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RESEARCH ARTICLE

THERAPEUTIC EFFECT OF DWIPANCHAMOLADI NIRUHA BASTI AND AJMODADI VATAK IN THE MANAGEMENT OF AMAVATA: A CASE REPORT

Himani Bhardwaj and Neetika Nirmal

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Abstract

Amavata is a chronic inflammatory disorder described in Ayurveda characterized by the interaction of Ama (metabolic toxins) and vitiated Vata dosha, leading to joint pain, swelling, stiffness and functional impairment. It presents with clinical features similar to Rheumatoid Arthritis (RA) in modern medicine. This case report documents the clinical and laboratory changes following a combined approach of Panchakarma procedures and oral Ayurvedic formulations (Shamana Aushadh) in a patient with Amavata. A 44-year-old female presented with symmetrical polyarthritides, morning stiffness exceeding 90 minutes and functional limitation lasting two years. Baseline evaluation included classical Ayurvedic examination and the 2010 EULAR/ACR classification criteria for clinical context. The patient was managed with Dwipanchamooladi Niruha Basti, Brihat Saindhavadi Anuvasana Basti (in a Kala Basti schedule) and Baluka Swedana, alongside oral medications (Ajmodadi Vatak, Rasnasaptak Kwath, Shallaki and Guggul Gold). Following 30 days of treatment, marked reduction in joint pain, swelling, stiffness, and systemic symptoms was observed. Laboratory evaluations demonstrated a reduction in Rheumatoid Factor (RF) and Erythrocyte Sedimentation Rate (ESR) back to normal limits. No adverse events were reported during the intervention or follow-up. In this patient, the combined multi-modality regimen was associated with noticeable clinical and serological improvement. These findings highlight the potential utility of Panchakarma-based management in Amavata, though larger, controlled clinical trials are required to establish generalizable therapeutic efficacy.

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Introduction:-

Amavata is a chronic metabolic and inflammatory disorder characterized and named after its chief pathogenic constituents Ama and Vata Dosha. It is first mentioned as separate disease in Madhav Nidana, where intake of Virudhahara in the state of Mandagni is described as the chief factor responsible in manifestation of the disease.¹ Acharya Vagbhata also states that Agnimandya is the root cause of all ailments.² Vitiated Vata Dosha circulates the Ama throughout the body via Dhamanis which take shelter in Shleshma Sthana especially in joints producing symptoms like localized pain, stiffness, swelling and tenderness.³ Due to striking similarities in their

clinical presentations, Amavata is closely correlated with Rheumatoid arthritis (RA) in the modern system of medicine.

In modern medicine RA is understood as chronic multisystem disease of unknown etiology, primarily driven by immune activation, influenced by genetic and environmental factors.^{4,5} As an autoimmune condition, RA mainly affects the joints but can also present with extra-articular manifestations.⁶ Characteristically, it manifests as a chronic polyarthritis where primary pathogenic event is immunologically mediated synovitis.⁷

The disease often begins gradually with early symptoms such as fatigue, anorexia, generalized weakness and vague musculoskeletal discomfort before the apparent appearance of synovitis.⁸ RA tends to be slow progressive in nature, involving a worsening of symptoms over time. Chronic joint inflammation can lead to joint destruction, including loss of cartilage and bone erosion in typically a symmetric fashion.⁹ It often begins during the early or middle years of life, thus causing a heavy burden on society through long term disability and healthcare costs. Despite the availability of numerous treatment options, there is still an urgent need for safe and effective treatment based on the pattern of disease presentation. To address this need for safe alternatives, this case report discusses a 44-year-old female patient presenting with classical features of Amavata, managed using combination of Panchakarma and ShamanAushadh.

Case Presentation:-

A 44-year-old female patient (OPD No. 2603112) visited the outpatient Department of Panchkarma at Dayanand Ayurvedic Medical College & Hospital Jalandhar, Punjab, in February 2026, presenting with chronic multiple joint pain and stiffness.

Primary Concerns and Symptoms:-

The patient reported persistent pain and swelling in the bilateral metacarpophalangeal (MCP), proximal interphalangeal (PIP), wrist, and thumb interphalangeal (IP) joints, as well as pain in the left shoulder and right popliteal region. She experienced severe morning stiffness lasting longer than 90 minutes daily for the past two years. Over the preceding 12 months, the symptoms had progressively intensified, causing restriction of physical movement and functional limitation during daily household tasks.

Past Treatment History:-

The patient reported a 2-year history of intermittent allopathic treatment comprising oral analgesics (NSAIDs) and short courses of low-dose oral corticosteroids prescribed by local practitioners. She experienced transient symptomatic relief while on analgesics, but symptoms recurred immediately upon drug withdrawal. No conventional DMARDs (such as Methotrexate or Sulfasalazine) had been initiated. All allopathic anti-inflammatory and analgesic medications were discontinued 3 weeks prior to reporting to the Ayurvedic OPD, during which time her joint symptoms worsened.

Co-morbidities and Concurrent Medication:-

K/C/OHypothyroidism for 4 years, taking thyroxine 25 mcg tab daily. The patient had a known history of Primary Hypothyroidism for 4 years and was maintained on Tab. Levothyroxine 25 mcg once daily in the morning on an empty stomach. This medication was continued unchanged throughout the study period.

Family History: No significant abnormalities were noted while taking psychosocial history.

Personal History:-

- Appetite: Irregular
- Sleep: Regular
- Diet: Mixed
- Bowel: Constipated on & off
- Micturition: D/N 4-2 times
- Addiction: Not specified
- Occupation: Housewife
- Allergy: No history of any drug or food allergy.

Ashtavidha Pariksha:-

- Nadi: 80/min
- Mala: Malavashtmbha
- Mutra: Madhyam
- Jihva: Sama
- Shabda: Prakrut
- Sparsha: Anushna
- Drik: Prakrut
- Akriti: Sthula

Dashavidha Pariksha:-

- Prakriti: Vata pradhana - Kapha Anubandhi.
- Vikriti: Dosha- Vata Pradhana Tridosha, Dushya- Rasa, Meda, Asthi
- Sara: Madhyama
- Samhanana: Madhyama
- Pramana: Madhyama
- Satmaya: Sarvarasa
- Satva: Madhyama
- Aharashakti: Madhyama
- Vyayamashakti: Avara
- Vaya: Madhyama

General Examination:-

The general condition and appearance of the patient were found to be good. No pallor or lymphadenopathy was seen. Temperature: 97.80 Fahrenheit, Pulse Rate: 72/minute, regular, Weight: 62 kilograms, Height: 144 centimetres, Blood Pressure: 120/80 millimetres of mercury.

Physical Examination:-

No irreversible articular deformities were observed. Diffuse swelling was present bilaterally over the MCP, PIP, wrist and thumb IP joints. Tenderness was elicited on palpation over the bilateral 1st, 2nd and 4th PIP joints, elbow joints and right knee joint. Painful restriction of motion was present in the left shoulder joint. Systemic examination of cardiovascular, respiratory, and central nervous systems revealed no abnormality.

Diagnostic Assessment:-

The patient was diagnosed with Amavata based on cardinal classical Ayurvedic symptoms (Sandhishoola, Sandhishopha, Stambha, Gatrastabdha)¹⁰. For clinical context and objective tracking, the 2010 American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) classification criteria were applied as a baseline reference¹¹.

Table 1(a): Baseline Application of 2010 ACR/EULAR Classification Criteria

Criterion Category	Patient Presentation at Baseline	Category Score
Joint Involvement	>10 joints involved (bilateral PIPs, MCPs, wrists, thumb IPs, left shoulder, right knee with at least 1 small joint)	5
Serology	Low positive Rheumatoid Factor (22.4 IU/mL)	2
Symptom Duration	≥6 weeks (2 years history)	1
Acute-Phase Reactants	Elevated ESR (26 mm/hr)	1
Total ACR/EULAR Score	Definite Rheumatoid Arthritis (Score ≥ 6 required)	7

Table 1(b): Subjective Assessment Grading

Symptom (Lakshana)	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Sandhishoola (Joint Pain)	No pain	Mild pain, does not hamper routine	Moderate pain, hampers routine	Severe pain, interrupts routine	Intense pain, completely disabling
Sandhishopha (Joint Swelling)	No swelling	Mild swelling	Moderate swelling	Severe swelling	Very severe with deformity/restriction
Jadya (Morning Stiffness)	No stiffness	30–60 minutes	1 to 3 hours	3 to 6 hours	Continuous all-day stiffness
SparshaAsahatva (Tenderness)	No tenderness	Mild pain on palpation	Moderate pain	Severe pain, patient resists touch	Extreme pain, patient completely guards
Vibandha (Constipation)	No constipation	Regular daily motion	Motion every alternate day	Motion gap > 2 days	Absence of motion without laxatives
Angamarda (Body Ache)	No body ache	Occasional, does not hamper work	Continuous, does not hamper work	Continuous, hampers routine work	Inability to perform work
Alasya (Lethargy)	No lethargy	Delayed work starts with effort	Delayed work starts, completed	Delays start, leaves work incomplete	Entirely unable to start work
Daha (Burning Sensation)	No burning	Occasional retrosternal	Occasional palms/soles	Intermittent generalized	Continuous generalized

Objective Evaluation Methodology:-

Laboratory measurements (RF, ESR, CRP, Anti-CCP) were recorded quantitatively before and after treatment. For standardized objective comparison, a percentage-reduction scoring system was utilized: baseline value assigned Grade 4; a reduction of 25% = Grade 3; 50% = Grade 2; 75% = Grade 1; normalization = Grade 0.

Therapeutic Interventions:-**Panchakarma Protocol:-**

The patient received a structured Kala Basti regimen¹² (16 days total: 10 Anuvasana and 6 Niruha) alongside local Baluka Swedana for the initial 5 days. Classical Poorva, Pradhana and Paschat Karma guidelines¹³ were rigorously implemented.

Table 3: Panchakarma Treatment Schedule

Intervention	Formulation / Procedure	Dose / Duration	Frequency & Administration
Baluka Swedana	Dry sand bolus fomentation over affected joints	20 mins/day for 5 days	Applied locally prior to Basti administration
Niruha Basti	Dwipanchamooladi Niruha Basti	450 ml – 600 ml	6 procedures administered in Kala Basti schedule
Anuvasana Basti	Brihat Saindhavadi Taila	60 ml – 100 ml	10 procedures administered post-prandially

Pharmacological Protocol (Shamana Aushadh):-**Table 4: Oral Administration Schedule**

Medicine	Dose	Timing	Vehicle (Anupana)	Duration
Ajmodadi Vatak	2 Tablets TID	Before Meals	Lukewarm Water	Day 1 to 30
Shallaki 600	2 Tablets BD	After Meals	Lukewarm Water	Day 1 to 7
Guggul Gold	2 Tablets BD	After Meals	Lukewarm Water	Day 1 to 7
RasnasaptakKwath	20 mL BD	After Meals	Lukewarm Water	Day 1 to 7

Note: The patient's thyroid medication (Tab. Levothyroxine 25 mcg OD) was continued unchanged.

Follow-Up and Outcomes:-

Safety Evaluation: No adverse events, gastrointestinal intolerance or procedure-related complications were reported or observed throughout the 30-day intervention period or during the subsequent follow-up, indicating good clinical tolerability.

Laboratory and Objective Changes:-

Following 30 days of combined therapy, significant laboratory normalization was observed. Rheumatoid Factor decreased from a positive value of 22.4 IU/mL to 11.9 IU/mL (normal reference range <15 IU/mL). Similarly, ESR decreased from an elevated 26 mm/hr to 11 mm/hr (normal reference range for women <20 mm/hr). Serum CRP and Anti-CCP levels remained within normal reference limits both before and after treatment.

Table 5: Quantitative Objective Laboratory Parameters

Investigation	Reference Range	Before Treatment	After Treatment	Pre-Score	Post-Score
RA Factor	<15.0 IU/mL	22.4 IU/mL	11.9 IU/mL	4	0
ESR	<20 mm/hr	26 mm/hr	11 mm/hr	4	0
Anti-CCP	<20.0 U/mL	2.8 U/mL	5.0 U/mL	0	0
C-Reactive Protein	<6.0 mg/L	0.68 mg/L	0.82 mg/L	0	0
Total Objective Score				8	0

Clinical and Subjective Changes:-

Subjective parameters showed notable improvement, with the overall subjective score dropping from 13 to 5. Sandhishopha, Vibandha and Alasya resolved completely.

Table 6: Subjective Clinical Parameters

Subjective Parameter	Baseline Score (Day 0)	Post-Treatment Score (Day 30)
Sandhishoola (Joint Pain)	3	2
Sandhishopha (Joint Swelling)	1	0
Jadya (Morning Stiffness)	2	1
SparshaAsahatva (Tenderness)	3	1
Vibandha (Constipation)	2	0
Angamarda (Body Ache)	1	1
Alasya (Lethargy)	1	0
Daha (Burning Sensation)	0	0
Total Subjective Score	13	5

ACR/EULAR Reference Score Tracking:-

While ACR/EULAR criteria are designed primarily for diagnostic classification rather than tracking treatment response, applying the framework post-treatment demonstrated a score decrease from 7 to 3 due to serological normalization and fewer involved joint counts.

Table 7: Secondary Metabolic Laboratory Parameters

Parameter	Before Treatment	After Treatment	Clinical Interpretation
Serum TSH	21.80 μ IU/mL	0.61 μ IU/mL	Normalization attributable to ongoing Levothyroxine therapy
Triglycerides	186.58 mg/dL	149.0 mg/dL	Lipid profile normalization
Haemoglobin	11.5 g/dL	12.0 g/dL	Mild improvement within normal limits
HbA1c	6.3%	5.7%	Glycemia normalization

Clinical Image Presentation: Figure 1

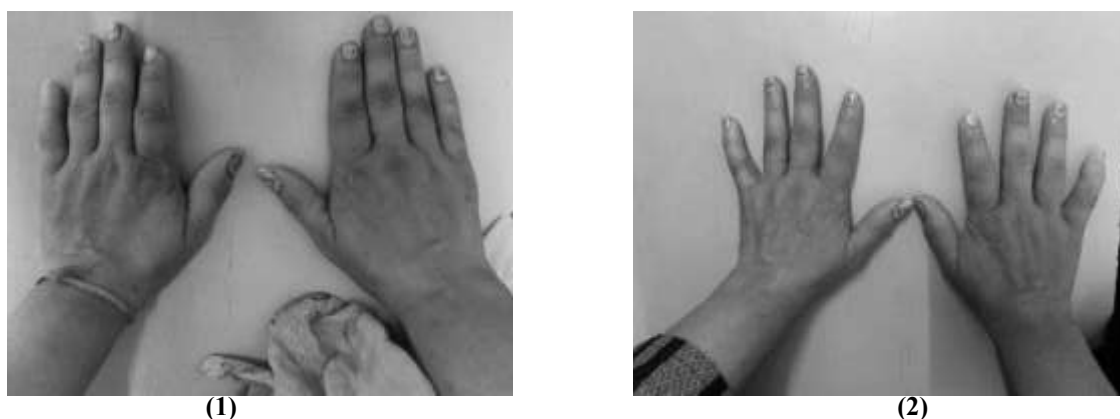


Figure 1: Comparison of Bilateral Hands Before and After Treatment.

(1) **Before Treatment:** Bilateral hands showing diffuse fusiform swelling of the proximal interphalangeal (PIP) joints with loss of joint contour, indicative of active joint inflammation.

(2) **After Treatment:** Clear reduction in PIP joint swelling and restored articular contours following 30 days of treatment. (Written informed consent was obtained from the patient for publication of clinical photographs).

Discussion:-

Amavata develops through the dual pathology of Agnimandya producing toxic Ama, which mixes with pathologically vitiated Vata dosha and lodges in systemic joints. Therapeutic management must therefore focus simultaneously on Ama Pachana, Deepana, Vata Shamana and Srotoshodhana. In Ayurvedic therapeutics, Basti Chikitsa is considered Ardh Chikitsa¹⁴ (half of all treatment) due to its systemic action on Vata dosha, which is the principal driver of disease transport¹⁵. Dwipanchamooladi Niruha Basti contains ingredients such as Dashamoola, Triphala, Madanaphala, Patha, Nagarmotha, Saindhava Lavana, Gomutra and Yavakshara. From an Ayurvedic perspective, these herbs possess Deepana, Pachana, Shothahara (anti-inflammatory) and Shoolahara properties that help digest Ama and clear Srotorodha.¹⁶

Brihat Saindhavadi Anuvasana Basti is specifically indicated in classical literature Amavatahara Shreshtha for alleviating Vata disorders associated with Ama. Containing Erandataila, Saindhava, Trikatu, Kushtha, and Ajmoda, it nourishes Dhatus, pacifies localized Vata in the pelvic and lumbar regions and facilitates normal bowel evacuation.^{17,18} Baluka Swedana is a form of Ruksha Swedana indicated when Kapha and Ama dominate. The dry heat aids local Ama Pachana, reduces Stambha in joints and enhances local tissue perfusion.¹⁹

The oral Shamana medications complemented these procedural interventions:-

- **AjmodadiVatak:** Operates as a potent Deepana-Pachana agent due to its Katu-Tikta Rasa and Ushna Virya, assisting in relieving Vibandha and Alasya.²⁰
- **RasnasaptakKwath:** Specifically targets pain in the lower back, thighs and pelvic girdle through its Vata-Kapha pacifying properties.²¹
- **Shallaki&Guggul Gold:** Offer known anti-inflammatory and analgesic support, aiding in the symptomatic relief of joint tenderness and swelling.²²

In this single case, treatment was accompanied by complete normalization of systemic inflammatory markers (ESR) and serological titers (RF), along with substantial functional recovery. However, because Anti-CCP levels remained unchanged within normal ranges, complete reversal of underlying systemic autoimmunity cannot be asserted based on this observation alone.

Limitations of the Study:-

As a single-case report, this observation lacks a control group and cannot establish direct cause-and-effect efficacy or rule out spontaneous fluctuation. Additionally, the 30-day duration limits conclusions regarding long-term disease remission.

Conclusion:-

In this patient presenting with chronic Amavata, a 30-day intervention combining Dwipanchamooladi Niruha Basti, Brihat Saindhavadi Anuvasana Basti and Baluka Swedana with oral Shamana Aushadh was associated with clinical improvement, resolution of joint swelling and stiffness and normalization of inflammatory markers (RF and ESR). The intervention was well-tolerated with no observed adverse effects. These findings highlight the clinical utility of Panchakarma-based Ayurvedic management for Amavata and warrant further investigation through randomized controlled clinical trials with larger sample sizes.

Ethical Approval and Consent:-

Ethical approval was granted by the Institutional Ethics Committee (Ref. No. 3027) prior to treatment initiation. The clinical protocol was registered with the Clinical Trials Registry India (CTRI Registration No.: CTRI/2026/01/10086 4). Written informed consent was obtained from the patient for the publication of this case report, clinical data and accompanying images. The patient was assured that personal identifiers will be withheld to protect privacy, though complete anonymity cannot be guaranteed.

Conflicts of Interest:-

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

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Use of Artificial Intelligence:-

Artificial Intelligence assistance was utilized solely for English language editing, formatting and structural refinements in the preparation of this manuscript.

Glossary of Ayurvedic Terms:-

- **Ama:** Undigested, toxic metabolic by-product formed due to impaired digestive fire (Agnimandya).
- **Amavata:** A clinical disease entity in Ayurveda resulting from the combined pathogenesis of Ama and vitiated Vata dosha, characterized by joint pain and swelling.
- **Shamana Aushadh:** Oral palliative medicines administered to pacify aggravated Doshas without forcibly expelling them.
- **Basti Chikitsa:** A primary Panchakarma procedure involving the rectal administration of medicated decoctions or oils.
- **Baluka Swedana:** A dry sudation modality using heated sand boluses, indicated in Kapha-Ama conditions.

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