



A Conceptual Study on *Amavata* Treatment and Management – Most Prevalent Disease in India

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ABSTRACT

Amavata is the most prevalent illness caused by the continuous growth of Ama in the human body. The widespread prevalence of Amavata is one of the results of this so-called development. It is the most common kind of chronic inflammatory joint disease, characterized by joint stiffness, pain, and discomfort. Because of its chronicity and repercussions, it has ascended to the top of the joint condition list. It looks to be a medical issue due to the intensity of the illness and its incapacitating nature. There is little question that the current treatment approach aids in the reduction of pain, limited movement, and weakness associated with the condition. The use of many drugs at the same time causes a flurry of adverse effects, inflammatory symptoms, and allergic reactions, as well as a slew of organic illnesses.

KEYWORDS: *Ama. Amavata, Ahar- Vihar*, etc.

Introduction

Amavata is a degenerative disease in which Ama is triggered by worsened vata dosha and lodges in trika sandhi, causing severe joint pain, inflammation, Jwara, and eventually joint weakening, resulting in temporary or permanent joint impairment and limiting everyday activities. The two fundamental causative variables, 'ama' and 'vata,' have the same pathophysiology. More research is needed on the origins of Ama's emergence and its role in defining the disease phase.¹ The primary cause of the ailment, Ahara Rasa

or Ama, is a defective digestive function. This causes a range of disorders in the body, the most deadly of which is Amavata. In its chronic phase, it has been discovered that the frequent aggravation of its institutions is harmful to humans. The Vedas also mention a variety of scenarios that might lead to mobility issues.

Method and Materials

Ayurvedic and modern publications, reputable websites (PubMed, Medicinal Plants, etc.), authentic journals, literature, manuscripts, Sanskrit Dictionary, Shabdakosha, and other sources were used to compile information about Amavata.

Historical Review

The Vedas are the first accessible scriptures, and history begins with them as a structured record of past Ayurvedic occurrences. Before moving on to the main issue of the firm and its management, it is important to swiftly review Amavata's historical analysis. For convenience of comprehension, Ayurveda's history may be separated into many phases.

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

Vedas:

Ayurveda is considered an upaveda by Atharvaveda. There are no specific references to Amavata in the Vedas. The Atharvaveda mentions traditional ailments, including the word vishakhanda, which refers to dysfunctional joints. Joint loosening is thought to be caused by the removal of the balasa found in the organs and joints."²

Puranas:

Lists of Sharira-related themes may be found in Puranas. The pathyas for the vata rogas involved in the joints, as well as the overall number of joints, are given in the Agni Purana.

Brihatrayee:

The phrase Amavata was documented in the Charaka Samhita, which may date back to 1000 B.C., most likely to indicate the link between Ama and Vata. However, the name Amavata is used in the therapeutic indications of some pharmacological compounds, such as Kamsahareetaki and Vishaladi phanta of Pandu chikitsa, both of which have been proven to be effective in Amavata.³

Nirukti and Paribhasha of Amavata

The *nirukti* of Amavata:-

“आमेना संहिता वात इति अमावत” (As per *Shabdhakalpadruma*,)

Nidana:

Nidana is a component with the power to cause disease or a tendency to do so⁴. In other words, nidana shares the same aetiology as the pandemic. Nidana has been classified into different categories and opinions. Two of them are Bahya Hetu and Abhyantara Hetu. Abhyantara hetus, or the underlying aspect, is largely dosha and dooshya, whereas bahya hetus are things like ahara, vihara, and kala.

Concept of Ama:

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

Causes of Ama:

The person who administers ama is Agnimandhya.⁷ Even a small amount of light food is indigestible none the presence of agnimandya. Shuktatwa (fermentation) reaches unground food, causing deadly conditions like ama to arise. Agnimandhya is caused by the following factors:

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. Gurutvam

3. Snigdhatvam

4. Pichilatvam

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:

Bhaya, krodha, chinta, and other emotional elements impact vata prakopa. When the vata is out of balance, the body suffers from a variety of ailments. It lowers one's strength, appearance, enjoyment, and lifetime. It wakes all of the senses and agitates the subconscious. It kills, deforms, or prolongs the gestation time of the embryo. This causes terror, grief, stupefaction, humility, and insanity. It interferes with essential functions.

General Samprapti

Samprapti is a comprehensive explanation of all pathogenic processes that occur throughout the disease's various stages. It is the period of pathogenesis in the body from the period of nidana sevana to the period of vyadhi vyaktavastha. In a unique method, the nidana factor vitiates doshas. The collected doshas migrate via srotas and become stuck in nidana sevana, where there is a kha vaigunya, resulting in sickness manifestation. Samprapti explains this dynamic phase, which comprises sanchayadhi avasthas.⁸ all of the writers who have dealt with the samprapti of Amavata have arrived to the same conclusion. Ama is an important character in the development of the disease Amavata. Samprapti is classified into five categories according to Vagbhata. Sankhya, Vikalpa, Pradhanya, Bala, and Kala samprapti are their names.

Shatkriya Kala***Sanchayavasta:***

The mandagni is caused by Ama's etiological conditions. This state is helpful to the soul. The ama is collected in amashaya. On the other hand, Vata is polluted by her own motivations. Sanchayavasta is the name for this level. In Amavata nidana, the expansion of ama happens not only in amashaya, but also in all shleshmastanas such as ura, kanta, and sandhis at the same time due to the ongoing indulgence of nidana.

Prakopavasta:

The vitiated tridosha causes ama to gather in the shleshma sthana and turns it into vidagdha. The accumulation of more and more Vidgdha ama in amashaya and all other shleshma stanas that say'swa sthane vrudhi' causes Prakopavasta. Because mandagni happens in amashaya, ama begins to develop and accumulate in rasadhatu, primarily rasadhatwagni, followed by all dhatwgnis, mandavasta, and tridosha prakopa.

Prasaravastha:

According to the classics, Ama continues to shleshma sthanas. Uras is both a shleshma sthana and a hridaya. As a result, it's plausible to believe that the ama and the hridaya interact. Because hridaya combines ama and rasa, vitiated vata and vitiated rasa are transmitted throughout the body's srotas. The term for this is 'prasaravastha.'

Sthanasamshraya:

Because of the kha vaigunya in sandhies ama, as well as the vitiated rasa and vata, it settles in sandhies. The vitiated doshas, along with ama, comprise trikasandhi, according to Madhavakara.

Vyaktavasta:

Shotha and shoola are activated first, followed by all of Anavata's lakshanas, since avarodha prevents stored kapha from being reabsorbed into srotas. "Vyaktavasta" is a possible name for this.

Bhedavasta:

The "Bhedavasta" stage will begin if none of these five stages are performed. This encompasses all of the upadravas. This is likewise a tough topic to address. It's a Samanya samprapti, or Samanya samprapti, or Samanya samprapti.⁹

Vishista samprapti:

The amavata vishista samprapti will indicate whether or not a particular dosha exists. One dosha's supremacy results in its own lakshana. Vata dominance in the sandhi results in severe shoola. Daha and raga can be found in sandstones because pitta predominates. The effects of kapha dominance include staimitya, gaurava, and kandua..

Samprapti ghatakas:**1. Dosha:****a) Vata:**

Due to vata prakopaka ahara and vihara, vata becomes vitiated and spreads throughout the body in Amavata. It carries Ama from Amashaya to other kapha sthanas, including Sandhi, Shira, and Hridaya.

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

2. Kapha: Between kledaka kapha and sleshaka kapha, there is a link. Kledaka kapha moistens, breaks down, and forms dravata in the food. These functions are impeded in Amavata. Ama causes Shleshaka kapha to vitiate and accumulate. The result of this is sandhi shotha and shoola.

3. Dushya:

4. Dushya rasa is a Sanskrit word that means "to taste." When ama comes into contact with rasa, it becomes vitiated. When vitiated rasa and ama flow throughout the body, amalakshanas develop. Due to affinity and kha vaigunya, sandhi vitiated rasa and ama settle in sandhies and generate shotha and shoola.

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: Because rasadhatwagni's function is hampered, the rasa does not create as much as it should. This is because to Sanga's fault.

9. Udbhava sthana: Udbhava sthana is Amashaya. Ama is an important factor in the onset of sickness. The amashaya mechanism generates ama.

10. Sanchara sthana: Ama and vitiated rasa go through the srotas and get caught in sandhis.

11. Roga marga Madhyama roga marga is another name for it. Ama and vitiated rasa are given to Hridaya. Hridaya provides hridaya, ama, and vitiated rasa to asthi sandhis. As a result of this ailment, sandhis develop shotha and shoola. Hridaya and sandhies are included in the Madhyama roga marga.¹⁰

12. Adhishtana: Ama lives in sandhies because of her affinity and kha vaigunya. This condition gives rise to shotha and shoola. Be a result, sandhies are sometimes referred to as Amavata's adhishtana.

13. Vyaktastha: Due to ama in Amavata, shotha and shoola appear in sandhies. As a result, sandhies might be categorized as a vyakta sthana (vyakta sthana = vyakta sthana = vyakta sthana)

14. Poorva Roopa The vitiated dosage would create signs of a probable sickness at the level of sthanasamshraya. Such signs are known as poorva roopas, or premonitory symptoms. These are signs that a sickness is on the way. Poorvaroopas, according to another Madhavakara statement, are the feebly shown indicators of approaching sickness. There are no books that mention Amavata's poorva roopa. Poorva roopas are symptoms like dourbalya, aruchi, alasya, gaurava, trishna, and angamarda that are present in little amounts.¹¹ Poorva roopa refers to extra Amavata symptoms that are only partially developed in addition to these.

15. Roopa

- Roopa can be divided into the following categories based on her signs and symptoms.
- The first of the four yogas is Pratyatma (Cardinal signs & symptoms)
- Number two is Samanya (General signs & symptoms)
- Vishishta is the Vishishta family's third member (Distinguishing features of doshanubandha)
- Pravridha Amavata

*Pratyatma lakshanas:*¹²*a) Sandhi shotha-*

b) The shotha is frequently symmetrical in appearance. There will be no pitting under strain. There will be ushna sparsha in sheeta kala, i.e. late at night and early in the morning, and the shotha will rise.

c) Sandhi shoola:

d) **Shoola** In sandhies, this is generally felt all of the time. It rises at such times due to the sheeta nature of night and early morning. Shoola's personality is described as "Vruschika damsha vata vedana" in pravridha avastha (like scorpion bite). Between joints, shotha and shoola alternate. In the classics, the term "Karoti sarujam shotham yatra doshaha prapadhyate" was used. Shotha and shoola are found wherever the vitiated doshas and ama are present. As the condition progresses, it is likely to spread to the sandhies of hastha, pada, shiras, gulpha, trika, janu, and oor. Shotha and shoola decrease in ushna kala.

e) **Gatrasthabdhata:** This refers to the stiffness of the body. Because sandhies are limited, the body's natural movements are also limited.

f) Samanya lakshanas:

a) **Angamarda-** Angamarda means "mardanavat peeda emotion" (crushing type of pain). This happens as a result of Ama's rasa dhusti.

b) **Aruchi-** The ama vitiates the bhodaka kapha in jihwa, causing aruchi, which is a condition in which the patient finds food distasteful.

c) **Trishna-**Ama stimulates the formation of cleda in the body and causes sroto rodha in stoats. As a consequence, Mutra's karma is "Mutrasya cleda vahanam," which means Mutra's karma is "Mutrasya cleda vahanam," which means Mutra's karma is "Mutrasya cleda vahanam the patient gets a strong thirst for water as a result, and trushna develops in the body.

d) **Gaurava-** This is the sense of being overweight. Rasa dhusti and gaurava are created by the ama gunas of guru and picchila, which have prithvi and jala mahabhootas.

e) **Alasya-** Inactivity is referred to by this name. Gaurava and srotovarodha make the patient irritable.

f) **Jwara-** Due to ama and vitiated doshas, the Agni is ejected from its normal place, resulting in santapa.

g) **Apaka-** The rasadhatwaghi becomes hypofunctional when the function of the jataragni is interrupted. Apaka is a symptom of this condition.

h) **Shoonatanga-** This is a clone of sandhi shotha.

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*:

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:¹³

1. *Samanya amavata (prarambavasta)*
2. *Pravridhdha Amavata. (Pravrudhavasta)*

B) Classification according to the clinical appearance:

1. *Vistambi*
2. *Gulmee*
3. *Snehi*
4. *Pakvama*
5. *Sarvanga*

Upadrava:¹⁴

1. "Upadrava" is an illness that looks to be a continuation of and after the initial sickness has fully developed. To put it another way, another illness is identified as a side effect of the original illness called as 'upadrava.'
2. *Sankocha*:
3. *Khanjata*:
4. *Vataroga*: *Hridaya vikruti*:

***Sadhya – Asadhyata:*¹⁵**

All of the authors agreed on the number of doshas involved and the shotha's expansion to all of the sandhies in Amavata's sadhyasadhata. Sadhya is used when just one dosha is necessary to treat Amavata illness. It becomes yapyra when two doshas are engaged. If the shotha has affected all of the sandhies and all three doshas are engaged in the upadrava of Amavata, it is termed Asadhya.

AMAVATA CHIKITHSA:*¹⁶*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

Yogas (Formulations)

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

Local Applications¹⁶

1. Fomentation of the joint with a lukewarm Eranda (castor) root infusion twice a day.
2. Baluka Pottalika fomentation of the afflicted joint
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.

Pathya

Rakta Shali (a red rice variety), 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 small cucumber variety); warm water

Apathya

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

*Langhana Chikitsa*¹⁸

Langhana is given permission by Amavata's management at first. The principles that follow are based on Amavata's usage of langhana. Both forms of langhana are useful in rasaja vikaras. Rasadhatu is most active in Amavata. Langhana treatment is prescribed by Amashayotta vyadhi. Amashaya is the root of Ama in Amavata. Langhana also has a calming effect on the amavikaras.

*Swedana Chikitsa*¹⁹

Swedana refers to the treatment of nigraha, gaurava nigraha, and sheeta nigraha, as well as the creation of sweda. In the Amavata, rooksha sweda was advised in the form of valuka putaka, which may be supported by Charaka's vision that if vitiated vata dosha sits in kapha sthana, rooksha sweda should be performed first.

Deepana Drugs Chikitsa

The following is a list of Deepana drugs: Aruchi, thrushna, moorcha, and jwara are all instances when it is good. The kleda and shleshma²⁰ both ingest it. Katu rasa contains all of the gunas, laghu, ushna, and rooksha. Because the srotases are dilated, it also has deepana, Pachana, and rochana features.²⁰

Virechana Chikitsa

The patient should have virechana therapy after receiving langhana, swedana, and tikta, katu, and deepana drugs, since the doshas created nirama by these therapeutic procedures enable shodhana to be expelled from the body.

Basti Chikitsa

Both anuvasana and niruha basti are suggested in Amavata. Niruha learned about Saindhavadhi taila for Anuvasana and Kshara basti for Niruha from Chakradatta. Amavata is governed by the Anuvasana basti administration, which is followed by various snehas' niruha basti. Shodhana bastis have been shown to be beneficial in ama cases.²¹

Discussion

The role of Ama in the development and management of sickness was emphasised in Samhita literature. Madhavakara was the first to recognize this ailment as a distinct entity. Chakradatta, Bhavaprakash, Anjan Nidan, and Basavarajiya then gave a detailed account of the ailment and how it was treated. Amavata may be found all over the world, regardless of location, however it is more frequent in urban areas.²²

As a result of the intake of the etiological element and the practice of a sedentary lifestyle, it is on the increase in the twenty-first century.²³ the role of Mandagni/function Vishamagni in the onset of sickness is crucial. While Ama and Vata are the primary pathogenic components, Amavata pathogenesis is intricately related to Kapha and Pitta.²⁴ The cause of this disease's samprapti is Madhyama rogamarga, which occurs in Sandhi Sleshmasthan, Annavaha srotas. Amadosha is drawn to numerous joint spaces because it resembles Shleshaka Kapha's physical traits, which are found in joint spaces and make it desire to settle down. When Sleshmasthan is found in pathology, it causes a variety of clinical signs. The Dushyas are particularly active in Rasa, Asthi, and Majja.²⁵

Conclusion

The two most critical components in the development of this sickness are the Ama and Vata. When vitiated vata and Ama join the kosta at the same moment, trika and sandhi contribute to body stiffness, and trika sandhi shoola is known as amavata. Some of the Nidana responsible for the pathogenesis of Amavata in Ayurvedic literature include Viruddhahara, Viruddhachesta, Mandagni, Snigdha bhuktavato vyayama, Nischalata, Guru Ahara, drinking Kandashaka, and Vyavaya.

Langhana, Svedana, Dipana, Pachana, Virechana, Snehapana, Basti, and the various drugs that may be good for Amavata with Tikta-katu rasa are the primary ideas of treatment for amavata.

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