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A CRITICAL INTREPTATION ON AMAVATA – AN AYURVEDIC PROSPECTIVE

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ABSTRACT

The most common disease, Amavata, is brought on by Ama's unceasing proliferation within the human body. One effect of this 'evolution' is the widespread occurrence of Amavata. The most prevalent form of chronic inflammatory arthritis, it is characterized by stiffness, pain, and discomfort in the joints. It has risen to the top of the list of joint conditions due to its chronic nature and effects. Due to the severity of the sickness and its incapacitating nature, it appears to be a medical problem. There is no doubt that the current treatment strategy helps to lessen the discomfort, restricted range of motion, and weakness brought on by the condition. A flurry of negative effects, inflammatory symptoms, allergic reactions, as well as a slew of organic illnesses, are brought on by taking multiple medications at once.

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

Introduction

Ama triggers intensified vata dosha and lodges in the trika sandhi in the degenerative condition known as amavata. This causes intense joint pain, inflammation, Jwara, and finally joint weakness, which can lead to temporary or permanent joint impairment and restrict daily activities. The pathophysiology of the two primary causal factors, ama and vata, is the same. The causes of Ama's appearance and its significance in determining the illness phase require more study. Ahara Rasa or Ama is a condition where the digestive system is malfunctioning as its main cause. The most fatal of these illnesses is Amavata, which causes a variety of physical problems. It has been shown that the chronic phase of its institutions' repeated deterioration is damaging to people. The Vedas also list a number of circumstances that might cause problems with movement.¹

Method and Materials

Information about Amavata was compiled using Ayurvedic and contemporary publications, reliable websites (PubMed, Medicinal Plants, etc.), authentic journals, literature, manuscripts, the Sanskrit Dictionary, Shabdakosha, and other sources.

Historical Review

- The Vedas are the earliest available religious texts, and they serve as the first organized account of Ayurvedic events in history. It is crucial to quickly evaluate Amavata's historical analysis before moving on to the major topic of the organization and its management. The development of Ayurveda may be broken down into a number of periods for ease of understanding.²

- Veda kalina
- Samhita kalina
- Sangraha kalina
- Nighantu kalina
- Adhunik kalina

Vedas:

The Atharvaveda classifies Ayurveda as an upaveda. The Vedas don't make any direct mention to Amavata. Traditional illnesses are mentioned in the Atharvaveda, including the term vishakhanda, which describes unresponsive joints. The removal of the balasa that is present in the organs and joints is thought to be the cause of joint loosening."³

Puranas:

There are lists of Sharira-related topics in the Puranas. The Agni Purana provides the pathyas for the vata rogas involved in the joints as well as the total number of joints.

Brihatrayee:

The Charaka Samhita, which dates back to around 1000 B.C., has the word Amavata, which most likely refers to the relationship between Ama and Vata. However, several pharmaceutical substances, such Kamsahareetaki and Vishaladi phanta of Pandu chikitsa, both of which have been demonstrated to be efficacious in Amavata, are given the term Amavata in their therapeutic indications.⁴

Nidana:

Nidana is a substance that has the potential or propensity to cause disease⁴. In other words, nidana and the pandemic have the same cause. Nidana has been divided into several groups and viewpoints. Bahya Hetu and Abhyantara Hetu are two of them. Dosha and dooshya make up the majority of abhyantara hetus, or the underlying aspect, whereas ahara, vihara, and kala are examples of bahya hetus.⁴

Concept of Ama:

- Ama + karane Eshad pakwe, asiddhe, pakarahite Ama + karane Eshad pakwe, asiddhe, pakarahite

- Unripe, immature, unannealed, raw, uncooked, baked, undigested Rogamatre⁵.
- Ama is a component of Asatmya in the body. Ama generally connotes undercooked, unripe, unripe, and undigested food.⁶

Causes of Ama:

Agnimandhya is the one who administers ama. Without agnimandya, even a modest amount of light food is indigestible. Ungrown food becomes suktatwa (fermented), leading to the development of deadly conditions like ama. The following causes of agnimandhya exist:⁷

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. Food items including raksha, ushna sheeta, and laghu are often consumed.
2. Alpha Bhojanam dietary intake is insufficient.
3. Atisheegrha Abhojanam.
4. Intake of foods mostly made of tikta, katu, and kashaya rasas.

Viharaja:

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

Manasika:

Vata prakopa is influenced by bhaya, krodha, chinta, and other emotional factors. The body experiences a number of diseases when the vata is out of equilibrium. One's strength, looks, happiness, and lifespan are all diminished by it. It arouses the senses and stirs up the unconscious. The embryo is killed, deformed, or the gestation period is extended. Terror, sadness, stupefaction, humility, and insanity are the results of this. It obstructs crucial operations.⁸

General Samprapti

Samprapti provides a thorough description of the pathogenic processes that take place during the disease's various stages. From the time of nidana sevana to the time of vyadhi vyaktavastha, there is a period of pathogenesis in the body. The nidana factor vitiates doshas in a certain way. Sickness manifests as a result of the accumulated doshas migrating via srotas and being stranded in nidana sevana, where there is a kha vaigunya. This dynamic phase, which consists of sanchayadhi avasthas, is described by Samprapti. 8 Every author who has addressed the samprapti of the Amavata has reached the same conclusion. Ama is a crucial figure in the progression of the illness Amavata. According to Vagbhata, there are five different

classifications for samprapti. Their names are Sankhya, Vikalpa, Pradhanya, Bala, and Kala samprapti.⁹

Vishista samprapti:

Whether a certain dosha is present or not will be determined by the amavata vishista samprapti. When one dosha rules, it experiences its own lakshana. Severe shoola is the outcome of vata dominance in the sandhi. Sandstones contain daha and raga because pitta predominates in them. Staimitya, Gaurava, and Kandua are kapha dominance's side effects.

Samprapti ghatakas:

1. Dosh:

a) Vata:

b) In Amavata, vata becomes vitiated and disperses throughout the body as a result of vata prakopaka ahara and vihara. It transports Ama from Amashaya to Sandhi, Shira, and Hridaya, among other kapha sthanas.

2. **Pitta:** One of the five varieties of pitta is pachaka. The actions of Pachaka Pitta are hindered.

3. **Kapha:** There is a connection between kledaka kapha and sleshaka kapha. Food is moistened, broken down, and formed into dravata by kledaka kapha. In Amavata, these operations are hampered. Shleshaka kapha becomes vitiated and builds up as a result of ama. Sandhi shotha and shoola are the end result.

4. **Dushya:** The Sanskrit term "dushya rasa" means "to taste." Rasa becomes vitiated when ama comes into contact with it. Amalakshanas emerge when the body's ama and rasa are vitiated. Sandhi vitiated rasa and ama settle in sandhies and produce shotha and shoola as a result of affinity and kha vaigunya.

5. **Agni:** The mandata of jataragni and rasadhatwagni can be observed in Amavata.

6. **Ama:** Ama is created from the jataragni and rasadhatragni mandata.

7. **Srotas:** The Rasavaha srotas in Amavata are affected. The ama circulates in the rasavaha srotas.

8. **Dushti prakara:** Rasa does not generate as much as it should because rasadhatwagni's function is hindered. This is Sanga's fault, obviously.

9. **Udbhava sthana:** Amashaya is Udbhava Sthana. Ama plays a significant role in the start of illness. In the amashaya mechanism, ama is produced.

10. **Sanchara sthana:** Ama and contaminated rasa experience the srotas and become enmeshed in sandhis.

11. **Roga marga** Another name for it is madhyama roga marga. Hridaya receives ama and tainted rasa. Asthi sandhis get hridaya, ama, and vitiated rasa from hridaya. This illness causes sandhis to develop shotha and shoola. The Madhyama roga marga includes hridaya and sandhies.¹⁰

- 12. Adhishtana:** Due to her predilection and kha vaigunya, Ama resides in the Sandhies. Shotha and shoola are the results of this disorder. Because of this, sandhies are also known as Amavata's adhishtana.
- 13. Vyaktastha:** Shotha and shoola show up in sandhies as a result of ama in the Amavata. Sandhies might therefore be considered a vyakta sthana (vyakta sthana = vyakta sthana = vyakta sthana).
- 14. Poorva Roopa** At the sthanasamshraya level, the vitiated dose would produce symptoms of a likely illness. Poorva roopas, or premonitory symptoms, are the name given to these symptoms. These are indications that a disease is approaching. Another comment made by Madhavakara refers to poorvaroopa as the flimsily shown signs of impending disease. Amavata's poorva roopa is not mentioned in any texts. Poorva roopas are mild manifestations of symptoms such dourbalya, aruchi, alasya, gaurava, trishna, and angamarda. In addition to these, there are other Amavata symptoms that are only half formed, known as poorva roopa.

15. Roopa

- Based on her indications and symptoms, Roopa can be categorized into the following groups.
- Pratyatma is the first of the four yogas (Cardinal signs & symptoms)
- Samanya comes in second (General signs & symptoms)
- Vishishta is the third member of the Vishishta family (Distinguishing features of doshanubandha)
- Amavata Pravridha

Pratyatma lakshanas:

- a) **Sandhi shotha-** The shotha typically seems symmetrical. Under pressure, no pitting will occur. The shotha will rise and there will be ushna sparsha in sheeta kala, or late at night and early in the morning.
- b) **Sandhi shoola:** Shoola this is often present all the time in sandhies. Due to the sheeta nature of the night and the early morning, it rises at such periods. In pravridha avastha, Shoola's personality is characterized as "Vruschika damsha vata vedana" (like scorpion bite). Shotha and shoola interchange between joints. The phrase "Karoti sarujam shotham yatra doshaha prapadhyate" was used in the classics. Wherever there are vitiated doshas and ama, shotha and shoola are also present. The sandhies of hastha, pada, shiras, gulpha, trika, janu, and ooru are likely to experience a spread of the condition as it worsens. In ushna kala, shotha and shoola diminish.¹¹
- c) **Gatrasthabdhata:** The rigidity of the body is meant by this. The body's normal movements are constrained because of sandhdies.
- d) **Samanya lakshanas:**
- Angamarda
 - Aruchi

- Trishna-
- Gaurava
- Alasya
- Jwara
- Apaka

Classification of Amavata

The illness Amavata is categorized 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:

1. Samanya amavata
2. Pravridha Amavata.

B) Classification according to the clinical appearance:

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

Upadrava:

1. An ailment known as "Upadrava" appears to develop concurrently with and after the primary illness has reached its peak. To put it another way, a condition known as "Upadrava" is recognized as a complication of the primary sickness.¹²

2. Sankocha:
3. Khanjata:
4. Vataroga: Hridaya vikruti:

Sadhya – Asadhyata:

The number of doshas engaged and the shotha's extension to every sandhi in Amavata's sadhyasadhata were both agreed upon by all of the writers. When only one dosha needs to be addressed to treat Amavata sickness, sadhya is employed. The engagement of two doshas results in yapy. Asadhya is the state in which all three doshas are active during the upadrava of Amavata and the shotha has affected all of the sandhies.¹³

AMAVATA CHIKITHSA:

Management

Simple medicines

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

Yogas (Formulations)

- Yogaraja Guggulu: Take one to two tablets with 50 mL of warm water three times a day.
- Sihanada Guggulu: Take one to two pills with 50 mL of warm water, three times daily.
- Take 1 to 3 grams of ajmodadi churna twice day with 50 ml of warm water.
- Vaishvanara Churna: Consume 3 to 6 g with 50 ml of warm water twice day.
- Take 14 to 28 ml of Guduchyadi Kvatha twice daily.4Higulesvara Rasa: Take one to two tablets with 50 mL of warm water, twice day.
- Rasna-Dashamula Kvatha should be taken once daily in the morning with 7 to 14 ml of Eranda Taila (castor oil).

Local Applications

1. Fomenting the joint twice a day with a lukewarm infusion of castor (Eranda) root.
2. Fomentation of the affected joint with Baluka Pottalika
3. The affected region should be covered with a heated lepa (poultice) produced from 250 g of Masha (black phaseolus) seed, 125 g of Rasna and Gandhaprasarani leaves, 125 g of Eraa (castor) root, and 125 g of Atibala root.

Pathya

Warm water; Rakta Shali (a red rice variety), Syamaka (a type of cereal - Panicum Frumentaceum), Yava (barley), and Kulattha (dolichos bean); Rdraka (ginger); Rasona (garlic) bulb; and Paola (a small cucumber

variety); Warm water; Rakta Shali (a red rice variety); seeds of Kodrava (a type of cereal (*Paspalum scrobiculatum* Lin

Apathya

Patients taking Amavata, Guru, and Abhiyandi Anna should avoid consuming foods like masha (black phaseolus bean) seed, milk, curd, and guda (jaggery), as well as foods like fish, excessive eating, nonpotable water, sitting up all night, stifling natural cries, and exposure to eastern winds.¹⁴

Langhana Chikitsa

Amavata's management first grants Langhana permission. The rules that come next are based on how Amavata uses langhana. In rasaja vikaras, both types of langhana are helpful. Amavata is when Rasadhatu is most active. Amashayotta vyadhi recommends langhana therapy. The root of Ama in the Amavata is Amashaya. The amavikaras are also calmed by langhana.¹⁵

Swedana Chikitsa

Swedana refers to the production of sweda as well as the treatment of nigraha, gaurava nigraha, and sheeta nigraha. Rooksha sweda was recommended in the Amavata in the form of valuka putaka, which may be supported by Charaka's vision that it should be done first if vitiated vata dosha is present in kapha sthana.¹⁶

Deepana Drugs Chikitsa

Here is a list of Deepana medications: It is beneficial in situations like aruchi, thrushna, moorcha, and jwara. Both the kleda and the shleshma consume it. All the gunas, laghu, ushna, and rooksha are present in katu rasa. It additionally has deepana, Pachana, and rochana features because the srotases are dilated.¹⁷

Virechana Chikitsa

After receiving langhana, swedana, and tikta, katu, and deepana medications, the patient should receive virechana therapy because the doshas created by these therapeutic methods allow shodhana to be expelled from the body.¹⁸

Basti Chikitsa

Amavata suggests both anuvasana and niruha basti. Chakradatta taught Niruha about Saindhavadhi taila for Anuvasana and Kshara basti for Niruha. The Anuvasana basti administration, which is followed by a number of snehas' niruha basti, is in charge of Amavata. It has been demonstrated that shodhana bastis are helpful in ama cases.¹⁹

Upadrava

Upadrava is a sequel that develops after the primary illness. According to Acharya Dalhan, symptoms linked to a sickness for a longer period of time are referred to as Upadravas. Disease either erupts and takes on a terrible form or remains persistent in nature. Upadrava are not a necessary result of the illness. Yogartrakara inserts the Pravridha Lakshana of Amavata that Madhava had previously mentioned in Upadrava. It is also possible to think of Angavaikalya, a manifestation of Amavata stated by Harita, as an Upadrava of the diseases. Eight Upadravas, including Jadya, Antrakujana, Anaha, Trishna, Chhardi, Bahumutrata,

ShulaShayanasha, etc., are specifically mentioned in Anjana Nidana.²⁰

Discussion

In Samhita literature, the importance of Ama in the onset and treatment of illness was emphasized. Madhavakara was the first to identify this illness as a separate condition. Then, Chakradatta, Bhavaprakash, Anjan Nidan, and Basavarajiya provided a thorough description of the condition and its treatment. Amavata can be found anywhere in the world, but urban areas are where it is most common..²¹

Mandagni is the primary cause of Amavata, and its full digestion is necessary for treatment to be effective since Ama occupies the entire body. When Agni returns to normal through various processes like Langhana, Deepana, and Pachana, among others, Ama digests at various levels and stiffness decreases, along with all other primary symptoms like pain and swelling, etc. It is on the rise in the twenty-first century as a result of the consumption of the etiological factor and the practice of a sedentary lifestyle. The importance of Mandagni's/function Vishamagni's in the start of illness cannot be overstated. Although Ama and Vata are the main pathogenic factors, Pitta and Kapha are closely associated to Amavata pathogenesis. 24 Madhyama rogamarga, which takes place in Sandhi Sleshmasthan, Annavaha srotas, is the samprapti of this ailment. Because Shleshaka Kapha's physical characteristics are present in shared places and make it want to settle down, Amadosha is drawn to many of them. Sleshmasthan generates a number of clinical symptoms when it is discovered in pathology. Rasa, Asthi, and Majja are areas where the Dushyas are very active.²²

Conclusion

The Ama and Vata are the two most important factors in the onset of this illness. Trika sandhi shoola is termed as amavata when vitiated vata and Ama enter the kostha at the same time and cause the body to become stiff. According to Ayurvedic literature, Viruddhahara, Viruddhachesta, Mandagni, Snigdha bhuktavato vyayama, Nischalata, Guru Ahara, ingesting Kandashaka, and Vyavaya are a few of the Nidana responsible for the pathogenesis of Amavata. The main methods of treatment for amavata include langhana, svedana, dipana, pachana, virechana, snehapana, basti, and various medications that may be beneficial.

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