

REVIEW ARTICLE ON AYURVEDIC CONCEPT OF AAMVATA

Dr. Khushboo Gupta^{*1}, Dr. Avadhesh Kumar² and Dr. Shailendra Kumar Singh³¹P.G. Scholar, P.G. Department of Roga Nidan Avum Vikrutivigyan, Government P.G. Ayurveda College & Hospital, Varanasi, India.²Guide, Reader & HOD, P.G. Department of Roga Nidan Avum Vikrutivigyan, Government P.G. Ayurveda College & Hospital, Varanasi, India.³Co-Guide, Lecturer, P.G. Department of Roga Nidan Avum Vikrutivigyan, Government P.G. Ayurveda College & Hospital, Varanasi, India.***Corresponding Author: Dr. Khushboo Gupta**

P.G. Scholar, P.G. Department of Roga Nidan Avum Vikrutivigyan, Government P.G. Ayurveda College & Hospital, Varanasi, India.

Article Received on 11/02/2021

Article Revised on 01/03/2021

Article Accepted on 21/03/2021

ABSTRACT

Amavata is a disease in which vitiation of Vata Dosha & accumulation of Ama take place in joints. In modern science Amavata is compare with Rheumatoid Arthritis which is a auto-immune disorder. In the present era Amavata is most common disease affecting a large aged population. Amavata is outcome of Agnidushti, Amotpatti & Sandhivikruti, because of this those therapy which normalize Agni, metabolize Ama & regulates Vata & maintain healthy Sandhi & Sandhista Shleshma will be best for this disorder. Because of its etiology Shamana & Shodhana chikitsa are advised in Ayurveda whereas Anti-inflammatory, Analgesics, Steroids & DMARDs are required for its management in modern science, which have their own side-effects. Amavata is the particular type of disease which is mentioned in Ayurveda since the period of Madhavakara, under the category of Vata-Kaphaja disorders & it is one of the challenging disease due to its chronicity, incurability, complications & morbidity.

KEYWORDS: Amavata, Ama, Rheumatoid Arthritis, Agni-dushti, Amotpatti, Sandhivikruti.**INTRODUCTION**

Amavata is the most common endogenous disease which is produced due to frequently formation of Ama in the human body. It is the commonest among chronic inflammatory joint disease in which joints becomes swollen, painful & stiff. Due to its chronicity & complications it has taken the foremost place among the joint disease. It continues to pose challenge to the physician due to severe morbidity & crippling nature. Amavata described in Ayurvedic classics is similar to Rheumatoid Arthritis in various means.

In 1591 Guillaume Baillou, the French physician wrote first book on Arthritis named 'Rheumatism' to describe a condition characterized by inflammation, soreness, stiffness in the muscles & pain in & around the joints.

In 1859, sir, Alfred Garrod, the London physician, coins the clinical term "Rheumatoid Arthritis" & the 1st reference is made in medical literature.

The onset is more frequently during 4th & 5th decades of life with 80% of patients developing disease between the age of 30-40 years.

Women are affected approximately 3 times more often than men. Studies suggest that genetics & environmental influences are important in the susceptibility to R.A. There is no doubt modern system of medicine play an important role in overcoming agony of pain, restricted movement & disability caused by the disease. Simultaneously prolonged use of allopathic medicines are not only giving rise to many side effects, toxic symptoms & adverse reactions even including many organic impairments.

Historical Review**1)- Vedic period**

Amavata is not found in all four Vedas. However the term Ama & Vata has been described separately. Concept of Vata, Pitta & Balasa is found in a scattered manner as the basic pathogenic factor of this disease. Some authors co-relate 'Visha' noted in Veda with Ama concept of Ayurveda.

2)- Samhita Kala

The period in which the Ayurvedic Samhitas had been written is named as Samhita Kala. The main classical texts of this era are Charaka Samhita, Sushruta Samhita as well as others like Kashyap Samhita, Bhela Samhita & Harita Samhita.

Charak Samhita

It is the main Ayurvedic texts which is based on medicine. In this samhita Amavata is not described as a complete chapter form but some features of Amavata is described in chapter called "Vata Vyadhi". in this chapter symptoms of Kaphavritta Vyan has similarity with Amavata.

The chief pathogenic factor causing the disease i.e. Ama & Vata has been described in scientific ways in a various chapters of the Samhita.

- The treatment of Sharirgata Ama explained by Charaka in Grahani chikitsa is almost similar to that of Amavata chikitsa described by Chakrapani in chakradutta (ch.chi.15/75)
- The elaborate description of etiology, pathology, clinical manifestation & chikitsa regarding Ama Pradoshaja Vikara gives a proper guideline to approach the disease Amavata in clinical aspect in Charaka Viman sthana.
- According to the Charaka's description of Vata Vyadhi when Vata affects the Asthi Sandhi there is Painful swelling in the joint & immobility.

Sushruta Samhita

This Samhita is mainly based on surgical procedure of different diseases but in this Samhita Amavata is not described as a chapter form.

- In Sushruta Nidan Sthana- 1 it is clearly stated that – along with inflammation, immobility & pain the joints in Vata Vyadhi eventually become deformed & destroyed.
- In Sushruta Uttartantra 56/10 Acharya Sushruta has given a short description about Ama.

Harita Samhita

Harita Samhita contains a full chapter on Amavata in which Nidana, Rupa, Bheda, Sadhyasadyata has been described in detail & the description is totally different to that of mentioned in Madhava Nidan.

Here Anga-vaikalya is given as lakshana.

Bhela Samhita

No direct reference of the disease Amavata is found in Bhela Samhita, but like Charaka & Sushruta the concept of chief pathogenic factor, Ama & Vata is described exclusively. In 10th chapter of Sutra sthana named-"Atha Amapradosiya" some text is found similarity to that of disease Amavata. (B.S.Su. 10/1-21)

Kashyapa Samhita

Amavata has not been mentioned in this Samhita but the term Amadosha, Amajirna etc. are used in this text. (K.S.-24th chapter).

Anjana Nidana

In Anjana Nidan there is a detailed description of Amavata including Nidana, Purva rupa, Rupa etc.

3- Samgraha Kala

- **Astanga Samgraha:** There is no reference of Amavata in Astanga Samgraha.
- **Astanga Hridaya:** Though there is no reference of Amavata as a separate disease entity in Astanga Hridaya but word Amavata has been used while discussing the therapeutic use of Vyasad Yoga.

4- Medual Period

Madhava Nidana

Madhavakara is the 1st author who has described Amavata as a separate disease entity in his text, "Roga Vinischaya" which is later known as Mahava Nidana.

There is a complete chapter containing detailed description regarding etiopathogenesis, clinical manifestations, complications & prognosis of Amavata.

Gada Nigraha

The description of Amavata & its treatment is explained in this text.

"Vikunchana" is explained as lakshana of Amavata.

Vanga Sena

Amavata description is found in this text. Author specially mentioned that "takra tulya mutra" as lakshana in Amavata.

Vijayarakshita

In his Madhukosha commentary on Madhava Nidana has mentioned sankocha, khanjatwa etc. as the upadravas of Amavata.

Rasa Ratna Sammuchaya

In this text there is a description about classification of Amavata is available & the Author suggest the use of Naga in this disease.

Vasavarajiya

In this text author has specially explained the "pitamutrata" as lakshana of Amavata.

Bhavaprakash

In this text author has described Amavata in detail. Indication of "Erاندbija" is mentioned in this text.

Yogaratanakara

In this text the complete description of Amavata is available. Many aushada yogas for this are also mentioned in this text.

Bhaisajya Ratnavali

In this text author explained nidana & elaborately discussed about varieties of chikitsa also.

5- Adhunik kala

In the modern era Acharya Gananatha sena has coined the term "Rasavata" for Amavata.

Etymology of Amavata

1. "Amena sahita vata Amavata". The virulent Ama circulates in the whole body propelled by the vitiated vata doshas producing blockage in the body channels that stations itself in the sandhi giving rise to Amavata.
2. The combination of Ama & Vata form Amavata, it shows the predominance of Ama & vata in the samprapti of Amavata.
3. Ajeerna produce Ama & along with vata it produce Amavata.

Definition

Ama is produced by Agnimandya of both Jatharagni and Dhatwagnis. Even though Ama is a cause for various diseases, in Amavata it is the main causative factor. Ama & Vata vitiated simultaneously & disease is manifested mainly in joints of hasta, pada, sirsa, trika, gulpha, janu & uru. The main symptoms produced are Angamarda, aruchi, trishna, Alasya, Gouravam, Apaka & Shotha.

Role of Ama in Amavata

The main causative factor for the manifestation of Amavata is Ama. So it is necessary to know ama in detail.

Etymology of Ama

1. The unprocessed or undigested food partical is Ama.
2. Ama means "which is subject of digestion"

Definition of Ama

1. Due to hypo-functioning of Ushma the 1st Dhatu 'Rasa' is not properly digested, instead the Anna rasa undergoes fermentation being retained in the Amashaya. This Rasa is called as Ama.
2. The Adya Ahara Dhatu is known as Ama, which is undigested & formed due to hypo-functioning of Agni, in Amasaya.
3. The food material which will not undergone vipaka, leads to Durgandha, which is large in quantity, which is picchila & which leads to Gatra Sadana is called Ama.
4. Due to impairment of digestive fire the undigested remained food material is Ama.
5. Apakva Anna Rasa is Ama & some other considers the accumulation of mala as Ama & still other opines the 1st stage of vitiation of dosha as Ama.
6. The 1st phase of Dosha dusti is Ama.

Ama may be classified as below:

Ama produced due to hypo functioning of Agni i.e.**a)- Ama due to Jatharagni mandya**

normal activity of Jatharagni is essential for the complete & proper digestion of food. But due to low Jatharagni the food is not properly digested & ama is formed. Therefore its absorption becomes sluggish due to its Guna like guru. Picchila & it gets retained in the intestine for a longer time.

b)- Ama due to Bhutagni mandya

after completion of breaking down of food particles by Jatharagni, the Bhutagni digest the particles of their own. When Bhutagni do not act properly ama will be produced.

c)- Ama due to Dhatavagni mandya

dhatavagni plays a role in the process of formation of dhatu tissue from the nutrient substances of the particular dhatu. Hence when the power of the Dhatavagni of a particular dhatu is diminished, either in the liver or in a particular Srotasa, the formation of that dhatu becomes incomplete & Ama is produced.

Ama produced irrespective of the action of Agni i.e.

1. Accumulation of mala.
2. Ama due to interaction & virulently vitiated doshas.
3. 1st phase of doshic vitiation.

Classification of Ama-Vata**A)- Classification according to Doshanubandha****1- Anubandha of one dosha**

- Vatanuga Amavata
- Pittanuga Amavata
- Kaphanuga Amavata

2- Anubandha of 2 dosha

- Vata-pittanuga Amavata
- Pitta-kaphanuga Amavata
- Kapha-vatanuga Amavata

3- Anubandha of all dosha

- Tridoshaja Amavata

B)- Classification according to severity

- Samanya Amavata
- Pravridha Amavata

In samanya Amavata, the symptoms are more or less general, less severe & not associated with complication in comparison to pravridha Amavata

C)- Classification according to chronicity

- Navina Amavata
- Jirna Amavata

Upto one year of onset it is said to be navina Amavata & after than one year it is called Jirna Amavata.

D)- According to Acharya Harita

Acharya Harita has classified Amavata into 4 types on the basis of clinical manifestation :

1. **Vishtambhi:** In vishtambhi type of Amavata Gatra-gaurava, Adhamana & Bastishoola are present.
2. **Gulmi:** In this type Jathargarana (bowel sounds), Gulmavatapeeda & Katijadata are present.
3. **Snehi:** Gatrarnigdhata, Jadya, Mandagni & Excretion of Vijjala & Snigdha Ama are present in such type of Amavata.

- 4. Sarvangi:** Excretion of Peeta, Shyama, Vijjala & Pakva Ama, Shrama & Klama are present in this type.

Nidana

The word “Nidana” is used in Ayurvedic classics in a broad sense. This word is derived from the Sanskrit dhatu “Ni” which carries the meaning to determine (Ni - Nischaya deeyate Jnanam). This word either refers to etiopathogenesis of the disease in general or the etiology of the illness in particular from the perspective of treatment. Nidana is most important as the avoidance of etiological factors forms the first & foremost line of treatment.

Madhavakara has described –

1. Viruddhahara (unwholesome diet)
2. Viruddhacheshta (Erroneous habits)
3. Mandagni (diminished agni)
4. Nishchalata (sedentary life)
5. Exertion immediately after taking Snigdha Ahara is the causative factors for disease Amavata.

1- Viruddha Ahara

Factors which provoke doshas but do not eliminate them out of the body, are called Viruddha. In today’s life fast food has replaced the staple diet in several corners of the world. These fast foods generally fall in Viruddha Ahara which deranges the digestive power (jatharagni) & also causes Dushti in Grahani, thus the food doesn’t get digested properly leading to production of Ama.

2- Viruddha cheshta

The habits, which exert unfavourable effects on body humors, are considered as Viruddha has been described extensively but Viruddha cheshta is not mentioned clearly.

In viruddha cheshta following can be considered, which are responsible of Dosha Utklesha.

- 1- Vega vidharana
- 2- Vega udirana
- 3- Diwaswapna
- 4- Ratrijagrana
- 5- Ativyayama
- 6- Ativyavaya.

Acharya charaka has very clearly mentioned that suppression of urge of vomiting cause diseases.

3- Mandagni

As it is said that Mandagni is the root cause of all disease. It includes hypofunctioning of various forms of Dehagni i.e. Jatharagni, Bhutagni & Dhatvagni). Mandagni leads to formation of Ama, which causes Srotorodha & results in reduced Dhatuposhana in turn causing Dhatukshaya. This Dhatukshaya leads to vataprakopa.

4- Nishchalatwa

It causes kaphavridhhi ultimately leading to Agnimandya. Due to sedentary habits, agni gets vitiated which in turn leads to iliation of dosha & production of Ama, it along with ama causes pathogenesis of Amavata.

5- Snigdham bhuktavato hiannam vyayamam

After consumption of food, normally most of blood circulation is supplied to the digestive system. Doing exercises just after taking meals circulation of blood will be turned to skeletal muscles, resulting in hampered digestion & absorption which leads to Ama formation.

Pathogenesis or Samprapti of Amavata

The impairment of agni will produce the condition of Ama. Mainly agnimandya initially affects digestion followed by metabolism. Hence in this state of Agni, the Rasadhatu is not formed up to the standard level & it is considered as Ama. This Ama along with Vyana vayu & also by virtue Vishakari guna it quickly moves to all kapha sthanas, through Hridaya & Dhamanes.

This vidhagdha Ama in kapha sthana is further contaminated by doshas & assumes different colours, because of the Atipichhilata. If Ama gets obstructed in to channels & promotes further vitiation of vata dosha, this morbid Ama circulates ubiquitously in the body propelled by vitiated vata with predilection for sleshma athana.

On the dhamanies with the other doshas it facilitates sroto-abhisyananda & srotorodha causing sthanasmsraya manifested stabdhata, sandhi-sula, sandhishotha, angamarda, apaka, jwara, anga gaurava, alasya etc symptoms of Amavata.

According to Shatkriyakal

Sanchaya & Prakopa : When a person is exposed to etiological factors like Viruddha Ahara does vyayama after intake of snigdha ahara, chinta, krodha etc, Agnimandya is there leading to tridoshadushti & Amotpatti in the Sanchaya & Prakopavastha.

Prasara: with the help of Vata, this Ama gets prasara to shleshma sthana producing mild sandhishoola etc. along with Ama symptoms. Then Ama gets interacted with tridosha & further modified to great extent & yugapatakupitavanta of Ama & Vata takes place via Rasavaha srotas.

Sthana sanshrya: this prasarita Ama, which viscid, unctuous & guru endures sthana sanshrya in Hridya, Trika sandhi & Sarvanga leading to Dosha-Dushya sammurchhana.

Primarily the disease is not manifested completely, so only initial mild symptoms like Aruchi, Apaka etc are observed which can be considered as purva rupa of this disease.

Vyakti: as it reaches vyakti stage most of the symptoms of Amavata are manifested like Vrishchika dashavata vedana, stabdhata etc. in Adibala pravrita cases kha-vaigunya is already there & with minor nidana sevana disease is manifested.

Bheda: in chronic stage it reaches bhedavastha – producing updrava like – sankocha, khanjata etc.

Purva-rupa of Amavata

Following Lakshana could be considered as Purva rupa of Amavata

Dourbalyam
Hridaya gaurava
Gatra stabdham
Apaka
Anga marda
Gaurava
Aruchi
Alasya
Jwara
Sandhi vedana.

Rupa of Amavata

Samanya lakshan of Amavata

Angamarda
Aruchi
Trushna
Gaurava
Aalasya
Angashunata
Jwara
Apaki

Pratyatma lakshana of Amavata

Sandhishoola
Sandhishotha
Stabdhata
Sparshasahyata

Doshanubandha lakshana of Amavata

Vatanubandha – Ruka

Pittanubandh – daha, raga

Kaphanubandha – staimitya, guruta, kandu

Vatapittanubandh – ruka, daha, raga

Vatakaphanubandha – ruka, staimitya, guruta, kandu

Kaphapittanubandh – staimitya, guruta, kandu, daha, raga

Sannipataja – symptoms of all doshas

Pravridha lakshan of Amavata

Agnidaurbalya
Praseka
Aruchi
Gaurava
Vairasya
Vibandha
Bhrama
Murchcha
Vrishchika danshavata vedana

Nidra viparyaya
Daha. etc.

Upadrava of Amavata

The symptoms of advanced stage of Amavata are considered as Upadrava of Amavata disease. Vachaspti mentioned symptoms of advanced stage of Amavata as upadrava but the commentator of Madhukosha Vijayarakshita differentiates the symptoms of advanced stage of Amavata from upadrava.

According to him Khanja, Sankocha occur in Amavata. Acharya Harita mentined Angavaikalya (deformity) as an upadrava of Amavata. Acharya Madhava mentioned trushana, chardi, bhrama, murchcha, hridyagraha etc as upadrava of Amavata.

Prognosis of Amavata

Amavata have got anubandha with single dosha, Naveen awastha, lakshans are in mild form, no presence of upadrava is indication of sadhyata of Amavata.

If involvement of any 2 doshas produce vyapada of Amavata whereas involvement of all 3 doshas, involvement of all joints, perana amavata including with updravas will become krichcha sadhya vyadhi.

CONCLUSION

Amavata has been named keeping view two predominant pathological factors viz Ama & Vata. Ama means unripe, uncooked, immature & undigested material as a consequence of the impaired functioning of Agni.

Description of Amavata seen in different ancient Ayurvedic textbook of Ayurveda but after medieval period it started dominating & nowadays it is very common dreadful disease.

In our text we can clearly see that pathogenesis of Amavata start after formation of Ama. As we know autoimmune disease occur due to the harmful response of self immune system when immune system started attacking of body tissue as anticipated response against antigen/toxins or Ama. The inflammatory response occur in auto-immune disorders triggered by Ama or antigen at cellular level. Antigen or Ama modulate signaling at cellular levels leading to incompatible auto-immune response that damage tissues.

REFERENCES

1. Agnivesha, charaka Samhita, Redacted by Charaka & Dridabala with Ayurveda Dipika Commentary by Chakraonidutta, Edited by Vaidya Yadavji Trikamji Acharya, published by Chaukhamba Surbharati Prakashana, Uttar Pradesh, 2015.
2. Sushruta Samhita, Hindi Commentary by Kaviraj Ambika Dutta Shastri, 11th Edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2015.

3. Harita Samhita, Edited with Asha Hindi Commentary by Ramavatar Shastri, prachya prakashan, Varanasi 1st Edition, 1985.
4. Mahavakara, Madhava Nidan, Uttarardha with Madhukosha vyakhya by Vijay rakshita & Shrikantadutta, vidyotini tika by Ayurvedacharya Sri Sudarshana shastri , Chaukhamba Sanskrit, Varanasi, Uttar Pradesh, 2015.
5. Sharangdhar, sharangdhar Samhita, Chakradutta Orientalia, Varanasi.
6. Bhaishajya ratnavali, Govind Das sen with Vidyotini hindi commentary by Ambika Dattashastri.
7. Bhavamishra, bhavaprakash, edited with the Vidyotini hindi commentary, by pandit sri brahma sankar Mishra, published by Chaukhamba publication.
8. Astanga hridayam with the vidyotini hindi commentary, editor kaviraj Atrideva Gupta & Vaidya yadunandana upadhyaya, chaukhamba Sanskrit sansthan, Varanasi, 2016.
9. Anjana nidan, agnivesha by Ramchandra shastri kinjavadekara, editor.