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EVALUATION OF VIRECHANA KARMA IN AMAVATA – A CASE REPORT

Dr. Padmavati Venkatesh[1], Dr. Asma Anjum[2]*

[1]Professor, Department of Panchakarma, Ayurveda Mahavidyalaya and Hospital, Hubballi.
[2]PG Scholar, Department of Panchakarma, Ayurveda Mahavidyalaya and Hospital, Hubballi.

***Corresponding Author: Dr. Asma Anjum**

PG Scholar, Department of Panchakarma, Ayurveda Mahavidyalaya and Hospital, Hubballi.

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ABSTRACT

Rheumatoid arthritis has become a leading cause of disability. It is an autoimmune inflammatory disorder that primarily affects joints. RA usually involves peripheral joints in a systemic distribution, where synovial membrane becomes inflamed. As the disease progress the inflamed synovium invades and damages the cartilage and bone of the joint. According to ayurvedic literature, it can be correlated to *Amavata* the pathology of *Amavata* starts with long term incidence of *Mandagni* in body which leads to the formation of Ama. This Ama gets mixed with vitiated Vata and enters the joints leading to the stiffness of the joints, such condition is known as Amavata. Treatment involves *Langhana, Deepana pachana* with tikta katu rasa, Virechana and niruha basti I,e kshara basti is indicated. In the present case study, A 40year female patient from Hubballi, came with complaints of multiple joint pain since 6- 7 years. Morning stiffness which lasts for half an hour, Swelling of joints and fever. Patient was treated with *Amapachana* with *Arogyavardhini Vati*, *Ghandharvahastadi Eranda Taila*, *Snehapana* with *Mahatiktaka Ghrita* in *Arohana Krama* followed by *Virechana Karma* with *Trivirt Lehya* and *Samsarjana Krama*. Patient complaints were remarkably reduced, and there were significant changes in subjective parameters after the treatment.

INTRODUCTION

In Present days erroneous dietary habits, lifestyle and environment have led to various autoimmune disorders i.e., *Amavishajanya Vikara*. *Amavata* is one among them. It can be correlated to Rheumatoid Arthritis (RA). RA is a common form of inflammatory arthritis.[1]

The prevalence of RA is approximately 0.8-1.0% in Europe and the Indian subcontinent, with female -to-male ratio of 3.1. The prevalence is lower in south east Asia. the highest prevalence in the world is Pima Indians (5%).[2]

RA usually involves peripheral joints in a systemic distribution, where synovial membrane becomes inflamed. As the disease progress the inflamed synovium invades and damages the cartilage and bone of the joint. The potential of the synovial inflammation to cause cartilage destruction is the hallmark of the disease. Pathogenesis includes synovitis, synovial cell hyperplasia, hypertrophy with CD4 lymphocytic infiltration, synovial effusion, pannus formation, cartilage loss, fibrosis, bony erosion, deformity, fibrous and bony ankylosis, muscle wasting, periarticular osteoporosis and results in both articular and extraarticular manifestations. Course of the disease is variable. It can be slowly progressive or rapidly progressive & erosive arthritis with marked deformity with downhill course. Even with the use of NSAID (Non-Steroidal Anti-Inflammatory Drugs), glucocorticoids, DMARDs (Disease Modifying Anti Rheumatic Drugs), treatment does not provide a complete cure and have their own side effects.[3]

According to ayurvedic literature, the pathology of *Amavata* starts with long term incidence of *Mandagni* in body which leads to the formation of Ama.[4] This Ama gets mixed with vitiated Vata and enters the joints leading to the stiffness of the joints, such condition is known as *Amavata.* Treatment involves Langhana, Deepana *Pachana* with *Tikta Katu Rasa*, *Virechana* and *Niruha Basti* I,e *Kshara Basti* is indicated.[5]

CASE REPORT

Chief complaints

A 40year female patient from Hubballi, came with complaints of multiple joint pain since 6- 7 years.

Associated Complaints

Morning stiffness which lasts for half an hour, Swelling of joints and fever.

History of present illness

A 40year female patient from Hubballi, a nurse by profession, diagnosed with Amavata visited Ayurveda Mahavidyalaya and Hospital, Hubballi, Karnataka. The Patient complained multiple joint pain since 2020 Aggravated from 8 months associated with morning stiffness lasted for half an hour, Swelling of joints and fever on and off. Her complaints worsened day by day and which affected her day-to-day activities. She consulted nearby allopathic hospital and treated with NSAIDs and steroids from which she found relief for time being. On stopping medications, condition got aggravated. For further management got admitted in Ayurveda Mahavidyalaya and Hospital, Hubballi.
Patient is non-hypertensive and non-diabetic.

Clinical Assessment

General Physical Examination

Mala- Constipated
Kshudha- Reduced, sour belching, acidity
Jihva- Lipta
Nidra – Disturbed due to pain
Patient was fully conscious, cooperative and well oriented to time, place and person at the time of history taking. She had moderate built and appeared to be of his age
Systemic examination of respiratory, cardiovascular, CNS and G.I.T. system revealed no abnormality detected.

Table 1: Local Examination.

Inspection		
	Upper Limb	Lower limb
Joint involved	Joint involved PIP, MCP and wrist joints	Bilateral knee and ankle joint
Movement	Bilateral restricted (Wrist joints)	Bilateral restricted (Knee joints)
Symmetry	Symmetrical	Symmetrical
Swelling	Present in B/L PIP, MCP	Not present
Deformity	Not present	Not present
Redness	Redness Not present	Not present
Palpation		
Temperature	Not raised	Not raised
Joint crepitus	Not present	Present at knee joints B/L
Nodules	Not present	Not present

Table. No: 2. Investigation

HB%	13.0gm%
ESR	60mm /hr
RA factor	62.79 IU/ML
CRP	3.18mg/dl

Differential Diagnosis

Amavata (Rheumatoid Arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

Table. No. 3 Intervention

Date	Therapy	Drug	Dose
26/11/2025-30/11/2025	*Deepana* and *Pachana*	Arogyavardhini Vati	1-0-1 B/F
26/11/2025-30/11/2025		*Ghandharvahastadi eranda taila*	30ml at night with warm water
1/12/2025	*Snehapana*	*Mahatiktaka ghrita*	30ml
2/12/2025		*Mahatiktaka ghrita*	50ml
3/12/2025		*Mahatiktaka ghrita*	90ml
4/12/2025		*Mahatiktaka ghrita*	120ml

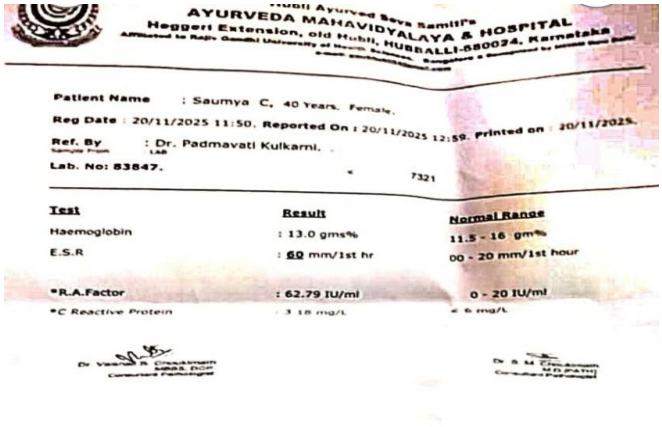
5/12/2025		*Mahatiktaka ghrita*	140ml
06/12/2025 To 08/12/2025	*Sarvanga abhyanga and Swedana*	*Murchita tila taila*	E/A
09/12/2025	*Virechana Karma*	*Trivrit lehya*	40 gms *Vega*- 20
Samsarjana Krama was advised for five days according to regimen advised for *Madhyama Shuddhi.*			

Table. No. 4 Follow up and outcome – on 29/12/2025

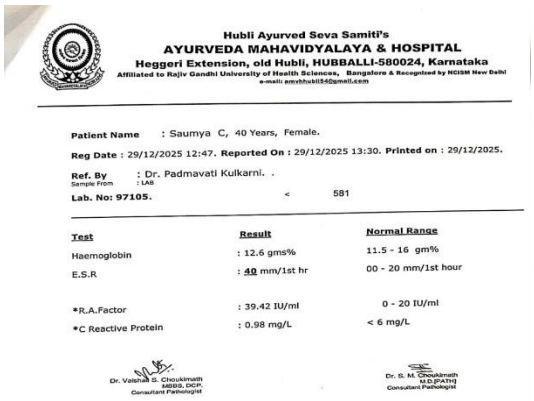
	Before Treatment	**After Treatment**
HB%	13.0gm%	12.6 gm%
ESR	60mm /hr	40 mm/1st hr
RA factor	62.79 IU/ml	39.42 IU/ml
CRP	3.18mg/dl	0.98 mg/dl

Reports

Before Treatment


AYURVEDA MAHAVIDYALAYA & HOSPITAL
Heggeri Extension, old Hubli, HUBBALLI-580024, Karnataka
Patient Name : Saumya C, 40 Years, Female.
Reg Date : 20/11/2025 11:50. Reported On : 20/11/2025 12:59. Printed on : 20/11/2025.
Ref. By : Dr. Padmavati Kulkarni.
Lab. No: 83847.
7321
Test | Result | Normal Range
Haemoglobin : 13.0 gms% 11.5 - 16 gm%
E.S.R : 60 mm/1st hr 00 - 20 mm/1st hour
*R.A.Factor : 62.79 IU/ml 0 - 20 IU/ml
*C Reactive Protein : 3.18 mg/L < 6 mg/L

After Treatment


Hubli Ayurved Seva Samiti's
AYURVEDA MAHAVIDYALAYA & HOSPITAL
Heggeri Extension, old Hubli, HUBBALLI-580024, Karnataka
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore & Recognised by NCISM New Delhi
Patient Name : Saumya C, 40 Years, Female.
Reg Date : 29/12/2025 12:47. Reported On : 29/12/2025 13:30. Printed on : 29/12/2025.
Ref. By : Dr. Padmavati Kulkarni.
Lab. No: 97105.
581
Test | Result | Normal Range
Haemoglobin : 12.6 gms% 11.5 - 16 gm%
E.S.R : 40 mm/1st hr 00 - 20 mm/1st hour
*R.A.Factor : 39.42 IU/ml 0 - 20 IU/ml
*C Reactive Protein : 0.98 mg/L < 6 mg/L
Dr. Vaishali S. Choukimath MBBS, DCP, Consultant Pathologist
Dr. S. M. Choukimath M.D.(Path) Consultant Pathologist

- 50% reduction in Pain in joints
- Reduction in fever and Morning Stiffness
- Agni of patient also increased after Virechana karma

Follow -up

Shamana Oushadi

1.Simhanada guggulu - 1-0-1 A/F

2. Tab. Amavatari – 1-0-1 A/F

DISCUSSION

The treatment protocol in *Amavata* includes *Langhana* (fasting), *Swedana* (sudation), use of *Tikta Rasa* (bitter) *Katu Rasa* (pungent) *Pradhana Dravya,* with respect this all leads to *Agnideepana* and *Amapachana*. once the *Ama* state gets converted into *Nirama* (non-toxic) state the *Ama* accumulated in the bodily tissues is expelled out of the body through medicated bowel cleansing. In the context of *Amavata chikitsa* for bowel cleansing, *Virechana* has been used. In texts, *Virechana* is mentioned as the treatment in cases like *Pittaja Vikara*, *Amajanyaroga*, *Udararoga* and *Udavartaroga* Although *Virechana* effectively eliminates vitiated *Pitta, Kapha Samsrishta Pitta* and *Pitta Sthanagata Kapha dosha.*[6] Symptoms like *Aanaha, Vibandha, Antrakujana, Kukshishula*, etc. are indicative of *Pratiloma Gati* of *Vata* which are best conquered by *Virechana,* it removes the *Avarana* produced by *Kledaka Kapha*, and pacifies the vitiated *Pratilomavayu.*

By *Snehapana Dosha Utklesha* will takes place and by the *Abhyanga* and *Swedana* the dosha and toxins from the shaka were brought to *Koshta* and through *Virecahana Karma* expelled out. There it reduces the inflammation from the body.

Proper *virechana karma* leads to clearance in all the *Srotas*, lightness in the body, improvement in *Agni* and attains disease-free status.[7]

Improvement in the status of *Agni* brings out improved health status, enhancement of *Ojas*, and improved quality of life. *Agni* is supposed to be the pillar upon which the health and longevity of a person are dependent. When the *Agni* is not in equilibrium, i.e. either *Tikshna* (hyperfunction) or *Manda* (hypofunction) or *Vishama* the state of normalcy is disturbed and the individual suffers from various diseases and if *Agni* stops functioning, it leads to death of the individual. Hence, the *Agni* is alleged to be the basic reason for health and longevity.

Simhnada Guggulu: *Katu, Tikta Rasa, Laghu, Ruksha Guna, Ushna Virya, Katu Vipaka, Vedanasthapana, Amapachak, Srotoshodhaka* properties which helps in breaking the pathogenesis of *Amavata.*[8]

Tab. Amavatari: A classical Ayurvedic formulation used in the management of *Amavata*. It helps alleviate *Sandhi Shoola* (joint pain), *Sandhi Shotha* (joint swelling) and

stiffness by acting on *Ama* and *Vata*. It is particularly useful in the *Sama* stage of *Amavata.*

CONCLUSION

Virechana is an important *Śodhana* therapy in the Ayurvedic management of *Amavata,* particularly due to its role in eliminating aggravated *Doṣha* and restoring *Agni* and Doṣha balance. When appropriately selected according to the patient's strength, disease stage, and predominance of *Doṣha*, *Virechana* may help reduce joint pain, swelling, stiffness and other clinical manifestations of *Amavata.* Thus, *Virechana* can be considered a valuable therapeutic approach as part of a comprehensive, individualized management protocol for *Amavata.*

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