

# A Literary Study on *Amavata Vyadhi* - A Most prevalent Disease in India

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## ABSTRACT

The most common disease induced by the constant development of Ama in the human body is Amavata. One of the outcomes of this so-called development is the widespread occurrence of Amavata. It is the most prevalent kind of chronic inflammatory joint disease, characterized by soreness, discomfort, and stiffness in the joints. It has risen to the top of the joint condition because to its chronicity and consequences. Due to the severity of the sickness and its debilitating nature, it appears to be a medical issue. There is no doubt that the existing treatment system contributes to the relief of the disease's anguish of pain, limited mobility, and weakness. Concurrent use of contemporary medications results in a slew of side effects, inflammatory symptoms, and allergic responses, as well as a slew of organic illnesses.

**KEYWORDS:** *Amavata*, Diet, *Ama*, etc.

## Introduction

Amavata is a degenerative illness in which Ama is activated by aggravated vata dosha and settles in trika sandhi, producing great pain in the joints, inflammation, Jwara, and finally joint weakness, causing transitory or permanent impairment of the joints and impeding daily activities. The pathophysiology of the two primary causal factors, 'ama' and 'vata,' is identical. The origins of Ama's emergence and its function in determining the illness phase necessitate more investigation. Ahara Rasa or Ama is the faulty digestive process that is the fundamental cause of the illness. This acts as a visha in the body, causing a variety of diseases, the most dangerous of which is Amavata. Only joint involvement can be seen in the early stages, with cardinal features like angamarda, aruchi, alasya, jwara, and angashoonata, but if not

treated with systemic therapy, the madyama roga marga can lead to heart injury and other complications like gastrointestinal, coronary, nervous, urinary, and respiratory system involvement. It is determined that the frequent aggravation of its institutions is damaging for human beings in its chronic phase. The Vedas also describe a number of situations that might cause mobility problems.

## **Method and Materials**

Materials on Amavata were gathered from a variety of sources, including Ayurvedic and modern books, legitimate websites (PubMed, Medicinal Plants, etc.), authentic magazines, literature, manuscripts, Sanskrit Dictionary, Shabdakosha, and so on.

## **Historical Review**

The Vedas are known to be the earliest accessible scriptures, and history, as a systematic record of previous Ayurvedic events, begins with them. It is necessary to quickly examine Amavata's historical analysis before going on to the primary topic of the company and its management. The history of Ayurveda may be divided into many periods for ease of understanding.

- *Veda kalina*
- *Samhita kalina*
- *Sangraha kalina*
- *Nighantu kalina*
- *Adhunika kalina*

## **Vedas:**

Atharvaveda considers Ayurveda to be an upaveda. In the Vedas, there are no definite references to Amavata. Traditional illnesses are mentioned in the Atharvaveda, including the term vishakhanda, which implies disordered joints. The elimination of the balasa situated in the organs and joints is said to be the cause of joint loosening<sup>1</sup>.

## **Puranas:**

Puranas provide lists of Sharira-related topics. The Agni Purana provides the pathyas for the vata rogas involved in the joints<sup>2</sup>, as well as the total number of joints.

## **Brihatrayee:**

In the Charaka Samhita, which may date back to 1000 B.C., the term Amavata was recorded, most likely to describe the connection between Ama and Vata. However, the term Amavata is utilised in some of the drug compounds' therapeutic indications, such as Kamsahareetaki<sup>3</sup> and Vishaladi phanta of Pandu chikitsa, which have been found to be effective in Amavata.

***Nirukti and Paribhasha of Amavata***

The *nirukti* of *Amavata*:-

**“Amena sahita vata iti Amavata” “Amascha vatascha iti Amavata”** (As per *Shabdhakalpadruma*,)

***Nidana:***

Nidana is a particular component having the ability or proclivity to cause disease<sup>4</sup>. In other words, the aetiology of nidana is the same as that of the pandemic. Nidana has been divided into several viewpoints under various categories. Bahya Hetu and Abhyantara Hetu are two of them. bahya hetus are things like ahara, vihara, and kala, whereas abyantara hetus, or the underlying aspect, is mostly dosha and dooshya.

***Concept of Ama:***

- Eshad pakwe, asiddhe, pakarahite Ama + karane Eshad pakwe, asiddhe, pakarahite Ama + karane
- Raw, uncooked, unbaked, unannealed, unripe, immature, undigested Rogamatre<sup>5,6</sup>.
- In the body, Ama is a part of Asatmya. Ama implies unripe, undercooked, unripe, and undigested in general.

***Causes of Ama:***

Agnimandhya is the one who administers ama. Despite the presence of agnimandya, even a tiny amount of light food is indigestible. Shuktatwa (fermentation) reaches ungrown food, resulting in the emergence of poisonous conditions, such as ama. The following are the factors that cause Agnimandhya:

1. *Aharaja*
2. *Viharaja*
3. *Manasika*

**a) *Aharaja:***

*Aharaja agnimandhya* is caused by a variety of factors:

- a) *Abhojanam*
- b) *Bhojanam Ajeerna*
- c) *Athi bhojanam*
- d) *Vishamasanam*
- e) *Asatmyaharam*
- f) *Gurubhojanam*

**g) *Viharaja:***

- a) *Desa kala ritu vaishamyam*
- b) *Vega vidaranam*
- c) *Swapna viparyayam*

**h) Manasika:**

- A) *Shokam*: -grief
- b) *Krodham*: -wrath.
- c) *Chinta*: -I'm concerned
- d) *Dukha sayya*: -Unsuitable sleeping bed.

**Properties of Ama:**

In his commentary on *Ashtanga Hridaya*, *Arunadutta* defines the properties of *Ama* as:

1. *Dravatvam*
2. *Gurutwam*
3. *Snigdhatvam*
4. *Pichilatwam*
5. *Nana varnam*

**Pathological Symptoms:**

Generally speaking, this *ama* induces certain effects in the body.

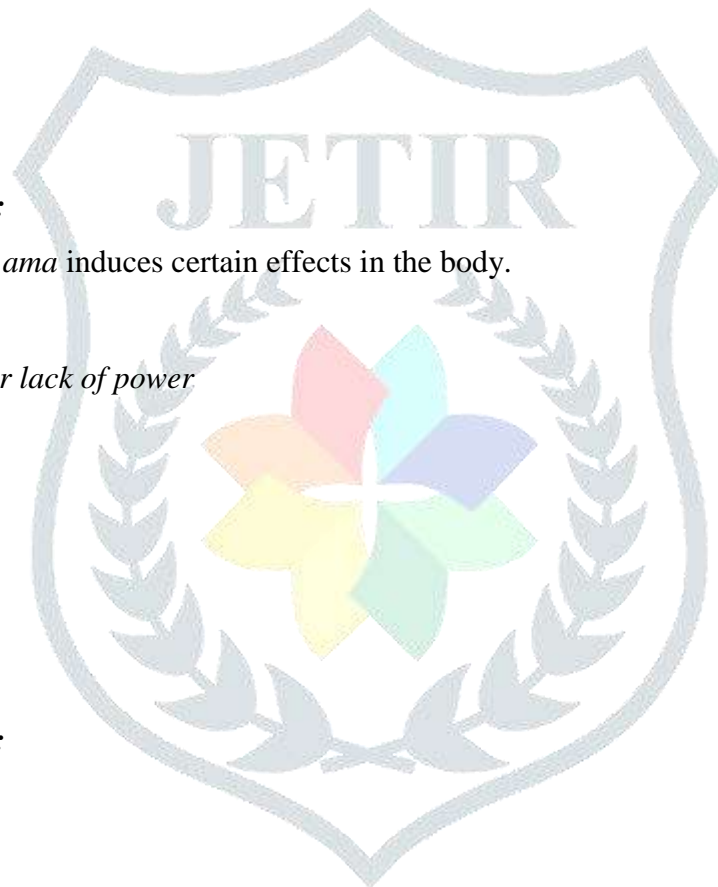
- *Srotorodha*
- *General deficiency or lack of power*
- *Balabramsha*
- *sense of heaviness*
- *Gourava*
- *manda*
- *Anila moodata*

**Causes of Vataprakopa:****Aharaja:**

1. *Roksha, ushna sheeta and laghu* food products are frequently eaten.
2. Inadequate consumption of food in *alpha bhojanam*.
3. *Atisheegrha Abhojanam*.
4. Intake of mainly *tikta, katu and kashaya rasas* food.

**Viharaja:**

1. *Jagaranam*
2. *Vegadharana-*
3. *Vegodheerana*
4. *Ativyavaya*



***Manasika:***

Vata prakopa is also influenced by bhaya, krodha, chinta, and other emotional factors. The body is impacted by many illnesses when the vata becomes aberrant. It reduces one's strength, complexion, pleasure, and lifespan. It agitates the subconscious and awakens all of the senses. It destroys the embryo, deforms it, or prolongs the gestation period. Terror, sadness, stupefaction, humility, and insanity result from this. It obstructs vital functions<sup>7</sup>.

***General Samprapti***

Samprapti is a thorough explanation of all the pathological processes that occur during the various phases of the disease. From the period of nidana sevana to the period of vyadhi vyaktavastha, it is the phase of pathogenesis in the body. The nidana factor vitiates doshas in a unique way. Such vitiated doshas continue to collect in their respective locations, and the accumulated doshas move via srotas and become lodged in nidana sevana, where there is a kha vaigunya, resulting in illness manifestation. This dynamic phase, which contains sanchayadhi avasthas, is explained by samprapti. With regard to the samprapti of Amavata, all of the writers who have dealt with it have come to the same conclusion. Ama is a key player in the development of the illness Amavata. According to vagbhata, samprapti is divided into five categories. They are Sankhya, Vikalpa, Pradhanya, Bala, and Kala samprapti.

***Shatkriya Kala******Sanchayavasta:***

The etiological circumstances of Ama cause the mandagni. This condition is beneficial to the spirit. In amashaya, the ama is gathered. Vata, on the other hand, is tainted by her own reasons. This stage is known as 'sanchayavasta.' Because of the constant indulgence of nidana, the growth of ama occurs not only in amashaya, but also in all shleshmastanas such as ura, kanta, and sandhis at the same time in Amavata nidana.

***Prakopavasta:***

The vitiated tridosha instigates and transforms the ama that has collected in shleshma sthana into vidagdha. Prakopavasta is caused by the accumulation of more and more Vidgdha ama in amashaya and all other shleshma sthanas that say 'swa sthane vrudhi'. Ama begins to generate and collect in rasadhatu because mandagni occurs in amashaya, primarily rasadhatwagni, followed by all dhatwgnis, mandavasta, and tridosha prakopa.

***Prasaravastha:***

Ama continues to shleshma sthanas, according to the classics. Uras is a shleshma sthana and hridaya in Uras. As a result, it's reasonable to assume that the ama interacts with the hridaya. Because ama and rasa merge in hridaya, vitiated vata and vitiated rasa are transported across all of the body's srotas. This is referred to as 'prasaravastha.'

***Sthanasamshraya:***

It settles in sandhies due to the kha vaigunya in sandhies ama, as well as the vitiated rasa and vata. According to Madhavakara, the vitiated doshas, together with ama, form trikasandhi.<sup>8</sup>

***Vyaktavasta:***

Because avarodha prevents stored kapha from being reabsorbed into srotas, shotha and shoola are activated, followed by all of Anavata's lakshanas. This might be referred to as "Vyaktavasta."

***Bhedavasta:***

If none of these five steps are completed, the "Bhedavasta" stage will commence. All of the upadravas are included in this. This is also a difficult subject to deal with. It's a Samanya samprapti, or Samanya samprapti.

***Vishista samprapti:***

The amavata vishista samprapti will reveal the existence of a certain dosha. Predominance of one dosha produces its own lakshana. Vata dominance causes severe shoola in the sandhi. Because pitta predominates in sandstones, daha and raga can be found. Sthaimitya, gaurava, and kandua are the results of kapha dominance<sup>9</sup>.

***Samprapti ghatakas:*****1. Dosh:**

a) **Vata:** Vata becomes vitiated and spreads throughout the body in Amavata due to vata prakopaka ahara and vihara. It transports Ama from Amashaya to kapha sthanas such as Sandhi, Shira, and Hridaya, among others.

b) **Pitta:** Pachaka pitta is one of the five kinds of pitta. Pachaka pitta's functions are hampered.

2. **Kapha:** There is a connection between kledaka kapha and sleshaka kapha. Kledaka kapha moistens the meal, breaks it down, and creates dravata. In Amavata, these functions are hampered. The effect of ama vitiates and accumulates Shleshaka kapha. Sandhi shotha and shoola are the outcomes of this.

**3. Dushya:**

4. **Dushya** means rasa in Sanskrit. Rasa becomes vitiated when it comes into contact with ama. Amalakshanas are formed when vitiated rasa and ama circulate throughout the body. Sandhi vitiated rasa and ama settle in sandhies and create shotha and shoola due to affinity and kha vaigunya.

5. **Agni:** In Amavata, the mandata of jataragni and rasadhatwagni may be seen.
6. **Ama:** Mandata of jataragni and rasadhatwagni create ama.
7. **Srotas:** In Amavata, the Rasavaha srotas are impacted. The rasavaha srotas are where the ama circulates.
8. **Dushti prakara:** The rasa is not generated adequately due to the impaired function of rasadhatwagni. Sanga is to blame for this.
9. **Udbhava sthana:** Amashaya is Udbhava sthana. Ama is a crucial component in the development of illness. Ama is produced in the amashaya system.
10. **Sanchara sthana:** Ama and vitiated rasa move through the srotas and become stuck in the sandhis
11. **Roga marga** is also known as madhyama roga marga. Hridaya receives ama and vitiated rasa. Asthi sandhis get hridaya, ama, and vitiated rasa from hridaya. Shotha and shoola develop in sandhis as a result of this disease. Madhyama roga marga includes hridaya and sandhies.
12. **Adhishtana:** Due to affinity and kha vaigunya in sandhies, Ama dwells in sandhies. Shotha and shoola are the results of this disorder. As a result, sandhies might be termed Amavata's adhishtana.
13. **Vyaktastha:** Shotha and shoola arise in sandhies due to ama in Amavata. As a result, sandhies might be classified as a vyakta sthana

#### 14. **Poorva Roopa**

At the level of sthanasamshraya, the vitiated dose would cause the symptoms of a possible disease. Poorva roopas, or premonitory symptoms, are the term for such indications. These are symptoms of an impending illness<sup>10</sup>. Another Madhavakara quote regarding poorvaroopas is that they are the feebly exhibited signs of an impending illness. Amavata's poorva roopa isn't referenced in any books. Some symptoms, such as dourbalya, aruchi, alasya, gaurava, trishna, and angamarda, may be termed poorva roopas if present minutely. In addition to these, poorva roopa refers to additional Amavata symptoms that are only partially developed.

#### **Roopa**

- According to the indications and symptoms, Roopa can be classified as follows. <sup>11</sup>
- Pratyatma is the first of the four yogas (Cardinal signs & symptoms)
- Samanya is number two (General signs & symptoms)
- Vishishta is the third person in the Vishishta family (Distinguishing features of doshanubandha)
- Amavata Pravridha

**Pratyatma lakshanas:****a) Sandhi shotha-**

**b)** The shotha is often symmetrical in form. On pressure, there will be no pitting. In sheeta kala, i.e. at night and early in the morning, there will be ushna sparsha and the shotha will increase.

**c) Sandhi shoola:**

**d) Shoola** is usually felt all the time in sandhies. Because of the sheeta nature of night and early dawn, it rises at such times. In pravridha avastha, shoola's personality is characterised as "Vruschika damsha vata vedana" (like scorpion bite). Shotha and shoola alternate between joints. The phrase "Karoti sarujam shotham yatra doshaha prapadyate" has been utilised in the classics. This indicates that shotha and shoola occur wherever the vitiated doshas and ama go. The illness has a propensity to expand to the sandhies of hastha, pada, shiras, gulpha, trika, janu, and ooru as it develops. In ushna kala, shotha and shoola diminish.

**e) Gatrasthabdhata:** This refers to the body's rigidity. Because sandhies are restricted, the body's natural motions are likewise constrained.

**Samanya lakshanas:**

- a) Angamarda-** Angamarda means feeling of mardanavat peeda (crushing type of pain). This occurs due to rasa dhusti caused by Ama.
- b) Aruchi-** The ama vitiates the bhodaka kapha, which is located in jihwa, resulting in aruchi, a condition in which the patient finds food unpalatable.
- c) Trishna-** Ama promotes cleda production in the body and generates sroto rodha in stoats. As a result, Mutra increases in the body since Mutra's karma is "Mutrasya cleda vahanam." As a result, the patient has a strong desire for water, and trushna develops in the body.
- d) Gaurava-** It is the sensation of being heavy. The ama gunas of guru and picchila, which have prithvi and jala mahabhootas, create rasa dhusti and gaurava.
- e) Alasya-** This term refers to inactivity. Patient gets unenthusiastic due to gaurava and srotovarodha.
- f) Jwara-** The Agni is expelled from its natural location due to ama and vitiated doshas, resulting in santapa.
- g) Apaka-** When the function of the jataragni is disrupted, the rasadhatwaggni becomes hypofunctional. Apaka is the result of this syndrome.
- h) Shoonatanga-** This is sandhi shotha in disguise.



**Classification of Amavata**

The illness Amavata is categorised based on the anubandha of

- a) Dosha
- b) Severity
- c) The disease's mode of occurrence.

**Classification according to anubandha of dosha<sup>12</sup>:**

On the basis of anubandha of dosha it has been classified into the following varieties;

**1. Anubandha of one dosha:**

- a) Vatanuga
- b) Pittanuga
- c) Kaphanuga

**2. Anubandha of two dosha:**

- a) Vata-pittanuga
- b) Vata-Kaphanuga
- c) pitta-kaphanuga

**3. Involvement of all the three doshas: Tridoshaja****A) Classification according to the severity of the disease:**

1. Samanya amavata (prarambavasta)
2. Pravridhha Amavata. (Pravrudhavasta)

**B) Classification according to the clinical appearance:**

1. Vistambi
2. Gulmee
3. Snehi
4. Pakvama
5. Sarvanga<sup>13</sup>

**Upadrava:**

1. "Upadrava" is the ailment that appears to be a continuation of and after the complete development of the first disease. Or, to put it another way, another sickness is discovered as a complication of the main condition known as 'upadrava'<sup>14</sup>.

2. *Sankocha*:

3. *Khanjata*:

4. *Vataroga: Hridaya vikruti*:

### ***Sadhya – Asadhyata***:

All the writers identified the same number of doshas involved and the extension of the shotha to all the sandhies in the sadhyasadhata of Amavata. If only one dosha is required for Amavata disease, it is referred to as sadhya. When two doshas are involved, it becomes yapya. It is considered to be Asadhya if all the sandhies are impacted by the shotha, and all three doshas are engaged in the upadrava of Amavata.<sup>15</sup>

### **AMAVATA CHIKITHSA:**<sup>16,17</sup>

#### **Management**

##### **Simple medicines**

- a) Shunthi (dry ginger) powder - 2 g, should be taken twice a day with 50 ml warm water.
- b) Aragvadha (cassia) leaf, 12 to 24 g., cooked in ghee or Sarapa Taila (mustard oil), twice a day

##### **Simple Preparations**

1. A decoction of equal parts Shunthi (dry ginger) and Guuchi stem – 14 to 28 ml – is taken twice a day with 6 g powder of Haritaki (chebulic myrobalan).

##### **Formulations**

1. Ajmodadi Churna: 1 to 3 g, taken twice a day with 50 ml warm water.
2. Vaishvanara Churna: Take 3 to 6 g twice a day with 50 ml warm water.
3. Guduchyadi Kvatha: Take 14 to 28 ml twice a day.
5. Rsna-Dashamula Kvatha: 14 to 28 ml. should be taken once a day in the morning with Eranda Taila (castor oil) – 7 to 14 ml.
6. Rasnadi Kvatha: 14 to 28 ml, taken twice day
7. Higulesvara Rasa: Take 1 to 2 tablets twice a day with 50 mL warm water.
9. Yogaraja Guggulu: Take 1 to 2 tablets three times a day with 50 mL warm water.
10. Sihanada Guggulu: Take 1 to 2 tablets three times a day with 50 mL warm water.

## Local Applications

Pain and inflammation can be relieved by using the following topical treatments.

1. Baluka Pottalika fomentation of the afflicted joint (sand bag).
2. Fomentation of the joint with a lukewarm Eranda (castor) root infusion twice a day.
3. A hot Lepa (poultice) made from 250 g Masha (black phaseolus) seed, 125 g Rasna and Gandhaprasarani leaves, 125 g Eraa (castor) root, and 125 g Atibala root should be applied to the afflicted area.
4. To create a Lepa, mix equal portions flour of Godhuma (wheat) and powdered seed of Eranda (castor), add enough goat' milk or old ghee, and boil (poultice). It should be administered to the afflicted joint while it is still heated.

## Pathya

Rakta Shali (a red variety of rice), seeds of Kodrava (a type of cereal (*Paspalum scrobiculatum*Linn) Kodo in Hindi), Syamaka (a type of cereal - *Panicum Frumentaceum*), Yava (barley), and Kulattha (dolichos bean); warm water; rdraka (ginger), bulb of Rasona (garlic), leaf and fruit of Paola (a variety of small cucumber

## Apathya

For the patient of Amavata, Guru, Abhiyandi Anna; Masha (black phaseolus bean) seed; milk, curd, Guda (jaggery); incompatible and unrelished meals, fish, excessive eating, nonpotable water; sitting up at night; suppression of calls of nature; and exposure to eastern winds are all detrimental.

## Langhana Chikitsa

Langhana is authorised initially by Amavata's management. The following concepts are based on Amavata's use of langhana. In rasaja vikaras<sup>16,17</sup>, both types of langhana are helpful. Amavata is where Rasadhatu is most active. Amashayotta vyadhi<sup>18</sup> prescribes langhana therapy. The root of Ama in Amavata is amashaya. The amavikaras are likewise calmed by Langhana.

## Swedana Chikitsa

Swedana is the name of the therapy that performs nigraha, gaurava nigraha, and sheeta nigraha, as well as the formation of sweda. Ruksha sweda was recommended in the form of valuka putaka in the Amavata, which may be confirmed by Charaka's vision that if vitiated vata dosha sits in kapha sthana, rooksha sweda should be done first<sup>19</sup>.

## Tikta, Katu and Deepana Drugs Chikitsa

The rationale for using tikta, katu, and deepana drugs is as follows: Tikta rasa has rooksha and laghu gunas. It can do lekha, pachana, and deepana. It is beneficial in situations such as aruchi, thrushna,

moorcha, and jwara. It is consumed by the kleda and shleshma<sup>20</sup>. Gunas, laghu, ushna, and rooksha are all present in katu rasa. Because the srotases are dilated, it also contains characteristics like deepana, Pachana, and rochana.<sup>21</sup>

### ***Virechana Chikitsa***

After the administration of langhana, swedana, and tikta, katu, and deepana medications, the patient should undergo virechana treatment, since the doshas produced nirama by these therapeutic processes enable shodhana<sup>22</sup> to be removed from the body.

### ***Snehapana Chikitsa***

Snehapana was only documented to enhance the agni after obtaining nirama avastha<sup>23</sup>, since it influences digestion by softening the food and activating the agni<sup>24</sup>, which is the fundamental need in Amavata.

### ***Basti Chikitsa***

In Amavata, both anuvasana and niruha basti are recommended. Chakradatta taught Niruha about Saindhavadhi taila for Anuvasana and Kshara basti for Niruha. Amavata is ruled by Anuvasana basti administration, which is followed by niruha basti by several snehas. Shodhana bastis have been proven to be helpful in ama conditions<sup>25</sup>.

### **Discussion**

Samhita texts highlighted the function of Ama in illness development and management. Madhavakara was the first to refer to this condition as a separate individual. Following that, Chakradatta, Bhavaprakash, Anjan Nidan, and Basavarajiya provided a thorough description of the condition and its treatment. Amavata may be found all over the world, regardless of location, however it is more common in metropolitan settings.

It is on the rise in the twenty-first century as a result of the consumption of the etiological ingredient and the practise of a sedentary lifestyle. Mandagni/function Vishamagni's in the initiation of the illness process is critical. While Ama and Vata are the major pathogenic components, Kapha and Pitta are inextricably linked to Amavata pathogenesis. Madhyama rogamarga, which occurs in Sandhi Sleshmasthan, Annavaha srotas, is the source of this disease's samprapti. Amadosha has an attraction for various joint places because it mimics Shleshaka Kapha's physical characteristics, which are present in joint spaces and want to settle down there. The presence of Sleshmasthan in pathology results in a wide range of clinical symptoms. Rasa, Asthi, and Majja are where the Dushyas are most active. Mamsa and Snayu are impacted in the later step<sup>26</sup>.

## Conclusion

The Ama and Vata are the two most important components in the development of this illness. Trika and sandhi contribute to bodily rigidity when vitiated vata and Ama join the kostha at the same time, and trika sandhi shoola is known as amavata. Viruddhahara, Viruddhachesta, Mandagni, Snigdha bhuktavato vyayama, Nischalata, Guru Ahara, drinking Kandashaka and Vyavaya are some of the Nidana responsible for the pathogenesis of Amavata in Ayurvedic literature.

The main ideas of treatment for amavata include Langhana, Svedana, Dipana, Pachana, Virechana, Snehapana, Basti, and the many medications that may be beneficial for Amavata with Tikta-katu rasa.

*Conflict of interest – Nil*

*Source of Support & Finance -None*

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