

VALIDATION & ASSESMENT OF AAM AND AGNI IN AAMVATA

Renu Kumari*¹ and Shashikant Tiwari²¹MD Scholar Final Year in Rog Nidan Department Rishikul Campus UAU Haridwar.²Assistant Professor in Rog Nidan Department Rishikul Campus UAU Haridwar.

*Corresponding Author: Renu Kumari

MD Scholar Final Year in Rog Nidan Department Rishikul Campus UAU Haridwar.

Article Received on 07/06/2022

Article Revised on 27/06/2022

Article Accepted on 17/07/2022

ABSTRACT

This review summarizes current evidence and recommendations regarding *Agni Dushti*, *Aam* formation and *Nidan* of *Aamvata* disease, the most common disease in adults. The onset is more frequently during 4th & 5th decades of life with 80% of patients developing disease between the age of 30-40 years. The description of *Aamvata* has been found in many Ayurvedic texts as *Madhav Nidan*, *Bhavprakash*, *Yoga Ratnakar*, *Bhaisyaha Ratnavali* but the foremost description as a separate entity is found in *Madhava Nidan*. The clinical features of *Aamvata* have quiet resemblance with special type of rheumatoid disorders called rheumatoid arthritis. **Aims and Objectives of the study:** To validate the assessment criteria for *Agni* and *Aam*, (Epidemiological survey) in *Aamvata* w.s.r to Rheumatoid Arthritis., **Material & Methods** – To fulfill the above Aims & Objectives, 32 patients age between 16 -60 years were surveyed for prevalence of *Aamvata* w.s.r rheumatoid arthritis. The status of *Agni* as well as *Aam* were also be assessed based on a specially prepared Performa incorporating Signs and symptoms of *Agni* and *Aam* in addition to *Aamvata* and standard criteria such as RA factor, CRP etc. **Conclusion** - As per the Ayurvedic principles, a new tool was developed with 14 questions for validation *Aam*, Effect of *Agni* will be assessed by 11 questions. we divided *Agni* into 4 types *Mandagni*, *Sama Agni*, *Tikshna Agni* and *Vishama Agni*.

KEYWORDS: RA, CRP, *Deepana*, *Aamdoshanasaka*, *Virasta*, *Bahumutrata*.

INTRODUCTION

According to *Acharya Charaka Dehagni* or *Jatharagni* is the reason for *Ayu* (life), *Varna* (colour) *Bala* (strength and immunity), *Swasthya* (health), *Utsaha* (energy), *Upachay* (bulk, shape), *Ojas* (immunity), *Tejas* (complexion). The proper maintenance of *Agni* helps a person to live longer and its impairment gives rise to disease.^[1] Improper dietary habits like *Adhyasana*, *Vishamsana* and wrong behavioural pattern like *Vegadharan* which leads to vitiation of *Tridoshas* independently or together results in manifestation of disease *Agnimandya*. Due to disturbed function of *Agni*, partially digested food transformed into *Aam*. When *Aam* mixes with *dosha*, *Dhatu* and *Mala*. it develops certain complex adverse reactions, which is the basis of disease. There are two states of *Dosha*, *Dhatu* and *Mala* i.e. *Saam* and *Niraam*. Ayurvedic texts explained about *Saam* and *Niraam* on the basis of signs and symptoms and *Mala Pariksha* given by *Acharaya Charak*. On the basis of these signs and symptoms, an attempt is made to assess the state of *Aam* in the body. A short questionnaire was developed for the clinical evaluation of *Aam* & *Agni*. Faulty life style precipitates many diseases, *Aamvata* is one among them.

Acharya Charaka has mentioned – 13 types of *Agni*, *Jatharagni*, 5 types of *Bhutagni* and 7 types of *Dhatvagni*.^[2] *Acharya Sushruta* has described five types of *Agni* as the types of *Pitta*. also mentions five types of *Bhutagni* indirectly making it to ten.^[3] *Acharya Vagbhata* mentions even three *Malagni* and three *Doshagni* apart from 5 *Bhutagnis* and 7 *Dhatvagnis*.^[4]

Definition of *Aam* - Due to hypo-functioning of *Dhatvagni* the 1st *Dhatu* “*Rasa*” is not properly digested, instead the *Anna rasa* undergoes fermentation being retained in the *Aamshaya*. This *Rasa* is called as *Aam*.^[5] When *Aam* and *Vata* are vitiated simultaneously and enters in the *Trika* and *Sandhi Pradesh* leading to *Gatrastabdha*, this condition is known as *Aamvata*.^[6]

Nidan -*Viruddhahara*, *Viruddhacheshta*, *Mandagni*, *Nishchalata*, Exertion immediately after taking *Snigdha Ahara* is the causative factors for disease *Aamvata*.^[7]

MATERIAL AND METHOD

In this survey study, 32 patients were surveyed for prevalence of *Aamvata* w.s.r rheumatoid arthritis. The status of *Agni* as well as *Aam* were also be assessed based on a specially prepared Performa incorporating Signs and symptoms of *Agni* and *Aam* in addition to

Amavata and standard criteria such as RA factor, CRP, etc.

AIMS AND OBJECTIVES

1. To evaluate the status of *Agni* and *Ama* at various stages of *Amavata*.

Assessment of *Ama*

Total score

Status <i>Ama</i>	Score
Mild	0-4
Moderate	4-10
Severe	10-14

S.N.	Symptoms	Score
1.	Tongue coating	01
2.	Indigestion	01
3.	Dislike food	01
4.	Constipation	01
5.	Watery / loose stools	01
6.	Stool have pungent smell	01
7.	Sticky Stool	01
8.	Stool sink in water	01
9.	Lack of energy	01
10.	Excessive sleep	01
11.	Headache	01
12.	Joints pain	01
13.	Fever	01
14.	Body aches	01

ASSESSMENT OF AGNI

Questions	<i>Mandagni</i>	<i>Vishmagni</i>	<i>Samagni</i>	<i>Tikshnagni</i>
what option describe best your ability to digest food?	I am unable to digest even small quantity of food	My ability to digest food keeps varying	I am able to digest almost all type of food when consumed in appropriate quantity.	I am able to digest almost all type of food easily.
What time you need to feel like eating again, after having meal?	After 8 hours having my meal.	keeps varying	After 6-8 hours having my meal.	After > 6 hours having my meal.
What effects do you observe in your digestion due to disturbances in your lifestyle?	Digestion gets disturbed due to slight variation in lifestyle.	Digestion gets distributed due to appreciable disturbances in lifestyle.	Digestion is not affected much due to disturbances in lifestyle.	Process of digestion gets initially disturbed. However later gets adapted to variation in lifestyle.
How frequency do you have your meals in a day?	I have <2 meals per day.	My frequency of having meals varies between 1 and 4.	I usually have 2 to 3 meals per day.	I almost always have >3 meals per day.
How do you describe your ability to bear hunger?	I can bear hunger for > 2 hours.	Hunger is sometimes bearable and sometimes is unbearable.	I can bear hunger for up to 1 to 2 hours.	I feel it very difficult to bear hunger.
What quantity of meals do you have in a day?	I usually have small meals.	I sometimes have large and sometimes small meals.	I usually have meals that are neither too small nor too large.	I usually have large meals.
How do you describe your capacity to	Digestion mostly takes longer than	Time taken for proper digestion	Digestion is completed in normal time.	Digestion occurs quite quickly than

digest heavy meals in terms of time?	normal	varies every now and then		normal
How do you describe your bowel habits?	I have tendency for constipation	My bowels are sometimes hard and on others time soft	My bowels are normal (neither too hard nor too soft)	-
How do you describe your eating habits?	I generally have food after the schedule time	I generally have food either before or after the schedule time.	I generally have food exactly on scheduled time.	I generally have food before before schedule time
How do you feel after the complete digestion of meals?	I frequently feel heaviness in abdomen and body	I occasionally feel slight heaviness in abdomen and body	I mostly feel lightness in abdomen and body	I feel lightness in abdomen and body quite early after having meals.
How do you express your feelings that you develop after looking at the food item you like.	I do not feel like eating even when hungry.	I sometimes feel like eating and sometimes do not	I feel like eating food	I feel like eating any food item irrespective of whether like or not

DISCUSSION

Assessment of Agni in Aamvata: The patient of *Amavata*, experienced digestive issue on top of the findings. Effect of *Agni* will be assessed by 11 questions. On the basis of these questions, we divided *Agni* into 4 types- a) *Mandagni* b) *Vishmaggni* c) *Samagni* d) *Tikshnagni*

Most of the patients were having *Mandagni* 54.2%, *Vishmaggni* was found in 25.7% of patients. 14.3%, 1.2% patients were having *Tikshnagni* and *Samagni* respectively. In this study we found that 56.5% of patients were having *Mandagni* 25-50%, 31% were having *Mandagni* 50-75% and 12.5% having *mandagni* 75-100%. As it is said that *Mandagni* is the root cause of all disease. It includes hypo functioning 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*. On the basis of the above observation, we can say that patient suffering from *Amavata* have *Mandagni*. Which leads to *Ama* Formation and *Vata Prakopa*. *Vata* and *Ama* is main causative factor in pathogenesis of *Amavata*.

Assessment of Aam in Aamvata: Assessment of *Ama* will be assessed by questionnaire of 14 questions. On the basis of these questionnaires, we divided *Ama* into 3 types- a) Mild *Ama* b) Moderate *Ama* c) Severe *Ama*

In this study we found that maximum patients were having moderate *Ama* i.e., 65.6%, followed by Mild *Ama* (18.7%), severe *Ama* was found in 15.6% of patients. In this disease no one suffering from chronic *Ama* condition. Probable reason might be that patients were in initial stage of the disease.

In *Amavata* due to *Nidana Sevan Kapha* and *Vata Dosha Prakopa* occurs, which cause *Mandagni*. *Mandagni* is responsible for *Ama* formation, with help of these questionnaires we can categorised level of *Ama*, which help us for management of *Amavata*.

CONCLUSION

On the basis of above-mentioned literary review, clinical study, observation, results, and discussion, the final conclusion of the present work – *Agni* helps the ingested food to get digested, absorbed and assimilated, hence contribute for all the vital functions of our body. Hypo functioning of *Agni*, caused due to abstinence from food, indigestion, overeating, irregular diet habits, consumption of cold substances, wasting of tissues, suppression of natural urges etc., mental stress such as rage, grief and hunger etc may also give rise to *Amadoṣha*. *Mandagni* and *Avara Agnibala* leads to pathogenesis of *Ama Pradoṣaja Vikara*. When *Ama* mixes with *Dosha*, *Dhatu*, *Mala*, it develops certain complex adverse reactions, which is the basis of disease. When *Ama* and *Vata Dosha* are vitiated simultaneously and enters in the *Trika* and *Sandhi Pradesh* leading to *Gatrastabdha*, this condition is known as *Amavata*.

In this study we found that maximum i.e. 68.7% of patients were having *Mandagni* and maximum patients were having moderate *Ama* i.e. 65.6%, As it is said that *Mandagni* is the root cause of all disease. It includes hypo functioning 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*. On the basis of the above observation, we can say that patient suffering from *Amavata* have *Mandagni*. Which leads to *Ama* Formation and *Vata Prakopa*. *Vata* and *Ama* is main causative factor in pathogenesis of *Amavata*. Moderate level of *Ama* stated in higher prevalence in present study due to irregular food habits and sedentary life style.

It was concluded that *Mandagni* and *Avara Agnibala* leads to pathogenesis of *Ama Pradosaja Vikara*. When *Ama* mixes with *dosha, dhatu, mala*, it develops complex adverse reactions, which is the basis of *Amavata*. As per the Ayurvedic principles, a new tool was developed with 14 questions for validation *Ama*, Effect of *Agni* will be assessed by 11 questions. we divided *Agni* into 4 types *Mandagni, Sama Agni, Tikshna Agni* and *Vishama Agni*.

REFERENCES

1. Agnivesha charak samhita, vidyotini teka edited by pt. Kasinatha shastri & Gorakh nath chaturvedi, chaukhambha bharti academy, Varanasi, edition reprinted, charak chikitsa 15/39, 2014; 459.
2. Agnivesha charak samhita, vidyotini teka edited by pt. Kasinatha shastri & Gorakh nath chaturvedi, chaukhambha bharti academy, Varanasi, edition reprinted, charak chikitsa 15/39, 2014; 459.
3. Sushruta Samhita with nibandhasamgraha commentary of Shri dalhanacharya edited by Yadavji Trikamji Acharya, Chaukhambha Orientalia sutrasthana, 2017; 15/10: 75.
4. Aṣṭāṅghradya Of Vagbhata with The Commentaries Sarvangasundara of Aruṇadatta and Ayurvedarasayana of Hemadri Edited By Hari Ramcandra Shastri Narve Chaukhambha Orientalia Sharirsthana, 2007; 3/ 49: 393.
5. Aṣṭāṅghradya Of Vagbhata with the Commentaries Sarvangasundara Of Aruṇadatta And Ayurvedarasayāna Of Hemadri Edited By Hari Ramcandra Shastri Narve Chaukhambha Orientalia sutrasthana, 2007; 13/25: 216.
6. Madhav Nidana of Shri Madhavkara with the Madhukosa Sanskrit commentary by Shri Vijayarakshit & Srikanthdatta with the Manoraam hindi commentary by Pt. Shri Brahamsankara shastri bhishagratna, chaukhambha prakashan Varanasi, edition, 2012; 25/5: 178.
7. Madhav Nidana of Shri Madhavkara with the Madhukosa Sanskrit commentary by Shri Vijayarakshit & Srikanthdatta with the Manoraam hindi commentary by Pt. Shri Brahamsankara shastri bhishagratna, chaukhambha prakashan Varanasi, edition, 2012; 25/1: 178.