

# Ayurvedic Management of Amavata (Rheumatoid Arthritis) with Maharasnadi Kwatha and Panchsama Churna: A Case Report

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## ABSTRACT

Amavata, a chronic inflammatory disorder characterized by joint pain, swelling, and stiffness, closely resembles Rheumatoid Arthritis in its clinical presentation and progressive disability. The clinical spectrum of Amavata demonstrates striking parallels with Rheumatoid Arthritis, a systemic autoimmune disorder affecting 0.5-1% of the global population, characterized by progressive joint destruction, functional disability, and diminished quality of life.

Conventional management of Rheumatoid Arthritis relies heavily on NSAIDs, corticosteroids, and DMARDs, which often leads to adverse effects on prolong use. This therapeutic limitation has intensified the search for safer, more holistic treatment modalities.

Ayurveda offers a comprehensive therapeutic framework through principles of *Ama Pachana*, *Agni Deepana*, and *Vata Shamana*. This case report presents a 40-year-old female patient who presented with a 2.5-year history of multiple joint pain, moderate swelling, morning stiffness, and restricted movements. The patient was administered *Maharasnadi Kwatha* and *Panchsama Churna* for one month, complemented by individualized dietary and lifestyle modifications.

Clinical assessment utilizing both subjective symptom scores and objective functional measurements revealed significant improvement across all evaluated parameters including pain intensity, joint swelling, morning stiffness duration, and range of motion. The therapeutic response suggests that the combination of *Maharasnadi Kwatha* and *Panchsama Churna* effectively addresses core pathophysiological mechanisms of Amavata by correcting *Agnimandya*, digesting *Ama*, and pacifying aggravated *Vata Dosha*.

**Keywords:** Amavata, Rheumatoid Arthritis, Maharasnadi Kwatha, Panchsama Churna, Ayurveda,

## Introduction

Amavata, an inflammatory disorder rooted in impaired digestion (*Mandagni*) and *Ama* formation When

this *Ama* combines with vitiated *Vata Dosha*, it localizes in *Shleshaka Kapha* predominant sites, particularly the joints, manifesting as *Sandhi Shoola*, *Sandhi Shotha*, *Stabdhatta*, *Angamarda*, *Aruchi*, and *Gaurava*. While these agents effectively control symptoms and retard disease progression, their prolonged use is associated with significant adverse effects.

Amavata is a significant musculoskeletal disorder described in Ayurvedic classics, primarily caused by *Mandagni* (impaired digestive fire) leading to *Ama* (toxic metabolic byproducts) formation. This *Ama*, when associated with vitiated *Vata Dosha*, localizes in *Shleshaka Kapha* predominant sites, particularly the joints, resulting in clinical manifestations such as *Sandhi Shoola* (joint pain), *Sandhi Shotha* (joint swelling), *Stabdhatta* (stiffness), *Angamarda* (body ache), *Aruchi* (loss of appetite), and *Gaurava* (heaviness) [1]. The chronic nature, painful presentation, progressive disability, and significant impact on quality of life make Amavata a debilitating condition.

#### The pathogenesis of Amvata primarily involves-

- Agnimandya,
- Formation of Ama,
- Vata Prakopa
- Srotoavrodha
- Localisation in joint

#### The line of treatment includes-

- Langhan
- Deepan and Pachan
- Vata Shamana
- Swedan
- Shodhan

The clinical features of Amavata closely resemble those of Rheumatoid Arthritis (RA), a systemic autoimmune disorder affecting approximately 0.5-1% of the global population [2]. RA is characterized by persistent synovial inflammation, joint destruction, and extra-articular manifestations, leading to substantial physical, functional, and psychosocial burden.

Conventional management of RA primarily includes non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and disease-modifying anti-rheumatic drugs (DMARDs). While these therapies are effective in controlling symptoms and slowing disease progression, their long-term use is often associated with adverse effects such as gastrointestinal irritation, hepatotoxicity, nephrotoxicity, immunosuppression, and increased economic burden [3]. Hence, there is an increasing demand for safer and more holistic therapeutic approaches.

Ayurveda offers a promising alternative through principles such as *Ama Pachana* (elimination of toxins), *Agni Deepana* (strengthening digestive fire), and *Vata Shamana* (pacifying aggravated Vata). Various classical formulations have shown efficacy in managing Amavata. *Maharasnadi Kwatha*, a polyherbal decoction, contains anti-inflammatory and analgesic herbs like *Rasna* (*Pluchea lanceolata*), *Eranda* (*Ricinus communis*), and *Devadaru* (*Cedrus deodara*), which help in reducing pain and inflammation [4]. *Panchsama Churna*, a combination of five digestive spices including *Pippali* (*Piper longum*), *Shunti* (*Zingiber officinale*), *Haritaki* (*Terminalia chebula*), *Trivrit* (*Operculina turpenthum*) and *Sauvarchal* *lavana* aids in correcting *Agnimandya* and eliminating *Ama* [5].

This case report aims to present the clinical outcomes of a 40-year-old female patient with Amavata managed with *Maharasnadi Kwatha* and *Panchsama Churna* for 30 days, along with dietary and lifestyle modifications.

### Case Presentation

A 40-year-old female patient presented to the OPD of Kayachikitsa Department with the complaints of pain in bilateral wrist joints, knee joints and small joints of hands associated with moderate swelling, morning stiffness, and restricted movements for the past 2.5 years. The pain was insidious in onset, progressive in nature.

The morning stiffness lasted for approximately 45-60 minutes and improved with physical activity. The patient also reported occasional low-grade fever, fatigue, and loss of appetite.

There was no significant past medical or surgical history. The patient had no known drug allergies. She was a homemaker by occupation, with no specific dietary preferences. She had a sedentary lifestyle and reported irregular eating habits.

On general physical examination. Vital signs were stable:

- Blood pressure 110/74 mmHg,
- Pulse rate 78 beats/min,
- Respiratory rate- 16 breaths/min,
- Temperature 98.6°F.
- No pallor, icterus, cyanosis or lymphadenopathy.

### ASHTAVIDHA PARIKSHA

- Nadi: Vata-Kapha
- Mala: Sama
- Mutra: Normal
- Jihwa: Saama
- Shabda: Normal
- Sparsha: Ushna
- Drik: Normal
- Akrti: Madhyama

### SYSTEMIC EXAMINATION-

Locomotor System-

- Tenderness in b/l wrist joint and MCP joints
- Swelling present in b/l wrist and knee joint
- Restricted movements due to pain
- Morning stiffness present

Baseline laboratory investigations were performed to assess the severity of the condition and rule out other differentials. The results were as follows:

- Haemoglobin (Hb): 10.2 g/dL
- Total Leukocyte Count (TLC): 8,500 cells/ $\mu$ L
- Erythrocyte Sedimentation Rate (ESR): 35 mm/hr (Westergren)
- C-Reactive Protein (CRP): 12 mg/L

- Rheumatoid Factor (RF): Positive (titre: 1:80)
- Anti-CCP Antibodies: Positive
- Anti-Nuclear Antibody (ANA): Negative
- Serum Uric Acid: 4.5 mg/dL
- Liver Function Tests (LFT): Within normal limits
- Renal Function Tests (RFT): Within normal limits

The patient fulfilled the 2010 ACR/EULAR classification criteria for Rheumatoid Arthritis, with a score of 7 (indicating definite RA) [6]. However, considering the Ayurvedic perspective, the clinical presentation was diagnosed as *Amavata* (ICD-10: M05.9 - Rheumatoid arthritis without rheumatoid factor).

### Treatment & Intervention

After a detailed consultation and assessment, the patient was prescribed the following Ayurvedic regimen for 30 days:

DRUG	DOSE
1. Maharasnadi Kwath	50 ml twice daily (empty stomach)
2. Panchasama Churna	3 grams twice daily (before meals)

#### 1. Dietary and Lifestyle Modifications

- Pathya (Wholesome Diet): The patient was advised to take warm, freshly prepared easily digestible vegetarian food; intake of buttermilk seasoned with cumin and coriander.
- Apathya (Unwholesome Diet): The patient was advised to avoid spicy, oily, fried, and processed foods, cold beverages, ice creams, and refrigerated items; restriction of sour and fermented foods
- Lifestyle: Regular sleep schedule; mild yoga and stretching exercises (under supervision); avoidance of cold exposure and damp environments was advised to the patient

The patient was advised to continue the medication for 30 days and report for follow-up after completion. No additional allopathic medications were prescribed during the study period. The patient was advised to report any adverse events immediately.

#### PANCHSAMA CHURNA (शा.सं मध्यम खण्ड 6/95-96)

S.NO.	SANSKRIT NAME	BOTANICAL NAME	FAMILY	PART USED	PROPORTION
1.	SHUNTHI	Zingiber officinale	Zingiberaceae	Rhizome	1 Part
2.	HARITAKI	Terminalia chebula	Combretaceae	Fruit	1 Part
3.	KRISHNA	Piper longum	Piperaceae	Fruit	1 Part
4.	TRIVRIT	Operculina turpenthum	Convolvulaceae	Root	1 Part
5.	SAUVARCHA L LAVANA	Potassium nitrate		Salt	1 Part

**MAHARASNADI KWATH**

S.NO	SANSKRIT NAME	BOTANICAL NAME	FAMILY	PART USED	PROPORTION
1.	RASNA	Pluchea lanceolata	Asteraceae	Root	2 parts
2.	BALA	Sida cordifolia	Malvaceae	Root	1 part
3.	ERANDMOOL	Ricinus communis	Euphorbiaceae	Root	1 part
4.	VACHA	Acrocalamus acutus	Acoraceae	Root	1 part
5.	CHAVYA	Piper retrofractum	Piperaceae		1 part
6.	MUSTAKA	Cyperus rotundus	Cyperaceae	Root	1 part
7.	PUNARNAVA	Boerhavia diffusa	Nyctaginaceae	Root	1 part
8.	GILOY	Tinospora cordifolia	Menispermaceae	Stem	1 part
9.	SAUNF	Foeniculum vulgare	Apiaceae		1 part
10.	ASHWAGANDHA	Withania somnifera	Solanaceae	Root	1 part
11.	SHATAVARI	Asparagus racemose	Asparagus	Root	1 part
12.	PEEPALI	Piper longum	Piperaceae	Fruit	1 part
13.	SEHCHAR	Strobilanthes ciliates	Acanthaceae	Whole plant	1 part
14.	DHANYAK	Coriandrum sativum	Umbelliferae	Fruit	1 part
15.	BRIHATI	Solanum indicum	Solanaceae	Whole plant	1 part
16.	KANTKARI	Solanum xanthocarpum	Solanaceae	Whole plant	1 part

**ASSESSMENT CRITERIA**

Assessment was done on:

- Joint pain
- Joint swelling
- Morning stiffness
- Constipation
- Tenderness
- Functional ability
- ESR, CRP

- RA factor
- Hb%

**Observations & Results**

The patient reported for follow-up after 30 days of treatment. A repeat assessment was performed using both subjective and objective parameters.

PARAMETER	BEFORE	AFTER
Joint pain	VAS SCALE -8	VAS SCALE- 3
Swelling	MODERATE	MILD
Constipation	SEVERE	MILD
Morning Stiffness	45-60 min	15 min
Tenderness	Moderate	Mild
RA Factor	48.6	44.1
HB%	10.2	11
ESR	35	17
CRP	12	7

**Subjective Parameters (Patient-Reported Outcomes):**

1. Pain Intensity: Measured using a Visual Analog Scale (VAS) where 0 = no pain and 10 = worst imaginable pain.
  - Baseline: 8/10
  - Post-Treatment: 3/10
2. Joint Swelling: Assessed by patient self-report and clinical examination.
  - Baseline: Moderate swelling in 12 out of 28 evaluated joints (according to DAS28)
  - Post-Treatment: Mild swelling in 4 out of 28 joints; no swelling in the remaining joints.
3. Morning Stiffness Duration: Patient reported the time taken for stiffness to subside after waking up.
  - Baseline: 45-60 minutes
  - Post-Treatment: 10-15 minutes
4. Overall Well-being: Patient reported improved energy levels, better appetite, and reduced fatigue.

**Objective Parameters (Clinical & Laboratory Assessments):**

1. Tender Joint Count (TJC): Number of tender joints out of 28 evaluated.
  - Baseline: 18
  - Post-Treatment: 6
2. Swollen Joint Count (SJC): Number of swollen joints out of 28 evaluated.
  - Baseline: 12
  - Post-Treatment: 3
3. Erythrocyte Sedimentation Rate (ESR):
  - Baseline: 35 mm/hr
  - Post-Treatment: 17 mm/hr
4. C-Reactive Protein (CRP):
  - Baseline: 12 mg/L
  - Post-Treatment: 7 mg/L

#### 5. Haemoglobin:

- Baseline- 10.2 gm/dL
- Post- Treatment: 11 gm/dL

#### 6. Range of Motion (ROM):

Goniometric assessment of key joints (wrist, knee, ankle) showed improvement in flexion, extension, and rotation angles.

Adverse Events: No adverse effects were reported by the patient during the treatment period. The patient tolerated the medication well.

### Discussion

The significant improvement observed in this patient aligns with the fundamental principles of Ayurveda in managing Amavata. The treatment strategy focused on correcting *Agnimandya* (digestive impairment), eliminating *Ama* (toxic metabolites), and pacifying aggravated *Vata Dosha*.

*Maharasnadi Kwatha* acts as a potent *Vatahara* (Vata-pacifying) and *Vedanasthapana* (analgesic) formulation. Its ingredients possess anti-inflammatory, analgesic, and immunomodulatory properties. *Rasna* and *Eranda* are well-documented for their anti-arthritis effects, while *Guduchi* and *Devadaru* enhance immunity and reduce inflammation [8]. The decoction also improves circulation and promotes the elimination of metabolic waste products from the joints.

The principal action of Panchsama Churna is Agnideepana and Amapachana. Shunthi, Pippali, and Sauvarchala Lavana effectively kindle Jatharagni, correcting the Mandagni that underlies Amavata pathogenesis. The formulation's Ushna virya and Katu rasa oppose the Sheeta, Guru, and Pichhila qualities of Ama, facilitating its digestion and neutralisation. (9) This reflects Chakrapani's classical directive — "Langhanam Pachana Deepanam". The secondary action is Vatanulomana and Srotovishodhana, achieved through the rechana effect of Trivrit and srotoshodhaka action of Sauvarchala Lavana, which expel digested Ama and prevent its joint redeposition. The overall Vata–Kaphahara nature addresses the dual Doshic vitiation of Amavata.

The observed reduction in pain (VAS from 8 to 3), swelling (SJC from 12 to 3), and morning stiffness (from 45-60 min to 10-15 min) indicates a marked improvement in the inflammatory process. The decline in acute phase reactants (ESR from 35 to 17 mm/hr, CRP from 12 to 7 mg/L) further corroborates the anti-inflammatory effect of the treatment.

These findings are consistent with previous studies on similar Ayurvedic interventions. A clinical study by Harshe et al. (2018) evaluated the efficacy of *Maharasnadi Kwatha* in knee osteoarthritis and reported significant pain relief and functional improvement [10]. Another study by Sharma et al. (2020) compared *Panchasama Churna* and *Eranda Paka* in Amavata and found both formulations effective in reducing symptoms, with *Panchasama Churna* showing mild improvement in 100% of patients [11].

The absence of adverse effects highlights the safety profile of these classical Ayurvedic formulations, making them suitable for long-term management without the risks associated with conventional DMARDs and biologics.

However, it is important to acknowledge the limitations of this single-case report. The absence of a control group and the short duration of intervention restrict the generalizability of the findings. Long-term follow-up is needed to assess the sustainability of benefits and disease-modifying potential. Additionally, the placebo effect cannot be entirely ruled out.

## Conclusion

This case report demonstrates the potential efficacy of *Maharasnadi Kwatha* and *Panchsama Churna* in the management of Amavata (Rheumatoid Arthritis). The 30-day treatment resulted in significant improvement in pain, swelling, stiffness, and functional mobility, with no reported adverse effects. The therapeutic response can be attributed to the combined action of *Ama Pachana*, *Agni Deepana*, and *Vata Shamana*. These findings support the integration of Ayurvedic interventions as a safe and effective alternative or adjunct to conventional therapy in chronic inflammatory arthritis. Further randomized controlled trials with larger sample sizes are warranted to validate these results and establish standardized treatment protocols.

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