

NIDANAPANCHAKA STUDY OF AAMVATA

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INTRODUCTION

Ayurveda offers a distinctive, all-encompassing method for disease diagnosis. Various contexts and viewpoints have been used to describe various sets of criteria in Ayurvedic literature. The two forms of Ayurvedic diagnostic methods are Rogi Pariksha and Roga Pariksha, respectively. Roga Pareeksha is an illness analysis. It is the investigation of Vyadhi and its personalities. Nidanapanchaka and Shata Kriyakala can help with this. Both economically and in diagnosing and treating illness, Ayurveda's Nidanapanchaka diagnostic method is useful. Nidanapanchaka, an Ayurvedic concept, uses causal factors as its primary method of disease diagnosis.

The first Acharya to describe the illness of Aamvata was Madhava. Although it seems like an easily treatable illness, the prognosis is not favorable.

The concept of Aamvata remained hazy before the Acharya Madhava. Vata Dosh and Ama's Dushti or Prakopa both contribute to the development of Aamvata. Unique to Ayurvedic science, the concept of Ama is what causes the majority of different illnesses. Ama has no equivalent in contemporary science.

AIMS AND OBJECTIVE

To study the aetiopathogenesis, signs and symptoms, and treatment of Amavata W.S.R. Rheumatoid Arthritis.

MATERIAL AND METHOD

For this study literary method which includes the references to Amavata and rheumatoid arthritis has been collected from the Ayurvedic and modern texts.

Prevalence- Epidemiological data provide proof of a regular upward shove in autoimmune sickness all through Westernized societies over the last decades Researchers have identified 80-100 distinctive autoimmune ailments and suspect at least 40 additional illnesses of having an autoimmune basis. The overall world prevalence is 0.8% and regularly increases to 5% in ladies over the age of 70. RA is two to three instances extra frequent in women in contrast to men. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men.

Nidana of Amavata (Etiology)

Acharaya Madhavkara has clearly stated the Nidana (causative factor) of Amavata in Madhav Nidana Viruddhahara (Antagonistic diet) -The dietetic articles which are unwholesome for the normal Dhatu (tissue elements) and Doshas of the body and tend to disagree with the system are known as Viruddha. This Viruddha Ahara is the most common etiological factor for most of the diseases similar is the case with the disease Amavata. It is the most important factor responsible for Amavata. Charaka described the eighteen types of Virudha Ahar Along with this concept of "Ashta Vidha Ahara Viseshayatana" and "Dwadasha Pravichara" should also be kept in mind while taking the meal. Both factors also play a major role in the manifestation of disease.

Viruddha chest (Erroneous habit)

As the term indicates it includes the activities which are antagonists to the normal physiology of the body. The body is unable to cope with these activities thus, causing the production of disease. In our classics, Viruddha Cheshta has not been clear-cut described. It causes the vitiation of Agni and ultimately leads to the production of Ama, which plays a major role in the manifestation of the disease. Vega Vidharana, Diwaswapna, Ratri-jacaranda, Ativyayama, Ati-vyavaya, Visam Shayya Shayana, etc. can be considered as Viruddha Cheshta for the disease.

Mandagni (Diminished Agni)

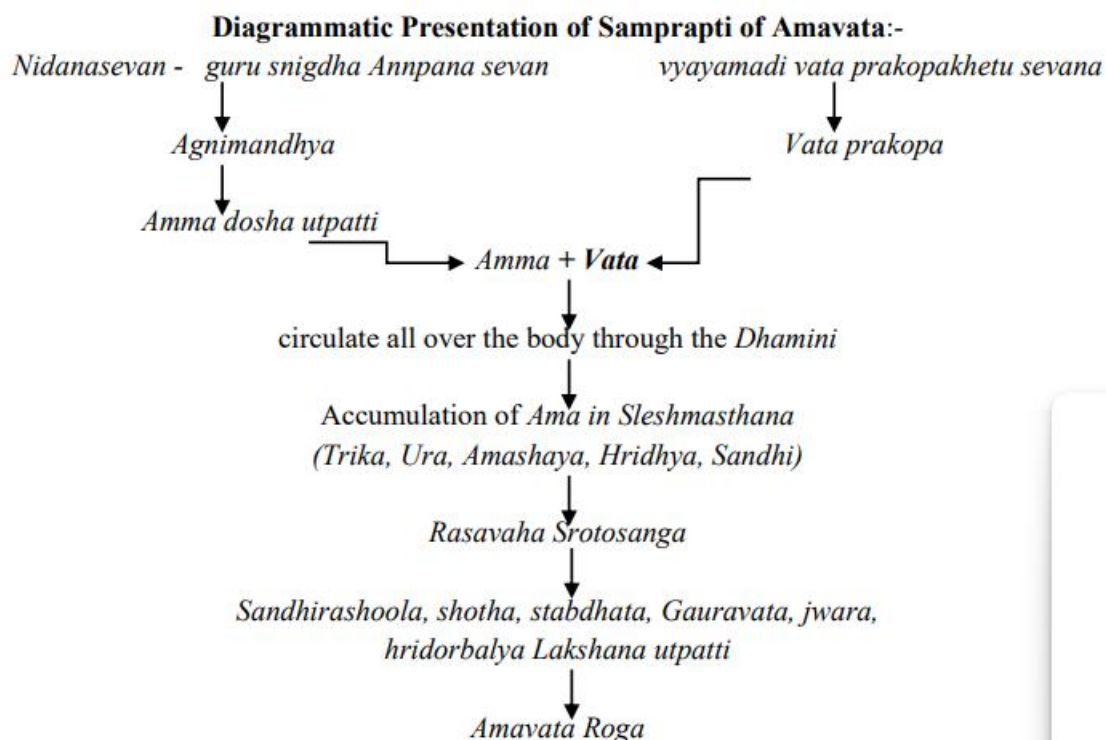
The disturbance in the functioning of Agni in the body leads to various ailing states via the formation of Ama. Thus, the faulty digestive mechanism at the level of GIT

otherwise termed as Mandagni is largely responsible for the formation of Ama.

Nischalata (Sedentary habit)- physical inactivity is responsible for Kapha Vriddhi which results in Agnimandya and consequently leads to the formation of

Ama which is a main pathogenic factor for the manifestation of disease.

Exertion immediately after taking snigdha hara is the main etiological factor of Amavata.



Samprapti Gatka

- Dosha- Vata Kapha pradhan Tridosha, Amadosha.
 Dushya- Rasa, Rakta, Mamsa, Asthi, sandhi, Snayu, Kandara.
 Srotodusti- Sanga, Vimargagaman.
 Udbhavsthana (origin) - Amapakvasayottha.
 Adhistan- Sarvasandhi (Whole body)
 Rog Marga- Madhyam Rogmarga
 Vyadhi Shvabhava- Aashukari, kastaparda
 Agni- Agnimandhya.

Roopa (signs and symptoms)

Sandhi school - Pain in multiple joints mainly bilaterally symmetrical
 Sandhi shotha - Swelling in multiple joints
 Gatra stabdhata - Stiffness in the body and joints (mainly morning stiffness)
 Angamarda - Body ache, myalgia
 Aruchi - Anorexia
 Apaka - Indigestion
 Trishana - Thirsty
 Gourav - Heaviness in the body
 Aalasya - Lethargy
 Angashunata - Swelling in the body
 Jwara - Fever
 Angavaikalya - Deformities in joints
 Jaadhyata - Due to deformity limited movement in joints,

weakness in grip

Joints involvement in R.A. - The joints involved most frequently are-
 Finger joint (40%) -MCP and PIP
 Shoulder joint (20%)
 Foot joint (20%)

Wrist joint (15%) Joint deformity in R.A.

Swan neck deformity - Hyperextension at PIP joint and flexion at DIP joint.
 Boutonniere deformity (buttonhole deformity) - flexion of PIP joint and extension of DIP joint of the hand.
 Z-deformity-Hyperextension of the interphalangeal joint, fixed flexion, and subluxation of the metacarpophalangeal joint give a "Z" appearance to the thumb.

Ulnar deviation

Cockup deformity of the great toe is characterized by persistent extension of the first metatarsophalangeal joint. Synovitis at the wrist may cause carpal tunnel syndrome.

Diagnosis - Diagnosis of RA should be considered in patients with bilateral, symmetric, inflammatory, polyarthritis involving small and large joints, with sparing of the axial skeleton except the cervical spine.

Criteria for the Diagnosis – 2010 ACR and EULAR diagnostic criteria for rheumatoid Arthritis.

Chikitsa sidhanta –Chakradatta was the first inventor, who described the principles of treatment for Amavata which are Langhana, Swedana, drugs having Tikta Katu Rasa and Deepana action, Virechana, Snehapana, and Anuvasana as well Ksharabasti. Some of the important Amavata (R.A.) Nasak the drugs which are used can also be Guggulu, Vati, and Kwatha are as follows:

Description of various Upkrama

1. Langhana: any procedure that generates a sense of lightness in the body is langhana. Langhana is the first line treatment in Rasa pradoshaja vikaras and Amashyotha vyadhis. Amavata is a Rasa pradoshaja vyadhi and Ama is formed within Amashaya. In langhana there is no food available for digestion. Hence Agni starts digesting Sama. Dosas. By this Dosa Kshaya occurs and Agni vrudhi occurs.

2. Swedana: that which induces sweating and relieves Stambha, Gaurava and Sheeta. Amavata is a Vata Kapha Pradhan Vyadhi having Stambha, Gaurava, and Sheeta as Pradhan Lakshanas. Swedana indicated here is - Ruksha Swedana(Valuka and Pottli)

3. Pachana/Tikta and katu Dravya prayoga: That which digests Ama and increases the Agni. Tikta Rasa is Akasha and Vayu Mahabhuta Pradhan and is best Ama Pachaka as well as Agni Deepan. Katu Rasa is Vayu and Agni mahabhuta Pradhan. Chhedana and lekhanas properties help to cure Dosa Sammurchhana and Srotobhishyanda.

4. Deepana: Such drugs can't digest Ama, but they intensify Agni. Agnimandya is the main causative factor responsible for the formation of Ama. As such both actions go hand in hand. Deepana drugs do perform Pachana action and vice versa.

5. Virechana: Though Virechana is the main line of treatment in Pitta Dusti, at the same time it is also useful in Vata and Kapha Dusti. Mrudu samshodhana is also the line of treatment for Vata Dosa. Shodhana is contraindicated in Samavstha, hence Deepana Pachana is a pre-procedure. Virechana brings about Kosta shudhi and hence Agnivrudhi, Srotoshodhana, and Vatanulomana.

6. Snehana: As it aggravates Ama so contraindicated in Amavstha. But to remove the Dosa Sanga & to pacify the Vata Dosa Snehana is required. Eranda taila is a vyadhi pratyaniika Sneha in Amavata.

7. Basti: Basti is the main treatment for Amavata and Vata vyadhi. Basti is said as Ardha Chikitsa & sometimes Sampoorana Chikitsa because it controls the Vata Dosa which is Pradhana among the Tridosas.

Anuvasana: Here is no medicine other than Taila that can pacify Vata. Here Saindhavadi taila is used for Anuvasana Basti. Any other Taila used here aids in the Lakshana vrudhi rather than pacifying them. Hence only those Tailas that are processed with Amapachana Dravyas are to be used here. Plain Eranda taila can also be useful. But even with these Taila Basti is to be started after proper Deepana Pachana otherwise Amavrudhi will lead to lakshana vrudhi.

9. Asthapana: It pacifies Vata, at the same time Basti drags all the Tridosas from Pakvashaya. Dashamula Kshara Basti & vaitarana Basti are used here. Kshara does Ama Pachana and Dashmula being Shothaghana and Laghana reduces both the symptoms.

Drugs for RAA

. Nonsteroidal Anti-inflammatory drugs (NSAIDs) – Aspirin, indomethacine, fenamides, Celecoxib, rofecoxib.

B. Disease modifying anti-rheumatic drugs (DMARDs)

1. Nonbiological agent- they target inflammatory pathway – D-Penicillamine, Hydroxychloroquine, Sulfasalazine, Methotrexate
2. Biological agent – they target cytokines and cell synthesis
Anti TNF alpha Antagonist -Infliximab, Etanercept, Adalimumab
IL 1 Receptor antagonist- Anakinra Anti-CD 20 Antibody – Rituximab
JAK - 1, JAK- 3 inhibitor- tofacitinib
JAK-1 JAK -2 inhibitor- baricitinib C.
Immunosuppressive drug- Leflunomide

DISCUSSION AND CONCLUSION

Amavata is a complicated disease, the pathogenesis of which lies in the era of Ama after Mandarin. This Ama alongside vitiated Vata and Kapha dosha consequences in the Dosh-Dushya combination, as a result, produces the Nidus for signs of Amavata to occur. The sickness Amavata can be effectively compared to Rheumatoid arthritis. The purpose of the treatment in Amavata is to minimize Ama through its metabolism (Amapachana) and to normalize the two vitiated Vata and Kapha Dosa. Chronicity makes this disease difficult to treat.

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