

Review Article on Amavata

Dr. Bhagyashri N More¹, Dr. Sachin R Gandhi², Dr. Digvijay L Zarekar³

¹Pg Scholer, Department of Panchkarma, Pmt's Ayurved College, Shevgaon

²Hod & Guide, Department of Panchkarma, Pmt's Ayurved College, Shevgaon

³Reader, Department of Panchkarma, Pmt's Ayurved College, Shevgaon

Abstract—Amavata is made up of two words, Ama & Vata. Ama means incomplete digestion of food which result in incomplete/impure Formation of Annarasa, circulate in body & reach to target cell where it produces pathology like heaviness in body, loss of strength, drowsiness, aggravation of Vata & improper elimination of waste pro duct, Body ache, not desire to take food, thirst, fever, incomplete digestion of food is the symptoms of Amavata. When disease grow in intensity it becomes difficult to cure, as well as involved joints of hands, feet, head, ankles, knees & produces pain, swelling, stiffness & tenderness in affected joints. Amavata is disease of Rasavaha strotasa it is generally compared with Rheumatoid Arthritis. Amavata is the outcome of Agnidushti, Amotpatti and Sandhivikruti. The therapy which normalizes Agni, Metabolizes Ama, and Regulates Vata and maintain healthy Sandhi and Sandhistha Shleshma will be the supreme one for this disease. Many peoples in society are unaware about disease and its complications which is responsible for lifelong joint deformities. Many herbals as well as Ayurvedic preparations are mentioned in the classics which are very effective remedy in Amavata.

Index Terms—Amavata, Ama, Rheumatoid Arthritis, Agni-dushti, Amotpatti, Sandhivikruti.

I. 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 become 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.

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 produces Amavata.

Definition Ama is produced by Agnimandya of both Jatharagni and Dhatwagnis. Even though Aama 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, sira, 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. 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 Amvata

- 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

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

Samprapti of Amavata-

As discussed earlier whenever the function of Agni is disturbed in the body Ama is produced. This produced Ama is slimy in nature, such Ama get together with Dushit Vata / Prakopit Vata and circulates all over the body through Shira and Dhamani and gets lodged in Kaphasthana i.e. Sandhi because Shleshak Kapha is located in Sandhi and Amvata is developed.

Samprapti Ghataka-

- Dosha - Vata pradhan tridosha
- Dooshya - Rasadi dhatu; Asthigata snayu; Sira –
- Jatharagni; Rasadhatwagni Ama - Jatharagnijanya & Rasadhatwagnijanya
- Srotas - Rasavaha, Asthivaha Udbhava
- Sthana - Amashaya Adhishtan - Asthisandhi Rogamarga – Madhyama

Pathogenesis –

- 1) Synovitis (Synovial cell hyperplasia, Hypertrophy with CD4 lymphocytic infiltration and synovial effusion)
- 2) Pannus formation
- 3) Cartilage loss
- 4) Fibrosis
- 5) Bony erosion, deformity, fibrous and bony ankylosis
- 6) Muscle wasting
- 7) Periarticular osteoporosis.

Lakshana of Amavata-

Samanya lakshana of Amavata

1. Angamarda – Body ache
2. Aruchi – Anorexia
3. Trushna – Thirsty
4. Gourav – Heaviness in the body
5. Aalasya – Lethargy
6. Angashunata – Swelling in the body
7. Jwara – Pyrexia
8. Apaki – Indigestion

Pratyatma lakshana of Amavata

1. Sandhi shotha – Swelling in multiple joints
2. Sandhi shoola – Pain in the joints
3. Gatra stabdhata – Stiffness in the body

Clinical features of Amavata in Comparison with Rheumatoid Arthritis

- 1) Hasta sandhi shotha & shoola – Inflammation & severe pain in metacarpo-phalangeal joints & proximal inter phalangeal joints are affected most severely in Rheumatoid Arthritis.
- 2) Paad sandhi shotha & shoola – The feet are often involved especially the metatarso phalangeal joints & subtalar joints are affected.
- 3) Jaanu gulfa sandhi shotha – R.A. involves first smaller joints of hands & feet and then symmetrically affects the joints of wrist, elbow, ankle & knee.
- 4) Angagourav – Feeling of heaviness in the body.
- 5) Stabdhata – In R.A. stiffness of joints, particularly observed in morning hours.
- 6) Jaadhya – Due to deformity limited movements in the joints, weakness in grip or triggering of fingers occurs in R.A.
- 7) Angavaikalya – Deformity in joints.
- 8) Sankocha – Contractures.
- 9) Vikunchana – This can be compared to volar subluxation, ulnar deviation which occurs at metatarsophalangeal joints and bilateral flexion contractures of the elbow are observed in R.A.
- 10) Angamarda – Body ache, myalgia occurs in R.A.
- 11) Other joints are involved in Chronic Rheumatoid Arthritis

Joint Deformity in R. A.

- 1) Swan neck deformity in interphalangeal joint.
- 2) Boutonniere (Deformity in R.A. with flexion at proximal interphalangeal joint & hyperextension at distal interphalangeal joint).
- 3) Z deformity in the thumb.
- 4) Volar subluxation and ulnar deviation occur at metacarpophalangeal joint.
- 5) Bilateral flexion contractures of the elbow.
- 6) Synovitis at the wrist may cause carpal tunnel syndrome.

Diagnosis of R.A. The diagnosis of R.A. is essentially clinical since there is no specific laboratory test to diagnose it. The occurrence of symmetrical peripheral inflammatory polyarthritis along with early morning stiffness should suggest the possibility of R.A. American Rheumatism Association (A.R.A.)

Criteria for Diagnosis –

- 1) Morning stiffness (>one hour)
- 2) Arthritis three or more joints area
- 3) Arthritis of hand joints
- 4) Symmetrical arthritis

- 5) Rheumatoid nodules
- 6) Presence of Rheumatoid factor
- 7) Radiological changes (hand & wrist)

Prognosis of Amavata -It is depending upon the involvement of doshas, dhatus, number of symptoms and upadrava exhibited in the patient. Considering its severity Madhava opines that Amavata is a dreadful disease. The nature of disease is such that the patient will go to acute condition very immediately. Commenting on the involvement of joints and its complication Madhava concludes that the management of Amavata is very difficult, if the swelling and pain are affected to all the joints. When compared to other diseases amavata is very difficult to cure.

Chikitsa Sidhanta

Chakradatta, the explorer of Amavata Chikitsa, says that Langhana, Swedana, Tikta, Deepana and Katu drugs, Virechana, Snehapana and Saindhavadi Anuvasana as well as Kshara Basti are praised for Amavata. Bhavamishra and Yogaratnakara have added Upanaha without Sneha to these therapeutic measures while, Yogaratnakara also added Ruksha Baluka Sweda etc.

II. 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 occurs in auto-immune disorders triggered by Ama or antigen at cellular level. Antigen or Ama modulates 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 Chakraoanidutta, 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.