

AYUSCRIPT

International Journal for Empirical Research in Ayurveda

www.ayuscript.com

Volume 1, issue 4

Oct - Dec 2022

यन्कल्पित्वाहारकोसमकल्पयन् ॥१॥ विश्वकर्मोणमाहूयपुरीताडकानि
मैना ॥ तत्रयोडशसाहस्रस्त्रीणां वैचित्र्याधिकम् ॥११॥ भवभानिसनोद्धानि
योमध्येयकल्पयन् ॥ परिजातनरुं वैवतासांभोगायकल्पयन् ॥१२॥ या
सानोमृदास्तत्रधट्टपेचाशतकोटयः ॥ अल्पिबहुलोकावसेनिविगत
राः ॥१३॥ यन्किंविद्वियुक्तोकेषु सुंदरंनवदृश्यते ॥ सवाजिनप्रज्ञेनात्पि पु
त्रयुगस्यविद्युते ॥१४॥ अर्धोपनीरमासाद्यनन्मनस्कतयावसः ॥ सवाजि
स्तपस्तेपेस्वर्यमुदिष्यवुद्धिमाय ॥१५॥ धर्मेनिरसनेमृदास्वर्यं संवदुक्ताव
तः प्रसन्नोभगवान्मनोजितपुरिस्थता ॥१६॥ सवाजिनोपिनुहावदृष्टादेवैदि
मकरचः ॥ निजोराशनमस्तैस्तनमस्तैस्वर्वात्मैः ॥१७॥ विश्वव्यापिन्मस्तैक
मस्तैस्वरुपिणः ॥ करुपेयनमस्तैस्तै हरिद्वयनमोस्तैः ॥१८॥ गुह्राजनम
स्तैस्तनमस्तैवेदराचिवा ॥ वेदत्रयनमस्तैस्तै सर्वेद्वयनमोस्तैः ॥१९॥ प्रसीद
तिद्वेवामुदष्टीमादिवाकरः ॥ अथैस्तैकयमानोस्तैवेदवादिवाकरः ॥२०॥
अथैस्तैभीरमपरैस्तैकतितनमवावेदः ॥ अथैस्तैविषयनैस्तैस्तैस्तै



A review on etiopathological and preventive Aspect of Amavata

Nachankar S.R.

MD (Swasthavrutta)

RA Podar Ayurved Medical College, Worli, Mumbai

Abstract: Rheumatoid arthritis (RA) is a progressive autoimmune disease that causes joint pain and swelling in the early stages. Rheumatoid arthritis, unlike osteoarthritis, affects the lining of your joints, causing painful swelling that can eventually lead to bone erosion and joint deformity. It is a chronic inflammatory disease that can affect many different body systems, including the skin, eyes, lungs, heart, and blood vessels. Rheumatoid arthritis affects up to 1% of the world's population, with women being twice as likely as men to be affected. Even with improved treatment options, this disease has the potential to cause physical disabilities and is thus regarded as one of the most serious health issues. Derangement of Agni, also known as Agnimandya, is a major factor in the formation of Ama, the disease's main pathological entity. The manifestation of the disease is caused by the etiological factor for both Vata vitiation and Ama formation. General management of Amavata includes Nidan Parivarjan/cause elimination, Langhan, Deepan, Pachana to promote Agni, appropriate elimination of Ama by Selective Shodhan, dietary restrictions advocating Katu, Tikta, Usna, Laghu and Use of Medication for Pain & inflammation, Snehana, Swedan, Basti in chronic Niramawastha, local care of inflamed joint, exercise and physiotherapy, Samshaman Treatment with specific drugs, Rehabilitative procedures and long follow-ups.

Key-words: Rheumatoid Arthritis, Amavata, Agnimandya, Panchkarma

Corresponding Author:

Vd.Siddhi Ratnakar Nachankar

MD (Swasthavrutta)

RA Podar Ayurved Medical College, Worli, Mumbai

Email: nsiddhi21@gmail.com

How to cite article: Nachankar S.R. A review on etiopathological and preventive Aspect of Amavata.

AYUSCRIPT 2022;1(4):205-210

Introduction

This disease is known as Amavata in Ayurveda, and it was first described by Madhav Nidan. Ama and Vata are pathologically dominant in this disease. There is improper food metabolism as a result of various causative factors, resulting in the formation of an intermediate product that is toxic in nature known as Ama. If this Ama is not excreted from the body, it is absorbed and causes pain, inflammation, and joint stiffness. Rheumatoid Arthritis (RA) is a chronic inflammatory disease that primarily affects the synovial membranes of multiple joints. The disease has a broad clinical spectrum and a wide range of joint and extra-articular manifestations. The general population prevalence is 1-2%, with a male to female ratio of 1:3.¹⁻³ The usual age of onset is 20-40 yrs, although Rheumatoid Arthritis may begin at any age. Susceptibility to Rheumatoid Arthritis has genetically determined. If not treated appropriately, Rheumatoid Arthritis has a strong tendency to shorten life and cause severe disability. The disease nomenclature is critical for easy identification and understanding of a specific disease. It is done based on vitiated doshas, manifested symptoms, involved dushya, hetu, and the primary pathological factor, and so on. Amavata, as the term implies, is formed by the union of two words, Ama and Vata, which are the two predominant pathological factors at work in the disease process. Other doshas are also mentioned by Acharya Madhava. The correct definition of Amavata was given to Acharya Madhav. Vitiated Vata and Ama enter

the kostha trika and sandhi pradesha at the same time, resulting in gatra stabdhata and trika samdivendana. Amavata is the medical term for this condition. The term 'yugapat' means simultaneous vitiation of vata and kapha dosha, as main pathogenic factor of the disease.⁴⁻⁷

Classification

Based on the Dosha Predominant Classified into 7 types:⁷⁻¹⁰

1. Vataja Amavata- vata dosha is more predominant.
2. Pittaja Amavata- Pitta dosha is predominant.
3. Kaphaja Amavata- Kapha dosha is predominant.
4. Vatapittaja Amavata- Vata and Pitta is predominant
5. Vatakaphaja Amavata- Vata and Kapha is predominant
6. Pittakaphaja Amavata- Pitta and kapha is predominant
7. Sannipataja Amavata- All the 3 doshas are equally vitiated.

Causes

Aharaja Nidana ¹⁰⁻¹³

- Virudhahara- The dietary articles which are unwholesome for the normal functioning of the doshas and dhatus (body tissues), e.g. boiled yoghurt, fish along with fruits, milk along with pulses especially black gram, untimely food, eating food before digestion of previous food, improper quantity of food, food which is not properly cooked, etc.
- Guru Ahara- Foods which are heavy and large and difficult to digest.
- Excessive intake of tubers and roots for the purpose of body nourishment.
- Consumption of food with allergens, e.g. animal products, nuts, wheat products, seafood.

- Mandhagni- Low digestive fire

Viharaja Nidana ¹³⁻¹⁴

- Virudha Chesta- Activities which are not favourable to the normal physiology of the body. This includes suppression of natural urges, sleeping during day time, late night sleep, not maintaining the proper body posture during walking, lying, sitting, etc.
- Doing exercises beyond the body capacity leading to physical exertion.
- Excess indulgence in sex
- Nischalata- Physical inactiveness or a sedentary life style.
- Doing exercises immediately after taking snigdha ahara, i.e. heavy food or oily food or food rich in fat, carbohydrates.

Manasika Nidana

- Emotional disturbances
- Stress

Lakshanas¹⁵⁻¹⁷

Angamardha (General body pain which is of crushing type), Aruchi (Anorexia or loss of appetite), Trsna (Excessive thirst), Alasya (Lethargy or feeling inactive), Gaurava (Feeling of heaviness in the body), Jwara (Fever), Apaka (Indigestion), Sandhi Sotha (Swelling in the joints), Sandhi Shoola (Continuous and severe Pain in the joints that even disturbs the sleep), Sandhi Stabdhatata (Stiffness of the joints that can affect the movements), Sandhi Gaurava (Feeling of heaviness in the joints), Agnimandhya (Low digestive fire), (thorax), Kukshi Katinya (Rigidity of abdomen), Moorcha (Loss of motor functions or inability of the sense organs to perceive its sensory objects), Vibandha- Constipation, etc.

Combining all these factors, treatment of Amavata can be further subdivided as:

❖ **Ama Pachana and Agni Deepana** ¹⁷⁻¹⁹

a) Abhayantara Chikitsa (Internal Medications)

- Langana- In amavata, langana is achieved by Upavasa (fasting) or laghu bhojana (food processed with deepana and pachana drugs, for e.g., panchakola choorna and in minimum quantity). This helps in bringing back the jataragni or digestive fire to normalcy.
- Medications- Ajamodadi choorna, Vaiswanara choorna, Chitrakadi vati, Panchakola choorna, Trikatu choorna etc. can be used for this purpose. These drugs are katu (pungent), tiktha (bitter) and is deepana (carminative) in nature.

b) Bahya Chikitsa (External Treatments)

❖ **Swedana**

The following techniques are used in Rooksha sweda such as Valuka Sweda, Puta sweda, Karpasastyadi sankara sweda and Sneha avarjitha upanaha sweda.

❖ **Shodana** (Elimination Procedures)

- Virechana (purgation)- Purgation using Trivrut choorna, Phalatrikadi choorna, Eranda paka, etc. can also be done
- Basti (Enema)- Kshara vasti, Swalpa prasarini tailyadi anuvasana basti, etc. are the basti yogas mentioned in amavata.

Saindhavadi taila is used in amavata.

❖ **Shamana Chikitsa** ¹⁷⁻²⁰

It includes

- Decoctions such as Amrutotharam, Maharasnadi, Rasnerandadi, Gandharvahastadi, Rasnasaptakam, Rasonadi, etc. are used.
- Tablets such as Dhanwantaram, Simhanada guggulu, Yogaraja Guggulu, Amrita Guggulu, Shiva Gulika, etc. are used.
- Choornas such as Pippalyadi, Vaishwanaram, Trikatu, Amrutadi, etc. are used

❖ **Yoga Asanas**

- Veerabhadrasana or Warrior pose
- Vrikshasana or Tree pose
- Marjarasana or Cat stretch
- Setubandhasana or Bridge pose
- Surya Namaskara or Sun salutation
- Pranayama

Discussion:

According to Ayurveda, health is more than just being free of disease. To be healthy, a person should be happy physically, mentally, socially, and spiritually. Drastic changes in human lifestyle and pollution have not only created social problems, but have also had a significant impact on health, leading to the exacerbation of certain

disorders, Amavata (Rheumatoid Arthritis) being one of them. Pain, whether physical, mental, or both, has been an impediment to living a happy life. Pain can be so severe that it disables, cripples, and confines a person to bed. Amavata (Rheumatoid arthritis), in particular, is a leading cause of disability. Amavata is a common musculoskeletal condition that affects people all over the country.¹⁹⁻²⁰ The main culprit in Amavata is Vayu, which is Pradhan among the Tridosha. Ama, along with Vata Dosha, moves towards Kapha Sthanas, passing through Rasa Vaha Dhamanis, where it combines with the Tridosha and becomes further Dushita, before settling in the Sandhis, where Nidana Sevana and Amavata's Lakshana are produced. Rasavaha Srotasa and Rasa Dhatu are the first to be affected, and Majjavaha Srotasa is also affected due to Sandhis involvement. Samshodhana is essentially bio-purification of the body with the goal of cleansing the macro and micro channels of the biological system-Srotas. Shodhana Karma is Mulavata Chikitsa, which means that the disorders he treats do not reoccur. Panchakarma encompasses all aspects of life's treatment, promotion, prevention, and cure.²⁰⁻²²

Conclusion:

Amavata is a slow-progressing metabolic disorder that can limit our daily activities. It affects bodily systems other than the joints as it progresses. Due to complications, it can also become life threatening in the final stages. Early intervention and treatment are required because it can cause permanent deformities in the

body, particularly the joints. Amavata's pain is another important feature that makes her life miserable. Because of all of this, Amavata has a negative impact on the patients' psychology. The Ayurvedic approach to Amavata management does not only focus on symptom removal but also on improving the patient's health status following Amavata treatment through its various nourishing and rejuvenating therapies. In the treatment of Amavata, Ayurvedic treatment combined with a strict diet and exercises has a high success rate.

References:

1. Krol et al, Disease characteristics, level of self-esteem and psychological wellbeing in rheumatoid arthritis patients., Scand J Rheumatol. 1994; 23(1):8-12.
2. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary and Notes Part -I Shri Sudarshana Shastri and Prof. Yadunandana Upadhyaya, M.Ni.25/1, Chaukhambha Sanskrit Sansthan, 30th Ed.
3. Harita Samhita Hari Hindi Commentary, Pt. Hariharprasad Tripathi, H.S.5/21/1-5, Chaukhambha Krishnadas Academy 37/118, Gopal Mandir lane P.B. No. 1118, Golghar near Maidagin Varanasi – 221001, 1st Ed. 2005.
4. Prof. Ramharsh Singh's Kaya Chikitsya, Chaukhambha Sanskrit Pratisthan, Delhi, Part II, Chapter 43, Page no 537.
5. Dr. Indradeva Tripathi, Sri Chakrapanidatta's Chakradutta with Vaidyaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Varanasi, Chaukhambha Sanskrit Bhawan, reprint edition, 2018, Chapter 25, Amavata Chikitsa 25/1, Page 166.
6. Prof. Ramharsh Singh's Kaya Chikitsya, Chaukhambha Sanskrit Pratisthan, Delhi, Part II, Chapter 43, Page no 537.
7. Prof. Ramharsh Singh's Kaya Chikitsa, Chaukhambha Sanskrit Pratisthan, Delhi, Part II, Chapter 43, Page no 536.
8. K. Shastri, Agnivesh's Charaka Samhita with Ayurveda-Dipika Commentary by Cakrapanidatta and with Vidyotini Hindi commentary, Varanasi, Chaukhambha Sanskrit Academy, reprint edition, 2012, part 2, Siddhi Sthana 1/39.
9. Dr. G. Shrinivasa Acharya (2006), Panchakarma illustrated, 1st edition, Delhi, Chaukhambha Sanskrit Pratisthan, Baluka sewdana, Page 215.
10. Kabiraj Govind Das Sen's Bhaishajya Ratnavali, edited with Siddhiprada Hindi Commentary by Prof. Siddhi Nandan Mishra, Varanasi, Chaukhambha Surbharati Prakashan, edition 2011, Chapter 29, Amavatarogadhikar, Page 612-613.
11. Dr. Indradeva Tripathi, Sri Chakrapanidatta's Chakradutta with Vaidyaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Varanasi, Chaukhambha Sanskrit Bhawan, reprint edition, 2018, Chapter 25, Amavata Chikitsa 25/1, Page 167.
12. Ibidem 1 (Vol 2), Chapter 25, Verse 10. p. 187. 9. Ibidem 1 (Vol 2), Chapter 25, Verse 12. p. 187. 13. Dr. Indradeva Tripathi Editor (Reprint ed.). Vaidyaprabha hindi commentary on Chakrapanidatta of Chakradutta,

Amavata Chikitsa Adhyaya: Chapter 25, Verse 1. p. 166.

14. Acharya Vaidya Yadavaji Trikamji, Reprint ed., Ayurveda Dipika commentary on Charaka Samhita of Chakrapanidatta (Vol 1); Sutra Sthana: Chapter 22, Verse 9. Varanasi: Chaukhamba Orientalia, 2004; p. 121.

15. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary and Notes Part -I Shri Sudarshana Shastri and Prof. Yadunandana Upadhyaya, M.Ni.25/1-5, Chaukhamba Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed.

16. Chaturvedi G, Shastri K, editors. Charaka Samhita of Agnivesha, Siddhi Sthana. Reprint ed. Ch.2, Ver. 13. Varanasi: Chaukhamba Bharati Academy; 2007. p. 981.

17. Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham CO, 3rd, et al. 2010 rheumatoid arthritis classification criteria: An American College of Rheumatology/European League Against Rheumatism

collaborative initiative. Ann Rheum Dis. 2010; 69:1580–8.

18. Shastri AD, editor. Bhaishajya Ratnavali. 19th ed. Ch. 29, Ver. 1. Varanasi: Chaukhamba Prakashan; 2008. p. 613.

19. Tripathi JP, editor. Chakradatta of Chakrapani. 4th ed. Ch. 25, Ver. 1. Varanasi: Chaukhamba Sanskrit Series; 1976. p. 225.

20. Lipsky Peter E. Rheumatoid arthritis. In: Longo D.L., Kasper D.L., Jameson J.L., Fauci A.S., Hauser S.L., Loscalzo J., editors. 18th ed. vol. II. McGraw Hill; New York: 2012. pp. 2738–2752. (Harrison principles of internal medicine).

21. Shastri B.S., editor. 6th ed. vol. I. Chaukhamba Sanskrit Sansthan; Varanasi: 1997. p.565. (Yogaratanakara of unknown author, Amavata Nidana).

22. Acharya Y.T., editor. Charaka Samhita of Agnivesha, Chikitsa Sthana; Vatashonita Chikitsa: chapter 29, Verse 19 – 23. Chaukhamba Surbharati Prakashan; Varanasi: 2011. p.628. reprint 2011.

Source of Support : None declared

Conflict of interest : Nil

© 2022 **AYUSCRIPT** | An International Journal Empirical Research in Ayurveda | The Publication of **AYURVEDA RESEARCH & CAREER ACADEMY (ARCA)**.