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REVIEW ARTICLE ON AAMVATA

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ABSTRACT

In the present era Amavata is the most common disease affecting a large aged population. Amavata term derived from words as Ama & Vata. The word Ama is the condition in which various ailments in system create toxic effect. The Ama when combines with Vatadosha & occupies Shleshmasthana (Asthisandhi) results in painful disease. The clinical presentation of Amavata closely mimics with the special variety of Rheumatological disorders called Rheumatoid Arthritis in accordance with their similarities on clinical features like pain, swelling, stiffness, fever, redness, general debility, fatigue are almost identical to that of Amavata. It is the disease of *Madhyam Rogamarg.*[1] Clinically *Asthi* and *Sandhi* are the chief sites for the manifestation of cardinal symptoms such as *Sandhishool, Sandhisotha, Sandhigraha, Angamarda, Gaurava* and *Aruchi.* Ayurvedic management of Amavata emphasizes *Ama Pachana, Agni Deepana, Vata Shamana, and Shodhana* therapies such as *Langhana, Svedana, Virechana, and Basti,* along with appropriate *Ahara and Vihara.* This is a review study for understanding the disease amvata and its chikitsa

KEYWORDS: *Ayurveda, Amavata, Ama, Rheumatoid Arthritis, Agni-dushti.*

INTRODUCTION

There has been a dramatic and remarkable change in the life style of people in this era due to the evolution of newer technologies. By providing an easy and comfortable life these technologies made people more used to a sedentary life style and poor eating habits. As a result of which health problems are increasing worldwide day by day.

So any factors either dietary, environmental or psychological which causes impairment of Agni become responsible for the formation of Ama also. The concept of Ama is unique in Ayurvedic science. Aamvata is one such disease, where *Agnidushti* plays vital role in the *Samprati* of the *Vyadhi*. Due to *Nidanasevana* i.e *Viruddhaahara, Viruddhachestha* who have Mandagni and do not indulge in physical activity, indulging in physical exercise immediately after eating oily foods, *Aama,* which is maldigested form of *ahara* which is not homologous to body along with *Vata* get aggravated simultaneously and get lodged in *Trika sandhi* which make the body stiff. This *Ama* gets localized at *Shelshamastahan* i.e *Sandhi* (Joints) with the help of *Vata Dosha* and cause *Sthanavaigunya*. The clinical presentation of Amavata bears a close resemblance to Rheumatoid Arthritis (RA) a chronic, progressive, autoimmune disorder characterized by synovial inflammation, joint deformities, and systemic manifestations. While modern medicine manages RA primarily through immunosuppressants and anti-inflammatory drugs, pain killers, Disease monitoring anti-rheumatic drugs (DMARDS)[2] and NSAIDS that usually end up with severe side effects in the body. Painkiller and all treatment give temporary relief. Keeping in view of the growing number of patients of Rheumatoid Ayurvedic management encompasses preventive and curative strategies such as Sadvritta (ethical and seasonal conduct), dietary regulations tailored to individual constitution, lifestyle modification, detoxification therapies (Shodhana), and rejuvenative interventions (Rasayana). This holistic approach focuses on correcting the root cause—Agnimandya and Ama formation

Worldwide prevalence of Rheumatoid arthritis is 0.8% to 1%[3] and is most seen in women. In India the prevalence is estimated to be 0.75%[4] In Ayurveda *Samhita Acharya Yogratnakara*[5] and *Acharaya Chakrapani*.[6] The present paper throws a light on the various aspects of *Amavata* explained in the ancient Ayurveda texts. *Nidana, Samprapti, Lakshna* and all the treatment options mentioned in the *Ayurveda Samhitas* are highlighted here.

MATERIALS AND METHODS

This article is reviewed from *Madhavanidanam, Bhavaprakasha, Yogaratnakara, Charakasamhita, Bhaishjyaratnavali* and research journals like WJPMR, IJAM, JAIMS, JPAP. Modern medicine books API book of medicine and Davidsons principle and practice of medicine.

Nidanapanchak

The etiopathogenesis of disease can be studied with *Nidanapanchaka Nidana, Purvarupa, Rupa, Upashaya, Samprapti.*[7]

Nidana[8]

1. Viruddha Ahar
2. Viruddha Chesta
3. Mandagni
4. Nischalata
5. Vyayam Or exertion immediately after taking Snigdha Ahar

The same etiological factors are described by Acharya Madhav Nidan Yogaratnakara, Bhavaprakasha, Harita Samhita, vangsena, indicating uniformity among classical Ayurvedic texts regarding the causation of Aamavata.

Harita Samhita uniquely mentions Guru Aahar and Kandashak Sevan as the additional nidana

Viruddha Ahara[9]

Viruddha Ahara refers to incompatible food combinations or dietary practices that disturb the equilibrium of Doshas without facilitating their elimination from the body. Repeated consumption of such incompatible foods weakens Jatharagni, resulting in improper digestion and the formation of Ama. Persistent Ama formation plays a pivotal role in the initiation and progression of Aamavata.

Viruddha Cheshta

Viruddha Cheshta denotes unhealthy lifestyle practices that adversely affect normal physiological functions. Although classical Ayurvedic texts do not provide a precise definition, activities such as udirana, Vega vidhrana, Diwaswapna, Ratrijagarana, Ativyayama, Vishamashayya, and Ativyavaya are considered responsible for aggravating the Doshas.

Bhavaprakasha specifically mentions that performing exercise immediately after meals is an example of Viruddha Cheshta.

Mandagni

Mandagni is a pathological condition characterized by reduced digestive capacity of Jatharagni, resulting in incomplete digestion of food. Excessive intake of Guru, Snigdha, Madhura, Sheeta, Vidahi, and Abhishyandi foods weakens Agni and promotes the accumulation of Ama. Consequently, Mandagni is considered one of the primary pathogenetic factors in Aamavata.

Nischalata

Nischalata signifies physical inactivity or a sedentary way of life. Although the exact term is infrequently used in Ayurvedic classics, similar concepts are expressed through terms such as Sthira, Sthairya, and Achalata, which denote stability and immobility. These qualities are predominantly associated with Kapha Dosha, which normally provides structural integrity, steadiness of joints, and mental composure.

However, prolonged inactivity enhances Kapha and contributes to sluggish metabolism, heaviness, stiffness, and impaired circulation. This state predisposes to Agnimandya, facilitates Ama formation, and eventually promotes the pathogenesis of Aamavata. Conversely, insufficient stability due to aggravated Vata may lead to excessive mobility and instability of the body. Therefore, maintaining an appropriate balance between physical activity and rest is essential for preserving normal physiological function.

Purvarupa

Symptoms which manifest themselves before the appearance of the disease are known as *Purvarupa.Ama* act as the predisposing factor along with the *Prakupita Vata Dosha*, in the onset of *Amvata. Aama* and *Prakupit Vata dosha* when undergoes *Dosha Dushya Sammurchana* i.e. In *Rasa dhatu* and *Sandhi* specifically, results in the disease *Amavata*. As the *Purvarupa* of the disease are not directly indicated, the *Samanya Lakshanas* of *Amavata* like *Angamarda, Aruchi, Trishna, Alasya, Gourava, jwara, Apaki* and *Anga shunata* in mild manner can be considered as *Purvarupa*. Acharya vangsena has given Shiroruja And Gatraruja As Purvarupa

Lakshana of Aamvata[10]

Lakshana/*Roopa* of a disease appears at the stage of *Vyaktavastha* of *Shata Kriyakala*. When the disease gets fully manifested after the stage of *Sthana Samshraya* followed by continues *Nidana sevana*, the symptoms which surface are termed as Roop.

Samanya lakshanas

- Angamarda
- Aruchi
- Trushna

- Aalsya
- Gauravata
- Jwara
- Apaka
- Angashunata

Specific Lakshana according to Ayurvedic Samhitas

Samhita	Specific lakshanas
Yogaratnakar, Harita Samhita	SashabdaGatra, Vairsya
Vangasena, Bhavprakash	Chardi, Bhrama And Murcha, Vrucchikdanshata Vedana, Vitavibandha
Harita,Vangasena, Bhavprakash	Kukshi kathinya, Nidraviparyay, Bahumutrata

Samprapti of Aamvata

Due to *Hetusevana, Agnimandya* occurs, which leads to the formation of *Aama.* The *Sama Vayu* then drags this *Aama* to the *pradhansthana.* As a result, the extremely *Vidagdha Rasa Dhatu* begins to move into the *Dhamanis.* The vitiated *Rasa Dhatu* subsequently vitiates all three *Doshas.* This sequence causes *Rasavaha Srotodushti*, leading to symptoms such as *Sandhishoola, Sandhishotha*, and others.

Samprapti Ghataka

- *Dosha – Vata pradhan tridosha*
- *Dooshya – Rasadi dhatu; Asthigata snayu; Sira*
- *Agni – Jatharagni; Rasadhatwagni*
- *Srotas – Rasavaha, Asthivaha*
- *Udbhava Sthana – Amashaya*
- *Adhishthan – Asthisandhi*
- *Rogamarga – Madhyama*

***Sadhya -asadhyata*[11]**

According to Acharya Madhav Nidana

1. *Sadhya-Ek doshaja*
2. *Yapya-Dwidoshaja*
3. *Kastasadhya-Tridoshaja/Sannipataja*

Chikitsa in Aamvata

Common chikitsa were Given By Acharya Chakra Dutta, Yogratnakar, Bhaishjya Ratnavli, Vangsen, Bhavprakash

- *Langhana*
- *Swedana*
- *Tikta katu Dravya*
- *Virechana*
- *Snehpana*
- *Basti*

Treatment principles of *Amavata* which are *Langhana, Swedana* drugs having *Katu, Tikta rasa* and *Deepan* action, *Virechana karma, Snehapana, Anuvasana* as well as *Ksharabasti*. Whereas *Yogratnakara* have added *Ruksha Upanaha.*

1. Langhana

It is First line of treatment in Amavata. The process that brings lightness in the body is *Langhan.*[12] *Langhana* can be achieved through lifestyle changes i.e. Fasting or by using drugs that brings lightness in the body. The '*Ama'* which can produce symptoms like heaviness and causes blockage of *Srotas* can be best treated by *Langhana* treatment. In *Ayurveda, Dravyas* used for *Langhana Chikitsa* are having *Laghu, Ushna, Ruksha, Khara, Sukshma, Sara* properties which helps to reduce this accumulated *Ama* through its *Pachana*, *Dipana* and *Shoshana* actions.

2. *Swedana*

Swedana Karma is a procedure that can be done either as a preparatory component of *Panchkarma* or as an independent intervention by which *Vata* and *Kapha Doshas* induced diseases can be treated.[13] *Swedana Karma* has proved its efficacy to treat stiffness, heaviness of the body and cold. Types of *Swedan karma* includes *Sagni, Niragni, Snigdha swedana, Ruksha Swedana.* In case of *Amavata, Snigdha Swedana* can aggravate the *Ama* as '*Ama'* is a main causative factor of *Amavata* and *Snigdha* is one of the properties of *Ama* therefore to treat the 'Ama' *Ruksha Swedana* should be the treatment of choice. Different types of *Ruksha swedana* like *valuka Swedana, Ishtika Swedana* are mentioned in the *Ayurveda Samhitas* for the treatment of *Amavata* because *Ruksha Swedana* has *Ushna* and *Ruksha Guna* that aid in digesting the *Ama* and helps in clearing the channels. In chronic stage of *Amavata* where the inflammation is subsided but only pain has been left over, in that case combination of *Snigdha* and *Ruksh Swedana* must be done. As *Valuka Swedana* is *Sagni* type of *Sweda* should not be used when aggravated *Pitta* is involved in *Amavata* presenting symptoms like burning pain, redness and increase in temperature. In Amavata Ushna Jalapana, a kind of internal Swedanas also indicated which is Deepana, Pachana, Jwaraghna, Srotoshodhaka.

3. *Tikat-Katu Dravya* in *Amavata*

Though *Tikta, Katu Rasa Dravyas* are supposed to increase *Vata Dosha*, yet these are of proven value in *Amavata*. *Tikta* and *Katu Dravyas* have properties like *Ruksha* and *Laghu* i.e., opposite to the *Snigdha* and *Guru* properties of *Ama*. *Tikta* and *Katu Dravya* also have *Deepan, Pachana* and *Kapha- Medhohara* properties that helps in the digestion of *Ama* and restoration of *Agni*. *Katu rasa Dravya* like *Shunti,* which is best *Dravya* in *Amavata* because it is *Madhura Vipaka Ushna Virya* and *Snigdha* in *Gunas,* which not only digest *Ama* but also reduce *Vata Dosha* by *Madhura Vipaka, Panchkol* contain *Pippali, Pippalimula, Chavya, Chitrak, Shunthi* all these are *Ushna, Tikshna in Guna* and *Katu Rasa* so they are act as *Dipana n Pachan* and *Tikta Rasa Dravya* like *Guduchi* shows significant improvement in the patient of *Amavata*.

4. Virechana

Virechana has been described to be the best remedy for *Pitta Dosha*, yet it is effective in the vitiated *Kapha* and *Vata Dosha* also some extent. After *Langhana, Swedana* and *Tikta, Katu dravyas Dosha* attain *Nirama Avastha* and may require elimination from body by *Shodhana*. *Virechana Dravya* work by their *Vyavayi, Vikasi, Ushana, Tikshana, Suksham Ghuna*.[14] By virtue of its above-mentioned properties, *Virechana dravyas* first reaches the *Haridya* and then circulate to *Dhamani* from where it reaches all the large and small *Srotasa*. These drugs also have a *Ushana* potency with which it causes *Vishyandana* (melting of doshas) and by its *Tikshana guna* it helps in the disintegration of accumulated *Doshas*, hence *Virechana* expel *Ama* from the body through the downward route, thereby reducing systemic toxin load which prevents its further circulation and deposition in joints. Hence it reduces obstruction (*Srotorodha*) responsible for *Sandhi-Shoola, Shotha*, and *Stambha*. One of the best Dravya that can be used for the *Virechana Karma* in *Amavata* is '*Eranda' as Eranda*[15] has properties like *Ushna Guna* and *Virya, Vatahara, Kaphashamaka, Shopha* and *Shoolghanam*. In *Aamvata Eranda Taila* is used for *Virechana*. Therefore, *Virechana Karma* with *Eranda tailum* given a prime importance.

5. Snehapana

Snehapana in *Amavata* can be given as *Brihan* as well as *Shaman Snehapana*. Above mentioned treatments which may result in *Dhatu Kshaya*, which aggravate *Vata Dosha* and may cause weakness. In that case, use of *Brihana Snehapana* for a particular time helps to improve digestion and provide strength to the body. *Shamana Snehpana* should be given at the time of hunger. It works on *Vata Dosha* as a *Snigdha Dravya*. In the chronic condition of *Amavata* which results in *Dhatu Kshaya*, *Brihan Snehapana* should be used. In Bhaishajyaratnavali *Shunthi Ghrita*[16], *Shringberadi Ghritam, Vijaybhairava Tailam, Bhavprakash* mentioned *Dwipanchamooladi Tailam* and Acharya Chakradatta mentioned *Kanjikshatpalam Ghritam* are some of the highly beneficial Sneha indicated in the treatment of *Amavata*.

6. Basti

Basti in one of the best treatments in ayurveda, it called as *Ardhachikitsa*.[17] In *Vatavyadhi Basti* is called as best treatment. In *Basti* treatment medicated oil and decoctions are administered in the body of the patient through anal route. *Basti* treatment work on both *Margaavarodha* and *Dhatukshya*. It not only reduces *Vata Dosha* but also pacifies *Pitta* and *Kapha dosha* all over body.

Various *Bastis* used in *Aamvata*

***a) Saindhavadi Tail Anuvasana*[18]**

This *Taila* contains *Saindhava, Pippali, Rasna, Shatapushpa, Maricha, Kustha, Vacha, Yashti* and *Jeeraka*. These ingredients possess *Ushna*, *Ruksha* and *Katu-Rasatmaka* properties, contributing to strong *Deepana* and *Pachana* actions that help in the reduction of *Ama*. Additionally, the *Snigdha* nature of the oil helps pacify aggravated *Vata*.

b) *Vaitaran Basti*[19]

Vaitaran Basti is First Mentioned by *Aachrya Chakradatta* in *Amvata chikitsa Adhyaya.* The formulation consists of *Amlika* (Tamarind), *Guda* (Jaggery), *Saindhava Lavana, Gomutra*, and *Tila Taila. Amlika is Amla Aasa, Katu Vipaka* and *Ushna Virya* so it act *as Vataanulomaka* and *Shamak, Guda* is *Madhura Rasa Madhura Vipaka* and *Ushna* in *Guna* act as *Vata Shamak* n *Yogavahi*,*Saindhava* is *Lavana Rasa Madhura Vipaka Snigdha* in nature which act as *Vatashamak*,and *Gomutra*, a key ingredient, acts as a potent *Agnideepaka* and *Lekhana* agent. By enhancing digestive fire and promoting metabolic clearance, *Gomutra* addresses *Agnimandya*, which is a central factor in the formation of *Ama* in *Aamvata*.

Many other Basti like *Brihatsandhavadi tail Anuvasan Basti*,[20] *Rasnapanchak Niruha Basti*,[21] *Rasnasaptak Niruhaa Basti*,[22] *Dashmooladi*[23] *Niruha Basti, Panchkoladi Niruha Basti*[24] are capable enough to cure *Amavata*.

Pathya – Apathya

Class	*Pathya*	*Apathya*
Shuka Dhanya	*Yava, Shamaka, Kodrava, Raktashali*	*Nava shali, Godhuma*
Shami Dhanya	*Kulattha, Chanak,Kalaya yusha*	*Masha, tila*
Phala and Shaka	*Vastuk, Shigru, Punarnava, Karavellak, Patola, Ardrak, pakwa vartak, Nimba patra shak, Gokshur, Varuna, Rasona*	
Mansa varga	*Jangala mansa-Takra sanskarit Lava mansa*	*Matsya*
Drava varga	*Koshna jala, Panchakola siddha jala, Purana madya, Snehapana, Takra, swauvir lavan kanji*	*Dadhi, Dugdha, Dushit Jala, Sheeta jala*
Vihara	*Langhana*	*Purvavaat, Vegadharana, Ratrijagarana,*
Rasa	*Tikta, Katu*	*Madhura.Amla*

CONCLUSION

In Amavata, Snigdha ahara bhuktottara vyayama is a distinctive etiological factor that clearly differentiates it from other Vata or Ama disorders. Chakradatta distinctly emphasizes Vaitarna Basti as a highly effective therapy. Although Virechana Karma is classically indicated for

Pitta disorders, its role in Amavata is significant due to its ability to eliminate ama, correct agni, and balance doshas. Unique dietary recommendations include Yava, Shyamyaka, Kodrava, Kulattha, Chanaka, Kalaya Yusha, along with Shigru, takra-Samskrata lava-mansa, and sauvira lavana yukta kanji. Overall, Ayurveda offers a holistic and sustainable approach for long-term management of Amavata, with promising scope when integrated with modern research.

REFRENCES

1. Charaka-Charaka Samhita Agnivesh, edited with vidyotini Hindi commentary by Achrya Shukla and Ravidatta Tripathi Varanasi India Chaukhamba Sanskrit prathisthana, Part 1 2016; Sutra Sthana 11/48-2.
2. Davidsons principles and practice of medicine 23rd edition by Stuart H. Ralston chapter no. 24 page no 1024.
3. Davidsons principles and practice of medicine 23rd edition by Stuart H. Ralston chapter no 24 page no 1022.
4. API textbook of medicine 8th edition, by Munjal Y.P chapter 7th page no 290.
5. Yogaratnakara-vidyotini hindi commentary by vd. Laxmipatishastri Varanasi India Chaukhamba Sanskrit prathisthana, 2012 page no 234.
6. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no. 166.
7. Sushrurta, Shrutasamhita, Uttara sthana 1/25 Chaukhamba series Varanasi 2012.
8. Madhav Nidan, Madhukosha commentary, by Tripathi B, vol.1, 25/5. chokamba Surbharati parkasan, 1976.p p.226.
9. Charaka Sanhita, Bramhanand Tripathi Ganga shah Pandey 1st edition Varanasi Chaukhambha Prakashan 2007 Sutra Sthana 26/29 p.no 497.
10. Madhav Nidan, Madhukosha commentary, by Tripathi B, vol.1, 25/5. chokamba Surbharati parkasan, 1976.p p.226.
11. Madhav Nidan, Madhukosha commentary, by Tripathi B, vol.1, 25/5. chokamba Surbharati parkasan, 1976.p p.226.
12. Charaka-Charaka Samhita Agnivesh, edited with vidyotini Hindi commentary by Achrya Shukla and Ravidatta Tripathi Varanasi India Chaukhamba Sanskrit prathisthana, Part 1 2016; Sutra Sthana 22/9.
13. Charaka-Charaka Samhita Agnivesh, edited with vidyotini Hindi commentary by Achrya Shukla and Ravidatta Tripathi Varanasi India Chaukhamba Sanskrit prathisthana, Part 1 2016; Sutra Sthana 14/3.
14. Charaka-Charaka Samhita Agnivesh, edited with vidyotini Hindi commentary by Achrya Shukla and Ravidatta Tripathi Varanasi India Chaukhamba Sanskrit prathisthana, Part 2 2016; Kalpa sthana 12/53.
15. Pandey G. Bhavparkash nighantu, Takravarg. Chaukambha vishav Bharati 2010. pp 765.
16. Bhaishjyaratnavali Govindadassena virachit Hindi commentary edited by Ambikadatta shastri Chaukhamba Sanskrit prathisthana 29/200 page no-628.
17. Charaka-Charaka Samhita Agnivesh, edited with vidyotini Hindi commentary by Achrya Shukla and Ravidatta Tripathi Varanasi India Chaukhamba Sanskrit prathisthana, Part 2 2016; siddhi sthana 1/39 page no 866.
18. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; 46-47 Page no.170.
19. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no.455.
20. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no.170.
21. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no.166.
22. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no.166.
23. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no.166.
24. Tripathi J, Chakradtta edition 5th The Chowkhamba Series Varanasi, 1983; Page no.166.