

**TREATMENT PRINCIPLES OF AMAVATA ACCORDING TO CLASSICS OF
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ABSTRACT

Amavata is the most common endogenous disease which is produced due to frequently formation of *Ama* in the human body. With the march of time most habits of the human being i.e. dietary habits, social structure, life style as well as environment have been changed. Occurrence of *Amavata* on large scale is one of the outcomes of this so called advancement. It is the commonest among chronic inflammatory joint disease in which joints becomes swollen, painful and stiff. Due to its chronicity and complications it has taken the foremost place among the joint disease. It continues to pose challenge to the physician due to severe morbidity and crippling nature. There is no doubt modern system of medicine play an important role in overcoming agony of pain, restricted movement and disability caused by the disease. Simultaneously prolonged use of allopathic medicines are not only giving rise to many side effects, toxic symptoms and adverse reactions even including many organic impairments. Patients are continuously looking with a hope towards *Ayurveda* to overcome this challenge due to merely insufficient management of this disease in other system of medicine. So it is need of time to work more and more on principles of treatment, which are effective in *Amavata*. Here I have tried to elaborate principles of treatment related to *Amavata*, enumerated by ancient *Ayurvedic* seers.

KEYWORDS: Amavata, Basti, Snehan, Swedan, Langan, Dipana.**INTRODUCTION**

Acharya Madhavakara was the first author who has described *Amavata* as a separate disease entity in his text "*Roga Vinishchaya*" which is later on known as "*Madhava Nidana*". There is a complete chapter containing detail description of the disease regarding definition, Aetiopathogenesis, clinical manifestations, complications and prognosis of *Amavata*. *Amavata* described in *Ayurvedic* classics is similar to Rheumatoid Arthritis in Various means. In 1591 Guillaume Baillou, the French physician and Dean of the University of Paris medical faculty writes, on the of the first books on Arthritis. In this book he used the term 'Rheumatism' to describe a condition characterized by inflammation, soreness, stiffness in the muscles and pain in and around the joints. In 1859, sir, Alfred Garrod, the London physician, coins the clinical term" rheumatoid arthritis" and the first reference is made in medical literature. About 1% of the world population is afflicted by R.A. The onset is more frequently during fourth and fifth decade of life with 80% of patient developing disease between the age of 30 to 40 years. Women are affected approximately three times more often than men. It is a

disease of temperate climates with low incidence in tropics. It is not uncommon for the disease to start in mothers following a pregnancy and for mothers with established disease to go in to remission during pregnancy. Studies suggest that genetics and environmental influences are important in the susceptibility to R.A. Therefore it has received attention of the clinicians, research workers and basic scientists, who are sincerely engaged to solve the various aspects of the ticklish problem related to this disease.

REVIEW OF DISEASE AMAVATA

Etymology is very important for easy identification and understanding of a particular disease. It is done on the basis of *Doshas*, *Dushya*, *Adhithana*, *Avayav*, *Hetu*, specific symptoms and the basic pathological factors etc of that particular disease.

So for as *Amavata* is concerned, it is made by the union of two words *Ama* and *Vata* which are the two main predominant factor responsible for the pathogenesis of this disease. According to *AYURVEDIC VISVAKOSHA* etymology the word *Ama* along with *Vata* dosha is

termed as *Amavata*. This also indicates that the *Ama* and *Vata* are the two main predominant factor in the causation of *Amavata*.

It is said in *Siddhant Nidana* that due to hypo function of *Agni*, *Adya ahara rasa dhatu* turned into *Ama* and it combines with vitiated *Vata* leads to formulation of the disease *Amavata*.

Definition of Amavata

Acharya Madhava was the first scholar to describe the disease *Amavata* as a separate entity. He also give the appropriate definition of *Amavata* as^[1] "when vitiated *Vata* and *Ama* simultaneously enters in the *Kostha*, *Trika* and *Sandhi* leading to stiffness of the body and *Trika sandhi vedna*. This dreadful disease is known as *Amavata*."

Nidana (Etiology) of Amavata

In *Madhava Nidana* following specific etiological factors responsible for causation of *Amavata* has been described.^[2]

1. *Viruddhahara* (indulgence of incompatible food)
2. *Viruddha chesta* (indulgence of incompatible habits)
3. *Mandagni* (hypo function of digestive faculty of body)
4. *Snigdha bhuktavato vyayama* (doing exercise after taking fatty foods)
5. *Nischalata* (lack of physical activity)

Besides, these above mentioned etiological factors *Acharya Harita* also describe *Guru ahara*, consuming *Kanda shaka* and *Vyavaya* as etiological factors for *Amavata*.^[3]

Samprapti (Pathogenesis) of Amavata

The Aetiopathogenesis of *Amavata* described in *Madhava Nidana* and *Bhavaprakasha* is as follows.^[4]

The person who have suffering from *Mandagni* (poor digestive capacity) if is indulge in incompatible foods habits, lack of physical activity or doing exercise after taking fatty foods are prone to develop *amarasa* (improperly digested food) in their body. This *ama* associated itself with *vata* moves quickly to the different seats of *sleshma* in the body (mainly joints), filling them and the *dhaminies* (blood vessels) with *picchila* (waxy material). So, by this way the bad end product of digestion associated with *pitta* and *kapha* assuming different colours and blocks the tissue pores (*strotansi*) and passages with this *picchila* (waxy) material. By this way the stasis of the vitiated *doshas* and *dushya* along with *ama* in the *sleshmashaya* is taken as *sthanasamsarya* stage of *samprapti*. After this the process of *dosha-dushya sammurchhana* taken place and ultimately complete the pathogenesis of *amavata*. The clinical manifestations such as weakness and heaviness of the heart, affection of the joint of the body such as *trika sandhi* (lambo-sacral joint, neck joint) are produced at this stage. This is a deadfull disease producing

stiffness of the body and become a cause of many other disease also.

Roopa (Signs and Symptoms) of Amavata

1. Pratyatma Roopa (Cardinal symptoms): All the disease have some cardinal features, which helps in the exact diagnosis. Following cardinal symptoms of *amavata* are described in the texts similarly described in modern medicine.

- (a) *Sandhi shoola* (Pain in joints)^[5]
- (b) *Sandhi shotha* (Swelling in joints)
- (c) *Stabdhatta* (Stiffness)
- (d) *Sparshashatva* (Tenderness)
- (e) *Sashabda sandhi* (Crepitation)^[6]

2. Samanya Roopa (General Signs and Symptoms):

The general symptomatology in the context of *amavata* described by *Acharya Madhavakara* are as follows.^[7]

- i) *Angamarda* (Bodyache)
- ii) *Aruchi* (Anorexia)
- iii) *Trishna* (Thirst)
- iv) *Alasya* (Laziness)
- v) *Gaurava* (Heaviness)
- vi) *Jvara* (Pyrexia)
- vii) *Apaka* (Indigestion)
- viii) *Angasunyata* (Swelling in the body parts)

3. Pravridha roopa (Severe signs and symptoms) of amavata

Acharya Madhavakara, *Bhavaprakasha* and *Vangasena* has described the pravridha roopa of *amavata* as follows:^[8]

Aruchi (anorexia), *Trishna* (excessive thirst), *Saruja sandhi shotha* (pain with swelling in joints), *Gaurava* (feeling heaviness in the body), *Agnidourbalya* (hypofunction of digestive faculty of body), *Praseka* (Salivation), *Utsahahani* (Loss of Enthusiasm), *Mukha-vairasya* (Inappropriate Oral Taste), *Daha* (Burning Sensation), *Kukshikathinya* (Abdominal Distension), *Kukshishoola* (Abdominal Colic), *Nidraviparayaya* (Insomnia), *Chhardi* (Vomiting), *Bhrama* (Giddiness), *Murchha* (Fainting), *Hridgraha* (Myocardial Complications), *Vidvibaddhatta* (Constipation), *Jadayata* (Stiffness of Body), *Antrakujana* (Abnormal Peristaltic movement), *Anaha* (Flactulence).

Treatment Principles of Amavata

Acharya Chakrapani was the first *Acharya* who described the basic principles for the line of treatment of *Amavata*. He described *Langhana*, *Svedana*, drugs having *tikta-katu rasa* and *Dipana* properties, *Virechana*, *Snehapana*, *Anuvasana Karma* and *Kshara basti* for the treatment of *Amavata*.^[9] *Yogaratanakara* and *Bhavamishra* also followed the same steps. During the description of *ruksha sveda*, *Balluka pottali* and *upanaha* without *sneha* has been mentioned for the management of *Amavata*.^[10] In *Chakradatta*, *Yogaratrakara* and *Bhavaprakasha* a lot of recipes in the form of *Qwatha*,

Churna, Taila, Ghrita, Guggula Lepana, Vati, Louha have been mentioned.

Langhana

It is the first important measure that has been advised for the treatment of *Amavata*. *Amavata* is considered to be an *amashayotha vyadhi* and also *rasaja vikara* and *Langhana* is considered to be first line of treatment in such condition.^[11] The *sama doshas* which are spread all over the body can not be eliminated until *ama* attains the *pakva* form and for this purpose *Langhana* is the best therapy.^[12]

Langhana is contraindicated in *vata vriddhi*, but in *samavata* condition it is applicable. Hence when *nirama vata* stage is achieved *Langhana* should be stopped.

Svedana

Ruksha sveda has been advocated in the management of *Amavata* mostly in the form of *Baluka pottali*.^[13] It is mentioned due to its properties like-*ama pachana, kaphahara, shoshana* etc. *Acharya Charka* has been indicated *svedana* in the presence of *Stambha, Gaurava* and *Shoola*^[14] and this constitutes the predominant features of *Amavata*. In this disease *Ushana jalapana* (hot drinking water), a kind of internal *svedana* is also indicated, which is *Deepana, Pachana, Jvaraghna* and *Sroto shodhaka* etc.^[15] *Svedana* also helping in liquifying *doshas* and help in their transportation from *Shakha* to *Koshtha* where they can be eliminated by *sodhana* therapy.

Drugs having Tikta-Katu rasa and Dipana properties

Tikta and *katu rasa dravyas* are supposed to be increased *vata dosha*, yet indicated in *amavata* because of their antagonistic properties than that of *ama* and *kapha*. Due to their *laghu* and *tikshna guna* these drugs increase power of digestive faculty of body, digest *ama*, reduces the excessive production of *kapha* and prevent further production of *ama*. Properties of *katu rasa* like increased salivary and gastric secretions is well known. Apart from this, these drugs also improve the intestinal motility acting as *vatanulomaka*. These drugs also clear the obstruction in channels. *Dipana dravya* also play same role in the management of *Amavata*.

Virechana

After the process like *langhana, Svedana* application of *tikta-katu rasa* and *dipana dravyas doshas* goes in to *niramavastha* and further required elimination from the body by *shodhna*. For this patient should be subjected to *virechana* therapy for this *shodhana karma* because of following possible reasons:

- (a) In *Amavata* the production of *Ama* is the resultant of *Avarana* of *pitta (pachaka pitta)* by *kapha*, and it hampered the digestive faculty of body. *Virechanakarma* helps in this condition by following ways:
 - (i) It removes the *avarana* of *pitta* produced by *kapha*.

- (ii) It is the most suitable therapy for the localised *pitta dosha*.
- (b) In *Amavata* symptoms like *Vibandha, Kukshishoola, Anaha* etc are produced due to *prtiloma gati* of *vata* and these symptoms are best conquered by *virechana*, while *vamana* is likely to aggravate these features.

By this process the *rasavaha srotasa* reopened and given nutrition to the other *dhatu*s. The *agni* works properly and helps in digestion of *ama rasa*.

Snehapana

Snehapana is indicated in later stage of the disease. After giving the above mentioned therapies the patient need to *shamana snehapana* on the following basis:

- (i) The therapeutic measures applied so far as-*langhana, svedana, tikta-katu rasa and dipana drugs* are likely to produce *rukshata* (dryness) in the body which may aggravate the *vata dosha* and further aggravate the disease. This is prevented by *snehapana*.
- (ii) Loss of strength of the patient is the resultant of the *sodhana* therapeutic measures (*Langhana, Swedana* etc.) employed and by the nature of the disease itself. This is also controlled by the administration of *sneha*, as it is described to be the most powerful regimen for strengthening the body.^[16]
- (iii) *Samana sneha* is considered to be excellent for stimulating the digestive faculty of the body, which is primary requirement in the management of the *Amavata*.^[17]
- (iv) *Snehapana* has also been prescribed in the case of *asthimajjagata vata*, as the involvements of these *dhatu*s are quite evident in *Amavata*.^[18]

However the patients of *Amavata* are prone to develop derangement of digestion. So the *sneha* is administered should be medicated with *deepana* and *pachana dravyas*.

Basti

Among the three *doshas vata* is the chief pathogenic factor in the pathogenesis of *amavata* and *Basti* is the best therapeutic measures for the treatment of *vata*.

In *Amavata* both *Anuvasana* as well as *Niruha basti* has been applied. *Anuvasana basti* corrects the dryness of the body caused by *amahara chikitsa*, reduces *vata dosha*, maintains the function of *agni* and give nourishment to the body. *Niruha basti* eliminates *doshas* brought in to the *koshtha* by the *langhana* and allied therapeutics. In addition to these generalised effects, *Basti* also produces local beneficial effects by removing *Anaha, Antrakujana, Vibandha* etc. *Saindhavadi Taila* has been mentioned for *Anuvasan basti*.^[19]

In summary, respectively employment of *Deepana, Amapachana* and *sodhana* and *samana* therapies constitute the holistic approach in the management of *Amavata*.

CONCLUSION

The *Mandagni* (Hypofunction of digestive faculty of body) is the main causative factor for the production of *Ama*. The word *amavata* is made up of two words *ama* and *vata*. *Ama* along with *vata* dosha is termed as *amavata*. These *Ama* and *Vata* are the two main predominant factors responsible for the pathogenesis of this disease. When vitiated *vata* and *ama* simultaneously enter in the *kostha*, *trika* and *sandhi* leading to stiffness of the body and *trika sandhi shoola* is known as *amavata*.

The etiological factors (*Nidana*) which are responsible for pathogenesis of *Amavata* are as- *Viruddhahara*, *Viruddhachesta*, *Mandagni*, *Snigdha bhuktavato vyayama*, *Nischalata*, *Guru Ahara*, consuming *Kandashaka* and *Vyavaya* etc. have been mentioned in *Ayurvedic* classics.

The Basic Principles of treatment of *amavata* are *Langhana*, *Svedana*, *Dipana*, *Pachana*, *Virechana*, *Snehapana*, *Basti* and the various drugs which having *Tikta-katu rasa* may be useful for the *Amavata*.

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