



Science

AMAVATA: REVIEW OF LITERATURE



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Abstract

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 normalize Agni, Metabolizes Ama, and Regulates Vata and maintain healthy Sandhi and Sandhista 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 herbal as well as Ayurvedic preparations are mentioned in the classics which are very effective remedy in Amavata.

Keywords: Amavata; Rasavaha Strotas; Amotpatti; Sandhivikruti; Ayurvedic Preparation.

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1. Introduction

Madhava was the 1st physician who describes the disease Amavata. It seems to be simple disease but its prognosis is not so good. Before the Acharya Madhava the concept of Amavata was vague.

Amavata develops due to Dushti or Prakopa of Ama as well as Vata dosha. The concept of Ama is unique in Ayurvedic science and this Ama is main cause of the various disorders. There is no equivalent term of Ama in modern science.

The disease Amavata can be compared to Rheumatoid Arthritis. The sign and symptoms of both diseases are near about same. Rheumatoid Arthritis is an autoimmune disease. It is chronic inflammatory, destructive and deforming symmetrical poly-arthritis associated with systemic involvement.

When disease becomes chronic and the patient develops deformity in the joints such as Sandhisankoch (Joint stiffness) , Akarmanyata (Limited movements) etc. cannot be corrected with medicines alone.

Many herbal as well as Ayurvedic preparations are mentioned in the classics which are very effective remedy in Amavata. Guggula is the drug of choice in Amavata as well as various metallic preparations like Suvarna Bhasma, Tamra Bhasma, Loha Bhasma, Parada and Gandhaka are proved to effective drugs on Amavata.

2. Objectives

- 1) To have an in depth knowledge of Amavata in comparison with Rheumatoid Arthritis.
- 2) To understand The Pathophysiology & Symptomatology of Amavata.
- 3) To be aware of deformity & complications of Amavata.
- 4) To have knowledge for diagnosis of Amavata according to Ayurveda as well as Modern science.
- 5) To understand treatment and its efficacy in Amavata.

3. Hetu / Etiology

- 1) Viruddha Ahara (Incompatible food)
The food that provokes the Doshas but does not expel them out of the body is called viruddha.
Ex. Mixing of milk with fish in a diet.
Viruddha ahara plays important role in causing Ama.
- 2) Viruddha Cheshta (Improper physical activity)
The physical activity performed without following the procedure is called viruddha cheshta.
Ex. Physical exercise or sexual act when an individual is already suffering from ajeerna.
Viruddha cheshta ---- Agnimandya ---- Ama visha.
- 3) Mandagni (Decreased digestive power) :-
Amavata is produced due to Mandagni.
- 4) Nischalata (Lack of physical activity) :-
Lack of physical activity or sedentary life style is the main cause of accumulation of Ama in the body.
- 5) Snigdham bhuktavato vyayaamam :-
Performing physical exercise soon after intake of heavy food causes Ama in the body.

It is very difficult to elicit the exact cause of Amavata. The above mentioned etiologies are not satisfactory those are not frequently observed in the patients.

When we see according to modern science they also states that the exact etiopathogenesis of Rheumatoid Arthritis is not known.

However, present concept on etiology and pathogenesis proposes that Rheumatoid Arthritis occurs in an immunogenetically predisposed individual to the effect of microbial agents acting as trigger antigens which are produced by several microorganisms with capacity to bind to HLA-DR molecules has been proposed.

4. Ama Vichar

The concept of Ama is a unique contribution of Ayurvedic science. There is no equivalent term as such in Modern medical science which can be compared to Ama. There are number of diseases caused due to Ama alone.

The main cause in formation of Ama is Mandagni or Kayagni Dourbalyata i.e. low digestive power. In other words it can be explained that there will be disturbance in the secretion of digestive juices and enzymes which makes the intestinal movement sluggish, such an environment is favorable for fermentation in intestine and gives way to form the Ama. Thus formed Ama has qualities similar to that of Visha (Toxins).

5. 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.

6. Samprapti Ghataka

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

7. 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.

8. Triggering Factors

- 1) Infection
- 2) Vaccinations
- 3) Physical trauma
- 4) Psychological stress

9. Lakshana of Amavata

9.1. 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 |

9.2. 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 |

9.3. 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.

10. Joints Commonly Involved In R.A.

- 1) Finger joints (40%) – MCP & PIP joints
- 2) Shoulder joints (20%)
- 3) Foot joints (20%)
- 4) Wrist joints (15%)

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 occurs 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)

12. 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.

13. Chikitsa of Amavata

- 1) Langhana: - Langhana is the 1st line of treatment to digest Ama. Here langhana means not complete fasting but, intake of light food. The duration of langhana varies from person to person depending upon individual capacity.
- 2) Swedana: - Swedana is sudation therapy; in this disease swedana is done locally on affected joints. In amavata rooksha sweda is recommended (Sudation without oil/fat). For the procedure of rooksha sweda valuka (sand) is recommended. Snehana is contraindicated in amavata.
- 3) Katu, Tikta & Pachak aahar & aushadhi :- The drug which possess Katu (pungent), Tikta (bitter) and which act as deepana, pachana (appetizer) are recommended in amavata. These drugs, by virtue of their qualities does amapachana, hence may help in relieving shotha & shoola.
- 4) Virechana: - For virechana, erendataila and hareetaki are used. In amavata without any preoperative procedure virechana is recommended directly. Eranda acts as srotoshodhaka, shothahara, shoolahara and amavatahara.
- 5) Basti chikitsa: - Chakradatta recommends ksharabasti and anuvasanabasti in amavata. Following tailas are used in anuvasana and nirooha basti –

- Prasarani taila
- Bruhat saindhavadi taila
- Dashmooladi taila

Eranda taila is used as base in preparation of these tailas

- 6) Shamanaushadhi
 - I. Kwath yoga
 - Rasna panchak kwatha
 - Rasna dwadashak kwatha
 - Shunthi gokshur kwatha
 - Dashmooladi yoga
 - Shattyadi kwatha
 - Rasonadi kashaya
 - II. Choorna yoga
 - Pippalyadi choorna
 - Amrutadi choorna
 - Panchasama choorna
 - Alambushadi choorna
 - III. Lepa in Amavata
 - Shatapushpadi lepa
 - Ahimsradi lepa
 - IV. Guggulu in Amavata
 - Simhanada guggulu
 - Yogaraja guggulu
 - V. Ghrita in Amavata
 - Nagaradi ghrita
 - Shringaveradya ghrita
- 7) Shoola shamanartha taila

- Vishgarbha taila
 - Panchaguna taila
 - Prasarini taila
- 8) Rasaushadhi in Amavata
- Amavata vidhwamsa rasa
 - Amavatarirasa
 - Amavatadri vajra rasa
 - Suvarna bhasma

14. Discussion and Conclusion

- [1] Drugs like vatsanabha and ahiphena helps in inducing sleep and relaxing muscles, hence pain is relieved.
- [2] Drugs like guduchi, nagara, rasna, musta, pippali and chitraka help in improving agni and digestion of ama.
- [3] Guggulu acts as bhagnasandhankara hence prevents the erosion of bone, osteoporosis and deformity of joints. It also acts shothahara hence reduces the inflammation of synovial membrane, connective tissue and ligaments of affected joints.
- [4] Drugs like nirgundi and shatapushpa act as pain reliever.
- [5] Some drugs simply by their virtue of prabhava act as amavataghna.

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