THERAPEUTIC EFFECT OF DWIPANCHAMOOLADI NIRUHA BASTI AND BALUKA SWEDANA IN THE MANAGEMENT OF AMAVATA: A CASE REPORT

Abstract:

Amavata, a chronic inflammatory disorder described in *Ayurveda*, is characterized by the interaction of *Ama* and vitiated *Vata*, leading to joint pain, swelling, stiffness and functional impairment. It closely resembles Rheumatoid Arthritis (RA) in modern medicine. This case report evaluates the effect of *Panchakarma* therapy along with oral *Ayurvedic* medication in the management of *Amavata*. A 44-year-old female presented with symmetrical polyarthritis involving small and large joints, morning stiffness exceeding 90 minutes and progressive functional limitation for two years. She was diagnosed based on classical *Ayurvedic* features and 2010 EULAR/ACR criteria. The patient was treated with *Dwipanchamooladi Niruha Basti*, *Brihat SaindhavadiAnuvasana Basti* in *Kala* regimen and *Baluka Swedana*, along with *Shamana Aushadh* including *Ajmodadi Vatak*, *RasnasaptakKwath*, *Shallaki* and *Guggul* Gold. After 30 days, significant improvement was observed, with EULAR/ACR score reducing from 7 to 3. RA factor and ESR levels normalized, while subjective symptoms such as pain, swelling, stiffness and fatigue showed marked reduction. Functional ability also improved. The combined approach of *Panchakarma* and *Shamana Aushadh* effectively addressed both systemic and local pathology, suggesting a safe and beneficial treatment modality for *Amavata*. Although the results are encouraging, larger studies are needed to further confirm and strengthen the evidence.

Keywords:*Amavata*, Rheumatoid Arthritis, *Basti Chikitsa,Dwipanchamooladi Niruha Basti,Baluka Swedana,Shamana Aushadh*, EULAR/ACR criteria.

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]*AcharyaVagbhata* 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 *ShleshmaSthana* 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 Report

Patient information: A 44-year-old female (OPD no. 2603112) presented in OPD of Dayanand Ayurvedic Medical College & Hospital, Jalandhar (Pb.) (February, 2026).

Primary Concerns and Symptoms

Patient presented with pain and swelling in joints of hand and wrist bilaterally along with pain in left shoulder joint and back of right knee joint associated with gradual onset of morning stiffness lasting for more than 90 minutes from last 2 years. Over the last one year, condition progressed to involve multiple joints including the hand, wrist, elbow and back of knee joint in a symmetrical fashion associated with pain, swelling and significant restriction of movements.

Past intervention with outcomes

Patient took allopathic treatment for her condition previously.

Associated Illness

K/C/OHypothyroidism for 4 years, taking thyroxine 25 mcg tab daily.

Clinical Findings:

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.

AshtavidhaParikshna*:*

1. *Nadi*: 80/min
2. *Mala*: *Malavashtmbha*
3. *Mutra*: *Madhyam*
4. *Jihva: Sama*
5. *Shabda*: *Prakrut*
6. *Sparsha*: *Anushna*
7. *Drik*: *Prakrut*
8. *Akriti*: *Sthula*

***Dashavidha Pariksha*:**

1. *Prakruti*: *Vata pradhana - Kapha anubandhi*.
2. *Vikruti: Dosha- Vata Pradhana Tridosha, Dooshya- Rasa, Meda, Asthi*
3. *Sara: Madhyama*
4. *Samhanana: Madhyama*
5. *Pramana: Madhyama*
6. *Satmya: Sarvarasa*
7. *Satva: Madhyama*
8. *Aharashakti: Madhyama*
9. *Vyayamashakti: Avara*
10. *Vaya:Madhyama*

General Examination

Thegeneral 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 deformity was noted on the joints of the hands. Swelling was present on MCP, PIP, Wrist, Thumb IP joints bilaterally. On palpation, tenderness was present in the first, second and fourth proximal-interphalangeal joints, the elbow joint and the back of knee joint bilaterally. Left shoulder range of motion restricted and painful. No lymph node was found to be palpable. In the systemic examination, no abnormality was found.

Diagnostic Assessment

Patient was diagnosed based on the 2010 EULAR/ACR revised criteria and symptoms mentioned in classical *Ayurvedic* texts.[10,11] As shown in Table 1. Some other investigations like CBC, LFT, RFT, lipid profile and thyroid profile were also done before and after treatment to rule out any side effects.

Table 1: 2010 EULAR/ECR revised criteria for early diagnosis of Rheumatoid Arthritis

Joint Distribution	**Scoring 0 – 5**
1 large joint	0
2-10 large joints	1
1-3 small joints (large joints not counted)	2
4-10 small joints (large joints not counted)	3
10 joints (at least one small joint)	5
Serology	**Scoring 0 – 3**
Negative RF and Negative ACPA	0
Low positive RF or low positive ACPA	2
High positive RF or high positive ACPA	3
Symptom Duration	**Scoring 0 – 1**
<6 weeks	0
≥6 weeks	1

Acute Phase Reactants	Scoring 0 – 1
Normal CRP and Normal ESR	0
Abnormal CRP or Abnormal ESR	1
Definite RA	**Score Interpretation: ≥ 6**

Assessment Criteria

The patient was assessed based on subjective and objective parameters, both before and after treatment. As mentioned in Table 2 and 3.

Table 2: Subjective Parameters

Sandhi Shoola	**Score**
No Pain	0
Mild Pain of low density causing no disturbance in routine work	1
Moderate Pain hampers the daily routine	2
Severe pain causing definite interruption in routine work	3
Intense pain, unable to perform routine work	4
Sandhi Shopha	**Score**
No swelling	0
Mild swelling	1
Moderate swelling	2
Severe swelling	3
Very severe swelling with deformity or significant restriction	4
Jadya	**Score**
No morning stiffness	0
Morning stiffness more than half an hour but less that one hour	1
Morning stiffness more than one hour but less than three hours	2
Morning stiffness more than one and hour but less than six hours	3
Stiffness all day through	4
Sparsha Asayatva	**Score**
No pain on palpation	0
Mild pain on palpation	1
Moderate pain	2
Severe pain, patient reluctant to allow palpation	3
Extreme pain, patient strongly resist or avoids palpation	4
Vibandha	**Score**
No *Vibandha*	0
Motin once a day but on regular interval	1
Motion in alternate days	2
Interval for more than one day	3
No bowel movement for multiple days, requiring intervention	4
Angamarda	**Score**

No *Angamarda*	0
Occasional *Angamarda* but patient is able to do usual work	1
Continous*Angamarda* but patient is able to do usual work	2
Continous*Angamarda* which hamper routine work	3
Patient is unable to do any work	4
Alasya	**Score**
No *Alasya*	0
Start work in time with effort	1
Unable to start work in time	2
Delay to start work in time but completes the work	3
Never able to start work and always likes rest	4
Daha	**Score**
No burning sensation	0
Occasional retrosternal burning	1
Occasional retrosternal palm and sole burning	2
Intermittent burning sensation throughout the body	3
Continuous burning sensation throughout the body	4
Total Score	**32**

111 **Table 3: Objective Parameters**

RA Factor Grading (Quantitative)	**Score**
Normal <15 IU/ML	0
Decreased by 75%	1
Decreased by 50%	2
Decreased by 25%	3
RA factor reported at the time of enrolment.	4
ESR	
Normal (Men: up to 15 mm/hr) (Women: up to 20 mm/hr)	0
Decreased by ≥75% from baseline	1
Decreased by ≥50% from baseline	2
Decreased by ≥25% from baseline	3
ESR reported at the time of enrolment.	4
CRP	
Normal CRP (<6 mg/L)	0
Decreased by ≥75% from baseline	1
Decreased by ≥50% from baseline	2
Decreased by ≥25% from baseline	3
CRP reported at the time of enrolment.	4
Anti CCP	
Normal Anti CCP (<20 U/mL)	0
Decreased by ≥75% from baseline	1

Decreased by ≥50% from baseline	2
Decreased by ≥25% from baseline	3
CRP reported at the time of enrolment.	4
Total Score	**16**

Therapeutic Intervention

Ethical Considerations (Ref. No. 3027)

The study was conducted following ethical standards and was duly approved by the Institutional Ethics Committee prior to initiation. CTRI registration was obtained (Registration No.: CTRI/2026/01/100864). Informed consent was obtained from the patient.

Panchakarma Intervention

Dwipanchamooladi Basti was administered with dose starting from 450 ml on first day to 600 ml on last day along with *Brihatsaindhavadi Tail Anuvasana Basti* with 60 ml dose on first day and 100 ml on the last day in *Kala Basti* regimen.[12] Dose was adjusted based on patient's *Basti* retention time and *Samyak Yoga Lakshanas*. *Baluka Swedana* was also done for the first 5 days as Described in Table 4. *Basti* was carefully prepared in the same manner as mentioned in classical texts. The *Poorva*, *Pradhan* and *PaschatKarma* of *Basti* were strictly followed to achieve maximum benefits.[13]

Table 4: *Panchakarma* Intervention

Duration	Treatment	Dose
6 Days	*Dwipanchamooladi Niruha Basti*	450 – 600 ml
10 Days	*Brihat Saindhavadi Anuvasana Basti*	60 – 100 ml
5 Days	*Baluka Swedana*	-

Pharmacological Intervention

Detailed pharmacological intervention is described in Table 5. Patient's regular thyroid medication was also continued simultaneously.

Table 5: Pharmacological Intervention

Duration	Medicine	Dose	Time of administration	*Anupana*
21.02.2026 To 20.03.2026	*Ajmodadi Vatak*	2 Tab TID	Before Food	Lukewarm Water
	Shallaki 600	2 Tab BD	After Food	Lukewarm Water
	Guggul Gold	2 Tab BD	After Food	Lukewarm Water
	RasnasaptakKwath	20 ml BD	After Food	Lukewarm Water

Follow Up and Outcome

Patient was assessed again after the completion of treatment i.e. on day 30. Total EULAR/ACR Score reduced from 7 to 3, As shown in Table 6.

Table 6: Scoring As per 2010 EULAR/ACR revised criteria for Early Diagnosis of Rheumatoid Arthritis:

Criteria	Description	Before Treatment	After Treatment
Joint Distribution	MCP, PIP, Wrist, Thumb IP joints bilaterally	3	2
Serology	Low positive RA	2	0
Symptom Duration	>6 months	1	1
Acute Phase Reactants	Abnormal CRP & Abnormal ESR	1	0
Total Score		**7**	**3**

Objective assessment based on laboratory investigations demonstrated a significant improvement in the patient's condition following treatment. The total objective score decreased from 8 to 0 after treatment, indicating marked overall improvement. RA factor showed a reduction from 22.4 IU/ml (graded as 4) to 11.9 IU/ml (graded as 0). Since the post-treatment value falls within the normal reference range (<15 IU/ml), it is assigned a score of 0 as per the grading criteria. This reflects a complete normalization of RA factor and significant serological improvement. Similarly, ESR decreased from 26 mm/hr (score 4) to 11 mm/hr (score 0), reaching normal limits and indicating resolution of inflammatory activity. Anti-CCP levels increased slightly from 2.8 to 5.0, but both values fall within the normal range; hence, the score remained 0 before and after treatment. Likewise, CRP levels showed a mild increase from 0.68 to 0.82, but remained within normal limits, maintaining a score of 0.Thus, although Anti-CCP and CRP did not show numerical improvement, their values remained within normal limits. The overall reduction in total score from 8 to 0 highlights significant objective improvement, primarily driven bynormalization of RA factor and ESR.

Table 7: Objective Criteria

Investigations	Before Treatment		After Treatment	
	Lab Values	**Score**	**Lab Values**	**Score**
RA factor	22.4 IU/mL	4	11.9 IU/mL	0
ESR	26 mm/hr	4	11 mm/hr	0
Anti CCP	2.8U/mL	0	5.0U/mL	0
C- Reactive protein	0.68mg/L	0	0.82mg/L	0
Total Score	**8**		**0**	

The total subjective score decreased from 13 to 5, as shown in Table 8. Significant relief was noticed in key symptoms *like Sandhishoola, Sandhishopha, Jadya, Sparsha Asahatva, Vibandha* and *Alasya*. The patient was also able to perform complete composite digital flexion without pain, demonstrating functional recovery; the patient reported overall moderate symptomatic improvement.

Table 8: Subjective Parameters

Subjective Parameters	Before Treatment	After Treatment
Sandhishoola	3	2
Sandhishopha	1	0
Jadya	2	1

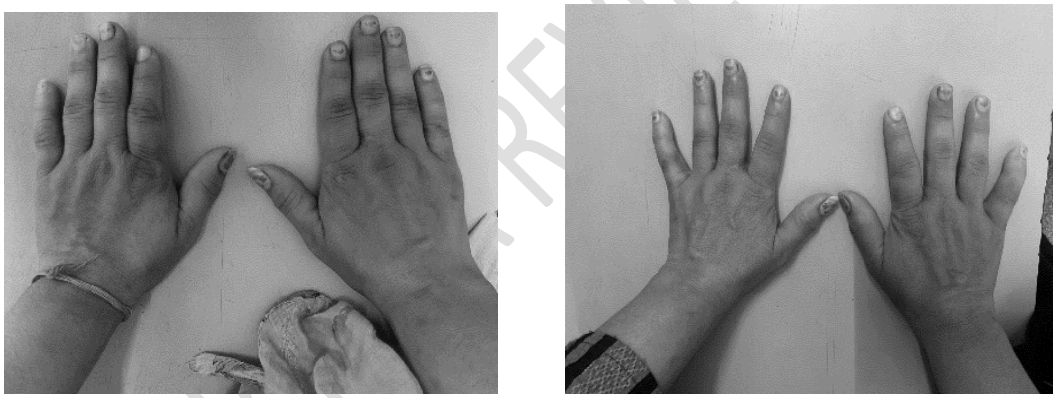
Asahatvasparsh	3	1
Vibhandha	2	0
Angamarda	1	1
Alasya	1	0
Daha	0	0
Total Score	**13**	**5**

Metabolic parameters such as TSH, HbA1C and haemoglobin levels were also improved as shown in Table 9.

Table 9: Other Investigations

Other Investigations	Before Treatment	After Treatment
TSH	21.80 µIU/mL	0.61µIU/Ml
Triglycerides	186.58 mg/dL	149 mg/dL
Hb	11.5 g/dL	12 g/dL
HbA1C	6.3%	5.7%

Figure: Showing reduction in PIP joint swelling: **1 – Before Treatment:** Bilateral hand showing diffuse fusiform swelling of PIP joint with loss of joint contour, suggestive of active inflammatory involvement. **2 – After Treatment:** Significant reduction in swelling indicating clinical improvement.



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Discussion

Amavata is characterized by the interaction of *Ama* and aggravated *Vata* resulting in joint pain, swelling, stiffness and functional limitation. The present case was managed with the combination of *Panchakarma* therapyand Oral medication (to address *Ama Pachana*, *Vata Shamana* and *Srotoshodhana*). *Basti Chikitsa* played a central role in the management of *Amavata*. According to the classical texts of *Ayurveda*, *Basti* is considered as "*Ardha Chikitsa*" due to its great effect on *Vata Dosha.* [14,15]

The administration of *DwipanchamooladiNiruha Basti* combines herbs like *Dashmoola, Haritaki, Bibhitaki, Amlaki, Bilvaphal, Madanphala, Indrayava, Patha, Madanphala, Nagarmotha, Saindhav Lavan, Madhu, Gomutra, Yavakshar*, that possess multiple therapeutic properties like *Vatahara, Shothahara, Shoolhara, Deepan, Amapachan* making this formulation a good choice for managing pain and inflammation. *Basti* also found to be effective in systemic detoxification, thereby enhancing

Agni and so corrects metabolic disturbances associated with *Ama* formation. Administration of *Basti* improves overall *Dosha* balance, *Dhatu* nourishment and joint mobility. [16]

In classical texts, *Brihat Saindhavadi Anuvasana Basti* has been illustrated as "*AmvataharmShreshathamSarvavavataghanamAgnidam*" which means it alleviates all sorts of *Vata* disorders particularly *Amavata* and also promotes digestive fire. This formulation integrates ingredients such as *Erand Taila, Haritaki, Bibbhitaki, Amlaki, Rasna, Pippali, Gajapippali, Sarjikshara, Maricha, Kustha, Shunthi, Sauvarchal Lavan, Vida Lavan, Yavani, Ajmoda, Puskarmula, Jiraka, Madhuka, Satapushpa, Saindhav Lavan, Curd, Kanji*, which collectively offer wide array of therapeutic properties which alleviates vitiated *Vata Dosha* present in lumbosacral, knee, joint, flank, cardiac and groin regions.[17, 18]

Baluka Swedana is a *Ruksha* type of *Swedana* used in *Kaphaja*disorders as well as in the disease originated out of *Ama* especially indicated in *Amavata*. Being dry in nature it does *Pachana Kriya*i.e. digestion of *Ama* and it also cleans the microchannels. It also removes stiffness of joints and alleviates the pain. [19] In *Amavata*, stiffness, heavinessand pain are the chief symptoms; so, *Swedana*gives relief in all these symptoms.

The parallel administration of *Shamana Aushadh*greatly enhanced above mentioned effects. Because of its *Katu Rasa, Ushna Virya and Tikshna Guna, Ajmodadi Vatak* served as a *Deepana-Pachana* agent, correcting abnormal *Agni* and promoting *Ama* digestion, which is responsible for the decrease in symptoms like joint pain, bowel obstruction and lethargy.[20]

Formulations like *RasnasaptakKwath*consist of ingredients like *Rasna, Amruta, Aragvadha, Devdaru, Trikantaka, Eranda, Punarnava* collectively pacifypain in legs, thighs, back, lumbosacral and flanks region.[21]

Guggulu Gold which is the patent drug of MC DAV Pharmacy, has ingredients like *ShudhaGuggulu, Ashwagandha, ShudhaKuchla*and *Swarna Patra*, pacifying *Vata-Kapha*, providing anti-inflammatory and pain-relieving effects.

According to classics, due to its *Tiktarasa, Katuvipaka* and *Ushnavirya, Shallak*i pacifies vitiated *Kapha* and *Vata dosha*, resulting in reduction of *Shotha, Shoola* and other related symptoms. Therefore, *Shallaki's* proven anti-inflammatory qualities provided additional backing for this approach.[22]

A significant reduction was observed in RA factor, ESR and clinical symptoms, indicating marked clinical improvement. Although Anti-CCP and CRP levels remained within normal limits both before and after treatment, they did not show any meaningful change. This suggests that while symptomatic and inflammatory improvement was achieved, complete resolution of the underlying autoimmune process cannot be conclusively established, nor can its ongoing activity be definitively confirmed.

Conclusion

The present case study highlights the role of *Dwipanchamooladi Niruha Basti* and *BalukaSwedana* as *Panchakarma* procedures in the management of *Amavata*. *Basti*, by virtue of *Srotoshodhana*, eliminates the accumulated *Ama* from the body and by correcting *Jatharagni*, prevents the further

formation of *Ama.Baluka Swedana*works by providing *Ruksha Swedana*, which reduces *Kapha* and *Ama*, relieves stiffness and alleviates pain by improving local circulation.

The *Shamana Aushadh* compliments the action of *Panchakarma* Therapy by correcting and reducing inflammatory markers through its *Vednasthapana* and *Vata-Kaphahara* properties.

The combined use of *Panchakarma* and Oral medication addresses both the root cause and clinical manifestation of *Amavata*, offering a safe and effective therapeutic option. Overall, this approach highlights the clinical relevance of *Ayurvedic* management of Amavata, which encourages further studies with a larger sample size and a longer follow-up period to strengthen the evidence base.

Author Credit Statement

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There are no conflicts of interest

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Glossary of Ayurveda Terms

- ***Ama* –** A toxic undigested metabolic product formed due to weak digestive fire.
- ***Amavata* -** A diseased condition described in *Ayurveda* caused by the combination of *Ama* and vitiated *Vata*, mainly affecting joints and resembles Rheumatoid Arthritis clinically.
- ***Shaman Aushadh* –** Oral medication used to pacify aggravated *Doshas* without eliminating them from the body.
- ***Basti Chikitsa* –** A major Panchkarma therapy in which medicinal drugs are administered through rectal route.
- ***Baluka Swedana* –**A type of dry fomentation in *Ayurveda* where heated sand packed in cloth bolus (*Pottali*) and applied over the affected area.

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