



CASE REPORT

Personalized Ayurvedic Intervention in the Management of *Vatarakta* with Special Emphasis on *Snehapana* Using *Eranda Taila*: A Comprehensive Case Study

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ARTICLE HISTORY

Received: 12 October 2025

Accepted: 09 March 2026

Available online

Version 1.0 : 31 March 2026

Keywords

Vatarakta, *Erandataila*, *Snehapana*,
Rheumatoid arthritis

Additional information

Peer review: Publisher thanks Sectional Editor and the other anonymous reviewers for their contribution to the peer review of this work.

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CITE THIS ARTICLE

Priya S, Bijima K. Personalized Ayurvedic Intervention in the Management of *Vatarakta* with Special Emphasis on *Snehapana* Using *Eranda Taila*: A Comprehensive Case Study. Kerala Journal of Ayurveda. 2026;5(1):11-16. <https://doi.org/10.55718/kja.502>

Abstract

This case study details a 69-year-old male autorickshaw driver who presented with multiple joint pain with swelling. The condition was diagnosed as *Vatarakta Saamavastha* based on Ayurvedic principles and as Rheumatoid Arthritis based on the 2010 ACR/EULAR classification criteria.

The patient was managed with individualized Ayurvedic treatment, including *Snehapana* with *Eranda Taila*, a low-cost and readily accessible intervention, resulting in a significant reduction in pain and swelling in *Vatarakta*.

Pain assessment was conducted using the Visual Analog Scale (VAS), which demonstrated a significant reduction in the VAS score from 10/10 to 1/10 after treatment. ESR reduced from 83 mm to 13 mm (1st hour), while RA, ASO, CRP, and LFT remained within normal limits before treatment and after follow-up, and the patient's quality of life improved significantly.

The findings underscore the effectiveness of traditional Ayurvedic approaches, including *Snehapana* with *Eranda Taila*, in the management of *Vatarakta*, highlighting their continued relevance in personalized therapeutic strategies.

Introduction

Ayurveda effectively manages diseases by targeting the root causes and reversing the pathological processes (*samprapthi vighattana*). Even though modern medical science is progressing with the advent of advanced science techniques, there is still no easy solution for innumerable chronic conditions. Rheumatoid arthritis is one such chronic inflammatory disease that presents significant challenges in management, particularly in the context of modern medical treatments.

Vatarakta is explained in detail in Ayurvedic classical texts as a progressive joint disorder characterized by pain and inflammation affecting multiple joints. As the disease advances, persistent inflammation leads to structural damage, ultimately resulting in joint deformities^[1]. This condition shares clinical similarities with Rheumatoid Arthritis. Pain is the predominant symptom that disturbs the patient's daily life, necessitating a comprehensive and personalized approach to

management. Ayurvedic interventions address the underlying pathophysiology, alleviate symptoms, prevent joint deterioration, and restore health through dietary modifications, lifestyle interventions, and targeted therapies.

This case study is unique as it explores the use of *Snehapana* with *Erandataila*, a treatment not commonly practiced in *Vatarakta* management. However, *Erandataila Snehapana*, prepared with formulations specifically tailored to the patient's condition, proved effective in managing *Vatasonitam*, highlighting its clinical significance. The intervention is inexpensive, cost-effective, and easily available in the market, making it suitable for widespread clinical use.

Case History:

Patient information

A 69-year-old male autorickshaw driver presented to the OPD in a wheelchair and reported experiencing severe multiple joint pain and associated swelling, primarily affecting the bilateral ankle joints, wrists, knees, shoulders, and lower back. The onset of his symptoms began two years ago, marked initially by severe pain, swelling, and warmth in the ankle and wrist joints. Over time, additional joints became involved, with symptoms spreading sequentially to the knees, shoulders, and lower back. He had a history of coronary artery disease (CAD), dyslipidemia, and hypertension.

Family history was notable for cardiovascular disease, as two siblings and the spouse died due to myocardial infarction. Both parents were deceased due to age-related illnesses. No family history of rheumatoid arthritis was identified. The patient has two living sons. The patient experienced emotional distress after the demise of his wife, though his social interactions and relationships remained satisfactory.

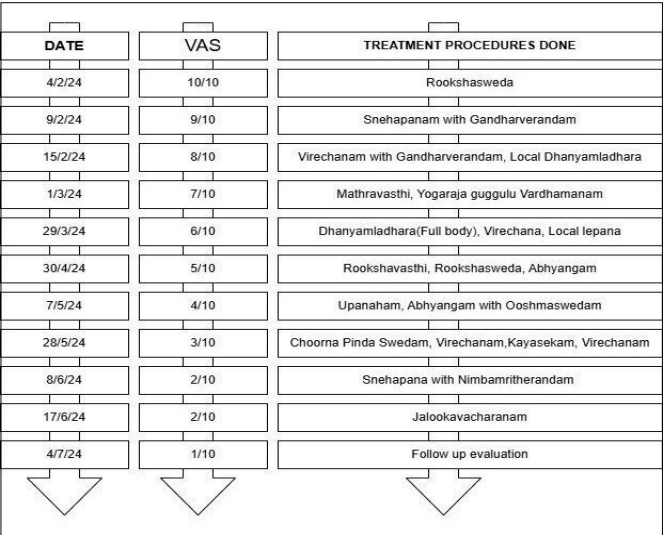
Informed consent was obtained from the patient for the publication of this case.

Clinical examination

The clinical examination of the locomotor system was performed, and the findings are summarized in Table 1.

Timeline

The timeline of VAS score is as given in Fig.1



Diagnostic assessment

Diagnostic Methods

Clinical examination: The clinical examination of the locomotor system showed joint swelling, warmth, and redness, accompanied by a restricted range of movement, indicating inflammatory arthritis. The details are given in Table 1.

Laboratory investigations: RA, ASO, CRP, and ESR values were assessed on 5/2/2024 and revealed ESR 83mm/hour (Normal Range 0-15 mm/hr). Previous results on 27/1/2024 showed that the RA, ASO, CRP, and LFT were within normal limits.

Diagnostic criteria and outcome measures: The 2010 American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) classification criteria [2] were used for diagnosing RA. According to these criteria, a score of 6 or more points (out of a possible 10) suggests definite RA. According to the EULAR classification criteria, the patient obtained a total score of 7, meeting

Table 1. Clinical Findings

JOINT	INSPECTION	PALPATION	RANGE OF MOVEMENT
Ankle (b/l)	Erythematous Swelling ++	Temperature increased Grade 3 tenderness	Plantar flexion, dorsi flexion, eversion, and inversion are painful and restricted
Knee (b/l)	No colour change No swelling	No increase in temperature Grade 1 tenderness	Flexion and extension are restricted due to pain
Wrist (b/l)	Erythematous Swelling +	Temperature increased Grade 2 tenderness	Palmar flexion, dorsi flexion, supination, pronation, medial deviation, and lateral deviation are painful and restricted
Shoulder (b/l)	No colour change No swelling	No increase in temperature Grade 1 tenderness	Flexion, extension, internal rotation, external rotation, adduction, and abduction are restricted due to pain
LS spine	No colour change No swelling	No increase in temperature Grade 1 tenderness	Flexion and extension are restricted due to pain
Small joints of the hands and feet	No colour change No swelling	No increase in temperature Grade 1 tenderness	Flexion and extension are restricted due to pain

the threshold for a definitive diagnosis of rheumatoid arthritis.

Outcome measures were evaluated using the Visual Analogue Scale (VAS), clinical assessments and laboratory findings. Imaging was not done as the clinical features suggested an inflammatory pathology without evidence of structural damage, despite a two-year history.

Prognostic outlook

Rheumatoid arthritis (RA) is a chronic condition with a prognosis influenced by disease severity, age, serological markers, and treatment response. Without effective management, RA can lead to joint deformities, disability, and systemic complications like cardiovascular and respiratory issues, severely impacting patients' quality of life by impairing physical function, mental health, and social well-being. Ayurveda offers a holistic approach, focusing on restoring dosha balance, enhancing immunity, and preventing disease progression to improve overall quality of life.

5.3. Ayurvedic Diagnostic Considerations

Dasavidha pareeksha

Prakrithi: Kapha predominant Kapha Pitta Prakrithi

Vikrithi:

Hethu: Snigdha Madhura Ahara, Divaswapna, Avyayama,

Dosha: Vata Kapha

Doosha: Rakta

Desa: Bhoomi-Sadharanam

Deha-Sakha, Marma

Kala: Kshanadi-Vasantha

Vyadhyavastha-Puranam

Bala: Rogi-Avaram

Roga-Pravara

Sara: Madhyama

Samhananam: Madhyama

Pramana: Madhyama

Sathwam; Avaram

Sathmyam: Avara

Aharasakthi: Abhyavaharana Sakthi -Avara

Jaranasakthi-Avara

Vyayamasakthi: Avara

Vaya: Vridham

Ashta sthana pareeksha

Nadi: Kapha predominant

Mootram: Anavilam

Malam: Saamam, Badham

Jihwa: Upaliptha

Sabdham: Vyaktham

Sparsam: Ushanam

Drik: Sadharanam

Akrithi: Madhyamam

Srothopareeksha

Srothas involved

Rasavahasrothas,

Raktavaha Srothas

Asthivaha Srothas

Majjavaha Srothas

Pureeshavaha Srothas

Other factors examined

Rogamargam-Madhyamam,

Koshtam-Krooram

Agni- Mandam

Amam- Koshtagatha & dhatugatha

Avastha- Amavastha

Avaranam-Kaphavrita Vata

Pittavrita Vata

Raktavrita Vata

Sarvadhathuvrita Vata

Roganirnayam: Vataadhika Vataraktam -Gambheeram

Vyadhyavastha: Amavastha

Sadhyasadyath: Krichrasadhyam

Methodology/ Treatment given:

Therapeutic intervention

Internal medication

First phase-Aamapachanam

1. Amrithotharam kashayam (Nagaradi kashayam)^[3] 90 ml bd b/f 6am 6pm
2. Tab. Sudarsanam 2-0-2 with kashayam
3. Sidhamakaradwajam 1 dose bd with 1 tsp betel juice and 1 tsp honey 10 am- 4 pm
4. Amritharishtam 20 ml bd after food
5. Dasamoola hareethaki 1 tablespoon HS

Second phase-Vatarakta Samanam

1. Rasnerandadi kashayam^[4] 90 ml bd before food 6 am and 6 pm
2. Tab. Yogaraja guggulu 2-0-2 with kashayam
3. Sidhamakaradwajam 1 dose with 1 tsp betel juice and 1 tsp honey

4. *Amritharishitam* 20 ml bd after food
5. *Dasamoola hareethaki* 1 tablespoon HS
6. *Sivagulika* 1 at 12 noon
7. *Karaskara ghritham* 10 g at 9 am

External Therapies and Sোধana Procedure

1. *Rooksha sweda* (inducing dryness) with *Kolakulathadi choorna* 3 days
2. *Snehapana* (administering medicated castor oil) with *Gandharvahasthadi erandataila* for 7 days, starting dose 20 ml increasing 5 ml daily, ending with 50 ml
3. *Abhyanga* (Oil massage) and *Ooshma sweda* (Sudation) with *Karpooradi Tailam*
4. *Mrudusodhana* with *Gandharvahasthadi erandataila* 20ml with warm water at 6.30 am
5. *Dhanyamla dhara* (Local) (Pouring warm fermented sour liquid made out of grains) 19 days
6. *Lepana* with *Grihadhoomadi lepa choorna* over ankle, wrist joint
7. *Dhanyamla dhara* (Full body) 7 days
8. *Mrudusodhana* with *Gandarva erandam* 20ml with warm water at 6.30 am
9. *Rooksha Vasthi* (Medicated enema) 5 days with *Gandharvahasthadi Kashayam* 250ml, *Vaiswanara choornam* 15g, *Saindhavam* 5g.
10. *Rooksha sweda* (Sudation) with *Kolakulathadi choornam* 7 days
11. *Abhyangam* and *ooshma sweda* with *Prabhanjanam taila* 7 days
12. *Choorna pinda swedam* (sudation by heated medicated boluses) with *Kolakulathadi Choornam*, *Prabhanjanam thailam*, *Talam* (medicated paste applied on bregma of head) with *Ksheerabala101A+Rasnadi choornam* 7 days
13. *Mrudusodhana* with *Nimbamritha erandam* 20ml with warm water at 6.30 am
14. *Upanaham* (Herbal bandaging treatment) with *Grihadhoomadi choornam*, *Nisa choornam*, *Saindhavam*, *Dhanyamla* and *Murivenna*
15. *Kayasekam* (Pouring warm medicated oil throughout the body) with *Prabhanjanam tailam*, *Thalam* with *Ksheerabala101A+Rasnadi choornam* 7 days
16. *Mrudusodhana* with *Nimbamritha erandam* 20ml with warm water at 6.30 am
17. *Snehapana* with *Nimbamritha eranda* for 7 days starting dose 20 ml, increasing 5 ml daily ending with 50 ml
18. *Abhyanga* and *Ooshma sweda* with *Prabhanjanam tailam* 3 days
19. *Mrudusodhana* with *Nimbamrutha eranda* 20ml with warm water at 6.30 am

20. *Jalookavacharana* (Leech therapy) over ankle and shoulder on 30/5/2024, 8/6/2024, 15/6/2024

Result and Discussion

Follow-up and outcome

Clinician-assessed outcomes

The patient was discharged on 17th June 2024 with instructions to continue the prescribed medication, food restrictions, and to return for a follow-up visit after two weeks. Assessments were done before treatment and after the follow-up. Pain assessment using the Visual Analog Scale (VAS) indicated a score of 10/10 before treatment, which was reduced to 1/10 after follow-up. Laboratory investigations revealed that the Erythrocyte Sedimentation Rate (ESR) was 83 mm/hour before treatment, which decreased to 13 mm/hour after follow-up. RA, ASO, CRP, and LFT values were within normal limits before treatment and after follow-up.

Patient-assessed outcomes

At admission, the patient reported severe joint pain, swelling, and marked restriction of mobility, requiring wheelchair assistance. During treatment, he noted a progressive reduction in pain and swelling. At discharge, he reported significant improvement in mobility, was able to ambulate independently without discomfort, and expressed satisfaction with the treatment outcome. He also reported an overall improvement in his general health status.

Intervention adherence and tolerability

The patient adhered to the entire treatment and dietary regimen. *Vardhamana Yogarajaguggulu prayoga* was advised, but the patient was unable to tolerate the doses and was thus withdrawn.

Adverse and unanticipated events

No adverse events were reported throughout the treatment period. Adherence to the intervention, tolerability and the occurrence of any adverse or anticipated events were systematically assessed through patient interviews.

Discussion

Vata is aggravated by factors such as excessive travel, exposure to wind, and dietary habits involving the consumption of foods with *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent) tastes, etc. The consumption of foods with *Amla* (sour), *Lavana* (salty), and *Kshara* (alkaline) tastes contributes to *Rakta Prakopa* (vitiation of blood). This pathological sequence leads to the obstruction (*Avarana*) of *Vata Dosha* by *rakta*, primarily affecting

the extremities^[5]. In *Vatarakta*, the vitiated *Vata* and *Rakta* interact, causing *anyonyavarana*, resulting in severe pain, stiffness, and dysfunction in the limbs and joints^[6]. The clinical case under investigation was diagnosed as *Vatarakta Saamavastha*, a stage marked by the presence of *Ama*. *Sarvadhātu Avarana laksanas* were also identified in the patient, indicating systemic obstruction of *Vata gati*, which further aggravated the pathological condition.

The initial treatment focused on *Ama Pachana* (digestion of toxins) using internal and external therapies to digest *Ama* and prepare the body for further interventions. A comprehensive strategy involving *Vataraktahara* (*Vatarakta*-specific measures) and *Srotoshodhana* (channel cleansing) was implemented.

After *Amapachana*, *Eranda Taila* (castor oil), known for its *Avaranahara* (obstruction-clearing) properties, was incorporated early in treatment^[7]. *Gandharvahasthadi Eranda*^[8] was initially utilized for its *agnideepana* (digestive fire stimulation) and *Vata-samana* (*Vata*-pacifying) properties. In the later phase, *Nimbamruthadi Eranda*^[9], a classical formulation for *Vatarakta*, was used for *Snehapana* (therapeutic oleation). Following *Snehana* and *Swedana*, *Shodhana* (purification) therapies were administered periodically using *erandataila*. Even after administration of 50 ml of *Nimbamruthadi Eranda*, the maximum number of *vega* recorded was three, which may be attributed to the drug having become *satmya* to the patient.

The importance of *Erandataila* in *Avarana* conditions is highlighted in the classical reference - "*Kaphe vathena pithe va tabhyam vapyavṛta anile, balinah svausādhayutam tailam erandajam hitam*"^[7]. This verse emphasizes that *Erandataila* is beneficial in conditions where *Vata* is obstructed by *Kapha*, *Pitta*, or both. *Erandataila*, characterized by its *Tikta*, *Ushna*, and *Madhura Rasa*, together with *Sara Guna*, *Sopha-hara*, and *Vata-anulomana* actions, aids in the elimination of *Avarana*, facilitates the unobstructed flow of *Vata*, and relieves pain and stiffness. These combined effects substantiate its therapeutic potential as an effective formulation in the management of *Vatarakta*, a classic example of an *Avaraṇa* condition.

Post-treatment, the patient's pain on the Visual Analogue Scale (VAS) decreased from 10/10 to 3/10, though localized pain and swelling persisted in the right ankle and shoulder. *Jalookavacharana* (leech therapy) was performed twice, as *Raktamokshana* is considered one of the best treatments for *Vatarakta*^[10] as it eliminates vitiated blood. In cases of localized *Rakta Dushti*, *Jalookavacharana* is specifically recommended for its effectiveness in removing the vitiated blood. Notably, after *Jalookavacharana*, the VAS score reduced to 2/10, indicating

significant pain relief. Two weeks post-discharge, the patient reported minimal discomfort (VAS 1/10), with an ESR of 13 mm/hr indicating significant clinical improvement. These improvements in the VAS score were supported by the corresponding laboratory findings, further confirming the effectiveness of the treatment.

Strengths and Limitations

This case report suggests the potential benefit of individualized Ayurvedic management of *Vatarakta*, particularly the use of *Eranda Taila* for *Snehapana*, in reducing disease severity. The treatment was planned based on classical Ayurvedic principles and supported by textual references. Clear documentation of the clinical course and outcomes enhances transparency, and the favourable response following the planned integration of *snehapana* and *sodhana* provides practical insight for clinicians.

Considering the patient's history of coronary artery disease (CAD), only *Mrudu Sodhana* was performed. *Vasti* was avoided in view of potential safety concerns and associated risk factors. Certain prescribed medications, such as *Vardhamana Yogaraja Guggulu*, were discontinued due to intolerance.

Conclusion

This case emphasizes the significance of understanding *Samprapti Ghataka* (pathogenetic factors) and disease progression in managing *Vatarakta* effectively. Through personalized Ayurvedic interventions, the patient's VAS score decreased from 10/10 to 1/10, accompanied by a reduction in ESR from 83 mm/hr to 13 mm/hr. RA, ASO, CRP, and LFT remained within normal limits before treatment and after follow-up. The outcomes of this case suggest that classical Ayurvedic strategies, including *Snehapana* with *Eranda Taila*, may offer therapeutic benefit in the management of *Vatarakta*. Being cost-effective and readily available, such interventions may hold relevance in individualized patient care.

Acknowledgement

We are enormously thankful to Dr. S. Sunilkumar, Superintendent, Govt. Ayurveda College Hospital, Thiruvananthapuram and Dr. K.N. Ajithkumar, Professor and HOD (Retd.), Dept. of Roganidana, Govt. Ayurveda College, Thiruvananthapuram, for their support. We also express our sincere gratitude to Dr. Mukesh E., Professor, VPSV Ayurveda College, Kottakkal, for his valuable guidance in the planning of treatment. We are grateful to the house surgeons and the paramedical staff of Ward 1 for their attention towards the patient.

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