DIAGNOSIS AND MANAGEMENT OF AMAVATA IN AYURVEDA: A REVIEW

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ABSTRACT

Ama is the most common disease among various joint disorder and the changing life style, dietetic pattern are also being manifested as the increment in the number of patient day by day. Ama which is produced due to mandagni and vata plays a major role in the ailment Ama; it is characterized by sandhishool, sandhisotha, stabddhata, sandhigaurav etc. The line of treatment mentioned in Ayurvedic literature are langhana, swedana, tikta, deepana, katu, pachana, virechana, snehapan and basti. Usually Ama can be equated with Rheumatoid Arthritis in contemporary parlance on the ground of its similar sign and symptoms. Here in this article, the diagnostic and treatment aspect are discussed using Ayurveda and contemporary literature.

Keywords: Ama, Ama, mandagni, langhana.

INTRODUCTION

Present era’s hectic lifestyle, lack of exercise, faulty dietary habit like intake of unwholesome fast food, beverage, canned food, sedentary lifestyle, use of air conditioner etc have led to many digestive problems and one of them is mandagni, which results in production of Ama and among them Ama is one of the important disease which is emerging very rapidly today. Owing to its chronicity, crippling nature, incurability, complication and morbidity Ama is posing challenge to the physician. The disease entity has been described lately by Acharya Madhavakara in ⁹th century in diagnostic manual called Madhav Nidana. It is kashtasadnya vyadhi due to its repeated attacks and chronic nature. It is dreaded disease that the mankind faces today. Even through Ama is not proved to be fatal, it cripples to the affected patient. It produces stiffness of the body, becomes a cause of many other disease. It affects many facets of patient life, family, occupation and community relationship. Ama is a disease in which vitiation of vata dosha accumulation of Ama takes place in joints. When Ama and vata vitiated together and enter the kostha, trika and sandhi pradesh, they create stabddhata in whole body. The ailment is called Ama. It is said to be most kashtasadnya vyadhi amongst all disease in its later stage with its typical symptoms of vrishchikdanshvat vedana along with pain and swelling in joint of ankle, sacrum, knee and thigh¹.
Usually Amavata is equated with Rheumatoid Arthritis. It is chronic inflammatory disease of unknown etiology marked by symmetric peripheral, poly arthritis. It is most common form of chronic inflammatory arthritis and often results in joint damage and physical disability. Because it is systemic disease, Rheumatoid Arthritis may result in a variety of extra-articular manifestation including fatigue, subcutaneous nodules, lung involvement, pericarditis, peripheral neuropathy, vasculitis and hematologic abnormalities. Rheumatoid Arthritis affects approximately 0.5-1% of the adult population worldwide. Like many other autoimmune disease, Rheumatoid Arthritis occurs more commonly in female than in male with 2-3:1 ratio².

CAUSES OF AMAVATA³

Amavata disease requires many causative factors for its manifestation. Madhavakara elaborate them as follows:
1. Viruddhahara (Antagonistic diet)
2. Viruddha cheshta (Erroneous habit)
3. Mandagni (Diminished Agni)
4. Nischalata (Sedentary habit)
5. Exertion immediately after taking snigdha ahara are the main etiological factor Amavata

SYMPTOMS OF AMAVATA

Amavata is a disease which is characterized clinically with sandhigata lakshana chiefly, but it is more systemic generalized disease. Madhavakara, Bhavmishra and other have distinctly mentioned the rupa of Amavata which can be classified under following category:-
1. Pratyatma lakshana
2. Samanya lakshana
3. Pravriddha lakshana
4. Doshamusar lakshana

Pratyatma lakshana

Affliction of sandhi by Ama and vata is central event of Amavata, also features associated with afflicted joint may be reckoned as pratyatma lakshana or cardinal sign and symptoms. These are as follows:
a. Sandhi shul
b. Sandhi soth
c. Gatra Stabdha
d. Sparsh asahyata

e. Sandhi shul

In Amavata pain occurs in joints of fingers, wrist, elbow, and shoulder, joint of feet, ankle, knee hip, trika and tempo-mandibular joints⁴. Severe continuous pain in the affected joint, at time disturbing sleep is the cardinal symptoms of Amavata. It aggravates during cold, cloudy weather, oil massage and morning hours. These are characteristic feature of involvement of Ama.

b. Sandhisotha

Sandhisotha results when vitiated dosh afflicts twak, rakta, mansa in joints. Madhavakara describe sotha as a result of affliction of Ama and vata pradhan tridosh in joints.

c. Gatra stabdhata –

It means inability to perform naman aadi karma, restriction of joints, sandhi become stiff and unable to move in their normal range. It is caused due to affliction of joints by samavata.

d. Sparsh asahyata –

It is caused due to vitiation of sandhi stitha shleshma kala and shleshmaka kapha, as disease progress due to sotha and shul sparsh asahyata is found.

Samanya lakshana

Amavata is systemic disorder, though symptoms related to joints are prominent but patient also suffers from many symptoms related to whole body and are called samanya lakshana. Acharya Madhavakara describes samanya lakshana of Amavata as follows⁵:

a. Angamarda
b. Aruchi
c. Trishna
d. Alasya
e. Gaurava
f. Jwara
g. Apaka
h. Angasunta
**Pravridha lakshana**
It is advanced and troublesome stage of disease at which *dosh dushya sammurchhana* become stronger along with progression of disease, articular and extra-articular symptoms appear which are elucidated by *Madhavakara* and other *Acharya* as under given⁵:
- Vrishchikdanshvat vedana
- Utsaha hani
- Vairasyata
- Praseka
- Daah
- Bahumutrata
- Kukshi kathinya and shul

**Doshanusar lakshana**⁵
*Vatanubandh* - Throbbing pain which aggravate in night and cold atmosphere.
*Pittanubandh* - Raga and daah surrounding sandhi sthan is due to involvement of *pitta* in *Amavata*.
*Kaphanubandh* - Symptoms like staimitya, guruta and kandu present due to involvement of *kapha*.

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**PROBABLE SAMPRAPTI OF AMAVATA⁷**

1. **Doing Vyayan after intake of guru snigdha amapana sevana + vata prakopaka hetu sevan**
2. **Ama dash formation + vata prakopa**
3. **Circulation of ama through vitiated vata**
4. **Sleshma sthan**
5. **Ama reaches hriday**
6. **Ama sarvasharir sancharana**
7. **Asthi Sandhi (Sandhishool, Sandhisotha, Sandhijadya like symptoms)**
   - **Kostha (Aruchi, Agnimandya, Anaha)**
   - **Hriday (Hridgaurav)**
8. **Amavata**
MANAGEMENT OF AMAVATA

In Ayurveda the line of treatment propounded by ancient Acharyas depends upon the stage of disease progress or samprapti, but the description of Amavata chikitsa is not available in Brihatrayi directly. Charak Chaturanan Chakrapani in his literature Chakradatta explored the line of treatment for Amavata as under –

- langhana, swedana, tikta, deepana and katu drugs, virechana, snehapana, sandhavadi anuvasan basti as well as kshar basti are praised for Amavata.

In addition ruksha sweda by baluka potali and upnah without sneha have been mentioned in Bhavprakash for the management of Amavata. Effects of various upkramas and drugs with different gunas are presented below-

**Langhana**

The drug or procedure which creates sense of lightness in the body is known as langhana viz. four types of shuddhi, pipasa, maruta, atapa, pachana, upwas and vyayam. The morbid matters being diminished, and the gastric fire being reactivated by this lightening therapy, there will return to the patient freedom from fever, lightness of body and hunger.

**Swedana**

The predominant feature of Amavata are stambha, gaurav and shul, the condition in which swedana is specially indicated. Ruksha swedana has been advocated in the management of Amavata in the form of baluka potali, owning the presence of Ama as it have ushna, ruksha guna by which it performs the pachana, shoshana and kaphahara action and dilate the channel.

Snigdha sweda with some oil preparation will surely aggravate the condition, but in chronic stage of Amavata when rukshata is increased due to vata vridhhi, snigdha sweda should also be applied, as Charaka has also stated in sutra sthan that ruksha sweda followed by snigdha sweda should be applied when vitiated vata is located in the shleshma sthan.

**Katu tikta prayoga**

Katu dravya are vayu agni pradhan having vakra shodhana, agni deepana, bhuktahara shoshana properties and helps to destroy Ama. Vayu and Aakash mahabhut predominant tikta dravyas are antagonist to Ama. The possess lekhana, deepana, pachana, vishaghana and arochakaghna properties.

**Virechana**

It helps in potentiating Agni and mandagni is one of major causative factor of Amavata. Eranda tail is not absorbed systematically but acts locally in kostha, it is said to best vatanulomaka drug because it not only perform virechana action but also control vata dosh by its snigdha guna. It governs the disease just like lion governs elephant.

**Snehapana**

Snehapana should be given in nirama awastha and is of shaman type indicated in chronic condition of Amavata. Tikta, katu and deepana drugs siddha sneha is quite effective in this condition.

**Basti karma**

Concerning the disease Amavata, Ama and vata are two basic pathogenic factors. Basti is advocated as chief therapeutic measure to control vitiated vata. Basti eliminate malsanchaya rupa Ama, it indicated specially, where person suffers from stiff and contracted limbs. Acharya Chakradatta prescribes anuvasan basti of saindhavadi tail and kshar basti a prototype niruha basti for ailment.

**Sneha rahit upnaha**

As local application upnaha subside inflammation and pain, major symptoms of Amavata.

**PATHYA AND APATHYA IN AMAVATA**

**Pathya**

- Annavarga - Purana shali, sathi, yava, kodo
- Jalvarga - Panchkol siddha jala, shrutshit jala
- Madyavarga - Purana madya
- Mutravarga - Gomutra
- Kanda varga - Lasuna, aadraka
- Shaka varga - Patol, karvellaka, shigru, varun, vastuka, punarnava, Vartaki
- Ksheer varga - Takra
Amavata is a disease in which improperly metabolized byproduct known as Ama, produce due to hypo-function of Agni or mandagni, become core cause of disease which is transverse and get deposited in different part of the body mainly sandhi by vitiated vata. Ama may be nutritionally unimportant, but immunologically powerful in evoking strong immune response, as it is vijatiya or foreign substance to the body, this results in formation of antibodies by the defense cells of body. The Ama and antibody then interacts each other to form an immune complex, which is deadly combination. It gets deposited in tissue and produce symptoms of Amavata. Madhavakara was pioneer to describe Amavata as a disease entity in medieval period text Madhav Nidana, Its clear cut description is not found in Brihattrayi through references regarding Amavata was found in hidden form. But concept of Ama is prevailing since Vedic period.

CONCLUSION

Amavata is formidable ailment, capable of producing disability. In Ayurvedic texts categorize it under krichhasadhya vyadhi and are challenging issue for contemporary medical science also owing to changing lifestyle. Its treatment consists of large range of analgesics, anti inflammatory, and finally surgery which is not a complete and effective solution with large number of side effects. Ama is chief pathogenic factor in ailment of Amavata, which is produced as result of mandagni. So first aim in management of disease is suggested to be prevention of formation of Ama, its pachana by stimulating jatharagni which achieved by taking katu, tikta rasa rastmak and deepana, pachana guna prominent drug.

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