



ROLE OF APATARPANA CHIKITSA APPROACH IN TREATING AMAVATA - A CASE STUDY

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ABSTRACT

Amavata is a common clinical entity which cripples the victim through the functional disability. This disease resembles with Rheumatoid arthritis in contemporary science. Rheumatoid arthritis is a systemic autoimmune disease that affects multiple systems as well as different joints of the body such as joints of hands, wrists, feet, ankles, knees, shoulders and elbows. The prevalence of rheumatoid arthritis is believed to be around 1% worldwide. About 70% of people living with rheumatoid arthritis are women, and 55% are older than 55 years. In Ayurvedic classics, the general principle for the management of *Amavata* mentions the procedures like *Langhana*, *Swedana* (*ruksha swedana*) also other modalities includes *deepana*, *Virechana*, *Snehapana*, *kshara* and *anuvāsana basti*. This article aims at the importance of approach towards the principles of *apatarpana chikitsa* wherein a single case study was carried out by considering the above said principles to treat the disease *amavata*. After 3 months of treatment the patient showed significant improvements in the symptoms such as multiple joints pain and morning stiffness. Also, there was marked improvement observed in the hematological parameters.

KEYWORDS: Amavata, Rheumatoid arthritis, Apatarpana chikitsa.

INTRODUCTION

In Ayurveda, Ama refers to the toxic substances that accumulate in the body due to improper digestion, poor diet as well as unhealthy lifestyle. Ama can be considered as “undigested waste” that can cause a range of health problems when it accumulates in the body. The production of Ama occurs due to undigested food particles along with the vitiation of tridosha later entering into the *trikasandhi* resulting in the manifestation of the disease *Amavata*. This condition is often caused by factors such as consumption of incompatible foods, adopting mutually contradictory behavioral patterns in a person with weak digestive fire, following a sedentary lifestyle or eating oily foods and immediately engaging in physical exercise.^[1] The consumption of *viruddha ahara* and other causative factors disrupts the normal functioning of *agni* leading to reduction in its strength. This impairment of *Agni* results in the improper digestion of ingested food ultimately leading to the formation of Ama. When ama gets

associated with vata is considered as *samavata* which after entering into the *trika sandhi* causes stiffness throughout the body.^[2] This condition is characterized by the symptomatology such as *Angamarda* (myalgia), *aruchi* (anorexia), *trishna* (thirst), *alasya* (lassitude), *gourava* (heaviness of the body), *hwara* (Fever), *apaka* (indigestion) and *angashunata* (inflammatory swelling of the limbs) are said to be the features of *Amavata*.^[3]

In chronic *Amavata* there will be a manifestation of painful swelling in the joints of hands, legs, head, ankle, sacrum, knees and thighs where the morbid substance gets seated. That affected parts of the body becomes very painful as if stung by the scorpions. The disease causes *agni dourbalya* (weakness of the digestive fire), *praseka* (dribbling of saliva), *aruchi* (anorexia), *gourava* (heaviness in the body), *utsaha hani* (lack of attitude for work), *vairasya* (distaste), *daha* (burning sensation), *bahumootrata* (excessive urination), *kukshi katina* (hardness of the abdomen), *kukshi shoala* (colic pain),

anidra (lack of sleep), *trishna* (thirst), *chardi* (vomiting), *bhrama* (giddiness), *murcha* (syncope), *hridgraha* (discomfort sensation of the chest), *vidvibandha* (constipation), *jadya* (rigidity of the body), *antrakujana*, *anaha* (flatulence) and other complications.^[4]

Rheumatoid arthritis is a chronic, systemic inflammatory disorder that affects the smaller joints, leading to pain, stiffness, swelling and diminished or absent mobility. It is an autoimmune disease wherein the immune system attacks the body's own tissues, leading to inflammation and damage to the joints and other organs. Though the most prominent manifestation of rheumatoid arthritis is inflammatory arthritis of the peripheral joints having insidious onset with prodrome of fatigue, weakness, joint stiffness, vague arthralgia and myalgia. This is followed by pain and swelling of the joints usually in symmetrical fashion, especially involving joints of hands, wrists and feet. The predominant pathologic lesions are found in the joints and tendons, and less often, extra-articular lesions are encountered. Rheumatoid arthritis may show involvement of smaller joints, the joints of wrists, elbows, ankles and knees.^[5]

Rheumatoid arthritis is prevalent in 0.8 percent of population and women was found to be affected three times more often than men. There is an increased prevalence of Rheumatoid arthritis with age and gender differences which diminishes in older age group.

Rheumatoid arthritis is generally the disease of fourth and fifth decades of life and 80 percent of all patients developing the disease are between the ages of 35 and 50. Many risk factors which are lifestyle-related includes diet, smoking and obesity have been associated with an increased risk of rheumatoid arthritis.

The mainstream of treatment in Rheumatoid arthritis comprises the use of small molecule disease modifying antirheumatic drugs and corticosteroids which serves as immunosuppressant. And the adverse effects of the same therapy related to dose, duration of the therapy and the pre-existing condition that might be worsened by corticosteroids therapy will be usually seen in the patient in due course of time.^[6] Also, the anti-inflammatory effect of the corticosteroids may mask the signs of the disease. Hence there might be recurrence due to limited understanding of the complexity of the disease mechanism. Owing to all the challenges, Ayurveda emphasizes the comprehensive understanding of the disease process starting from the route cause till the disease manifestation, early diagnosis and treatment and lifestyle modification that brings the overall improvement pertaining to symptoms and health of the patient.

Amavata, a debilitating condition akin to Rheumatoid Arthritis, has been extensively described in Ayurvedic texts. Although Acharya Madhava initially explained the

pathology of the disease, the therapeutic aspects of Amavata chikitsa were elaborated in various samhita, including chakradatta, bhava Prakasha, Yogaratnakara, Bhaishajya Ratnavali, Harita Samhita, and Gadanigraha.

The treatment involves strategic interventions starting with Langhana and the medicaments possessing the properties predominated with Tikta, Katu Rasa and Teekshna Guna. This will be succeeded by the principles of the treatment such as Deepana, Ruksha Virechana, Snehapana, Kshara Basti, Anuvasana Basti with saindavadya taila and Swedana therapies like Valuka Sweda and Ruksha Upanaha Sweda. The present study aims at highlighting the significance of Ayurveda in managing challenging cases of Rheumatoid Arthritis through Apatarpana chikitsa in the treatment of Amavata.

MATERIALS AND METHODS

Case study

A 49-year-old female patient, with no known comorbidities presented to our hospital with history of multiple joints pain, morning stiffness and swelling in the bilateral knee joints for the past one year. The patient reported difficulty in walking along with all other symptoms. Hence for better management the patient came to our hospital.

The patient's symptoms began approximately one year ago, with a gradual onset of multiple joints pain and morning stiffness. The duration of morning stiffness varies from few minutes to several hours. The symptoms were noted to be worsening with prolonged standing or walking which caused increased pain and stiffness in the knee joints, the pain and discomfort exacerbated on climbing stairs and also on exposure to cold weather led to increased stiffness and pain. Further evaluation revealed mild swelling in the bilateral knee joints, limited range of motion with reduced mobility in the knee joints. The patient also experienced occasional pain at rest particularly at night along with generalized fatigue and tiredness, Sleep disturbances due to pain and discomfort were additionally reported.

On clinical examination, Tenderness on palpation was elicited in the bilateral knee joints, Mild swelling was observed in the bilateral knee joints with a reduced range of motion indicating limited mobility. An occasional rise of temperature was also noted in the knee joints.

On systematic examination

Pallor, icterus, cyanosis, clubbing and lymphedema was absent.

RS, CVS, CNS and PER ABDOMEN – No abnormalities detected.

Subjective assessment**Samanya lakshana of Amavata^[7]**

Lakshanas	Before treatment	After treatment
Angamarda : severe pain all over the body	Present	Absent
Aruchi: Loss of taste perception	Absent	Absent
Trishna: Excessive Thirst	Absent	Absent
Alasya: Loss of interest in doing any activities	Present	Absent
Gaurava: Heaviness of body	Present	Absent
Jwara: Fever	Absent	Absent
Apaka: Improper digestion	Present	Absent
Shunata anga: Inflammation of anga avayavas (mainly joints)	Present	Absent

Objective assessment

2020 ACR - EULAR classification criteria for RA showed Value of 10 out of 10

Which shows involvement of multiple joints, with high positive RF, abnormal ESR and CRP, and chronicity of the symptoms presented more than 6 months.

Criteria / Dates	6/10/2023	7/3/2024	25/5/2024
RA	625 IU/ml	274.3IU/ml	161 IU/ml
ESR	104 mmU/hour	50 mmU/hour	-
CRP	35 mg/L	28.3mg/L	25 mg/L

Intervention**Shodhana**

6/10/2023 to 21/10/2023	25/11/2024 to 3/12/2024	6/3/2024 to 13/3/2024
Nityavirechana with Gandharvahastadi eranda taila 20ml with hot water	Alepa with agnichikitsa lepa– Sarvanga	Alepa with agnichikitsa lepa– Sarvanga
Alepa with agnichikitsa lepa– Sarvanga	Upanaha sweda with upanaha choorna	Dhanyamladhara – Sarvanga without Abhyanga
Dhanyamladhara – Sarvanga without Abhyanga	Vaitarana basti – kaala basti	Erandamoola kahara basti – kaala basti and Anuvasana basti with brihath saindavadi taila
Upanaha sweda with upanaha choorna	-	-

Shamana

6/10/2023 to 21/10/2023	25/11/2024 to 3/12/2024	6/3/2024 to 13/3/2024
Mrityunjaya rasa 2-2-2	Mrityunjaya rasa 2-2-2	Mrityunjaya rasa 1-1-1
Punarnava mandura 1-1-1	Simhanada guggulu 1-1-1	Amavatari rasa 1-1-1
Chitrakasava 20ml-20ml-20ml	Amrittothara kashaya 20ml-20ml-20ml	Chitrakadi vati 1-1-1
	Chitrakasava 20ml-20ml-20ml	Chitrakasava 20ml-20ml-20ml

DISCUSSION

Lifestyle factors like Viruddha Ahara and vihara such as lack of exercise and doing exercise after taking meals and so on are explained to be etiological factors leading to production of Ama. This Ama is considered as the impaired process of digestion and metabolism that leads to build up of toxic by products. It is also considered as precursor of inflammatory, degenerative and infective processes that eventually manifest as full-fledged diseases hence Amaya is well known synonym for Vyadhi.

When this Ama amalgamates along with vitiated Vata and simultaneously leading to Amavata. As explained by our Acharya charaka Apatarpana is the principle of

approach in treating such disease conditions which interfere with the degenerative, inflammatory and other progressive pathologies for early prevention of disease. The intervention may be Langhana, Langhana – Pachana and Shodhana which depends upon the severity of the disease as well as severity of Ama involving in the disease process.

As there was sama vata dosha in the discussed case study, the choice of the treatment was langhana, pachana, swedana and Shodhana. Langhana in the form of laghu ashana was advised to the patient. Pachana in the form of Rukshana such as alepa chikitsa was administered.

Swedana like Dhanyamladhara was administered to the patient as there was multiple joint involvement in the patient. Since there was a strong presence of Sama Vata dosha, it was considered to administer kshara basthi in the form of Erandamoola kahara Basti and Anuvasana basti with Brihath saindavadi taila.

Once all these modalities of treatment were planned and continued, there was significant reduction in pain and stiffness in the patient. Also, there was significant improvement in range of movement of the joints.

Simultaneously, Shamanoushadi (therapeutic medications) were administered to the patient following each Shodhana session. The treatment regimen included Mrityunjaya Rasa, a formulation described in the context of Jwara and also indicated in Ajeerna, Pakshaghata, and Amavata. This medication was administered in conjunction with various Anupanas, to the patient's specific needs. Additionally, Amruthothara Kashaya, a formulation mentioned in the treatment of Jwara, was prescribed, comprising Nagara, Amritha, and Haritaki as primary ingredients. The Pachana properties of these constituents exhibited Kaphagna and Swedala effects, facilitating the elimination of Mala (toxins). Chitrakasava, a formulation containing Go Mootra, Chitraka, Shunti, Maricha, and Pippali, was also administered to achieve Amapachana and elimination of Mala. Furthermore, Amavatari Rasa and Simhanada Guggulu, formulations specifically described in the context of Amavata, were prescribed, incorporating ingredients that facilitated Apatarpana and Vyadhi Pratyamika Chikitsa (disease-specific treatment). This comprehensive approach underscores the significance of Apatarpana Chikitsa principles in mitigating the profound association of Ama in the patient, ultimately yielding favorable outcomes in terms of pain, stiffness, and range of movement.

CONCLUSIONS

The combination of Shodhana (purification) and Shamana (palliation) therapies in the form of Apatarpana Chikitsa showed a cumulative effect, enhancing treatment efficacy and improving patient outcomes. This integrated approach is essential in addressing both the root cause and symptoms, leading to improved pain management, reduced inflammation, and enhanced joint mobility, ultimately resulting in a better quality of life for the patient.

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