



## Amapachana, Snehapana, Shodhana - A Promising and Novel Approach to Adverse Effects and Corticosteroid Resistant Condition in Rheumatism - A Case Study

Teggi R<sup>1\*</sup>, Chandrika Urs P<sup>2</sup>, Benakanahalli B<sup>3</sup>

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<sup>1\*</sup> Roopa Teggi, Second Year Post Graduate Scholar, Department of Rachana Shareera, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

<sup>2</sup> Chandrika Urs P, Assistant Professor, Department of Rachana Shareera, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

<sup>3</sup> Bhuvaneshwari Benakanahalli, Second Year Post Graduate Scholar, Department of Rachana Shareera, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

Rheumatism, is a general term for group of disorders that cause inflammation in connective tissues particularly the joints and muscles. The most common symptoms are stiffness and pain. Amavata is one of the commonest disorders caused by the impairment of Agni, formation of Ama and vitiation of Vata Dosha where in Ama combines with Vata Dosha and occupies Shleshmasthanas such as Amashaya, Asthi and Sandhi. In terms of similarities of clinical symptoms Amavata is understood in parlance with Rheumatoid Arthritis in the present case. The adverse and toxic symptoms like blurring of vision, altered appetite, indigestion and altered bowel habits due to long standing use of Nonsteroidal anti-inflammatory Drugs, antimetabolites, glucocorticoids and immunosuppression therapies, lead the patient to search for an alternative treatment. With help of Amapachana, Snehapana and Shodhana the patient and their attendees witnessed the stabilization of Agni (metabolism) sooner with regression of arthritis symptoms and withdrawal of glucocorticoids and other immunosuppressants which was the most needed relief they were eagerly waiting for. A significant result was noted after treatment in terms of reduction in level of RA factor from 20iu/MI to 1.1iu/MI and CRP from 28.5mg/L to 3.5mg/L and ESR from 66mm/hr to 42mm/hr. The overall physical, mental and social wellbeing was observed proving significant efficacy of principal based holistic approach of Ayurveda.

**Keywords:** Amavata, Amapachana, Rheumatism, Snehapana, Shodhana

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Roopa Teggi, Second Year Post Graduate Scholar, Department of Rachana Shareera, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India. Email: <a href="mailto:roopateggi123@gmail.com">roopateggi123@gmail.com</a>	Teggi R, Chandrika Urs P, Benakanahalli B, Amapachana, Snehapana, Shodhana - A Promising and Novel Approach to Adverse Effects and Corticosteroid Resistant Condition in Rheumatism - A Case Study. J Ayu Int Med Sci. 2025;10(8):300-305. Available From <a href="https://jaims.in/jaims/article/view/4576/">https://jaims.in/jaims/article/view/4576/</a>	

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## Introduction

Rheumatism, is a general term for group of disorders that cause inflammation in connective tissues particularly the joints and muscles. The most common symptoms are stiffness and pain.[1] *Amavata* is one of the commonest disorders of *Madhyama Rogamarga* which is caused by the impairment of *Agni*, formation of *Ama*[2] and vitiation of *Vata Dosha* where in *Ama* combines with *Vata Dosha* and occupies *Shleshmasthanas* such as *Amashaya*, *Asthi* and *Sandhi* leads to formation of *Amavata*. [3]

## Case Report

A diagnosed case of Rheumatoid arthritis with Rheumatic fever, aged about 52 years hails from Chikkamagaluru, has been treated under Rheumatology Department at Mangalore nearly 1 year. The patient was prescribed Methotrexate and steroid medications, but after a year, they developed Optic Neuritis, leading to blurred vision in the left eye, with limited relief from rheumatic symptoms. So approached *Ayurveda* as an alternate solution.

### Chief and Associated complaints

Chief complaints and Associated complaints	Duration
Ubhaya Jaanusandhi Shola and Shotha with Raga	1 year
Ubhaya Gulphasandhi Shola and Shotha	6 months
Morning stiffness	6months
Crepitus	1 month
Angamarda	15days
Agnimandya	1 year
Low grade fever	1 year

**Personal history** - No H/O any previous surgeries, no H/O Diabetes mellitus and Hypertension.

**Menstrual history** - Menopause attained.

**Occupation** - House wife.

**Diet** - Non-vegetarian.

### Examination

#### Ashtavidha Pariksha

1. *Nadi*: 80/min.
2. *Mala*: *Malavashtambha*.
3. *Mutra*: 3 to 4 time in day, 1 to 2 times in night.
4. *Jihva*: *Sama*.
5. *Shabda*: *Prakruta*.

6. *Sparsha*: *Anushna*.

7. *Drik*: *Avara*.

8. *Akriti*: *Madhyama*.

#### Dashavidha Pariksha

1. *Prakruti*: *Vata Pradhana-Kapha Anubandhi*.

2. *Vikruti*: *Dosha - Vatapradhana Tridosha*

*Dooshya - Rasa, Meda, Asthi*

3. *Satwa*: *Madhyama*.

4. *Sara*: *Rakta*

5. *Samhanana*: *Madhyama*

6. *Pramana*: *Madhyama*

7. *Satmya*: *Sarva Rasa*

8. *Aharasakti*: *Avara, appetite reduced*

9. *Vyayamasakti*: *Avara*

10. *Vaya*: 52 years

**Differential Diagnosis** - *Amavata, Sandhivata, Vatarakta*

#### Investigations

- HB - 12.4g/dl
- Platelet count - 4,91,000 cells/cumm
- ESR - 66mm/hr
- RA factor - Positive
- CRP - 28.5mg/L

#### Positive findings for diagnosis

#### Clinical presentations

Symmetrical involvement of more than 3 joints -  
Bilateral Knee joint and Ankle joint  
Consistent low - grade fever  
Investigations - elevated ESR  
Positive RA factor  
Positive CRP

**Diagnosis** - Diagnosed based on the symptoms described in *Ayurveda* and supportive lab parameters

**Final diagnosis** - *Amavata*

#### Therapeutic focus

##### A. Amapachana

1. *Simhanada Guggulu*: 2-2-2 tablet, 10 Days.
2. *Ajamodadi Choorna*: 2.5gm-0-2.5gm, 10 Days.
3. *Gandharvahastadi Taila* 200ML: 10ml-0-10ml, 10 Days.
4. *Amrutottara Kashaya*: 15gm-0-15gm, 10 days.

**B. Vicharaniya Snehapana** - *Guggulutiktaka Ghr-ita* was prescribed, with instructions to take it with lukewarm water, sipped slowly, and avoid exposure to cold air and wind.

Day	Dosage	Time of administration	Snehajeerna Kala
1	30ml	7 am	9 am
2	30ml	9.30 am	12 pm
3	30ml	9 am	12 pm

*Snehapana Jeerna Lakshana* - a. *Shiroruja Shamana*, b. *Shareera Laghuta*, c. *Vatanulomana*, d. *Kshuda Utpatti* e. *Pipasa Utpatti* f. *Udgara Shuddhi*[4,5]

**C. Valukasweda**[6] - Day 1, Day 2, Day 3 given.

**D. Bastikarma** - *Yogabasti* - *Kshara Basti*

*Anuvasana Basti* - *Guggulu Tiktaka Gritha* (40ml) + *Sukumara Gritha* (40ml)

*Niruha Basti* - Ingredients - *Saindhava* (15gm), *Madhu* (80gm)

*Sneha* - *Guggulu Tiktaka Gritha* 40ml + *Sukumara Gritha* 40ml

*Kalka* - *Shatapushpa* 10gm + *Rasna* 10gm + *Ajamoda* 10gm

*Kwatha* - *Erandamooladi Kashaya* 200ml

*Gomutra* - 100ml

Day	Basti	Dose	Retention time
4	Anuvasana	80ml	2hr 15 min
5	Niruha	460-480ml	7 min
	Anuvasana	80ml	2hr 30 min
6	Niruha	460-480ml	5 min
	Anuvasana	80ml	2 hr
7	Niruha	460-480ml	8 min
	Anuvasana	80ml	2 hr 30 min
8	Niruha	460-480ml	8 min
	Anuvasana	80ml	2 hr 30 min
9	Anuvasana	80ml	2 hr 45 min

Oral medications - taken all through admission

1. *Simhanada Guggulu* 2-0-2 b/f
2. *Ajamodadi Churna* 1tsf-0-1tsf b/f
3. *Gandharvahastadi Taila* 5ml-0-5 ml
4. *Amrutottara Kashaya* 15ml-0-15ml b/f

**5. Pathyapatya** - Patient was advised to take lukewarm water and to avoid exposure to excessive wind, sunlight, emotional disturbances. Liquid, warm light diet like *Ganji*, vegetable soups. Morning - *Yavagu*, Afternoon - *Chapati Kichadi*, Evening - *Vegetable soup*, Night - *Kichadi*

For major complaint of blurring of vision (left eye) referred to *Shalakya* department diagnosed as optic neuritis - under treatment

Observation of each step of treatment -

**1. Observation of Amapachana** - Appetite improved, gained 2 kg of weight. Joint stiffness and pain reduced

**2. Observation of Vicharaniya Snehapana** - Morning stiffness started reducing from day 1 itself

**3. Observation of Valuka Sweda** - local joint swelling and pain reduced, mobility improved.

**4. Observation of Basti Karma** -

Sign and symptoms	Before treatment	After treatment
Swelling	+++	Nil
Pain	+++	Nil
Stiffness	+++	Nil
Tenderness	+++	+ (only in ankle joint)
Crepitus	++	+ (only in ankle joints)
Range of movement	Restricted	Improved
Appetite	Decreased	Improved
Bowel	Constipated	Regular

**5. Pathyaapathya** - Patient was feeling light with proper digestion and bowel movements

Advice on discharge:

1. *Simhanada Guggulu* 2-0-2 b/f
2. *Ajamodadi Churna* 1tsf-0-1tsf b/f
3. *Guggulutiktaka Gritha* 15ml-0-15ml b/f
4. *Avipattikara Churna* 1tsf-0-1tsf b/f

Mode of action of drugs

**Simhanada Guggulu** - *Agnideepaka*, *Kaphavatahara*, *Amapachaka*, *Shoolahara*, *Shothahara*[8] **Guggulutiktaka Gritha** - *Agnivardhaka*, *Tridosahara*.

**Ajamodadi Churna** - *Agnideepaka*, *Srotoshodhaka*, *Shoolahara*, *Shothahara*.

**Avipattikara Churna** - *Agnideepana*, *Vibandahara*

**Ajamodadi Churna** - *Agnideepaka*, *Srotoshodhaka*, *Shoolahara*, *Shothahara*.

**Gandharvahastadi Kashaya** - *Agnideepaka*, *Malashodhaka*.

**Amrutottara Kashaya** - *Agnideepaka*, *Rechaka*, *Jwarahara*[7]

## Result

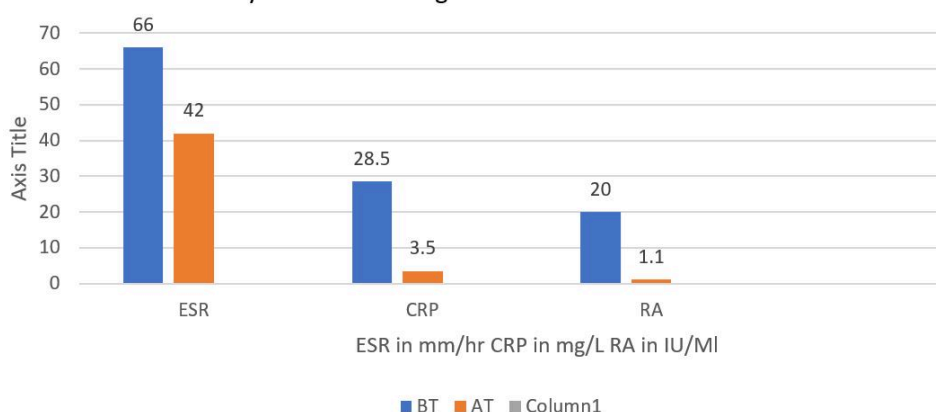
### Subjective Outcome - Symptom wise

Chief complaints and Associated complaints	Pre-treatment suffering period/ with intensity	Response time to treatment/with Intensity
Ubhaya Jaanusandhi Shoola and Shotha with Raga	Since 1 year/severe	1month / Nil
Ubhaya Gulpha Sandhi Shoola and Shotha	6months/severe	1month / Nil
Tenderness/ Pain on deep press over joint areas	1year/sever	1 month / moderate (Over ankle joints)
Morning stiffness	6months / moderate	1day / nil
Sandhi Shaithilya	1 month / severe	1month / nil
Angamarda	15days / sever	1 month / nil
Agnimandya	1 year / moderate	1 week / nil
Low grade fever	1year / moderate	1week / nil

### Objective outcome - Signs wise based on *Pariksha* done

Darshana	Sparshana Pariksha	Prashna Pariksha
1. BT - Vikruti: Dosha-Vata Kapha pradhana-vriddha Tama +++. AT - Vriddha +	1 Nadi - BT Vata Pradhana 80/m fast. AT-70/m-moderate speed.	1. BT - Vikruti: Dosha-Vata Kapha pradhana-vriddha Tama +++, AT - Vriddha+
2. BT - Dooshya -Rasa, Meda, Ashti. dushti tama +++. AT- Dushti +	2. BT - Ushnata over affected Sandhi++++. AT- Ushnata Nill	2. BT - Dooshya - Rasa, Meda, Ashti. Dushti Tama +++, AT - Dushti +
3. Satwa: BT - anxiety++++. AT- anxiety +	3. BT - Sparsha Asahishnuta (tenderness) over affected joints++++, AT-+	3. Satwa: BT-anxiety++++. AT- anxiety +
4. Pramana: Madhyama (BT 54 KG) - 51 KG (AT)	4. Sandhi Spathana - BT +++, AT +	4. Aharasakti: Madhyama BT - less AT - Improved
5. Jihva BT - Liptata +++ AT- liptata Nill		5. Vyayamasakti: BT - Avara +++, AT - Avara +

### Analysis of Hematological Test



### Evidence based approach

SN	Pratyaksha Pramana	Anumana Pramana	Aptopadesha / Shabdha Pramana
1.	Prakriti Pariksha Rogi - Roga Pariksha (Akriithi, Varna, Shotha and Shoola Pariksha)	Prakriti Pariksha, Rogi-Roga Pariksha (Ahara Shakthi, Vyayama Shakti, Agni)	Amavata is Sandhiashritha and Amashaya Ashrita Yapya Vyadhi

### Follow-up

#### 1st follow-up

Adhered to the prescribed *Pathya* and medications, resulting in:

- No recurrence of primary and associated symptoms
- Improvement in lab parameters (ESR, CRP, RA test)
- Reported mild facial swelling in the morning, likely due to cold exposure

- Amritha Prasha* added to their treatment regimen

- Continued *Shalakya* treatment for Optic Neuritis, indicating ongoing care for eye health

#### 2nd follow-up

Strictly followed prescribed *Pathya* and medications

- Experienced no recurrence of primary and associated symptoms
- Noticed a reduction in facial swelling, particularly in the morning

- Discontinued *Amritaprasha Gritha*
- Continued *Shalaky* treatment for Optic Neuritis, indicating ongoing care for eye health

## Discussion

According to *Chakradatta*, the *Chikitsa Siddhanta* of *Amavata* is *Langhanam* (through wholesome diet and regimens), *Swedanam* (*Valuka Sweda*, *Ushnopachara*) *Tiktham* *Deepanani* *Katuni* (*Ajamodadi Churna* + *Guggulu Tikta* *Gritha*), *Virechanam* (through *Avipattikara Churna*) *Snehapanam* (*Guggulutiktaka Gritha-Vicharana Snehapana*), *Basti* (*Kshara Basti*) is mentioned as *Prashasta* i.e., ideal approach.[9]

The application of all these stages of ideal approach has been implemented in best possible way in the present case. During *Amapachana* stage, appetite improved, gained 2 kg of weight with moderate reduction in Joint pain and stiffness we could able to witness the stabilization of *Agni* sooner in *Amapachana* stage itself with regression of symptoms of arthritis even after withdrawal of steroid and other related medications. During *Vicharaniya Snehapana*, Morning stiffness started reducing from day 1 itself and this improvement remained consistent all through the treatment. *Valuka Sweda* supported to reduce pain, swelling and improve mobility in ankle joint.

After *Shodhana* i.e., *Basti Karma* near normal improvement has been found in symptomatology. Pain, stiffness, swelling, morning stiffness, tenderness, crepitus reduced in joints. Range of movement in joints improved after *Shodhana*. Appetite, Bowel movement, sleep and overall general health improved significantly after *Shodhana*, *Samsarjana* and *Rasayana* therapies. All through the treatment stages patient withstood the spirit of following *Pathyapathya*, which supported speedy recovery. A significant result was noted after treatment in terms of laboratory parameters, such as reduction in level of RA factor from 20iu/MI to 1.1iu/MI and CRP from 28.5mg/L to 3.5mg/L and ESR from 66mm/hr to 42mm/hr. Steroid and other related medications were withdrawn from her routine in the beginning stage of *Snehapana* itself. No any complication was found during the treatment. As she started losing the vision of her left eye due to consistent usage of steroid medications for last 1 year,

Patient and their attendees were happy to notice the positive change in terms of regression of symptoms and withdrawal of steroid medications and it was the most needed change they were eagerly waiting for. The overall physical, mental and social wellbeing was observed proving significant efficacy of principal based holistic approach of *Ayurveda*.

## Conclusion

The present case is of consistent low-grade fever with *Ama* expressed in joints with excruciating pain caused due to *Agnimandya*. It is a classical disease of *Koshtha- Abhyantara Rogamarga*, diagnosed as Rheumatoid arthritis with Rheumatic fever in contemporary science. *Agni* restoration is a critical aspect of treatment that demands judicious approach by health care professionals. So stabilizing *Agni* is the game change task in such cases has been tried to achieve judiciously in the present case with the help of all stages of ideal approach. Education and awareness about the condition, combined with wholesome lifestyle choices and minimal medication, can help individuals develop a positive mindset and overcome challenges. *Gnyana Buddhi Pradeepena Yo Na Aavishati Tatwavit* (*Charaka Sharira*) - An efficient physician who never tries to accomplish/understand the deeper perceptions of a patient which led to his/her unhealthy states with the light of knowledge offered by *Shastra*, is never considered a treatment at all. Because at the very core of wrong perceptions the seed of disease persists.[10] Unless and until each sufferer roots down to the causes and triggers of their sufferings, cannot seriously look into their respective solutions seriously. Maintaining this positive balance of looking into the problem to its core by the patient and the attendees is enforced by educating them at every level of treatment. The awareness in terms of nature of the problem they are suffering, methods to implement in terms of wholesome food, routine minimal medications and proper company all through to keep up the right perception towards the problem are necessary steps to follow, to be on the winning side of the game always.

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