

# **A Case Study: Management of Amavata**

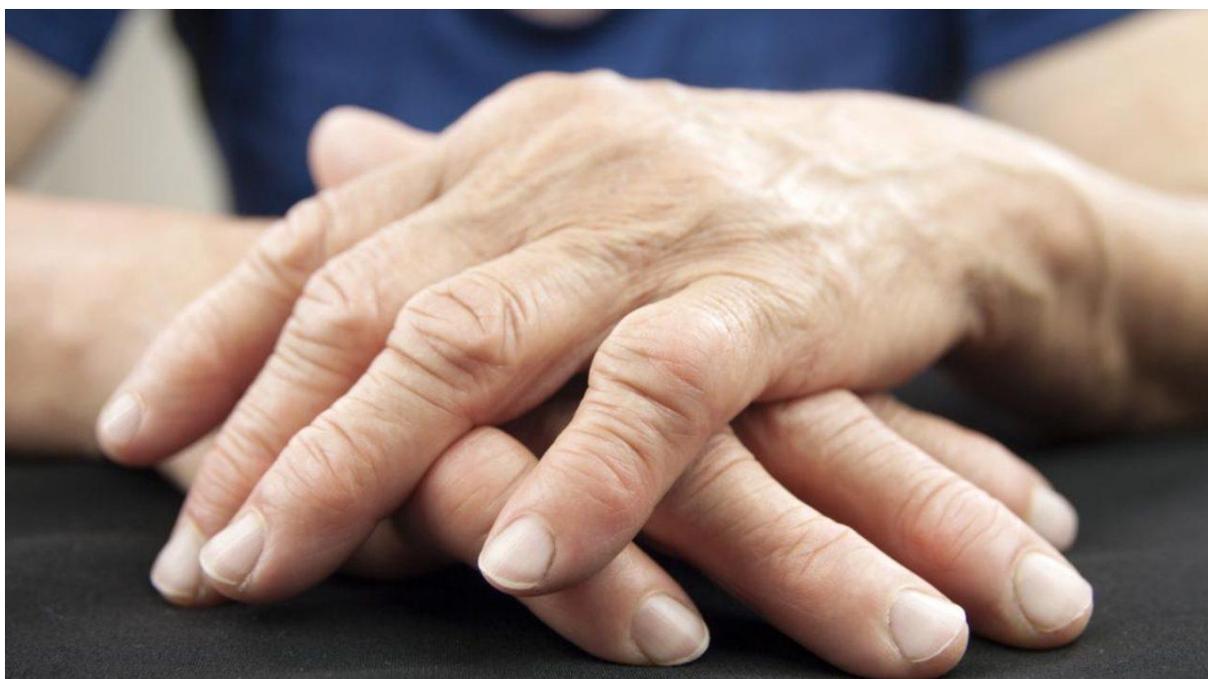
(Rheumatoid Arthritis)

Using Langhana, Snehana, and Simhanada  
Guggulu

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## **Abstract**

This case study documents the successful management of a 42 year old female patient diagnosed with Amavata, using classical Ayurvedic principles. The treatment protocol focused on the sequential application of Langhana (lightening/ detoxifying therapy), Snehana

(internal and external oleation), and the administration of specific herbal formulations, primarily Simhanada Guggulu. Over a period of 90 days, the patient showed significant reduction in pain, swelling, and morning stiffness, with marked improvement in functional capacity. Objective parameters, including Disease Activity Score-28 (DAS-28), Rheumatoid Factor (RF), and Erythrocyte Sedimentation Rate (ESR), demonstrated substantial improvement. This case illustrates the efficacy of a structured Ayurvedic approach in managing the pathogenesis (Samprapti) of Amavata.

## **1. Introduction**

Amavata is a classical disease entity in Ayurveda, bearing a close resemblance to Rheumatoid Arthritis in modern medicine. It is characterized by the simultaneous vitiation of Vata Dosha and the formation of Ama (endotoxins/metabolic waste), which collectively settle in the Shleshma Sthana (joints and synovium), causing pain, swelling, and stiffness.<sup>1</sup> The treatment principle (Chikitsa Sutra) is two-fold:

1) Ama Pachana (digestion of toxins) and Langhana, and

2) Snehana-Swedana followed by Virechana or other Shodhana (purification) therapies to eliminate the morbid Doshas.

Simhanada Guggulu, a polyherbal formulation containing Guggulu (*Commiphora wightii*) as the base, is specifically indicated in the classics for the management of Amavata due to its Vata-Kaphahara, Shothahara (anti-inflammatory), and Ama-pachana properties.<sup>2</sup>

## **2. Case Presentation**

### **2.1 Patient Details:**

- ID: Subject
- Age: 42 years
- Gender: Female
- Occupation: Office clerk (sedentary)
- Prakriti (Constitution): Vata-Kapha
- Vikriti (Present Pathological State): Vata-Kapha with Ama
- Chief Complaints: Pain, swelling, and stiffness in bilateral small joints of hands (MCP, PIP), wrists, and knees for 8 months. Aggravated in the morning (>60 minutes stiffness) and during cold, damp weather.

### **2.2 History:**

- Onset: Gradual, progressive.

- **Dietary History:** Irregular eating habits, frequent consumption of incompatible foods (Viruddha Ahara) like curd at night, processed foods.
- **Lifestyle:** Sedentary, disturbed sleep pattern.
- **Previous Treatment:** Had taken NSAIDs for 3 months with partial relief and reported gastritis.

### **2.3 Ayurvedic Examination:**

- **Nadi (Pulse):** Vata-Kapha dominant, slow, and covered (Avrita).
- **Jivha (Tongue):** Coated, sticky (Sama coating).
- **Mala (Stool):** Irregular, sometimes sticky.
- **Agni (Digestive Fire):** Vishamagni (irregular).
- **Srotas:** Predominantly Rasa, Asthi, and Majja Srotas Dushti.

### **2.4 Clinical Findings (Baseline - Day 0):**

- **Tenderness & Swelling:** Present in 12 joints (DAS-28 count).
- **Morning Stiffness:** 75 minutes.
- **Visual Analogue Scale (VAS) for pain:** 8/10.
- **Health Assessment Questionnaire (HAQ) Score:** 1.8 (moderate disability).

### **2.5 Investigations (Baseline):**

- **Rheumatoid Factor (RF):** 68 IU/mL (High).
- **Anti-CCP:** Positive.

- Erythrocyte Sedimentation Rate (ESR): 42 mm/hr.
- C-Reactive Protein (CRP): 18 mg/L.
- DAS-28 Score (ESR-based): 5.6 (High Disease Activity).

### **3. Samprapti (Pathogenesis) as per Ayurveda**

1. Mandagni (Weak Digestive Fire) due to irregular diet and lifestyle → formation of Ama.
2. Vitiated Vata Dosha combines with Ama, forming Samavata.
3. Samavata circulates through the body via Dushti of Rasa Dhatu.
4. It lodges in Khavaigunya (vulnerable sites) – the joints (Sandhi), which are the seat of Kapha.
5. This leads to the cardinal symptoms of Amavata: Shula (pain - Vata), Shotha (swelling - Kapha), Stambha (stiffness), and Santapa (low-grade fever).

### **4. Treatment Plan & Protocol**

The treatment was divided into three phases over 90 days, adhering to the principle "Langhanam Paramam Ausadham" (for Sama conditions, lightening therapy is the supreme medicine).<sup>3</sup>

Phase Duration Objective Intervention

**Phase 1:** Ama Pachana & Langhana Days 1-7  
Digest Ama, ignite Agni, prepare for Snehana.  
Internal: Trikatu Churna (3g) + warm water, B.D.,  
before food. Diet: Liquid diet (Yavagu - rice  
gruel), warm water. Lifestyle: Rest, mild sun  
exposure.

**Phase 2:** Snehana (Oleation) & Swedana  
(Sudation) Days 8-21 Liquefy and mobilize the  
Doshas from Kosta to Shakha. Internal  
Snehapana: Gradually increasing doses of  
Mahatikta Ghrita (medicated ghee) up to Samyak  
Snigdha Lakshanas. External: Daily Abhyanga  
(massage) with Mahanarayana Taila followed by  
Nadi Sweda (local steam fomentation) on affected  
joints.

**Phase 3:** Shamana Chikitsa (Palliative Care) Days  
22-90 Pacify Vata, reduce inflammation, restore  
function. Core Medicine: Simhanada Guggulu - 2  
tablets (500mg each), T.I.D., with warm water.<sup>4</sup>

**Adjuvant:** Ashwagandha Churna (3g) + Yogaraj  
Guggulu (1 tab) at bedtime with warm milk for  
Balya (strength) and Vatahara effect.

Diet (Pathya): Warm, light, easily digestible food.  
Old rice, green gram, ginger, bitter vegetables.  
Strict avoidance of curd, fermented foods, cold  
drinks, and Viruddha Ahara.

Lifestyle: Regular, gentle Vyayama (yogic exercises for joints), consistent sleep schedule.

(Note: Virechana was planned but not performed due to patient's time constraints. The focus remained on strong Shamana therapy.)

## 5. Results & Outcomes

Parameter	Baseline (Day 0)	Day 30	Day 60	Day 90 (Final)
Morning Stiffness	75 min	40 min	20 min	10 min
VAS Pain (0-10)	8	5	3	2
Tender/Swollen Joint Count	12	8	5	3
HAQ Score	1.8	1.2	0.8	0.5
DAS-28 (ESR)	5.6 (High)	4.3 (Moderate)	3.1 (Low)	2.8 (Remission)
ESR (mm/hr)	42	32	24	18
RF (IU/mL)	68	60	55	48

Patient's Subjective Report: Significant improvement in ability to perform daily tasks (writing, climbing stairs, gripping). No adverse effects from the Ayurvedic medication reported.

## 6. Discussion

This case demonstrates the systematic application of Ayurvedic principles.

**Phase 1** (Langhana) addressed the root cause (Manda Agni and Ama).

**Phase 2** (Snehana) helped in preparing the Doshas for potential elimination and provided deep lubrication to the dry, degenerated joints (a Vata characteristic).

**Phase 3**, with Simhanada Guggulu as the cornerstone, provided sustained anti-inflammatory and detoxifying action.

Simhanada Guggulu, containing Guggulu, Guduchi, Gokshura, Shunthi, etc., acts synergistically. Guggulu is a renowned Shothahara and Rasayana for bones and joints.<sup>5</sup> Guduchi is a potent immunomodulator and Amapachaka.<sup>6</sup> The formulation effectively broke the Samprapti by tackling both Ama and Vata.

The shift from High Disease Activity (DAS-28: 5.6) to Remission (DAS-28: 2.8) without conventional DMARDs or biologics is noteworthy. The reduction in ESR and RF, though not normalized, indicates a downward trend in inflammatory activity.

**Limitations:** This is a single-case study. Long-term follow-up is needed to assess sustainability. The absence of Shodhana (Virechana) might

affect the longevity of the result, as per classical texts.

## **7. Conclusion**

The structured Ayurvedic protocol involving Langhana, Snehana, and Simhanada Guggulu proved highly effective in managing a case of Amavata, leading to clinical remission and improved quality of life. This approach offers a viable, holistic, and safe alternative or adjuvant for RA management, emphasizing the importance of treating the Agni and eliminating Ama. Further large-scale, controlled studies are recommended to validate these findings.

## **8. References (Classical & Modern)**

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2. Sahasrayogam, Guggulu Prayoga: Mentions the formulation and use of Simhanada Guggulu in Shopha (inflammation) and Vata disorders.

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