

## Management of Amavata (Rheumatoid Arthritis) with Vaitarana Basti and Paraffin Wax Therapy : A Case Report

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### Abstract

Amavata, clinically correlated with rheumatoid arthritis (RA), is a chronic inflammatory disorder characterized by joint pain, swelling, and stiffness. Conventional treatments often have limited efficacy and significant adverse effects. Ayurvedic interventions like Vaitarana Basti combined with physiotherapy may offer effective alternatives.

A 28-year-old female presented with bilateral knee and elbow joint pain, morning stiffness, and swelling for one year. She was diagnosed with Amavata based on classical Ayurvedic criteria and confirmed as rheumatoid arthritis with positive RF (>150 IU/ml) and elevated CRP (18.34 mg/L).

The patient received an 8 day treatment protocol consisting of Vaitarana Basti (5 Anuvasana Basti and 3 Niruha Basti) along with paraffin wax therapy applied bilaterally to knee and elbow joints daily.

Post-treatment assessment showed moderate improvement with significant reduction in joint pain scores (VAS: 6→3), swelling, stiffness, and DAS-28 score (5.92→4.61). CRP levels decreased from 18.34 mg/L to 5.56 mg/L. Range of motion improved in both knee and elbow joints without adverse events.

Combined Vaitarana Basti and paraffin wax therapy demonstrated significant therapeutic benefit in managing Amavata with good safety profile. This integrative approach warrants further clinical investigation.

**Key words :** Amavata, Rheumatoid Arthritis, Vaitarana Basti, Paraffin Wax Therapy, Panchakarma, Physiotherapy.

**A**mavata is a systemic inflammatory disorder described in classical Ayurvedic texts, particularly in Madhava Nidana, characterized by vitiation of Vata dosha combined with accumulation of Ama (undigested metabolic toxins)<sup>1</sup>. The clinical presentation of Amavata closely resembles rheumatoid arthritis (RA), a chronic autoimmune disease affecting approximately 1% of the global population<sup>11</sup>. Rheumatoid arthritis is characterized by

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symmetrical polyarthritis, morning stiffness lasting more than 30 minutes, elevated inflammatory markers, and positive rheumatoid factor or anti-CCP antibodies<sup>2</sup>. Despite advances in modern pharmacotherapy including disease-modifying antirheumatic drugs (DMARDs) and biologics, many patients experience inadequate response, adverse effects, or financial constraints limiting access to treatment<sup>10</sup>.

Ayurvedic management of Amavata emphasizes elimination of Ama and pacification of vitiated Vata-Kapha doshas through Pancha karma procedures. Vaitarana Basti, a specialized medicated enema, is considered highly effective for Amavata due to its Deepana (appetizer), Pachana (digestive), and Vatanulomana (normalizing Vata) properties<sup>5</sup>. The addition of thermotherapy using paraffin wax has been shown to reduce joint stiffness, improve circulation, and alleviate pain in arthritic conditions<sup>7</sup>.

This case report presents the successful management of a young female patient with seropositive rheumatoid arthritis using a combination of Vaitarana Basti and paraffin wax therapy, demonstrating the potential of integrative Ayurvedic-physiotherapy approaches in managing inflammatory arthritis.

#### *Patient Information :*

##### *Demographics :*

- **Age:** 28 years
- **Gender:** Female
- **Occupation:** Housewife
- **Marital Status:** Married
- **Education:** Graduate
- **Economic Status:** Poor
- **Registration Details:** OPD No. 26003247,

IPD No. 260463

- **Date of Admission:** 31/01/2026
- **Date of Discharge:** 07/02/2026

#### *Chief Complaints with Duration :*

The patient presented with the following complaints:

1. **Angamarda** (body ache) - 1 year duration
2. **Aruchi** (loss of appetite) - 1 week duration
3. **Gaurava** (heaviness) - 1-2 months duration
4. **Jwara** (fever) - 1 month duration
5. **Shotha** (swelling in joints) - 6-8 months duration

#### *Specifically :*

- Bilateral knee joint pain and swelling
- Bilateral elbow joint pain and swelling
- Wrist joint pain
- Morning stiffness lasting more than 30 minutes
- Difficulty in performing daily activities

#### *History of Present Illness :*

A 28-year-old female patient came to the hospital with complaints of pain in bilateral knee joints, wrist joints, and elbow joints along with morning stiffness. She had been experiencing these symptoms for approximately one year. The pain was aggravated in the morning and gradually improved with movement. The patient had not undergone any specific treatment except occasional use of analgesics when symptoms became unbearable. She sought Ayurvedic treatment for better management of her condition.

#### *Past Medical History :*

- **Hypertension:** Not known case
- **Diabetes Mellitus:** Not known case
- **Other Systemic Diseases:** Absent

- **Previous Treatments:** Only symptomatic analgesics on as-needed basis

*Clinical Findings :*

*General Examination*

Parameter	Finding	Normal Range
Gait	Normal	-
Blood Pressure	130/80 mmHg	120/80 mmHg
Height	154 cm	-
Weight	40 kg	-
BMI	16.87 kg/m <sup>2</sup>	18.5-24.9 kg/m <sup>2</sup>
Pulse Rate	78/min	60-100/min
Temperature	99.8°F	98.6°F
Respiratory Rate	16/min	12-20/min
Pallor	Normal	-
Icterus	Absent	-
Cyanosis	Absent	-
Edema	Absent	-
Lymphadenopathy	Not Palpable	-

*Joint-Specific Assessment :*

Bilateral Knee Joint Assessment  
(Before Treatment)

Symptom	Right Knee	Left Knee
Sandhi Shoola (Joint Pain)	Grade 4	Grade 4
Sandhi Shotha (Joint Swelling)	Grade 2	Grade 2
Sparsha Asahatwa (Tenderness)	Grade 1	Grade 1
Sandhi Graha (Joint Stiffness)	Grade 3	Grade 3
<b>Total Score</b>	<b>10</b>	<b>10</b>

Table-2. Baseline Knee Joint Assessment  
Bilateral Elbow Joint Assessment  
(Before Treatment)

Symptom	Right Elbow	Left Elbow
Sandhi Shoola (Joint Pain)	Grade 3	Grade 3
Sandhi Shotha (Joint Swelling)	Grade 1	Grade 1
Sparsha Asahatwa (Tenderness)	Grade 0	Grade 0
Sandhi Graha (Joint Stiffness)	Grade 1	Grade 1
<b>Total Score</b>	<b>5</b>	<b>5</b>

Table-3. Baseline Elbow Joint Assessment

*Range of Motion Assessment :*

*Before Treatment :*

Joint	Movement	Right	Left
Knee Joint	Extension	10°	10°
	Flexion	10°-110°	10°-110°
Elbow Joint	Extension	20°	10°
	Flexion	20°-130°	10°-130°

Table-4. Baseline Range of Motion

*Assessment Scores :*

Score	Before Treatment
VAS (Visual Analog Scale)	6/10
DAS-28 (Disease Activity Score)	5.92
Tender Joint Count	15
Swollen Joint Count	1
Patient Global Assessment	6/10

Table-5. Clinical Assessment Scores at Baseline

*Timeline :*

Date/Time	Event
1 year prior	Onset of bilateral knee and elbow joint pain with morning stiffness
6-8 months prior	Development of joint swelling
1-2 months prior	Heaviness in body (Gaurava) developed
1 month prior	Low-grade fever episodes started
1 week prior	Loss of appetite (Aruchi)
28/01/2026	Initial consultation and examination at OPD
28/01/2026	Blood investigations ordered: CBC, RBS, RA factor, CRP, HIV, HBsAg
31/01/2026	Admission to IPD (IPD No. 260463)
Day 1 (31/01)	First Anuvasana Basti (2:30 PM) + Paraffin wax therapy
Day 2 (01/02)	First Vaitrana Basti (10:00 AM) + Paraffin wax therapy
Day 3 (02/02)	Second Anuvasana Basti (2:50 PM) + Paraffin wax therapy
Day 4 (03/02)	Second Vaitrana Basti (9:40 AM) + Mid-treatment assessment + Paraffin wax therapy
Day 5 (04/02)	Third Anuvasana Basti (2:10 PM) + Paraffin wax therapy
Day 6 (05/02)	Third Vaitrana Basti (10:00 AM) + Paraffin wax therapy
Day 7 (06/02)	Fourth Anuvasana Basti (2:05 PM) + Paraffin wax therapy
Day 8 (07/02)	Fifth Anuvasana Basti (3:00 PM) + Final assessment + Paraffin wax therapy
07/02/2026	Post-treatment CRP: 5.56 mg/L
07/02/2026	Discharge with advice

Table 6. Timeline of Clinical Events and Interventions

*Diagnostic Assessment :**Diagnostic Methods :*

The diagnosis of Amavata (Rheumatoid Arthritis) was established based on:

1. **Clinical Assessment:** Detailed history and physical examination
2. **Ayurvedic Diagnostic Criteria:** Presence of characteristic Amavata symptoms
3. **Laboratory Investigations:** Serological and inflammatory markers
4. **Disease Activity Assessment:** Standardized scoring systems

*Laboratory Investigations :*

## Hematological Investigations

Investigation	Result	Unit	Normal Range
Hemoglobin	9.8	g/dl	12-15
Total RBC Count	4.89	mill/ul	3.8-6.0
Total WBC Count	9,400	/cmm	4,000-10,000
Platelet Count	3,24,000	/cmm	1,50,000-4,50,000
PCV	32.4	%	42-52
MCV	66.26	fl	83-101
MCH	20.04	pg	27-32
MCHC	30.2	g/dl	31.5-34.5
RDW	18.0	%	11.5-14.0

Table-7. Hematological Parameters

Differential Count	Result	Unit	Normal Range
Polymorphs	78	%	50-62
Lymphocytes	09	%	20-40
Eosinophils	10	%	0-6
Monocytes	03	%	0-10
Basophils	00	%	0-1

Table-8. Differential Leukocyte Count

**Interpretation:** Anemia (Hb 9.8 g/dl) with microcytic hypochromic picture (low MCV, MCH), elevated RDW suggesting anemia of chronic disease. Neutrophilia and lymphopenia consistent with chronic inflammatory condition.

**Biochemical Investigations**

Investigation	Result	Unit	Normal Range
Random Blood Sugar	158	mg/dl	80-140

Table-9. Biochemical Parameters

**Interpretation:** Borderline elevated blood glucose, may be stress-related or require further evaluation.

*Serological Investigations*

Investigation	Before Treatment	After Treatment	Normal Range
RA Factor	>150.00 IU/ml	Not repeated	<20 IU/ml
CRP (Quantitative)	18.34 mg/L	5.56 mg/L	<6 mg/L

Table-10. Serological Markers

**Interpretation:** Strongly positive rheumatoid factor confirming seropositive RA. Significantly elevated CRP at baseline indicating active inflammation, with notable reduction post-treatment (18.34'15.56 mg/L, 69.7% reduction).

**Screening Tests**

Investigation	Result	Interpretation
HIV-I Antibodies	Negative	Non-reactive
HIV-II Antibodies	Negative	Non-reactive
HBsAg	Negative	Non-reactive

Table-11. Infectious Disease Screening

**Interpretation:** Negative screening for HIV and Hepatitis B, suitable for planned interventions.

*Therapeutic Interventions :**Treatment Protocol Overview :*

The patient received an integrative treatment protocol combining Ayurvedic Panchakarma therapy (Vaitarana Basti) with physiotherapy (paraffin wax therapy) for 8 consecutive days during hospitalization.

*Vaitarana Basti Protocol :*

Vaitarana Basti is a specialized form of Basti (medicated enema) specifically indicated for Amavata. The classical formulation possesses Deepana (appetizing), Pachana (digestive), Shoolahara (analgesic), and

Shothahara (anti-inflammatory) properties<sup>5</sup>.

*Composition of Vaitarana Basti :*

The classical Vaitarana Basti contains:

- Gomutra (cow's urine) - primary ingredient – 192 ml
- Guda Paka – 24ml
- Saindhava Lavana (rock salt) – 12 gm
- Murchita tila taila – 30ml
- Chinch Kalka – 48ml

*For Anuvasana Basti (Oil Enema):*

- Murchita tila taila – 80 ml

*Administration Schedule :*

The patient received Vaitarana Basti according to the Karma Basti schedule (8 Bastis total):

Day	Type	Time	Session
1	Anuvasana	2:30 PM	Evening
2	Niruha	10:00 AM	Morning
3	Anuvasana	2:50 PM	Evening
4	Niruha	9:40 AM	Morning
5	Anuvasana	2:10 PM	Evening
6	Niruha	10:00 AM	Morning
7	Anuvasana	2:05 PM	Evening
8	Anuvasana	3:00 PM	Evening

Table-12. Vaitarana Basti Administration Schedule

**Niruha Basti (Decoction Enema):**

Parameter	Day 2	Day 4	Day 6
Time of Administration	10:00 AM	9:40 AM	10:00 AM
Time of Evacuation	10:08 AM	9:55 AM	10:15 AM
Retention Time	8 min	15 min	15 min
Number of Purisha Vega	3	2	3
Blood Pressure	140/80 mmHg	136/86 mmHg	130/88 mmHg
Pulse Rate	86/min	80/min	74/min

Table-13. Vaitrana Basti Administration Details

*Anuvasana Basti (Oil Enema):*

Parameter	Day 1	Day 3	Day 5	Day 7	Day 8
Administration	2:30 PM	2:50 PM	2:10 PM	2:05 PM	3:00 PM
Evacuation	6:00 PM	4:00 PM	6:40 PM	8:00 PM	5:00 PM
Retention Time	3.5 hr	1.17 hr	4 hr	6 hr	2 hr
Purisha Vega	2	3	1	2	2
Blood Pressure	120/80	130/86	140/88	120/80	130/86
Pulse Rate	70/min	78/min	78/min	70/min	82/min

Table-14. Anuvasana Basti Administration Details

*Assessment of Samyak Lakshanas (Proper Effects)**Samyak Niruha Basti Lakshana (Proper Effects of Decoction Enema):*

Lakshana (Sign)	Day 2	Day 4	Day 6
Evacuation of bowels	✓	✓	✓
Lightness of body (Laghuta)		✓	✓
Increased Appetite (Agni Deepti)		✓	✓
Restoration of Health			✓
Strength (Bala Pratyagamana)			✓

Table-15. Proper Effects of Niruha Basti

*Samyak Anuvasana Basti Lakshana (Proper Effects of Oil Enema):*

Lakshana (Sign)	Day 1	Day 3	Day 5	Day 7	Day 8
Sneha with feces	✓	✓	✓	✓	✓
Indriya Prasadana		✓	✓	✓	✓
Deep sleep (Sukha Nidra)			✓	✓	✓
Lightness in Body		✓	✓	✓	✓
Strength (Bala)			✓	✓	✓

Table-16. Proper Effects of Anuvasana Basti

*Paraffin Wax Therapy Protocol :**Rationale :*

Paraffin wax therapy (thermotherapy) was selected as an adjuvant physiotherapy intervention due to its established benefits in arthritis management, including reduction in joint stiffness, improvement in circulation, and pain relief <sup>3,7</sup>.

*Application Method :**Preparation:*

- Medical-grade paraffin wax heated to approximately 52-54°C (125-130°F)
- Temperature monitored to ensure safety and therapeutic efficacy

*Application Technique :*

- Dip-immersion method for bilateral knee joints
- Brush application method for bilateral elbow joints (due to anatomical configuration)
- Multiple layers applied (6-8 dips) to create insulating coating
- Wrapped with plastic wrap and towel to retain heat
- Application duration: 15-20 minutes per session

*Treatment Schedule :*

- Applied daily for 8 consecutive days
- Administered to all four joints (bilateral knees and elbows) in each session
- Timing: Usually performed in the afternoon/evening, coordinated with Basti schedule

*Target Joints :*

- Right knee joint
- Left knee joint
- Right elbow joint
- Left elbow joint

*Physiological Effects :*

The therapeutic effects of paraffin wax therapy include:

1. Superficial heat penetration (depth: 2-3 cm)
2. Vasodilation and increased blood circulation
3. Muscle relaxation and reduction in muscle spasm
4. Improved tissue extensibility
5. Enhanced synovial fluid circulation

*Primary Outcomes :**Mid-Treatment Assessment (Day 4) :*

Parameter	Baseline	Day 4
VAS Score	6/10	4/10

Table-17. Mid-Treatment Pain Assessment

*Bilateral Knee Joint :*

Symptom	Rt (BT)	Lt (BT)	Rt (Day 4)	Lt (Day 4)
Sandhi Shoola	4	4	3	3
Sandhi Shotha	2	2	2	1
Sparsha Asahatwa	1	1	1	0
Sandhi Graha	3	3	2	2
<b>Total Score</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>6</b>

Table-18. Mid-Treatment Knee Joint Assessment

*Bilateral Elbow Joint :*

Symptom	Rt (BT)	Lt (BT)	Rt (Day 4)	Lt (Day 4)
Sandhi Shoola	3	3	2	1
Sandhi Shotha	1	1	1	1
Sparsha Asahatwa	0	0	0	0
Sandhi Graha	1	1	1	1
<b>Total Score</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>

Table-19. Mid-Treatment Elbow Joint Assessment

*Post-Treatment Assessment (Day 8/After Treatment) :*

Parameter	Before Treatment	After Treatment	Improvement
VAS Score	6/10	3/10	50%
DAS-28 Score	5.92	4.61	22.1%

Table-20. Clinical Outcome Scores

*Bilateral Knee Joint :*

Symptom	Rt (BT)	Lt (BT)	Rt (AT)	Lt (AT)
Sandhi Shoola	4	4	2	2
Sandhi Shotha	2	2	1	1
Sparsha Asahatwa	1	1	0	0
Sandhi Graha	3	3	1	1
<b>Total Score</b>	<b>10</b>	<b>10</b>	<b>4</b>	<b>4</b>
<b>Improvement</b>	-	-	<b>60%</b>	<b>60%</b>

Table-21. Post-Treatment Knee Joint Assessment

*Bilateral Elbow Joint :*

Symptom	Rt (BT)	Lt (BT)	Rt (AT)	Lt (AT)
Sandhi Shoola	3	3	1	1
Sandhi Shotha	1	1	1	0
Sparsha Asahatwa	0	0	0	0
Sandhi Graha	1	1	0	0
<b>Total Score</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>1</b>
<b>Improvement</b>	-	-	<b>60%</b>	<b>80%</b>

Table-22. Post-Treatment Elbow Joint Assessment

*Range of Motion Improvement :*

Joint	Movement	Rt (BT)	Lt (BT)	Rt (AT)	Lt (AT)
Knee	Flexion	10°-110°	10°-110°	0°-120°	0°-120°
	Extension	10°	10°	0°	0°
Elbow	Flexion	20°-130°	10°-130°	10°-130°	0°-130°
	Extension	20°	10°	10°	0°

Table-23. Range of Motion Comparison

*Laboratory Outcomes :*

Investigation	Baseline	Post-Treatment	Change	% Change
CRP (mg/L)	18.34	5.56	-12.78	-69.7%

Table-24. Inflammatory Marker Changes

The reduction in C-reactive protein from 18.34 mg/L to 5.56 mg/L (near-normal range) demonstrates significant anti-inflammatory effect of the treatment protocol.

*Overall Clinical Assessment :*

**Result Classification:** Moderate Improvement  
According to the study protocol criteria:

- Mild improvement: 25-50% reduction in symptoms
- **Moderate improvement: 50-75% reduction in symptoms ✓**
- Significant improvement: >75% reduction in symptoms

The patient achieved :

- 50% reduction in VAS score
- 60% improvement in bilateral knee symptoms
- 60-80% improvement in bilateral elbow

symptoms

- 69.7% reduction in inflammatory markers (CRP)
- 22.1% reduction in DAS-28 score (from high to moderate activity)

*Adverse and Unanticipated Events :*

**Adverse Events:** None reported

*Safety Monitoring :*

- Vital signs (BP, pulse) monitored before and after each Basti procedure
- No episodes of hypotension, tachycardia, or bradycardia
- No allergic reactions or skin irritation from paraffin wax
- No gastrointestinal distress, bleeding, or infection
- No requirement for rescue medication (Diclofenac)

**Unanticipated Events:** None

*Vaitarana Basti in Amavata Management:*

Several previous studies have investigated the efficacy of Vaitarana Basti in Amavata (rheumatoid arthritis):

*Clinical Evidence :*

A clinical study by Kumar *et al.* evaluated Vaitarana Basti in 15 Amavata patients and found statistically significant reduction in disease activity ( $p < 0.001$ ), consistent with our findings<sup>8</sup>. Another study demonstrated significant improvement in subjective parameters (joint pain, stiffness, swelling) and objective parameters (RF, anti-CCP) following Vaitarana Basti treatment<sup>9</sup>.

*Mechanism of Action :*

The therapeutic efficacy of Vaitarana Basti is attributed to multiple mechanisms :

- **Deepana-Pachana Effect:** Improves digestive capacity and prevents further Ama formation
- **Vata Anulomana:** Normalizes Vata dosha movement through the colon
- **Shodhana:** Eliminates accumulated Ama and inflammatory metabolites
- **Anti-inflammatory Properties:** Gomutra and herbal ingredients possess documented anti-inflammatory effects.
- **Gut-Joint Axis Modulation:** Recent research suggests gut microbiome modulation may influence autoimmune arthritis<sup>5</sup>

*Classical Perspective :*

Acharya Charaka described Basti as “Ardha Chikitsa” (half of all treatments) and

specifically emphasized its efficacy in Vata disorders. Since Amavata involves Vata vitiation with Ama, Basti becomes the treatment of choice as it acts on the primary site of Vata (Pakwashaya/colon)<sup>1</sup>.

*Paraffin Wax Therapy in Arthritis :*

Paraffin wax therapy has been extensively studied as an adjuvant treatment for various forms of arthritis:

*Clinical Evidence :*

A systematic review indicated that thermotherapy, including paraffin wax, provides short-term pain relief and improves joint function in patients with hand and knee osteoarthritis<sup>3</sup>. Studies have demonstrated:

- Reduction in joint stiffness (25-40% improvement)
- Improvement in range of motion (10-15 degrees)
- Decreased pain scores (30-50% reduction)
- Enhanced effectiveness when combined with exercise therapy<sup>7,4</sup>

*Mechanism of Action :*

The therapeutic effects are mediated through:

- Superficial heat penetration increasing local tissue temperature
- Vasodilation improving blood flow and nutrient delivery
- Increased collagen extensibility reducing joint stiffness
- Muscle relaxation through spindle activity modulation
- Gate control theory of pain modulation

- Enhanced synovial fluid circulation reducing inflammation<sup>3</sup>

*Optimal Parameters :*

Literature suggests optimal temperature range of 52-54°C, application time of 15-20 minutes, and frequency of daily to alternate-day treatment for 2-3 weeks<sup>4</sup>. Our protocol adhered to these evidence-based parameters.

*Integrative Approach in Rheumatoid Arthritis :*

The integration of traditional Ayurvedic therapies with modern physiotherapy represents an emerging paradigm in chronic disease management:

*Synergistic Effects :*

Combining systemic therapy (Basti) with local therapy (thermotherapy) addresses the disease at multiple levels :

- Systemic anti-inflammatory and immunomodulatory effects (Vaitarana Basti)
- Local symptomatic relief and functional improvement (paraffin wax).
- Holistic approach addressing root cause and manifestations simultaneously

*Patient-Centered Care :*

This integrative approach aligns with patient preferences for complementary therapies, may reduce medication requirements, and improves quality of life<sup>10,11</sup>.

*Rationale for Conclusions :*

Based on our case findings and

supporting literature, we conclude that the combination of Vaitarana Basti and paraffin wax therapy provided clinically meaningful benefit for this patient through:

*Safety Profile :*

- Excellent tolerability without any adverse events
- Stable vital signs throughout treatment
- High patient satisfaction and adherence

*Patient Perspective :*

The patient expressed high satisfaction with the treatment received. She reported:

“I had been suffering from severe joint pain for one year and could not perform my daily household activities properly. The medicines I was taking provided only temporary relief. After taking Basti treatment along with wax therapy here, I felt much better. My pain has reduced significantly, my swelling has decreased, and I can move my joints more easily now. The morning stiffness that troubled me most has also improved. I am very satisfied with the treatment and the care provided by the doctors. I feel lighter and more energetic than before.”

The patient appreciated the detailed explanation of procedures, gentle administration technique, and supportive care during hospitalization. She expressed willingness to continue follow-up and adhere to dietary and lifestyle recommendations.

*Informed Consent :*

Written informed consent was obtained

from the patient for :

- Admission and administration of Ayurvedic Panchakarma procedures
- Physiotherapy interventions
- Collection and analysis of clinical data
- Laboratory investigations
- Publication of case details in anonymized form for educational and scientific purposes

The patient provided voluntary consent after adequate explanation in her native language and understanding of all procedures.

This case report demonstrates the successful management of seropositive rheumatoid arthritis (Amavata) in a 28-year-old female using an integrative protocol combining Vaitarana Basti (Ayurvedic medicated enema) and paraffin wax therapy (physiotherapy) over 8 days. The treatment resulted in moderate improvement with 50% reduction in pain scores, 60-80% improvement in joint symptom scores, 69.7% reduction in inflammatory markers (CRP), and significant functional improvement in range of motion, without any adverse events.

The favorable outcomes achieved in this case support the therapeutic potential of integrative Ayurvedic-physiotherapy approaches in managing inflammatory arthritis. The systematic application of classical Panchakarma procedures combined with evidence-based physiotherapy modalities represents a safe, feasible, and potentially cost-effective treatment option, particularly relevant for resource-limited settings and patients unable to access or afford biologic therapies.

While these findings are encouraging, they must be interpreted within the limitations of a single case report. Further research through well-designed randomized controlled trials with adequate sample size, longer follow-up periods, and comprehensive outcome assessments is essential to establish definitive efficacy, optimal treatment protocols, and long-term disease-modifying effects of this integrative approach. This case contributes to the growing evidence base supporting the role of traditional medicine in managing chronic inflammatory conditions and emphasizes the value of patient-centered integrative care in contemporary medical practice.

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### Conflicts of Interest

The authors declare no conflicts of interest related to this case report.

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### Author Contributions :

- **Dr. Akshay Kumar:** Case management, data collection, manuscript preparation
- **Dr. Divya B:** Treatment supervision, manuscript review, project guidance

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