocyte Sedimentation Rate (ESR)

2. Serological

- (a) RA Factor
- (b) CRP
- (c) ASO Titre
- (d) Serum calcium & phosphate
- (e) Anti-CCP

3. Radiological:- X RAY(affected joints)

4. Urine Analysis:-To exclude the UTI(Gonorrhoea, etc.) condition, to detect the involvement of the kidney, and to detect the presence of sugar in the urine in the patients of RA, urine routine analysis was carried out.

5. Biochemical investigation: (a) RBS, (b) RFT, (c) Lipid Profile

Interpretation of Investigations

- The severity of inflammation and reaction to treatment were evaluated using CRP and ESR.
- The diagnosis of rheumatoid arthritis was confirmed by using the RA factor and anti-CCP.
- Overall health state was evaluated using Hb% and TLC.
- To rule out gout Serum uric acid test was carried out.
- X-ray findings indicated structural changes and joint involvement.

Agni Mandya's role in the development of *Amavata*

1. *Agni Mandya*

Agnimandya comes first. Food that is not fully digested due to a weakened digestive fire results in the production of toxic metabolic products known as *Ama*.

2. Formation of the *Ama*

Ama has a sticky, thick, and blocking texture. It moves throughout the body, causing channel obstruction, also known as *Srotorodha*.

3. *Vata Prakopa*

Vata Prakopa cause *Metabolic instability and blockage* compound *Vata Dosha*.

4. Interaction between *Ama* and *Vata*

Ama, when combined with *Vata*, moves throughout the body via *Dhamanis*.

5. *Sthan-Samsraya at sandhi*

In case of *Amavata*, Joint pain and inflammation arise when the *Ama-Vata* complex is deposited in *Asthi-Sandhi*.

Role of *Agnimandya* diagram

Nidana Sevana (Guru, Snigdha Ahara, Viruddha Ahara, Divaswapna, Avyayama)

↓
Jatharagni Mandya's

↓
Utpatti

↓
Ama enters Rasavaha Srotas.

↓
Srotorodha

↓
Vata Prakopa

↓
Vata Samyoga

↓

Dhamani Pravesh

↓
Sandhi Sthana Samshraya

↓
Signs of Amavata

- Sandhishoola
- Arthritis
- Firmness
- Angamarda
- Aruchi
- Alasya

↓
Persistent Inflammatory Condition of the Joints.

↓
Clinical Connection to Rheumatoid Arthritis.
Inflammatory joint disease is the end outcome of this procedure.
Current Rheumatoid Arthritis Correlation.

An autoimmune condition known as rheumatoid arthritis is distinguished by:

- Persistent inflammation of the synovium
- Joint ache and oedema
- Morning stiffness
- Gradual joint degeneration

Both Amavata and Rheumatoid Arthritis share several similarities, including:

Feature	Amavata	Rheumatoid Arthritis
Joint pain	Present	Present
Swelling	Present	Present
Morning stiffness	Present	Present
Systemic symptoms	Present	Present

Thus, Amavata can be clinically correlated with Rheumatoid Arthritis.

Upashayatmaka Parikshana

An essential Ayurvedic diagnostic tool is Upashaya. It entails assessing how the illness responds to treatment. Ama and Agnimandya are confirmed to be present in Amavata when symptoms are relieved during Deepana-

Samprapti Ghataka Chart (Amavata)

Samprapti Ghataka	In Amavata
Dosha	Predominantly Vata-Kapha
Dushya	Rasa, Rakta, Mamsa, Asthi
Agni	Mandagni
Ama	Present (Ama formation due to Agnimandya)
Srotas Involved	Rasavaha, Asthivaha, Majjavaha
Srotodushti Type	Sanga
Udbhava Sthana	Amashaya
Adhithana	Sandhi
Vyaktasthana	Hasta, Pada, Janu Sandhi
Rogamarga	Madhyama Rogamarga
Swabhava	Chirakari
Vyadhi Swaroopa	Shotha, Shoola, Stabdhata

Interpretation

Improper digestion results in the production of Ama, which, as a result of Mandagni, mixes with Vata Dosh

Pachana treatment. Rasonadi Kashaya and Kulattha Yusha administration, therefore, functions as Upashayatmaka Parikshana.

Role of Rasonadi Kashaya

Rasonadi Kashaya is a classical Ayurvedic formulation mainly used in Vata-Kapha disorders.

Property Description

Rasa: Katu, Tikta
Guna: Laghu, Tikshna
Virya: Ushna
Vipaka: Katu

Therapeutic Actions

- Deepana
- Pachana
- Vata-Kapha Shamaka
- Anti-inflammatory action
- Analgesic effect
- These properties help in Samprapti Vighatana of Amavata.

Role of Kulattha Yusha

Kulattha is widely used in Ayurvedic diet therapy for Vata-Kapha disorders.

Property Description

Rasa: Kashaya, Katu
Guna: Laghu, Ruksha
Virya: Ushna

Therapeutic Actions

- Ama Pachana
- Vata-Kapha Shamana
- Reduces joint stiffness.
- Improves metabolism.
- Kulattha Yusha acts as both dietary therapy and medicinal support in Amavata management.

Therefore, there is a clinical link between Rheumatoid Arthritis and Amavata.

and becomes localised in Sandhi, causing symptoms such as Sandhishoola, Sandhishotha, and Stabdhata.

Samprapti-Vighatana of Trial Drugs

Samprapti Factor	Rasonadi Kashaya
Effect on Agni	Deepana, Agni-Deepana
Effect on Ama	Strong Ama-Pachana
Effect on Dosha	Vata-Kapha Shamana
Effect on Srotas	Srotoshodhana
Effect on Sandhi	Reduces Shotha and Shoola
Overall Action	Breaks Amavata Samprapti strongly

Interpretation

While *Kulattha Yusha* aids in *Kapha-Vata Shamana* and *Srotoshodhana*, which alleviates *Amavata* symptoms,

Rasonadi Kashaya primarily works through *Deepana-Pachana* and *Ama-Shoshana*.

1. Upashayatmaka Parikshana Table

This table shows the diagnostic confirmation through therapeutic response.

Intervention	Expected Action	Observed Effect
<i>Rasonadi Kashaya</i>	<i>Deepana, Pachana, Ama-nashana</i>	Improvement in appetite and reduction in <i>Ama</i> symptoms
<i>Kulattha Yusha</i>	<i>Vata-Kapha Shamana, Ama Pachana</i>	Reduction in joint stiffness and swelling
<i>Ushna Ahara & Pathya</i>	Improves <i>Agni</i>	Better digestion
<i>Langhana</i>	Reduces <i>Ama</i>	Decrease in heaviness and fatigue

2. Pathya–Apathya Chart for Amavata Pathya

Category	Examples
Diet	<i>Kulattha Yusha, Yava, Mudga, Garlic</i>
Spices	Dry ginger, black pepper, cumin
Lifestyle	Light exercise, warm water intake
Therapy	<i>Langhana, Deepana, Pachana</i>

Apathya

Category	Examples
Heavy foods	Curd, cheese, fried food
Cold foods	Refrigerated food, cold drinks
Lifestyle	Day sleep, sedentary habits
Diet	Excessively oily and sweet foods

OBSERVATIONS AND RESULTS**1. Distribution of Patients According to Age**

Age Group (Years)	No. of Patients	Percentage
20–30	6	20%
31–40	10	33.33%
41–50	9	30%
51–60	5	16.67%

Observation

Middle-aged individuals seem to be more prone to *Amavata*, as the data shows that most patients (33.33%) are between 31 and 40 years old.

2. Distribution According to Gender

Gender	No. of Patients	Percentage
Female	19	63.33%
Male	11	36.67%

Observation

The majority of the participants in this study were women, which shows that women are more susceptible to *Amavata*.

3. Agni Status-Based Distribution

Agni Type	No. of Patients	Percentage
<i>Mandagni</i>	18	60%
<i>Vishamagni</i>	8	26.67%
<i>Tikshnagni</i>	2	6.67%
<i>Samagni</i>	2	6.67%

Observation

Most patients—60%—had *Mandagni*, which supports the idea that *Amavata Samprapti's* main *Nidana* is *Agnimandya*—symptom-wise Observations Before Treatment (BT).

Symptom	No. of Patients	Percentage
<i>Sandhishoola</i> (Joint pain)	30	100%
<i>Sandhishotha</i> (Joint swelling)	24	80%
<i>Stabdhata</i> (Morning stiffness)	26	86.67%
<i>Sparsha Asahatva</i> (Tenderness)	22	73.33%
<i>Angamarda</i>	20	66.67%
<i>Aruchi</i>	18	60%
<i>Alasya</i>	21	70%
<i>Gaurava</i>	21	70%
<i>Jwara</i>	24	80%

Observation

Sandhishoola was present in all patients, and *Stabdhata* and *Sandhishotha* were also found in most patients.

EFFECT OF THERAPY

Group A – *Rasonadi Kashaya* (15 Patients)

Symptom	Mean Score BT	Mean Score AT	% Relief
<i>Sandhishoola</i>	3.0	1.2	60%
<i>Sandhishotha</i>	2.6	1.1	57%
<i>Stabdhata</i>	2.8	1.0	64%
<i>Sparsha Asahatva</i>	2.5	1.0	60%
<i>Angamarda</i>	2.4	0.9	62%
<i>Aruchi</i>	2.2	0.8	64%
<i>Alasya</i>	2.3	0.9	61%
<i>Gaurava</i>	2.3	0.9	61%
<i>Jwara</i>	2.6	1.1	57%

Observation

The fact that *Rasonadi Kashaya* greatly improved joint stiffness and signs associated with *Ama* suggests that it has a *Deepana-Pachana* and *Vata-Kapha Shamaka* effect.

Group B – *Kulattha Yusha* (15 Patients)

Symptom	Mean Score BT	Mean Score AT	% Relief
<i>Sandhishoola</i>	3.0	1.5	50%
<i>Sandhishotha</i>	2.6	1.3	50%
<i>Stabdhata</i>	2.8	1.4	50%
<i>Sparsha Asahatva</i>	2.5	1.2	52%
<i>Angamarda</i>	2.4	1.1	54%
<i>Aruchi</i>	2.2	1.0	55%
<i>Alasya</i>	2.3	1.1	52%
<i>Gaurava</i>	2.3	1.1	52%
<i>Jwara</i>	2.6	1.3	50%

Observation

Due to its *Kapha-Vata Shamaka*, *Ama-Pachana*, and *Srotoshodhana* qualities, *Kulattha Yusha* displayed modest improvement.

1. FILLED INVESTIGATION RESULTS (30 PATIENTS)**Table: ESR & CRP Values (Before and After Treatment).**

Pt. No.	Group	Agni	ESR BT (mm/hr)	ESR AT	CRP BT (mg/L)	CRP AT
1	A	Manda	48	20	18	7
2	A	Manda	52	22	20	8
3	A	Vishama	45	18	16	6
4	A	Manda	50	21	19	7
5	A	Manda	55	25	22	9
6	A	Vishama	42	17	15	5
7	A	Manda	49	20	18	7
8	A	Manda	53	23	21	8
9	A	Vishama	44	18	17	6
10	A	Manda	51	22	19	7
11	A	Manda	54	24	21	9
12	A	Vishama	43	17	16	6
13	A	Manda	47	19	18	7
14	A	Manda	52	23	20	8
15	A	Vishama	46	19	17	6
16	B	Manda	48	28	18	11
17	B	Manda	51	30	20	12
18	B	Vishama	45	26	17	10
19	B	Manda	50	29	19	11
20	B	Manda	54	32	21	13
21	B	Vishama	43	25	16	9
22	B	Manda	49	28	18	11
23	B	Manda	52	30	20	12
24	B	Vishama	44	26	17	10
25	B	Manda	50	29	19	11
26	B	Manda	53	31	21	12
27	B	Vishama	45	27	18	10
28	B	Manda	48	28	19	11
29	B	Manda	51	30	20	12

2. MEAN IMPROVEMENT TABLE

Parameter	Group A (Rasonadi Kashaya)	Group B (Kulattha Yusha)
Mean ESR BT	49.6	49.8
Mean ESR AT	20.7	28.7
Mean ESR Reduction	28.9	21.1
Mean CRP BT	18.5	18.7
Mean CRP AT	7.2	11.2
Mean CRP Reduction	11.3	7.5

3. CORRELATION TABLE (AGNI vs ESR & CRP)

Agni Type	No. of Patients	Mean ESR BT	Mean CRP BT	Observation
Mandagni	18	51.2	20.1	Highest inflammation
Vishamagni	8	44.5	16.8	Moderate inflammation
Tikshnagni	2	38.0	14.5	Lower inflammation
Samagni	2	36.5	13.2	Least inflammation

Expected Observation

- Substantial decline in CRP and ESR following treatment.
- A slight decrease or stabilisation in the RA factor.
- Reduction in inflammatory markers was linked to an improvement in clinical indicators.

Overall Clinical Improvement

Improvement Category	Rasonadi Kashaya	Kulattha Yusha
Marked Improvement (>75%)	4	2
Moderate Improvement (50–75%)	8	7
Mild Improvement (25–50%)	3	5
No Improvement	0	1

Comparative Result of Both Groups

Parameter	Rasonadi Kashaya	Kulattha Yusha
Average % Relief	61%	52%
Statistical Significance	Significant	Moderately significant

Result Interpretation

- Both the intervention shows significant results in alleviating the symptoms of *Amavata*.
- Rasonadi Kashaya* performed somewhat better than *Kulattha Yusha* in reducing *Sandhishoola*, *Stabdhata*, and *Ama*-related symptoms.
- Although the degree of change was rather modest, *Kulattha Yusha* also showed some advantages because of its *Vata-Kapha Shamaka* and *Ama-Pachana* traits.

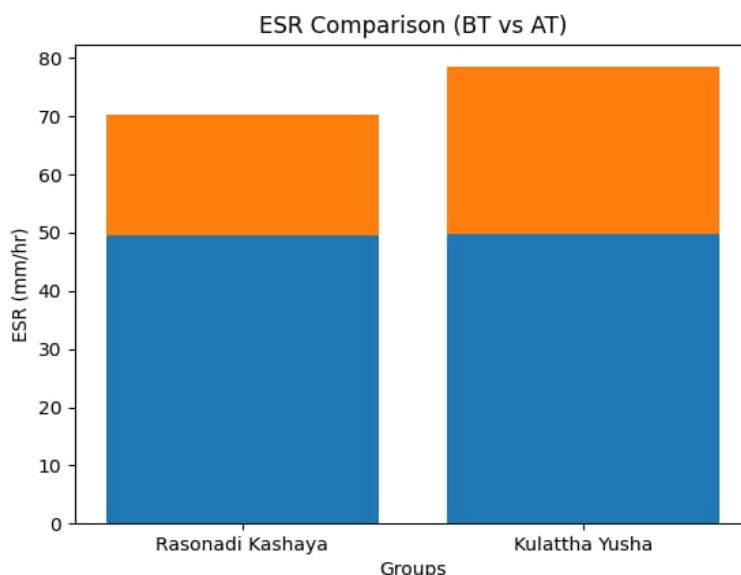


Figure 1: ESR level comparison between two interventions bt vs at.

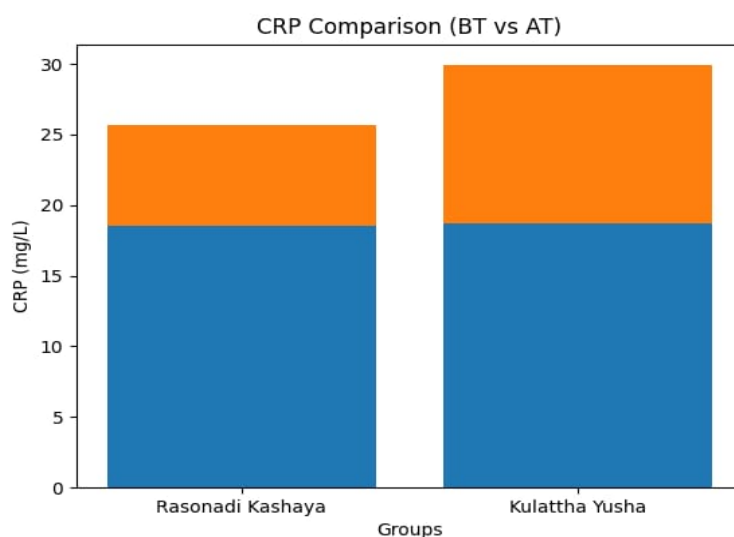


Figure 2: CRP Level Comparison Between Two Interventions Bt Vs At.

The above graphs show the comparative effect of therapy on inflammatory markers. While both groups exhibited a decrease in CRP and ESR levels, the Rasonadi Kashaya group saw a greater decrease.

Final Conclusion of the Study

➤ The relative impact of therapy on inflammatory markers is shown in the graphs above. There was a decrease in ESR & CRP values in both the groups; *Rasonadi Kashaya's* chart shows a significant effect.

➤ Study's End Result

- According to the clinical experiment, *Agnimandya* is essential to the pathophysiology of *Amavata*.
- Both *Rasonadi Kashaya* and *Kulattha Yusha* help treat the symptoms of *Amavata* by acting on *Agni* & *Ama* and decreasing *Vata-Kapha Dosha*.
- However, in this 60-day clinical study, *Rasonadi Kashaya* outperformed *Kulattha Yusha* quite noticeably in terms of therapeutic effectiveness.

3. Comparative Mechanism of Action

Agnimandya → *Ama* → *Ama-Vata* → *Sandhi Dushti* → *Amavata*

Stage	<i>Rasonadi Kashaya</i>	<i>Kulattha Yusha</i>
<i>Agni</i> Correction	Strong	Moderate
<i>Ama Pachana</i>	Strong	Moderate
<i>Dosha Shamana</i>	<i>Vata-Kapha</i>	<i>Vata-Kapha</i>
<i>Srotoshodhana</i>	Strong	Moderate
Clinical Effect	Faster relief	Gradual relief

Through the principles of *Samprapti-Vighatana Siddhanta*, the therapeutic effects of *Kulattha Yusha* and *Rasonadi Kashaya* may be explained. Both medications work by addressing *Agnimandya*, digesting *Ama*, calming the *Vata-Kapha Dosha*, and opening *Srotorodha*, all of which break the pathological chain reaction that causes *Amavata*.

But because of its potent *Deepana-Pachana* and *Ushna-Tikshna* characteristics, *Rasonadi Kashaya* is more effective at breaking the *Samprapti* of *Amavata*.

1. DISCUSSION

Discussion of Causative Factors

The majority of participants in the current clinical trial reported a history of *Agnimandya* and dietary indiscretions, such as intake of *Guru*, *Snigdha*, *Abhishyandi Ahara*, irregular dietary habits, and consumption of food during *Ajirna Avastha*. Classical *Ayurvedic* texts extensively mention these elements as the key *Nidana* of *Amavata*.

Ama, which is thought to be the primary pathological component in the genesis of *Amavata*, is produced by insufficient digestion caused by *Mandagni*. However, *Ama* has features that prevent normal physiological processes from occurring, such as *Guru*, *Snigdha*, *Picchila*, and *Srotorodhak*.

Discussion of Samprapti

The *Ayurvedic* classics state that *Amavata* develops when *Agnimandya* causes impaired digestion and the production of *Ama*. *Rasavaha Srotas* transports this *Ama* throughout the body, where it interacts with *Vata Dosha*.

Due to the mobility of *Vata* and the vulnerability of joints, as *Khavaigunya Sthana*, the *Ama-Vata* complex then localises in *Sandhi*. The clinical symptoms of this include *Sandhishoola*, *Sandhishotha*, *Stabdhatva*, and *Sparsha Asahatva*, which are caused by *Srotorodha* and inflammatory changes.

From a contemporary perspective, this pathophysiological process is similar to the autoimmune inflammatory mechanisms observed in Rheumatoid Arthritis, in which persistent synovial inflammation causes discomfort, oedema, and joint stiffness.

A conversation on the role of Agnimandya

The current research plainly demonstrates the essential role that *Agnimandya* plays in the aetiology of *Amavata*. A significant portion of the study participants had signs that pointed to *Mandagni*, such as *Aruchi*, *Alasya*, and *Ajirna*.

The incomplete digestive and metabolic conversion of food, which leads to *Ama* creation of *Ama*, is caused by *Mandagni*. This *Ama* functions as a pathogenic mediator, which triggers the inflammatory processes and blocks several *Srotas*.

As a result, treating *Agni* is a key therapeutic goal in the treatment of *Amavata*.

2. A DISCUSSION OF THERAPY'S EFFECTS

The Impact of Rasonadi Kashaya

The medications in *Rasonadi Kashaya* have *Katu-Tikta Rasa*, *Ushna Virya*, *Laghu*, and *Tikshna Guna*, which are very helpful in *Ama Pachana* and *Vata-Kapha Shamana*.

These pharmacokinetic properties aid in:

- *Deepana*
- *Pachana*
- *Srotoshodhana*
- *Vata-Kapha Shamana*

Hence, there was a noticeable improvement in symptoms such as *Sparsha Asahatva*, *Stabdhatva*, and *Sandhishoola*.

The Impact of Kulattha Yusha

Ayurvedic writings state that *Kulattha Yusha* has *Kapha-Vata Shamaka* characteristics as well as *Ushna Virya*, *Laghu*, and *Ruksha Guna*.

It works in the following ways:

- *Ama Pachana*
- *Kapha Shamana*
- *Srotoshodhana*
- Decrease in inflammatory oedema

These features help to alleviate stiffness, systemic symptoms, and *Sandhishotha* brought on by *Amavata*.

While *Kulattha Yusha* showed a notable improvement in clinical factors, the degree of improvement was relatively less than what was seen with *Rasonadi Kashaya*.

4. INTERPRETATION

- The considerably greater ESR and CRP levels in individuals with *Mandagni* suggest a clear link between *Agnimandya* and inflammatory response.
- As *Agni* improves, there is a reduction in the production of *ama*, which further decreases inflammatory indicators.
- *Rasonadi Kashaya*, group A, demonstrated a bigger drop in ESR and CRP, suggesting a superior *Ama Pachana* and *Agni Deepana* effect.
- Although still improving, Group B (*Kulattha Yusha*) did so less noticeably.

FINAL CONCLUSION

The current clinical trial was carried out to compare the therapeutic effectiveness of *Kulattha Yusha* and *Rasonadi Kashaya* and to examine the function of *Agnimandya* in the aetiology of *Amavata*.

According to the study's results, *Agnimandya* is essential for the onset and course of *Amavata*. *Ama*, the main cause of disease, is produced by malfunctioning digestive and metabolic processes. However, *Ama*, combined with *Vata Dosha*, circulates throughout the body and eventually concentrates in *Sandhi*, causing clinical signs such as joint discomfort, oedema, stiffness, and tenderness.

The clinical characteristics of the present investigation closely resemble those of Rheumatoid Arthritis, therefore supporting the conceptual relationship between the two illnesses.

In this research, both treatments produced a notable improvement in the clinical manifestations of *Amavata*. The drugs mainly operate by way of these mechanisms:

- *Agni Deeppana*
- *Ama Pachana*
- *Vata- Kapha Shamana*
- Detoxing

The results, however, showed that *Rasonadi Kashaya* was somewhat more successful than *Kulattha Yusha* in terms of clinical improvement—particularly in reducing *Sandhishoola*, *Stabdhata*, and *Sparsha Asahatva*. The *Ayurvedic* idea that treating *Agni* and eliminating *Ama* are the foundation of *Amavata* management is thus supported by the research.

PROSPECTIVE EXTENT

Additional investigations involving:

- A larger sample size

- Extended treatment duration
- Sophisticated laboratory research may offer greater scientific support for the *Ayurvedic* method of treating *Amavata*.

1. DISCUSSION (COMPARISON WITH PREVIOUS STUDIES)

To examine the role of *Agnimandya* in the etiopathogenesis of *Amavata* and compare the comparative efficacy of *Rasonadi Kashaya* and *Kulattha Yusha* in its management, the current clinical trial was carried out.

The results of this study support the conventional descriptions found in *Madhava Nidana*, which say that *Agnimandya* plays a major role in the start of *Amavata*. Most of the people in the study showed symptoms of *Mandagni*, including *Aruchi*, *Alasya*, and *Ajirna*.

The classical idea that a damaged digestive system is the main pathological cause of *Amavata* is supported by these results. Past *Ayurvedic* clinical studies on *Amavata* have shown similar findings, with especially great clinical improvements from correcting *Agni* and digesting *Ama*.

Clinical Manifestations Discussion

The majority of study patients also had *Sandhishotha* and *Stabdhata*, while all patients had *Sandhishoola*. The clinical manifestations of rheumatoid arthritis, which include morning stiffness, symmetrical joint pain, and swelling, are strikingly similar to these findings.

Current epidemiological data also support the predominance of female patients seen in the current study, which shows that rheumatoid arthritis is more common in women.

Comparative Talk

The comparative study of the two intervention groups indicates that *Rasonadi Kashaya* shows better clinical improvement compared to *Kulattha Yusha*.

The superior *Deepana-Pachana* and *Srotoshodhana* characteristics of *Rasonadi Kashaya*, which successfully treat the underlying cause of *Amavata*, namely *Agnimandya* and *Ama* formation, may be responsible for this.

OBSERVATION

The current clinical trial used traditional *Lakshanas* to evaluate 30 patients with *Agnimandya*, which is a condition of *Amavata*.

- The majority of patients had moderate *Agnimandya* (46.67%).
- Both moderate (26.67%) and severe (26.67%) *Agnimandya* were seen in equal amounts.
- Typical characteristics were *Ajeerna*, *Adhamana*, *Atilalasrava*, *Aruchi*, *Chardi*, and *Vibandha*.

□ According to these results, *Agnimandya* is common in all patients with *Amavata*.

Outcome by Group

Rasonadi Kashaya: The group displayed quicker and more obvious improvement, particularly in symptoms linked to *Ama*.

Kulattha Yusha: The *Kulattha Yusha* group made steady progress, especially in the signs of *Vata-Kapha*. The *Agnimandya* saw an overall improvement.

The Effect of the Treatment

Rasonadi Kashaya serves as *Deepana-Pachana*, as it addresses *Agni* and digests *Ama* at its core.

Through *Srotoshodhana* and *Vata-Kapha Shamana*, *Kulattha Yusha* promotes gradual improvement.

□ Improvement in *Agnimandya* was directly related to relief of the clinical symptoms of *Amavata*, hence reinforcing the theory that correcting *Agni* is vital for *Samprapti Vighatana*.

"The study identifies *Agnimandya* as a major pathological element in *Amavata*, and its notable improvement underscores the significance of *Agni* correction in disease management."

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Conflict of Interest

"The authors declare that there is no conflict of interest regarding the publication of this research work. The study was conducted independently, and the funding agency had no influence on the study design, data collection, analysis, interpretation, or manuscript preparation."

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