

## Ayurvedic Management of *amavata* in Paediatric Patient w.s.r. Rheumatoid Arthritis– a Case Study

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### ABSTRACT

**Introduction:** *Amavata* is a challenging disease to cure (*Krichhrasadhy*) as described in Ayurveda, and a rare disease in the paediatric age group. The key pathological factor in the development of this condition is *Ama*, which, when carried by *Vata*, spreads throughout the body and settles in the joints, the site of *Kapha*. This accumulation leads to *Shotha* (swelling), *Shoola* (pain) and *Stabdhatu* (stiffness) in the joints. Clinically, it shows similarities to Rheumatoid Arthritis, a chronic autoimmune inflammatory condition affecting multiple joints. **Methodology:** In this case study, we discussed a 4-year-old female patient presenting with multiple joint swellings, stiffness, pain and other symptoms of *ama*, based on clinical examination and investigation, diagnosed as *Amavata*. She was treated using Ayurvedic interventions, including *panchakarma* procedure, *Snehan* (external oleation) with *Vishagarbha tail*, *Swedan* (sudation) with *Valuka pottali* and *Mridu Virechan* (mild Purgation) with *Erand tail*, along with Ayurvedic medicines – *Amapachak vati*, *Rasnapanchak kashay*, *Gandha tail*. **Result:** Significant improvement was observed in pain, swelling, morning stiffness, and joint mobility within the first 15 days of treatment. **Discussion:** Conventional medicine typically employs steroids, immunomodulators and NSAIDs for managing this condition, focusing primarily on symptomatic relief. In contrast, *panchakarma* Procedures like *Snehan*, *Ruksha swedan*, *Virechan*, a purification technique in Ayurveda, target the elimination of *Dushita Doshas* and *Ama* from the body. This case study underscores the effectiveness of Ayurvedic therapies in the holistic management of *Amavata* (Rheumatoid Arthritis).

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### INTRODUCTION:

Rheumatoid arthritis is a chronic multisystemic disorder characterised by persistent inflammatory synovitis, primarily affecting peripheral joints in symmetric distribution.<sup>1</sup> Continuous synovial

inflammation often leads to cartilage damage and bone erosion, significantly compromising joint integrity.<sup>2</sup> The signs and symptoms of RA closely resemble those of *Amavata* as mentioned in Ayurveda texts.

*Acharya Madhavkara* has given a detailed description in *Madhavnidan* regarding the *Nidan*, *Samprapti* and *Lakshanas* of *Amavata*. The disease is caused by *Viruddha Ahara-Vihar* (incompatible food, Improper physical activity), greedy food intake, *mandagni* (Decreased digestive power), *Nishachalata* (Inertia of inactivity), vigorous exercise immediately after consuming fatty food. This consumed *ahara* is not digested properly and becomes *ama* in the body. The disease is a product

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of vitiation of *tridosha* through *ama* and *vata*, hence they are the main pathogenic constituents of disease<sup>3</sup>. Vitiated *vata* circulates the *Ama* all over the body through *Dhamanies* (vessels) and takes shelter in *Sleshmala sthan*, especially in the joints, producing symptoms such as stiffness, swelling and tenderness in the small and big joints. It becomes difficult to cure when it involves all the joints and severe pain in joints that resembles to scorpion sting.

*Chakrapanidutta* has outlined the principles and treatment approach for *Amavata*. The management includes *Langhana* (fasting), *Swedana* (sudation therapy), the use of drugs with *Tikta* (bitter) and *Katu* (pungent) tastes, *Deepana* (digestive stimulants), *Virechana* (purgation therapy), and *Anuvasana Basti* (medicated oil enema)<sup>4</sup>. Despite the availability of modern treatments, *Amavata* tends to progress, often leading to disability. Conventional medications have more side effects such as NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) can have adverse effects on the gastrointestinal tract, while DMARDs (Disease-Modifying Anti-Rheumatic Drugs) may cause liver, kidney, and bone marrow suppression. Based on Ayurvedic principles, a treatment protocol incorporating *Langhana*, *Swedana*, *Deepana*, *Virechana*, and *Shaman Chikitsa*, along with *Pathyapathy* (Dietary modifications), was formulated and administered to a patient. *Acharya Yogaratnakar* gave a detailed description of *Pathya-Apathya* and *Ahar-Vihar*. *Ahar* (Diet), which are *Vata-Kaphahara*, *Amapachak*, *Agnideepaka* and *Rasaprasadaka*, are *pathya* (wholesome) and should be taken. *Viruddha-Ahar* (Incompatible food combinations), *Vishama Ashana* (irregularity in quantity and time of meal), *Asatmya Bhojan* (Incompatible food), *Vega Vidharan* (Suppression of natural urges), *Ratri-jagran* (staying awake at night), *Diwa-swap* (Daytime napping) should be considered as *Apathya* (unwholesome). This case study evaluates the combined effects of ayurvedic medication, *Pathyapathy*, along with *panchakarma* therapies in the management of *Amavata*.

The patient in this case study was diagnosed with Rheumatoid Arthritis (RA), presenting with classic symptoms, a positive RA factor, and elevated inflammatory markers raised CRP and ESR. This case provides scientific validation for Ayurvedic principles in the treatment of *Amavata*. Significant improvement was observed within the first 15 days, with a notable reduction in pain, swelling, morning stiffness, and restricted joint movement.

### MATERIALS AND METHODS:

A case report of a 4-year-old female child having

signs and symptoms of *Amavata* is discussed with a detailed history of onset, duration and progress. Written consent was taken. Assessment criteria, which mainly include subjective parameters and the investigation done before and after treatment.

**Place of Study:** Hospital attached to Ayurvedic college.

#### Case Report:

A 4-year-old female child was brought by relatives to the OPD seeking relief from pain and stiffness in the elbow joint, knee joint and metacarpophalangeal (MCP) joints.

#### History of Present Illness:

The patient developed pain and stiffness in the metacarpophalangeal (MCP) joints of both her hands for 3-4 months. Within a few days, she experienced pain and mild swelling in both wrist joints. Gradually, the pain and stiffness extended to both ankle and elbow joints, making daily activities difficult. For the past two months, she also suffered from generalised body aches, pain made her unable to sit and a reduced appetite. She had previously undergone many treatments, including NSAIDs, which provided only temporary relief. Due to persistent symptoms, she sought Ayurvedic treatment and approached our hospital.

#### History of past illness-

As per the history narrated by the mother, four months before the child was asymptomatic, but suddenly she got a fever, which was followed by pain in multiple joints, including metacarpal joints. Pain persisted throughout the day, which was a shooting-type pain. The joint pain continued even after the subsiding of the fever. Due to this, the child faced difficulty in doing the daily activity as it progressively involves major joints. The severity of the pain was in such a way that the child couldn't sit. For the same they consulted many tertiary health centres but didn't get satisfactory relief, so for further line of treatment, they approached our hospital.

**Birth history:** Full term /NVD/Birth Weight 2.7 Kg/Baby Cried Immediately after Birth/No NICU stay.

**Developmental history:** Gross motor & fine motor development were normal as per the chronological age.

**Family history:** No other relevant history for the present condition. Non-consanguineous marriage.

**Immunization history:** Vaccination completed as per the National Immunisation schedule.

**Personal history-**

Diet – Mixed Breakfast - Bread & Curries Lunch - Rice, Vegetables, Egg Meat (Chicken, Mutton) – Daily Dinner - Rice, Vegetables & meat	Bowel habit -Once/Day Colour - Yellow Odour - Normal Character – Grathita
Appetite – poor Impaired appetite at the onset of the disease	Micturition - 4-5 times/day, 0-1/night Colour - Pale Odour – Normal
Sleep - adequate, rarely disturbed	Addiction – not any

**Ashtavidha Pariksha<sup>5</sup> -**

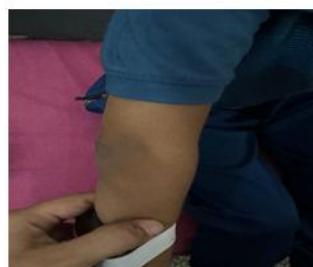
The patient was assessed on the Ayurveda diagnostic methods and her *ashtavidha* analyses.

<i>Nadi</i> (pulse) - 92/min, regular	<i>Shabda</i> (speech) – clear
<i>Mala</i> (stool) – often constipation	<i>Sparsha</i> (touch)- Normal, except
<i>Mutra</i> (urine) - frequency-normal	<i>Drika</i> (eyes) – pallor
<i>Jiva</i> (tongue) – coated	<i>Akruti</i> (built) - Krusha

General examination	Anthropometry
Pallor: Present	Height: 100.2cm
Icterus: Absent	Weight: 13 kg
Cyanosis: Absent	HC: 50 cms
Lymphadenopathy: Absent	CC: 56cms
Edema: Present at the Joint	MAC: 12.5cms



(a) Swelling over the left elbow joint



(b) Swelling over the right elbow joint



(C) Swelling over the knee joint



(d) Swelling over the B/L ankle joint

Figure No. 1 - Images of affected joints.

**OBSERVATIONS AND RESULTS:**

The disease typically begins with symptoms such as *Angamarda* (body ache and general malaise), *Aruchi* (loss of appetite), *Trishna* (excessive thirst), *Alasya* (fatigue and laziness), *Gaurava* (heaviness in the body), and *Jwara* (mild fever). As the condition progresses, it affects the joints, producing

**General physical examination**

**Systemic Examination:** -

- CNS Examination - Conscious and well oriented to place, time and person.
- Cardiovascular system – S1 S2 clear -No murmur.
- Respiratory system - within normal limits clinically. Normal Vesicular sound.
- Abdomen examination -No clinical abnormality was detected. No organomegaly

**Local Examination of the Musculoskeletal System-**  
On inspection – Joints- swelling, redness - bilateral wrist, MCP, ankle and knee joints.

On palpation - Tenderness and warmth - MCP joints of hands, wrist joints and ankle joints. No joint deformity was present.

**Assessment Criteria-**

Patient was assessed on the basis of clinical signs and symptoms of *Amavata* mentioned in Ayurvedic texts and the criteria for assessment of RA. Haematological assessment- Patient was assessed for the following haematological parameters before and after the treatment –

- 1) Haemogram
- 2) CRP
- 3) ESR
- 4) RA factor

classical signs like *Sandhi Shoola* (joint pain), *Sandhi Shotha* (swelling of joints), *Sparsha Asahyata* (tenderness or pain on touch), and *Stabdhatva* (stiffness of joints, especially in the morning). Digestive disturbances such as *Arochaka* (loss of taste) and *Agnimandya* (weak digestive fire) are also present due to impaired metabolism.<sup>5</sup>

Table No. -1 Assessment of *Lakshanas*

Symptoms <sup>(6)</sup>	1	2	3						
<i>Angamarda</i> (Bodyache)	Occasional	Intermittent	Always						
<i>Aruchi</i> (Anorexia)	Occasional	Intermittent	Always						
<i>Jwara</i> (Fever)	Mild	Moderate	High grade						
<i>Sandhishotha</i> (Joint swelling)	Mild, <10% increase circumference of the affected joint	Moderate, >20% increase circumference of the affected joint	Severe, >20% increase circumference of the affected joint						
<i>Sandhistabdhat</i> (Joint stiffness)	Mild stiffness lasting less than an hour	Moderate stiffness lasting more than an hour	Severe stiffness for more than 2-8 hours						
<i>Sparshashishunta</i> (tenderness)	Individual experience tenderness	Grimace of the face after applying pressure	Severe tenderness with Resistance to touch						
<i>Sandhishul</i> (Joint pain)	Occasional bearable pain (1-3)	Moderate pain with difficulty in joint movement requires measures for pain relief. (4-6)	Severe pain may awaken at night/more difficulty in the movement of the joint. (7-10)						
By FPS-R scale <sup>(7)</sup>	<b>Wong-Baker FACES Pain Rating Scale</b> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">0 NO HURT</td> <td style="text-align: center;">2 HURTS LITTLE BIT</td> <td style="text-align: center;">4 HURTS LITTLE MORE</td> <td style="text-align: center;">6 HURTS EVEN MORE</td> <td style="text-align: center;">8 HURTS WHOLE LOT</td> <td style="text-align: center;">10 HURTS WORST</td> </tr> </table>			0 NO HURT	2 HURTS LITTLE BIT	4 HURTS LITTLE MORE	6 HURTS EVEN MORE	8 HURTS WHOLE LOT	10 HURTS WORST
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The Faces Pain Scale-Revised (FPS-R) was explained to the child in simple language. The child was asked to point to the face that best represented the intensity of joint pain experienced at the time of assessment. "Pain assessment using the Faces Pain Scale-Revised (FPS-R) revealed a score of 6/10 (Face 3), indicating moderate joint pain in the 4-year-old child."

Table No. 2: Blood investigation

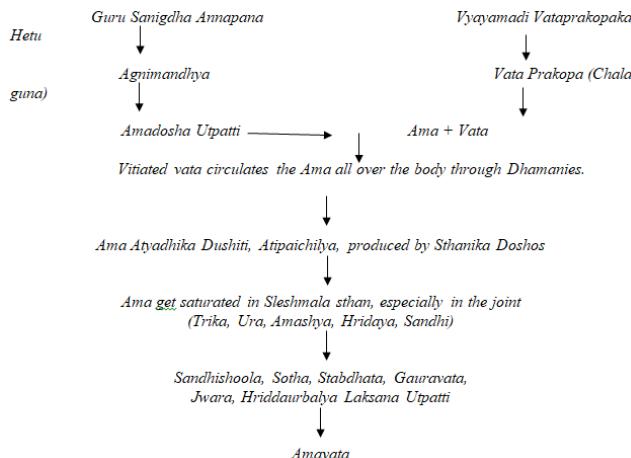
Investigation	Before Treatment	After Treatment
Hb	9.1 gm/dl	10.2 gm/dl
E.S.R.-	48 mm in 1 Hr	26 mm in 1 Hr
T.L.C	12,700/mm <sup>3</sup>	12,470 /mm <sup>3</sup>
D.L.C	N55.8 L37.7 E9 M1 B0,	N57.83 L29.53 E6.89 M5.69 B0,
Sr. Electrolytes	Sodium- 138 mmol/L Potassium- 3.68 mmol/L Calcium- 1.08	Sodium- 140 mmol/L Potassium- 3.4 mmol/L Calcium- 1.08

	Calcium- 0.98	
Uric Acid-	2.2 mg/dl	
RA factor-	Positive	-
CRP-	54.9 mg/dl	27.3 mg/dl
ANA test	Negative	

Table No -3: *Samprapti Ghatakas*

1.	<i>Dosh</i> - <i>Vata, Kapha</i>
2.	<i>Dushya</i> - <i>Rasa, Rakta Mamsa, Asthi, Majja.</i>
3.	<i>Ama</i> - <i>Sama</i>
4.	<i>Agni</i> - <i>Mandagni</i>
5.	<i>Srotas</i> - <i>Rasavaha, Raktavaha, Mamsavaha, Asthivaha, Majjavaha</i>
6.	<i>Srotodushti</i> - <i>Sanga, Vimargagaman.</i>
7.	<i>Udbhavsthana</i> - <i>Amashaya (Ama), Pakwashay (Vata)</i>
8.	<i>Adhishthan</i> - <i>Sandhi Vishesh sarvashira</i>
9.	<i>Vyakta sthan</i> - <i>Sarva sandhi</i>
10.	<i>Roga Marga</i> - <i>Madhyama</i>
11.	<i>Sadiya Asadhyata</i> - <i>Kruccha sadhya</i>

### *Samprapti-*



A review of the patient's history, particularly their dietary habits, indicates frequent consumption of *Viruddha Ahara* (incompatible foods), such as bakery products, heavy and cold foods like paneer, cheese, ice creams, cold drinks, oily, and fried items. *Balyavastha* (Paediatric age) is a kapha-pradhan avastha; hence, a small amount of apathy has led to *Amadosh Utpatti*. *Vega Vidharan* (Suppression of natural urges), *Ratri-jagran* (staying awake at night), causes vataprakop, and this Ama dushta vata circulates all over the body, ultimately resulting in the manifestation of *Amavata*.

**Treatment plan:**

In the treatment plan, *Langhana* (light diet), *Snehana* (oleation), and *Swedana* (sudation), along

with the use of bitter and digestive herbs (Tikta and Deepana dravyas), should be administered. *Virechana* (purgation), combined with *snehapana* (unctuous substances) and *basti* (medicated enema), are considered the most effective treatment. *Ruksha Sweda* (dry fomentation) helps to pacify vitiated Vata dosha and relieve stiffness and swelling. Similarly, *Upanaha* (poultice) with *Katu* (pungent) substances can be used, but should be devoid of excessive unction (*sneha*).<sup>8</sup>

The patient was admitted. Treatment of the patient started from the date of her IPD admission. The external and internal (oral) treatment schedule given to the patient has been outlined.

**Table No. -3 Treatment plan**

Treatment/Procedure	Medication	Dose	Aushadha Sevankal (Time of drug administration)	Duration
<i>Langhan</i>	<i>Use of less quantity and laghu food(Laja and Jwar roti)</i>	-	-	3 days
<i>Deepan-Pachan</i>	<i>Shunthi</i> <sup>(9)</sup> <i>siddha jal</i>	500 mg in 1 litre of water	<i>Muhur-muhur (repeatedly)</i>	7 days
	<i>Amapachak vati</i> <sup>(10)</sup>	250 mg 1 Tab OD	<i>Prag bhakta (Immediately before food)</i>	7 days
	<i>Rasapachak Vati</i> <sup>(11)</sup>	250 mg 1 Tab OD	<i>Adho bhakta (After Meal)</i>	7 days
<i>Snehan</i> (for local application)	<i>Vishagarbha tail</i> <sup>(12)</sup>	3 times a day	<i>Bahya Snehan (External Oleation)</i>	7 days
<i>Swedan</i> (for local application)	<i>Valukapottali swed</i> <sup>(13,14)</sup>	2 times a day	<i>Bahya Swedan (Sudation)</i>	7 days
<i>Virechan (Mrudu)</i>	<i>Eranda sneha</i>	5 ml with lukewarm water HS	<i>Adho Bhakta (After Meal)</i>	3 days
<i>Shaman Chikitsa</i>	<i>Gandha tail</i> <sup>(15)</sup>	5 drops BD with lukewarm milk	<i>Adho Bhakta (After Meal)</i>	15 days
	<i>Rasna saptak kwath</i> <sup>(16)</sup>	4 ml BD with ½ cup of water	<i>Adho Bhakta (After Meal)</i>	15 days
	<i>Guduchi Kashay</i>	5 ml BD	<i>Adho Bhakta (After Meal)</i>	15 days

**Pathy-Apathya -**

*Acharya Yogaratnakar*<sup>17</sup> gave a detailed description of the diet. *Pathya Ahar-Vihar* which are *Vata-Kaphahara*, *Amapachak*, *Agnideepaka* and *Rasaprasadaka* like -*Yava* (Barley), *Kulattha* (Horse gram), *Raktashali* (Red Rice), *Punarnava* (Spreading Hogweed), *Ardrak* (Ginger), *Lasun* (Garlic), *Takra* (Butter Milk), *Ushnodak* (Lukewarm water).

We advised this patient to take old rice, *Mudga Yusha* (Green gram), *Kulatha Yusha* (Horse gram), added with spices like *shunthi* (Dry ginger), *Marich* (black pepper), *Hingu* and cow Ghee in the daily diet. Advise to take lukewarm water, *siddha jal* and vegetable soups. Fruits like *Dadim* (Pomegranate), *Amalaki* (amla).

*Apathya-* this patient advised to avoid *Viruddha-Ahar* (Incompatible food combinations), *Vishama Ashana* (irregularity in quantity and time of meal), *Asatmya Bhojan* (Incompatible food), *Vega*

*Vidharan* (Suppression of natural urges), *Ratri-jagran* (staying awake at night), *Diwa-swap* (Daytime napping). Food like *Matsya* (Fish), *Guda* (Jaggery), *Dadhi* (Curd), *Kshir* (Milk products).

To avoid Fermented and stale foods like Idlis, Pickles and bakery products, heavy and cold foods like paneer, cheese, ice-creams, cold drinks, and oily and fried items. Advice not to take late-night heavy meals, late-night sleep and daytime napping.

**Table no 4 - RESULTS**

<i>Lakshana's</i>	Before treatment	After treatment
Joint pain	+++	+
Swelling	++	+
Tenderness	++	+
Morning Stiffness	++	-
Daily Routine Activity	+	+++
Redness	+	-
Muscle wasting	-	-
VAS Scale	3-4	0-1
CRP	54.9 mg/dl	27.3 mg/dl

## DISCUSSION:

In *Madhavnidan*, the first comprehensive description of *Amavata* was given. In Ayurvedic classics, *Amavata* is classified into two stages: *Amavastha* (acute stage) and *Pakwastha* (chronic stage).

For managing *Amavastha* of *Amavata*, the primary treatment approach includes *Langhana* (light diet in children), *Deepana* & *Pachana* (digestive stimulants), *Snehana* & *Ruksha Swedana* (oleation & sudation), *Virechan* (purgation), followed by *Shaman chikitsa*. The following therapeutic interventions were implemented in this case.

### 1. *Langhana Followed by Deepana & Pachana*

Since *Agni* (digestive fire) plays a crucial role, the consumption of *Viruddha Ahara* has led to *Mandagni* (weak digestion), increasing *Ama* (toxins), and worsening the condition. *Langhana* is the main line of treatment for *Amajirna*. In children, *Langhan* is not indicated due to *Alpabala*; hence, *Langhan* is done by *laghu Ahar*.

For *Samprapti Vighatana* (breaking the disease pathology), *Agnideepana* (digestive stimulation) and *Amapachana* (Ama digestion) were done using *Shunthi siddha jal*, *Rasapachak vati* and *Amapachak Vati*.

*Rasapachak vati* contain *Indrayav*, *Patol*, and *Kutaki*, which normalise vitiated *Kapha* and *Pitta* doshas, improve digestion. *Ampachak vati* contain *Haritaki*, *Shunthi*, *Marich*, *Pippali*, *Kapilu*, *Hingu*, *Gandhak*, *Lavan*, *Kumari swaras*. All these drugs have *Tikta- Katu-Lavan Rasa*, *Katu Vipaka*, *Laghu Ushna Guna*, *Ushna Virya* and *Kapha-Vatahara* properties. This formulation does *Ampachan* and simultaneously improves *Agni* and reduces symptoms of *amajirna*. This formulation has Pharmacological action like anti-oxidant, Analgesic, and Anti-inflammatory.

### 2. *Snehana & Swedana*

*Snehan - Abhyanga* (massage) was performed using *Vishagarbha Taila*, known for its *Shoolaghna* (pain-relieving), *Shothaghna* (anti-inflammatory), and *Sthanbahara* (muscle-relaxing) properties.

*Swedana* (*Ruksha Swed*)- *Ruksha Swed* was administered to alleviate *Stambha* (stiffness), *Gaurava* (heaviness), and *Shoola* (pain). *Ruksha Sweda* (dry fomentation) in the form of *valuka Sweda*<sup>(12)</sup> helped reduce *Ama*, pacify *Vata*, and relieve joint pain and stiffness.

### 3. *Virechana (Purgation Therapy) - Srotovishyodhana (Channel Purification)*

*Virechana* Karma is a key *Shodhana* (purification) therapy for managing *Amavata*. Since it effectively targets *Sthanika Pitta Dosha* (localised Pitta imbalance), it aids in *Agnivardhana* (enhancing digestion) and expelling *Ama*, which is the primary cause of the disease. In this case, *Virechana* was performed using *Eranda Sneha* gentle purgative suitable for *Baalyavastha* (childhood stage), *Eranda* having *Madhur*, *Katu*, *Kashaya rasa* with *Snigdha*, *Sukshama Guna* and *Ushna virya*, having *Kapha-vatahara* action and acts as the best *Vatanulomak* (Guiding *vata* in downward direction).

### 4. *Shaman Chikitsa-*

*Gandha tail* contains *Krushnatilak* (Sesame seeds) soaked in cow's milk with decoction of *Madhuka* (Licorice) for 7 days, dried and mixed with fine powder of herbs like *Nalanda* and *Eladi gana*. It mainly works on *Asthi* *dhatu*, reduces vitiated *Vata* and *Pitta* dosha, hence given to enhance bone health and reduce inflammation in joints.

*Rasna saptak kwath* contains *Rasna* (Pluchea lanceolata), *Amrita* (Tinospora cordifolia), *Argwadha* (Cassia fistula), *Devadaru* (Cedrus Deodara), *Eranda* (Ricinus Communis), *Gokshur* (Tribulus terrestris), and *Punarnava* (Boerhavia diffusa) is used to reduce inflammation and has antioxidant, Analgesic, Anti-inflammatory and antiarthritic properties.

In Ayurveda, the management of *Amavata* (Rheumatoid Arthritis) focuses on addressing the root cause — the formation of *Ama* (toxins due to impaired digestion and metabolism) and the imbalance of *Vata* dosha. This holistic approach not only relieves symptoms but also prevents disease progression, which is especially beneficial in paediatric patients, where long-term use of modern medicines may cause adverse effects.

In paediatric cases, Ayurveda provides gentle yet powerful formulations tailored to a child's constitution (*Bala* and *Prakriti*), avoiding the side effects of long-term corticosteroids or disease-modifying drugs used in modern medicine. Panchakarma procedures are modified in a mild form suitable for children, such as *Mridu Swedana* or *Mridu Basti*, ensuring safety and comfort.

Thus, Ayurvedic management of *Amavata* in children not only alleviates pain and swelling but also detoxifies the system, strengthens digestion, boosts immunity, and restores normal joint function. Compared to modern medication, which mainly provides symptomatic relief through

immunosuppressants and anti-inflammatory agents. Ayurveda offers a curative and preventive approach, promoting overall health, growth, and long-term well-being without significant adverse effects.

### **CONCLUSION:**

*Amavata* is a *Santarpanajanya* and is primarily associated with rasa dhatu, ama (toxins), and the *Amashayagata vyadhi*. It is characterised by the vitiation of *Vata dosha*, which gets localised in *Kapha*-dominant sites. The treatment approach involves *Amapachan chikitsa* and *Panchakarma* until ama is completely digested. Once the condition reaches a *Niramavastha* (absence of ama), *Vata*-balancing treatments are implemented. This case study highlights the effectiveness of Ayurvedic principles in managing *Amavata*.

### **REFERENCES:**

1. Lipsky Peter E. Rheumatoid arthritis. In: Longo D.L., Kasper D.L., Jameson J.L., Fauci A.S., Hauser S.L., Loscalzo J., editors. 18th ed. vol. II. McGraw-Hill; New York: 2012. pp. 2738–2752. (Harrison's principles of internal medicine).
2. Young A., Dixey J., Kulinskaya E., Cox N., Davies P., Devlin J. Which patients stop working because of rheumatoid arthritis? Results of five years' follow-up in 732 patients from the Early RA Study (ERAS) Ann Rheum Dis. 2002; 61:335–340.
3. Yadunandan Upadhyay, Madhav Nidan of Madhavkara, Madhukosh Hindi commentary, First volume, 25th chapter, Amavatanidanam, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint; 2003. p. 508-9.
4. Sharma P. V. Chakradatta of Chakrapani, English Translation, Chapter 25, Amavatachikitsa, Chaukhamba Sanskrit Sansthan, Varanasi, 2 nd Ed. 1998, p. 227.
5. Yogratnakar "Vidyotini" Hindi Commentary by Vaidya Shri Lakshmi Pati Sastri, Chaukhambha Prakashan, Varanasi, 2015 Edition, chapter 1, page No. 5.
6. Madhava Nidhana, Madhavakara, translated by Prof K.R. Srikanta Murthi, edition 2009, Chaukhambha Orientalia Varanasi, Chapter 25, Shloka 6, Page no:95.
7. Hicks CL, von Baeyer CL, Spafford PA, van Korlaar I, Goodenough B. The Faces Pain Scale-Revised: toward a common metric in pediatric pain measurement. Pain. 2001;93(2):173–183.
8. Yogratnakar "Vidyotini" Hindi Commentary by Vaidya Shri Lakshmi Pati Sastri, Chaukhambha Prakashan, Varanasi, 2015 Edition, Amavatanidan, Page no-492
9. Prakash Hegde. A textbook of Dravyaguana Vigyana. Vol 2. 1st edition. Varanasi; Chaukhambha Sanskrit sansthan; 2014. 692, 60p.
10. The Ayurvedic Formulary of India, Part 1, 12:30, Government of India, Ministry of Health and Family Welfare. 1st edition, New Delhi: Department of Ayurveda, Yoga- Naturopathy, Unani, Siddha and Homoeopathy (AYUSH); 1978.
11. The Ayurvedic Pharmacopoeia of India. Government of India, Ministry of Health and Family Welfare. 1st edition, New Delhi: Department of Ayurveda, Yoga Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).
12. Shree Ambikadatta Shastri(editor), Vidyatini Hindi commentary, Bhaishajyaratnavali, Vatvyadhicikitsa, Chaukhambha Prakashan, 18<sup>th</sup> edition revised 2019, chapter no 26, verse no -594
13. Vaidya Yadavaji Trikamji (editor), commentary: Ayurveda Deepika commentary of Chakrapanidatta on Charaka Samhita of Charaka, Sutrasthana, 2<sup>nd</sup> edition, Varanasi-, Chaukhamba Sanskrit sansthan; 2011;114chapter20, verse no: 11, Valuka swed
14. Pt. Hari Sadasiva Sastri Paradikara, Ashtanga Hridaya, elaborated by Vagbhata with joined commentaries of Ayurveda Rasayana by Hemadri and Sarvanga Sundari by Arunadatta, edition-2010, Varanasi, Chaukhamba publications Nidanasthana, Chapter-16, Sloka no.537
15. Dr Ganesh Garde, Sartha Vagbhat Marathi commentary, Ashtanga Hridaya, Uttarshan, Chaukhamba Prakashan Varanasi, Revised 2016, Chapter no 27, Verse No – 36, Page no 438
16. Shruti Pandey and Anand Kumar Chaudhary. Probable pharmacology of Rasna saptak kwath in Amavata (Rheumatoid arthritis): A review. Int. J. Res. Ayurveda Pharm. 2017;8(Suppl 2):50-55  
<http://dx.doi.org/10.7897/2277-4343.08282>
17. Yogratnakar "Vidyotini" Hindi Commentary by Vaidya Shri Lakshmi Pati Sastri, Chaukhambha Prakashan, Varanasi, 2015 Edition, Amavatanidan, Page no-492