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"PANCHAKARMA IN AMAVATA (RHEUMATOID ARTHRITIS): A REVIEW OF CLASSICAL CONCEPTS AND CLINICAL EVIDENCE"

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ABSTRACT:
Background: Amavata is an Ayurvedic disease entity closely resembling rheumatoid arthritis (RA). Its classical management follows a sequence of Deepana, Amapachana, Shodhana and Shamana therapies, in which Basti is prominent. **Objective:** To review the classical concepts and recent evidence on Panchakarma, particularly Basti, in Amavata. **Methods:** Narrative review based on a PubMed search and classical texts. **Findings:** A systematic review of randomized trials of Ayurvedic medicine in RA identified seven studies and concluded that the evidence was insufficient. Three Basti-based clinical studies (Matra Basti, Kshara Basti and Vaitarana Basti) reported improvement in symptoms and, in two, in ESR or rheumatoid factor, but they were small and mostly single-centre. A double-blind pilot trial of 43 patients found no significant differences in efficacy among classical Ayurveda, methotrexate and their combination. A novel ama assessment instrument showed weak correlations with ESR and DAS-28. **Conclusion:** Basti-based protocols show encouraging preliminary results in Amavata, but robust evidence is lacking. Larger, blinded trials with validated disease-activity outcomes are required.
KEYWORDS: Amavata, Rheumatoid arthritis, Basti, Panchakarma, Ama, Ayurveda

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INTRODUCTION:

Amavata is described in Ayurveda as a disease in which Ama (products of impaired digestion and metabolism) and vitiated Vata localise in the joints. Its clinical features, including joint pain, swelling, stiffness, fever and general debility, closely resemble those of rheumatoid arthritis.[1] Classical teaching on management follows the sequence of Deepana, Amapachana, Shodhana and Shamana,[1] and the Chakradatta describes a line of treatment for Amavata that includes Kshara Basti.[2]

Rheumatoid arthritis remains a challenging disease with a long-term burden of treatment, and many patients seek complementary options. This review examines the contemporary evidence on Panchakarma, particularly Basti, in Amavata and on the quality of the evidence available.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Amavata, rheumatoid arthritis, Basti, Vaitarana Basti, Kshara Basti, Matra Basti, Virechana and Panchakarma. Records were screened by title and abstract, and articles were retained when they described the procedure or condition, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials, reviews and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Concept of Ama and Disease Assessment

Because Ama is central to the Ayurvedic understanding of Amavata, attempts have been made to quantify it. In a two-part study, an Ama Assessment Instrument of ten items based on classical descriptions was developed and clinically tested in 79 patients with RA or Amavata.[3] The Ama score correlated only slightly with ESR (r = 0.287 at baseline) and DAS-28 (r = 0.231 at baseline), and the authors concluded that it emerged as an independent marker of disease status that captured constitutional and gastrointestinal aspects.[3] The instrument requires external validation, but it illustrates how classical concepts may be turned into measurable outcomes.

2. Evidence on Basti-based Therapy

Matra Basti: In a randomized study of 118 patients with Amavata, patients given Matra Basti with Brihat Saindhavadi Taila together with Vatari Guggulu (n = 50) had better relief in most of the cardinal signs and symptoms than those given only Vatari Guggulu (n = 53), although both groups improved.[1]

Kshara Basti: In a study of Kshara Basti given in the Kala Basti format with Nirgundi Ghana Vati for one month, 45 of 50 registered patients completed treatment, with significant improvement in ESR and rheumatoid factor and moderate improvement in 40% and marked improvement in 35.56% of patients.[2] The study lacked a control group.

Vaitarana Basti: In a single-centre randomized open study of 30 patients, patients who received Vaitarana Basti on alternate days together with Alambushadi Ghana Vati had better relief than those who received the drug alone, with highly significant improvement in ESR.[4]

Related conditions: A case report of ankylosing spondylitis, which the author considered to fall under Amavata, described Niruha Basti with Balaguduchyadi Yoga combined with Shamana treatment and reported considerable benefit.[5]

3. Broader Evidence on Ayurvedic Treatment of Rheumatoid Arthritis

A systematic review of randomized controlled trials of Ayurvedic medicine for RA identified seven eligible studies, with three placebo-controlled; one high-quality placebo-controlled trial found no benefit of the active treatment, and the review concluded that existing trials did not convincingly show effectiveness.[6] That review predates the studies discussed above and largely concerned Ayurvedic medicines rather than Panchakarma.

A later double-blind, randomized, double-dummy pilot trial in 43 seropositive RA patients compared individualised classical Ayurvedic treatment, methotrexate and their combination for 36 weeks.[7] There were no statistically significant differences in efficacy among groups; ACR20 responses were 86% with methotrexate, 100% with Ayurveda and 82% with the combination, and adverse events were numerically fewer in the Ayurveda-only group.[7] The authors

regarded the trial as demonstrating that placebo-controlled designs are feasible for individualised Ayurvedic treatment and as justifying larger studies.[7] The trial was not specific to Panchakarma.

DISCUSSION:

The Basti-based studies consistently report symptomatic benefit and, in some, improvement in inflammatory markers, but they have important limitations.[1,2,4] Sample sizes were small, designs were open-label or uncontrolled, follow-up was short, and Basti was combined with oral Ayurvedic drugs, so the specific contribution of Basti cannot be isolated. Disease-activity measures standard in rheumatology (for example DAS-28, ACR response criteria) were not the primary outcomes in the Basti studies reviewed here, which limits comparison with conventional trials. The pilot study of Furst and colleagues offers a methodological template for blinded comparisons,[7] and the Ama assessment instrument offers a route to evaluating a classical concept.[3] Priorities for research include randomized add-on designs (Basti plus standard disease-modifying therapy versus standard therapy alone), standard rheumatological outcomes, and safety monitoring, including laboratory safety parameters. Limitations of this review include its narrative approach and use of a single database.

CONCLUSION:

Panchakarma, especially Basti, forms a classical part of the management of Amavata, and small studies report symptomatic improvement. The evidence is, however, insufficient to support firm clinical recommendations. Adequately powered, blinded or add-on trials using validated rheumatological endpoints are needed.

DECLARATIONS:

Ethical statement: Not applicable. This review is based on previously published literature and classical texts and did not involve human participants or animals.

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Declaration of competing interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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