

A CRITICAL REVIEW ON TRADITIONAL MEDICINAL PREPARATIONS FOR THE MANAGEMENT OF AMAVATA

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ABSTRACT

Amavata is the most common inflammatory disorder with a gradual onset of symmetrical arthralgia and synovitis of joints of wrist, hands and feet. This insidious onset has traditionally been considered to imply a bad prognosis. In modern medical science the main aim to manage the disease is relief of pain & symptoms, suppression of inflammation, conservation and restoration of function in different joints. In *ayurveda amavata* and its *nidan*, *samprapti*, *treatment and pathyapathya* very clearly mentioned. Lots of ethical preparation like *rasa* preparation, *kwath*, *churna*, *ghrita*, *guggul lepa*, *taila* etc is mentioned in our text. Among that medicinal preparation some are most effective to treat *amavata*. So through this work it has been tried to furnish all ethical preparations which are commonly used by our ancestor in a methodical manner.

Keywords: *Amavata*, *pathyapathya*.

INTRODUCTION

Ayurveda deals with bodily, mental and spiritual wellbeing of human. *Ama* and *Vata* are two elements responsible for the disorder *amavata*^[1]. *Ama* is the final results of improper digestion or an endogenous poisonous substance. Changing life style and dietetic pattern are responsible for the manifestation of this disorder. In *Vrihatrayee* no description of

amavata as a disorder entity is found. The details description of *amavata* became determined in *Madhav Nidan*. *Amavata* can be presented as very just like Rheumatoid Arthritis^[2]. Rheumatoid arthritis is a auto-immune ailment of unknown aetiology characterised by chronic persistent symmetrical poly arthritis, joint erosion and destruction. It's far common-

est inflammatory joint diseases visible in clinical practise and in its global distribution it impacts 0.5 – 3% of population.

The clinical course is usually life-long, with intermittent exacerbations and remission mild to severe attack. The key of management of rheumatoid arthritis is relief of symptoms, suppression of inflammation and conservation-restoration of function of affected joints. The treatment principle of *amavata* first described by *Chakradatta* as *langhan* (lightening), *swedan* (sudation), *tikta* (bitter) *deepan* (appetiser) *katu* (pungent), *virechan* (purgative) intake of *sneha* (oil) and application of *vasti* are recommended. *Vasti* with *saidhavadi taila*^[3] followed by *ksharvasti*^[3] is also prescribed. Various medicinal preparation like *rasa*, *churna*, *kasaya*, *vati*, *avaleh lepa* and *taila* are mentioned our text e.g. *chakradatta*^[4] *vaisjaratnavalli*^[5], *yogaratnakar*^[6] etc along with *pathya –apathy*^[7] was collected and try to present for more development of knowledge regarding treatment of *amavata*.

CHIKITSA SIDHANTA OF AMAVATA^[8]

According to *chakradatta* lightening, sudation, bitters, appetisers, pungents, purgative, intake of *sneha* and application of *vasti* (medicated enemas) are recommended in the treatment of *amavata*. *Anuvasana vasti* (unctuous enema) with *saindhavadi taila* followed by *ksharavasti* is also prescribed. The whole treatment process concise in two forms-

1. **Avyantar (internal):** *Langhan*, *deepan*, *pachan*, *lekhan*, *virechan*, *niruhan*, *Vedananasan* & *vatanuloman*
2. **Vayjhya (external):** *Swedan*, *Upanaha*, *Ushnapariseka* & *Lepa*

Langhan: *Langhan* is considered as the best and foremost treatment of *amavata*. *Langhan* indicated for *dosa pachan* of mild *dosa bala* condition.

Deepan-Pachan: *Deepan-pachan* increases the strength of *agnibala* of the patients by taking *katu-tikta dravya* and help to *dosa pachan* even in moderate stage of *dosa bala*.

Swedan: *Ruksha swedan* is indicated in acute stage of *amavata* but in *niram stage-snigdha swedan* very much effective.

Virechan: *Virechan* is indicated to eliminate severe aggravated *dosa* which causing *soph*, *daha* and *jwar* of the patients of *amavata*.

Snehapan: *Snehapan* administered after *ama pachan* and it is best for *vata* dominating condition to reduce *sula* and stimulate the action of *agni*.

Vasti: *Vasti* is one of the standard therapeutic measure for the treatment of *amavata*. *Kshar vasti* and *anuvasan vasti* with *saindhavadi taila* has a definite role for the management of *amavata*.

In the below presentation of some text with specific action related to management of *amavata*-

- **Ruksha swedan:** *Chakradutta*, *Yogaratnakar*, *Banga Sen*, *Bhaisajyaratnavali*
- **Baluka Swedan:** *Chakradutta*, *Yogaratnakar*, *Banga Sen*.
- **Niruha Vasti :** *Harita Samhita*
- **Langhan:** *Yogaratnakar*, *Harita Samhita*, *Bhaisajyaratnavali*
- **Virechan:** *Yogaratnakar*, *Harita Samhita*, *Banga Sen*, *Bhaisajyaratnavali*
- **Shankar Swedan:** *Bhaisajyaratnavali*

- **Vasti Karma:** Chakradatta, Yogaratnakar, Bhaisajyaratnavali
- **Upanaha Swedan:** Yogaratnakar

PREPARATIONS MENTIONED IN DIFFERENT TEXT

Table 1: Rasa^[9] Preparations Mentioned In Different Text

Rasa/Vati	R.R.S	V.R	Y.R
Anilari Ras	+		
Amavatari Ras	+	Ref.29/71-72	
Amavatavidhansan			+
Amavateswari Rasa		Ref.29/73-82	
Vatagajendra Simha		Ref. 29/83-89	
Amritamanjari Rasa		Ref. 29/95-98	
Amavatadri Bazra Rasa		Ref. 29/92-94	
Panchanan Rasa Lauha		Ref. 29/111-121.	
Ampramathini Vatika		Ref.29/90-91	

R.R.S=Rasaratna sammuchaya, V.R=Bhaisajyaratnavali, Y.R=Yogaratnakar

Table 2: Lauha^[9] Preparations Mentioned In Different Text

Lauha	Bhaisajyaratnavali	References
Triphaladi Lauha	+	Ref.29/99-101
Virangadi Lauh	+	Ref. 29/102-110

Table 3: Guggule^[9] Preparations Mentioned In Different Text

GUGGULE	Chakradatta	Yogaratnakar	Bhaisajyaratnavali
Yograj guggule	Ref. 25/27-32	-	Ref.29-156-161.
Simhanad guggule	Ref. 25/33-38	+	Ref. 29/181-189
V.simhanad guggule	Ref. 25/39-47	-	-
Vatari guggule	-	-	Ref.29/152-155
Vyadhi shardul guggule	-	-	Ref.29/172-180
Shiva guggule	-	-	Ref.29/196-199.

Table 4: Churna^[9] Preparations Mentioned In Different Text

CHURNA(ch)	C.D	Y.R	H.S	G.N	V.P	V.R
Haritaki ch.	+		+			+
Nagar ch.	+	+			+	+
Triviyadi ch.						+
Panchakola	+			+		
Amritadi ch.	+				+	+
Vaishwanara	+	+			+	+
Alambushadi ch.	+	+				+
Pathyadi ch.	+				+	+
Satapuspadya ch.	+			+		+

Hingwadya ch.	+	+		+		+
Bhallatakadi ch.		+				
Amvatari Panchasama ch.		+				
Nagaradi ch.		+				
Chitrakadi ch.		+			+	+
Pippyaladi ch.					+	
Phaltrikadi ch.		+				
Punanavadi ch					+	+
Avadya Churna						+

C.D=Chakradatta, Y.R=Yogaratanakar, H.S=Harita Samhita, G.N=Gada Nigraha, V.P=Vabhprakash, V.R=Bhaisajyaratnavali.

5. KWATH/KALKA^[9]:

Rasnapanchak Kwath: Chakradatta, Yogaratanakar, Gada Nigraha, Vabhprakash, vaisjyaratnavali

Rasnasaptak Kwath: Chakradatta, Yogaratanakar, Vabhprakash, Bhaisajyaratnavali

Rasnadasamul Kwath: Vabhprakash,

Dasamul Kwath: Harita Samhita, Gada Nigraha,

Maharasnadi Pachan: Bhaisajyaratnavali

Rasonadi Kwath: Bhaisajyaratnavali

Pippaladi Kwath: Yogaratanakar,

Shatyadi Kwatha: Chakradatta, Yogaratanakar, Gada Nigraha, Vabhprakash, Bhaisajyaratnavali

Shuntyadi Kwatha: Yogaratanakar, Madhav chikitsa

6. LEPA^[9]

Satapushpadi

lepa: Yogaratanakar, Bhaisajyaratnavali

Hingsradi Lepa: Bhaisajyaratnavali

7. GHRITA^[9]:

Nagar ghritam: Chakradatta,

Amrita ghritam: Chakradatta,

Sunthi ghrita: Yogaratanakar, Gada Nigraha, Vabhprakash, Bhaisajyaratnavali

Sringaveradya ghritam: Vabhprakash, Bhaisajyaratnavali

Kangikassatpala kang ghritam: Bhaisajyaratnavali

8. TAILA^[9]:

Eranda taila: Chakradatta, Harita Samhita, Gada Nigraha, Vabhprakash, Rasaratna Sammurchaya, Bhaisajyaratnavali

Saidhyavadya

Taila: Chakradatta, Vabhprakash, Bhaisajyaratnavali

Prasarani Taila: Vabhprakash, Bhaisajyaratnavali

Dwi panchamuladya taila: Vabhprakash, Bhaisajyaratnavali

Vijay bhairav Taila: Bhaisajyaratnavali

9. AVALEHA/PINDA^[9]:

Rason

Pinda: Chakradatta, Yogaratanakar, Vabhprakash, Bhaisajyaratnavali

Prasarani leha: Vabhprakash

Khanda sunthi pak: Yogaratanakar, Vabhprakash

PATHYA OF AMAVATA^[4]

Table 5: Pathya (wholesome) of amavata in different ayurvedic text

Pathya	Vabhprakash	Yogaratanakar	Vaisjaratnavali
Kulathya	+	+	+
Madya(kanji)	+		+
Jangala mamsa ras	+		+
Takra	+	+	+
Eranda tail			+
Rasona			+
Patola	+	+	+
Karbella	+	+	+
Bringel	+		+
Fruit of Sigrū		+	+
Warm water		+	+
Bhallatak			+
Gomutra			+
Sunthi	+	+	+
Katu tikta ras			+
Agni Deepak dravya			+
Yava		+	
Shyama		+	
Kodrava	+	+	
Raktashali	+	+	
Punanava	+	+	
Bathua sak	+	+	

Table 6: Apathya (unwholesome) of amavata in different ayurvedic text

Apathya	C.D	Y.R	H.S	G.N	B.S	V.P	R.R.S	V.R
Curd	+	+		+	+	+		+
Fish	+	+		+	+	+		+
Jaggery	+	+		+	+	+		+
Milk cream	+			+		+		+
Upadaki	+	+			+	+		+
Milk	+	+		+	+	+		+
Black gram	+	+		+	+	+		+
Rice flour	+	+		+	+	+		+
Contaminated water		+				+		+
Purva vayu		+						+
Virudhahar		+						+
Asatmyahar		+						+
Veg dharan		+						+
Jagaran								+
Vishama an								+
Anupade a mamasa				+	+	+		+
Pulses			+					
Taila			+					

C.D=Chakradatta, Y.R=Yogaratnakar, H.S=Harit Samhita, G.N=Gada Nigraha, V.P=Vabhprakash, V.R=Bhaisajyaratnavali, R.R.S=Rasaratnasammuchaya

DISCUSSION

Chakradatta first described the principles of treatment for *amavata*, which are *langhana*, *swedana*, drugs having *tiktakatu rasa* and *deepana* action, *virechana*, *snehapana* and *auvasana* and *ksharavasti*. *Upanaha* without *sneha* added by *yogaratnakara*. *Langhan* is the first line treatment of *amavata* though it is contraindicated in *vatavyadhi*. *Stambha*, *gaurava* and *shula* these are the predominant features of *amavata* – *swedana* gives good result in this condition. *Swedana* helps to liquefy vitiated *doshas* and promotes *dosha gati*. *Tikta, katu rasa* containing *dravya* due to having *deepan pachan* properties also use in the treatment of *amavata*. *Deepan dravya* increase *agni*, digest *ama* and remove *srotoavarodha*.

Virechna has been defined to be the quality treatment for vitiated *pitta* and it is effective for the vitiated *vata* and *kapha*. In *nirama avastha* of *dosha* might require elimination by *shodhana*. *Virechan* eliminates the *avarana* produced by *kledakakapha* and also eliminate *sthanik pitta dosha*. To prevent further aggravation of *vata dosha* and *rukshata* due to therapeutic measures adopted for treatment of *amavata* selective *snepana* is indicated. Medicated *sneha* with *deepan-pachan dravya* augment *agni* and pacify *kapha* and *vata dosha*. In *Ayurveda vasti chikitsa* is considered as supreme therapeutic modality to specify vitiated *vata dosa* due to its wide spectrum of uses. *Kshar vasti* has been mentioned 1st in *Charak Samhita Sidhi Sthan* but later on it is elaborated by *Chakrapani datta* and *Banga*

Sen. Kshar vasti is a type of *lekhan vasti* and very nearer to *vaitaran vasti*. It has *u na*, *laghu*, *suks a*, *lekhan*, *tikshna*, *deepan*, *pachan* and *amanashak* properties. Though it is comes under *Niruha Vasti* which usually administrated in empty stomach. Use of *kshar vasti* is contraindicated in pure *pattik* and *vatic* condition. The *rasa* preparations which are use in the treatment of *amavata* having *deepan, pachan, anuloman, srotoshodhak* and *kapha nashak* properties. According to *chakradatta* food and drinks processed with *panchakola* are wholesome in *amavata*. *Panchkola* having *usna*, *tikhna guna*, *katu rasa* and *kaphahara* properties. *Sunthi*, *haritaki*, *vacha*, *devdaru*, *ativisa*, *eranda*, *dasha-mula* and *rasna* increase digestive fire and destroy *amavata*. *Punarnava* and *gokshur* are having *rasayana guna* which maintain balance of *tridosha*. The *churna* preparations which are mentioned in *chakradatta* and *vaisajyaratnavali* used in treatment of *amavata* act on *annavaha sroto* and eliminate *mandagni*. The *guggule* preparations e.g *simhanad guggule*, *yogaraj guggule* is *kapha vata nashak* properties. Following measures are beneficial for the patients of *amavata-swedana* therapy mainly *ruksha* type, *langhana snehapan*, *vasti* therapy, *lepa*. *Kwath* preparation e.g *rasnapanchak*, *rasnasaptak erandyadi kwath* etc helps to *doshapachan* and relief *sula*, *sopha* and *angamarda*. Similarly churn preparations with appropriate *anupan* increase *pachakagagni*, digest *ama* and help to *anuloman* of *dosha*. *Lepa* preparations quickly relief *sula* of the affected

sandhi. *Taila* used in the treatment of *amavata* as internally like *pan* and *vasti* and externally as *abhangya* but it should be use after *sama* and *niram* stage of the disease. *Chakradatta* clearly mentioned unwholesome of *amavata* at end of the chapter. *Bhaisajyaratnavali* briefly described wholesome and unwholesome of *amavata* at beginning and end of chapter which signify the importance of *pathyapathya*.

CONCLUSION

The management of *amavata* by our traditional medicinal preparations has multidimensional approach. There is huge number of effective preparations mentioned our text for internal and external use along with specific *pathyapathya* to prevent and cure the disease which is safe, effective and without any adverse reactions.

REFERENCES

1. Upadhaya Yadu Nandan; Madhav Nidanam; Part-I; Chaukhamba prakashan ,Varanasi,edition 2013 reprint page 509.
2. Kumar and Clark's Clinical Medicine; Edition 8th; p. 516.
3. Sharma P. V; Cakradutta; A treatise on Principles and Practices of Ayurvedic Medicine; Chaukhamba Publishers; Varanasi.chapter 25, page 227
4. Sharma P. V; Cakradutta; A treatise on Principles and Practices of Ayurvedic Medicine; Chaukhamba Publishers; Varanasi.chapter 25, page 227
5. Swastri Ambika dutta, Bhaisajyaratnavali, Chaukhamba Publishers; Varanasi.edition 2013 (reprint) chapter 13, page 631
6. Tewari P. V. Asha Kumari; Yogaratnakar; Part-1, Edition – 1st; Chaukhamba Visvabharati; Varanasi – 221001.
7. Swastri Ambika dutta, Bhaisajyaratnavali, Chaukhamba Publishers; Varanasi.edition 2013(reprint) chapter 13, page 631
8. Vaidya Gaur Banayari Lal; Ayurved Chikitsa Vijnan; Part – I; Rastriya Ayurved Samsthan; 1985.
9. Sharma Ajoy; Kayachikitsa; Part – II; Chawkhamba Orientalia, Delhi, p. 527.

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