



ReviewArticle

Volume 11 Issue 05

Sept – Oct 2022

## AN INSIGHT OF AMAVATA IN AYURVEDIC LITERATURE

<sup>1</sup>Dr Shashi Kant, M.D. and <sup>2</sup>Dr Sunanda Pedhekar

<sup>1</sup>Principal, HOD and Professor, Department of Kayachikitsa, S.R.T. Ayurveda College and Hospital, Karjara Gaya, Bihar.

<sup>2</sup>Professor, Department of Kayachikitsa, IMS, BHU, Varanasi

### Abstract

Rheumatoid arthritis (RA) is a progressive autoimmune condition that initially causes joint pain and inflammation. Unlike osteoarthritis, RA specifically affects the joint lining, leading to painful swelling that can result in bone erosion and joint deformity over time. This chronic inflammatory disease can impact various body systems, including the skin, eyes, lungs, heart, and blood vessels. Approximately 1% of the global population is affected by RA, with women being twice as likely to develop the condition as men. Amavata, a disorder in Ayurveda, is caused by Agnidushti (impaired digestive fire), Amotpatti (formation of toxic substances) and Sandhivikruti (joint abnormalities). Therefore, the most effective therapies for treating this condition are those that normalize Agni, metabolize Ama, regulate Vata, and maintain healthy joints and lubrication. Ayurveda recommends both Shamana (palliative) and Shodhana (purification) treatments for addressing the underlying causes of Amavata. The general management of Amavata includes avoiding the causative factors, such as eliminating the cause (Nidan Parivarjan), practicing fasting (Langhan), enhancing digestion (Deepan), and promoting elimination of toxins (Pachana). Selective purification methods are used to remove Ama, along with dietary restrictions. While modern medicine plays a significant role in relieving pain, restoring movement, and managing disabilities caused by Amavata, the prolonged use of allopathic drugs can lead to various side effects, toxic symptoms, and adverse reactions, including organic impairments. As a result, patients are increasingly seeking Ayurveda as a complementary approach to address the challenges of Amavata, as the management of this disease in other medical systems is often considered inadequate. Despite advancements in treatment options, RA can still cause physical disabilities, making it a significant health concern.

**Key-words:** Rheumatoid Arthritis, Amavata, Agnimandya, Ayurveda, Panchkarma

## Introduction

In Ayurveda, RA is referred to as Amavata, and it was first described by Madhav Nidan. The disease is characterized by an imbalance of Ama (toxic intermediate product) and Vata (one of the three doshas in Ayurveda). Improper metabolism of food due to various factors leads to the formation of Ama, which is toxic and can cause pain, inflammation, and stiffness in the joints if not eliminated from the body. Rheumatoid arthritis primarily affects the synovial membranes of multiple joints and has a wide range of joint and extra-articular manifestations. The prevalence in the general population is around 1-2%, with a higher occurrence in females. Rheumatoid arthritis can begin at any age, but it commonly starts between 20-40 years. Genetic factors play a role in susceptibility to the disease. If left untreated, RA can significantly reduce lifespan and cause severe disability.<sup>1,2,3</sup>

The term "Amavata" signifies the combination of Ama and Vata, the two main pathological factors involved in the disease process. Acharya Madhava provided the accurate definition of Amavata. Vitiated Vata and Ama simultaneously enter the kostha trika and sandhi pradesha, leading to muscle stiffness and joint pain. This condition is referred to as Amavata. Additionally, the term "yugapat" indicates the simultaneous vitiation of Vata and Kapha dosha, which are the primary pathogenic factors of the disease.

Ayurveda, with its holistic approach, particularly emphasizes Panchkarma therapy to prevent and treat Amavata. Baluka Swedana, Vaitran Basti, and other therapies are recommended for Amavata. The treatment should aim to pacify Vata while also addressing the Ama accumulation. Vata requires lubricating treatments, while Ama requires dryness-inducing therapies. The management of Amavata includes Langhana (therapeutic fasting), Swedana (sudation therapy), Deepana (appetite-stimulating therapy), Pachana (digestive therapy using bitter and pungent substances), Snehapana (internal oleation), Virechana (therapeutic purgation), and Basti (therapeutic enema).<sup>4-7</sup>

## Classification

Based on the Dosha Predominant Classified into 7 types:[7-10]

Vataja Amavata-	• vata dosha is more predominant.
Pittaja Amavata	• Pitta dosha is predominant.
Kaphaja Amavata	• Kapha dosha is predominant.
Vatapittaja Amavata	• Vata and Pitta is predominant
Vatakaphaja Amavata	• Vata and Kapha is predominant
Pittakaphaja Amavata	• Pitta and kapha is predominant
Sannipataja Amavata.	• All the 3 doshas are equally vitiated

## Causes

### Aharaja Nidana

- Virudhahara - These are food items that are unhealthy for the proper functioning of the body's doshas and dhatus (body tissues), such as boiled yogurt, fish eaten with fruits, milk consumed with pulses, especially black gram, eating untimely meals, eating before the digestion of previous food, consuming improper quantities of food, and eating improperly cooked food.
- Guru Ahara - These are foods that are heavy, large, and difficult to digest.
- Excessive intake of tubers and roots for the purpose of nourishing the body.
- Consuming food that contains allergens, such as animal products, nuts, wheat products, and seafood.
- Mandagni - Having a low digestive fire.<sup>10-13</sup>

### Viharaja Nidana

- Virudha Chesta - Engaging in activities that are not beneficial for the normal functioning of the body, including suppressing natural urges, daytime sleeping, sleeping late at night, not maintaining proper body posture while walking, lying down, sitting, etc.

- Exercising beyond one's physical capacity, leading to physical exertion.
- Excess indulgence in sexual activities.
- Nischalata - Physical inactivity or a sedentary lifestyle.
- Engaging in exercises immediately after consuming heavy, oily, or fatty foods.<sup>14</sup>

### **Manasika Nidana**

- Emotional disturbances.
- Stress.

### **Lakshana (symptoms)**

Amavata include body pain (crushing type), loss of appetite, excessive thirst, lethargy, feeling of heaviness in the body, fever, indigestion, swelling in the joints, continuous and severe joint pain that disturbs sleep, stiffness of the joints affecting movement, feeling of heaviness in the joints, low digestive fire, rigidity of the abdomen, loss of motor functions or sensory perception, and constipation.<sup>15-17</sup>

Based on these factors, the treatment of Amavata can be further divided into:

#### **1. Ama Pachana and Agni Deepana:**

##### **a) Internal Medications:**

- Langana: Fasting or consuming light meals processed with digestive and carminative drugs (e.g., panchakola choorna) in minimal quantities to restore normal digestive fire.

- Medications: Ajamodadi choorna, Vaiswanara choorna, Chitrakadi vati, Panchakola choorna, Trikatu choorna, etc. can be used for this purpose. These drugs have a pungent and bitter taste and possess carminative properties.

- Virudhahara- The dietary articles which are unwholesome for the normal functioning of the doshas and dhatus (body tissues), e.g. boiled yoghurt, milk along with pulses especially black gram, untimely food, improper quantity of food, food which is not properly cooked, etc.<sup>17-19</sup>
- Guru Ahara- Foods which are heavy and large and difficult to digest.
- Excessive intake of tubers and roots for the purpose of body nourishment.

- Consumption of food with allergens, e.g., animal products, nuts, wheat products, seafood.
- Mandagni- Low digestive fire

## b) Bahya Chikitsa (External Treatments)

### ❖ Swedana

The following techniques are used in Rooksha sweda such as Valuka Sweda, Puta sweda, Karpasastyadi sankara sweda and Sneha avarjitha upanaha sweda.

### ❖ Shodana (Elimination Procedures)

- Virechana (purgation)- Purgation using Trivrut choorna, Phalatrikadi choorna, Eranda paka, etc. can also be done
- Basti (Enema)- Kshara vasti, Swalpa prasarini tailyadi anuvāsana basti, etc. are the basti yogas mentioned in amavata. Saindhavadi taila is used in amavata.

### ❖ Shamana Chikitsa

It includes

- Decoctions such as Amrutotharam, Maharasnadi, Rasnerandadi, Gandharvahastadi, Rasnasaptakam, Rasonadi, etc. are used.
- Tablets such as Dhanwantaram, Simhanada guggulu, Yogaraja Guggulu, Amrita Guggulu, Shiva Gulika, etc. are used.
- Choornas such as Pippalyadi, Vaishwanaram, Trikatu, Amrutadi, etc. are used. 19-20

### ❖ Yoga Asanas

- Veerabhadrasana or Warrior pose
- Vrikshasana or Tree pose
- Marjarasana or Cat stretch
- Setubandhasana or Bridge pose
- Surya Namaskara or Sun salutation
- Pranayama

## Discussion

In Ayurveda, the concept of health goes beyond simply being free from illness. It emphasizes that true health encompasses physical, mental, social, and spiritual well-being. Unfortunately, the significant changes in our lifestyle and the increasing pollution have not only resulted in social problems but have also had a considerable impact on our health, leading to the worsening of certain disorders, such as Rheumatoid Arthritis (Amavata). This condition causes severe pain, both physically and mentally, which hinders a person's ability to lead a happy life. Rheumatoid Arthritis is a major cause of disability and affects people across the country.

The primary cause of Rheumatoid Arthritis is Vayu, which is the dominant among the three doshas (Vata, Pitta, and Kapha). Ama, along with Vata Dosha, moves towards the Kapha sites, passing through the channels responsible for nutrient transport (Rasa Vaha Dhamanis). There, it combines with the three doshas and further aggravates them before settling in the joints (Sandhis), leading to the manifestation of symptoms and signs of Rheumatoid Arthritis. The channels responsible for nutrient transport (Rasavaha Srotas) and the tissue (Rasa Dhatu) are the first to be affected, along with the involvement of the channels responsible for bone marrow (Majjavaha Srotas). 20,21

Samshodhana, which is the process of bio-purification, plays a crucial role in the treatment. It aims to cleanse the macro and micro channels (Srotas) of the body. Shodhana Karma, a part of this process, is a fundamental treatment for Rheumatoid Arthritis as it prevents the recurrence of the disorder. Panchakarma, a comprehensive approach in Ayurveda, encompasses all aspects of treatment, including promotion, prevention, and cure of various conditions.22

## Conclusion

Rheumatoid Arthritis (Amavata) is a progressive metabolic disorder that can restrict daily activities and affect other bodily systems as it advances. In severe cases, it can even become life-threatening. Early intervention and treatment are crucial to prevent permanent deformities, particularly in the joints. The pain associated with Rheumatoid Arthritis significantly impacts the psychological well-being of the patients. Ayurvedic management

of Amavata focuses not only on alleviating symptoms but also on improving the overall health of the patient through nourishing and rejuvenating therapies. Combined with a strict diet and exercise regimen, Ayurvedic treatment for Amavata has a high success rate.

## References

1. Krol et al, Disease characteristics, level of self-esteem and psychological wellbeing in rheumatoid arthritis patients., Scand J Rheumatol. 1994; 23(1):8-12.
2. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary and Notes Part -I Shri Sudarshana Shastri and Prof. Yadunandana Upadhyaya, M.Ni.25/1, Chaukhambha Sanskrit Sansthan,30th Ed.
3. Harita Samhita Hari Hindi Commentary, Pt. Hariharprasad Tripathi, H.S.5/21/1-5, Chaukhambha Krishnadas Academy 37/118, Gopal Mandir lane P.B. No. 1118, Golghar near Maidagin Varanasi – 221001, Ist Ed. 2005.
4. Prof. Ramharsh Singh's Kaya Chikitsya, Chaukambha Sanskrit Pratisthan, Delhi, Part II,Chapter 43, Page no 537.
5. Dr.Indradeva Tripathi, Sri Chakrapanidatta's Chakradutta with Vaidayaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Varanasi, Chaukambha Sanskrit Bhawan, reprint edition, 2018, Chapter 25, Amavata Chikitsa 25/1,Page 166.
6. Prof.Ramharsh Singh's Kaya Chikitsya, Chaukambha Sanskrit Pratisthan, Delhi, Part II, Chapter 43, Page no 537.
7. Prof. Ramharsh Singh's Kaya Chikitsa, Chaukambha Sanskrit Pratisthan, Delhi, Part II, Chapter 43, Page no 536.
8. K.Shastri, Agnivesh's Charaka Samhita with Ayurveda-Dipika Commentary by Cakrapanidatta and with Vidyotini Hindi commentary, Varanasi, Chaukambha Sanskrit Academy, reprint edition, 2012, part 2,Siddhi Sthana 1/39.
9. Dr.G.Shrinivasa Acharya (2006), Panchakarma illustrated, 1 st edition, Delhi, Chaukhamba Sanskrit Pratisthan, Baluka sewdana, Page 215.

10. Kabiraj Govind Das Sen's Bhaisajya Ratnavali, edited with Siddhiprada Hindi Commentary by Prof. Siddhi Nandan Mishra, Varanasi, Chaukambha Surbharati Prakashan, edition 2011, Chapter 29, Amavatarogadhikar, Page 612-613.
11. Dr. Indradeva Tripathi, Sri Chakrapanidatta's Chakradutta with Vaidyaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Varanasi, Chaukambha Sanskrit Bhawan, reprint edition, 2018, Chapter 25, Amavata Chikitsa 25/1, Page 167.
12. Ibidem 1 (Vol 2), Chapter 25, Verse 10. p. 187. 9. Ibidem 1 (Vol 2), Chapter 25, Verse 12. p. 187. 13. Dr. Indradev Tripathi Editor (Reprint ed.). Vaidyaprabha hindi commentary on Chakrapanidatta of Chakradutta, Amavata Chikitsa Adhyaya: Chapter 25, Verse 1. p. 166.
13. Acharya Vaidya Yadavaji Trikamji, Reprint ed., Ayurveda Dipika commentary on Charaka Samhita of Chakrapanidatta (Vol 1); Sutra Sthana: Chapter 22, Verse 9. Varanasi: Chaukhamba Orientalia, 2004; p. 121.
14. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary and Notes Part -I Shri Sudarshana Shastri and Prof. Yadunandana Upadhyaya, M.Ni.25/1-5, Chaukhambha Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi - 221001, 30th Ed.
15. Chaturvedi G, Shastri K, editors. Charaka Samhita of Agnivesha, Siddhi Sthana. Reprint ed. Ch.2, Ver. 13. Varanasi: Chaukhambha Bharati Academy; 2007. p. 981.
16. Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham CO, 3rd, et al. 2010 rheumatoid arthritis classification criteria: An American College of Rheumatology/European League Against Rheumatism collaborative initiative. Ann Rheum Dis. 2010; 69:1580-8.
17. Shastri AD, editor. Bhaishajya Ratnavali. 19th ed. Ch. 29, Ver. 1. Varanasi: Chaukhambha Prakashan; 2008. p. 613.



18. Tripathi JP, editor. Chakradatta of Chakrapani. 4th ed. Ch. 25, Ver. 1. Varanasi: Chaukhabha Sanskrit Series; 1976. p. 225.
19. Lipsky Peter E. Rheumatoid arthritis. In: Longo D.L., Kasper D.L., Jameson J.L., Fauci A.S., Hauser S.L., Loscalzo J., editors. 18th ed. vol. II. Mc Graw Hill; New York: 2012. pp. 2738–2752. (Harrison principles of internal medicine).
20. Shastri B.S., editor. 6th ed. vol. I. Chaukhamba Sanskrit Sansthan; Varanasi: 1997. p.565. (Yogaratanakara of unknown author, Amavata Nidana).
21. Acharya Y.T., editor. Charaka Samhita of Agnivesha, Chikitsa Sthana; Vatashonita Chikitsa: chapter 29, Verse 19 – 23. Chaukhamba Surbharati Prakashan; Varanasi: 2011. p.628. reprint 2011.