ROLE OF AMA AS A PREDISPOSING FACTOR IN VARIOUS SAMPRAPATI (ETIOPATHOGENESIS) – A CASE STUDY

Rajiv Amal¹, Jigisha Patel², S N Gupta³

¹Lecturer, Department of Swasthavritta, ²Reader, Department of Panchkarma, ³HOD, Head, Department of Kayachikitsa, J.S.Ayurved Mahavidyalaya, Nadiad, Gujarat, India

ABSTRACT

Ama is a unique concept described by acharyas in Ayurveda. According to acharyas, ama is one of the main causes for occurring the various diseases. In this study, a 59 years old male patient came in OPD of P D Patel Ayurveda Hospital with complaints of abdominal pain, weakness and anorexia more than 1 year. Patient was diagnosed to have raktapitta but when clinical history was taken, patient was found with many symptoms of ama like gaurav (heaviness), bal-bhransh (weakness), klam (tiredness without work). Patient was treated with anti ama remedies. After thirty days of treatment, his stool report was conducted and it was complete normal and also got relief in symptoms.

Keyword: Ama, Raktapitta

INTRODUCTION

In Ayurvedic classics, Ama which is the product of metabolic defect has been considered an important factor for the pathogenesis of most of the diseases. Its importance is also reflected by the word Amya which is a synonym given to the Vyadhi.¹ It is essential to see the presence or absence of Ama in a patient before starting the treatment, because the line of treatment is totally different in case of Samavastha (presence of Ama) and Niramavastha (Absence of Ama.). The substances, which remain undigested, disintegrated, foul smelling, excessive in quantity, slimy in nature, and causes stiffness of the whole body is known as Ama. In this definition the nature of Ama and symptoms produced by it are described.² Summing up, Ama is resultant of improper digestion or partially digestion of the food materials in presence of hypo functioning of Jatharagni. It is also the accumulation of Malas and Prathamadoshadusti. In case of Dhatavagnimandya it refers to the partially or incompletely metabolized dhatu.

Case Report

A 59 years old male patient having complaints of abdominal pain, weakness, anorexia more than 1 year came at P.D Patel Ayurveda hospital on 3rd June 2014. Patients had sifting duty (day and night) in his job. Due to his part of his job, irregularly diet history was found. Then after before 14 to 16 month ago he has started above complaints. He has visited physician of mahagujarat medical hospital. Physician gave him symptomatic treatment but patient did not get relief in above symptoms. Physician has advised him for abdominal ultrasonography (usg) but no significant abnormality was
found. Than after he was suggested for stool examination and in this study occult blood was found. Than after patient was treated with conventional medicine and also given two times blood transfusion (BT) for increasing blood level. Again he was advised for BT but he did not agree for this procedure. Again stool examination, Hb% and Ultrasonography of abdomen was done on 2nd june. So in short patient was not diagnosed for the probable or confirmatory causes of occult blood (in stool) by the doctors.

Then patients came at P.D Patel Ayurveda Hospital in OPD Department on 3 June 2014 for the treatment of same complains.

**Ultrasonography of abdomen (22nd January 2014):** Right 73 * 48 mm, and left kidney 74 * 40 mm. right kidney shows simple cyst in lower pole of 25*20 mm in size No significant abnormality detected.

**Stool examination :** (on 2nd june 2014) : Occult blood: 4+

**DISCUSSION**

This case was not showing features of any kind of direct bleeding history but occult but was seen in stool, that is why we was consider it as case of raktapitta. During history we have also found symptoms of ama like gaurav (heaviness), bal-bhransh (weakness), klam (tiredness without work), and alasya (leaziness), apkti (loss of appetite).³ We have also found rakta was vitiated by ama.⁴ According to Ayurvedic principles of management in samaavastha(presence of ama) dipan, pachan and anuloman treatment was given to the patients⁵. After one month of treatment stool examination was carried out and it was normal stool report. No occult blood was found in the stool. Through this treatment patient got remarkable improvement in his physical complains as well as in pathological investigations.

Role of medicament: According to shrangdhar samhita dipan aushdha ignited the agni(digestive fire) and pachan aushdha digest (metabolized) the apkva ras( ama rasa) in to pakva(form) form.⁶ Chitrak(plumbago zeylanica) has both dipan and pachan property.⁷ Hingvastak chorana has ingredient like hingu(asafoetida)⁸, ji-

**Hematological examination: (on 2nd June 2014):** Hb%= 6.2 gm/dl
**After BT:** Hb%= 10.3 gm/dl (on 3rd June 2014)

**Treatment and Result:**

Patient was treated with following ayurvedic management.

1. *Chitrak mula churna* 2 gm two times per day before meal.
2. Combination of *Hingvastak Churna* (1 Gm) + *Mustaa churna* (2gm) two times per day with hot water before meal.
3. Tablet *Haritaki* 3tablets (each tablet 500mg) at night with hot water.

Patients was treated with above treatment from 3rd June 2014 to 2nd July 2014. Patient’s hematological and stool investigation was carried out. His Hb% was remaining steady without any ayurvedic or modern hematinc remedies. It was normal stool report. No occult blood was found in the stool.

**Report of after treatment:**
Rak(cumin seed), lavan(salt). All ingredients digest the ama dosha and give strength to the agni (digestive fire). Musta (cyperus rotundus) also has dipan-pachan property. Haritaki (Terminalia chebula) is the best for anuloman. Anuloman also dose the apakva mala (unformed) into pakva (formed) form. Chitarak has usan, tikshn, ruksh property which is opposite to the rakta guna and can be inceased the bleeding but due to presence of ama we followed and treated it with ama chiikitsa sutra (line of treatment) and got wonderful result.

CONCLUSION
This patient presented with responded rapidly to typical Ayurvedic management. The patient was treated with modern medicine but the potential benefit of Ayurvedic treatment was more and rapid without side effects.

Conflict of interest - None
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CORRESPONDING AUTHOR
Dr. Rajiv Amal
B/25, Saidham Society, Vaniyavad, Nadiad, Gujarat, India
Email: vaidrajamal@yahoo.com

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