



A LITERATURE REVIEW ON AMAVATA WITH ITS MODERN CO - RELATION TO RHEUMATOID ARTHRITIS

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<https://doi.org/10.46607/iamj1110032022>

(Published Online: March 2022)

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Article Received: 08/02/2022 - Peer Reviewed: 11/02/2022 - Accepted for Publication: 25/02/2022



ABSTRACT

Amavata is the worst medical problem and it composed of two words *Ama* and *Vata*. The disease mainly caused by *Agni vikara* specially *Mandagni* which forms *Ama* (Toxic ailment) and circulates all over body and gets entry to the *Sandhi sthana* (Joint spaces) and produces and inflammatory conditions and leads to immobility, pain, swelling and later deformities of the joints. The classical clinical features of *Amavata* are closely similar to the features of Rheumatologic disorder of Western Medicine for this reason Rheumatologic Arthritis and immunological joint disorder has been considered here as a Modern correlation of *Amavata*. *Amavata* or RA is chronic incurable morbid autoimmune challenging problem to the clinician so vivid study of that problem is an urge of present era for finding out the solution or remedies of this problem. In presence study vivid review of ancient literature related to *Amavata* have been done to furnish the *nidan* (etiology), *Samprapti* (pathogenesis), *Rupa*, *Lakshana* (symptomatology), *Spakexshanidan* (differential diagnosis), *Chikitsasidhanta* (principle of management), etc. in a scientific and methodical manner. Modern literatures related to RA have also been studied here to make correlation with the ancient thought and modern scientific evaluation of the ailment. As the modern medicaments are not so much safe and effective towards management of RA and *Ayurvedic* classics have contributed a lot of prepa-

ration and treatment modalities to treat *Agni* as well as preventing the pathogenesis of *Amavata*, so those scopes have been presented here for considerations of scholars towards betterment of suffering humanity.

Keywords: *Amavata, Ama, Langhan, Swedan, Virechan, Basti, Rheumatoid Arthritis.*

INTRODUCTION

In *Ayurveda* *Amavata* has been considered as a *Kaphaja Vataja Vyadhi* and this nomenclature certainly establish the involvement of both *doshas* i.e., *Kapha (Ama) and Vata* in the genesis of the disease. It is a painful condition where profuse swelling and deformities of joints manifested along with systemic involvement. In *Ayurveda* preservation of *Agni* specially *Jatharagni* later *Dhatagni* is the main objects towards *Chikitsa* or treatment as *Amavata* is related to derangement of *Agni* than formation of *Ama* and involvement of aggravates *Vata* due to lifestyle disorder so many more modalities have been contributed by the *Ayurvedic* classics to enhance the power of *Agni* and specified *Vata* by correction of lifestyle and clearing the channels (*Srotosodhan*) in presence study vivid description of disease to be done with scientific validation of the treatment principles to be discussed in a logical manner.

Aim and Objective

1) To collect and furnish information, data collection from ancient literature like *Samhita, Samgrahagranthas* regarding genesis of the disease *Amavata*, 2) To review modern literature for finding out the co relation between *Amavata* and RA etc., 3) To collect and furnish the vivid symptomology of *Amavata* and RA, 4) To establish the logical *Ayurvedic* treatment modalities towards “*sampraptibighatan* of *Amavata*” (breaking of pathogenic pathway) of RA., 5) To furnish the preventive aspect of *Amavata* or RA.

Material and Method

For this literary study all evidence which include the references of *Amavata*, and Rheumatoid arthritis has been collected from the *Ayurvedic Samhitas* and modern texts.

Prevalence

RA has a worldwide distribution and effects 0.5 – 1% (with a female predominance of 3:1) of the population. The prevalence is low in black Africans and Chinese people. The incidence is falling. RA remains a significant cause of disability, mortality and carriers of high socioeconomic cost. It presents from early childhood (rare) to late old age. The most common age of onset between 30 and 50 years of age.

AYURVEDIC WAY OF GENESIS OF THE DISEASE AMAVATA

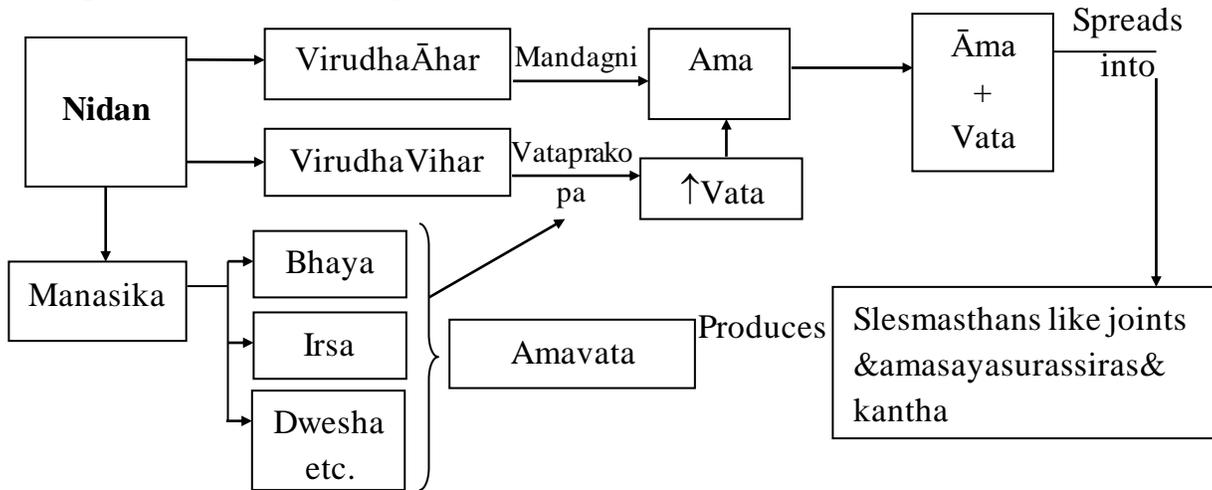
Some important etiological factors (Nidan) ⁽¹⁾ *have been considered by all most all the classics are follows: -*

Aharaja → a) VirudhaAhar, b) SnigdhaAhar, c) Abhisandhi, Vidahi, Guru Anna Seban, d) SitalAhar, e) Ajeernasan, f) Dadhi – Udard, Dugdha – Pyas – Laka-cha- Tel – Matsa, g) Anup Mamsa. h) dushitajalpana
Viharaja → a) Ativyama, b) VirudhaAhar, c) Ratrijagan, d) Veg dharan, e) Diva swapnaf) Nichesta g) Meghavrita Vata

Manashika → a) Irsa – dwesh, b) Kama – krodha, c) Lajja – soka, d) Voya – chinta, e) Abasad etc.

Indulgence in incompatible foods and habits, lack of Physical activity, or doing exercise after taking fatty foods and those who have poor digestive capacity even normally also, produce *Ama* (improperly digested food) in the body. This *Ama*, associating itself with *Vata*, moves quickly to the different seats of *kapha* in the body filling them and the *Dhamanis* (blood vessels) with waxy materials. Thus, the bad end product of digestion associated with *Vata, Pitta*, and *Kapha* assuming different colours, blocks the tissue pores and passages with thick waxy material. It produces this dreadful Disease Known as *Amavata* producing stiffness of the body becomes a cause of many other Disease.

Diagrammatic Presentation of Samprapti of Amavata⁽²⁾



SampraptiGhatak⁽³⁾

Dosa: Vata, Kapha predominating Tridosha, Ama dosa; **Dusya:** Rasa, Rakta, Mamsa, Snayu, Asthi, Sandhi, Kondara; **Srotas:** RasavahaSroto; **Srotodusti:** Sanga; **Adhistan:** Sarba Sandhi /All joints; **UdvabSthana:** Amasaya; **Rogamarga:** Madhyam; **Vyadhi Swavhab:** Asukari, Kostoprada; **Agni:** Jathargnimanda, Dhatwagnimanda

Different classics have classified Amavata in consideration to Dosis involvement, Scientific, Chronicity etc. as follows: -

❖ **Classification of Amavata⁽⁴⁾:**

<p>Dosic Involvement (Anubandha) According to Madhav Nidan</p>	<p>1. Anubandha of one dosa A) VatajaAmavata B) PittjaAmavata C) KaphajaAmavata</p> <p>2. Anubandha of two dosa a) VatapittajaAmavata b) PittakaphajaAmavata c) KaphajavatajaAmavata</p> <p>3. Anubandha of all Dosa a) TridosajaAmavata</p>
<p>As per Severity</p>	<p>A) SamnayaAmavata B) PravridhaAmavata</p>
<p>As per Chronicity⁽⁵⁾</p>	<p>A) NavinaAmavata B) JeernaAmavata</p>
<p>As per Sadhyasadyatva</p>	<p>A) Sadhya i.e. Ekdosaja B) Yasya i.e. Dwidosaja C) Krichhasadya i.e. Sannipatik</p>
<p>As per dosic predominance</p>	<p>A) Vattollan B) Pittollan C) Kafollan</p>

	D) Sannipataja
As per Treatment action	A) Asukari (Acute Phase) B) Chirakari (Chronic Phase)
As per Nature specific	A) Vistambhi Amavata B) Gulmakrit Amavata C) Snehi Amavata D) Pakva Amavata
As per involvement of Joints all over the body	A) Sarbanga GataVata

Symptomatology of Amavata: The sign and symptoms of any disease of Ayurveda are called Rupa those are as follows: -

Rupa (Lakshmana / Symptoms) of Amavata according to different Classical Text.

<i>Rupa /Lakshmana</i>	<i>M.Ni</i> ⁽⁶⁾	<i>Y.R.</i> ⁽⁷⁾	<i>H.S.</i> ⁽⁸⁾	<i>Ga.Ni.</i> ⁽⁹⁾	<i>B.S.</i> ⁽¹⁰⁾	<i>V.P.</i> ⁽¹¹⁾	<i>R.R.S.</i> ⁽¹²⁾
1) <i>Angamarda</i>	+	+	-	+	+	+	-
2) <i>Aruchi</i>	+	+	-	+	+	+	-
3) <i>Trishna</i>	+	+	-	+	+	+	-
4) <i>Alasya</i>	+	+	-	+	+	+	-
5) <i>Gourava</i>	+	+	-	+	+	+	-
6) <i>Jwara</i>	+	+	+	+	+	+	-
7) <i>Apaka</i>	+	+	-	+	+	+	-
8) <i>Shunatwaanganam</i>	+	+	-	-	-	-	-
9) <i>Amatar</i>	-	-	+	-	-	-	-
10) <i>Sandhisotha</i>			+				+
11) <i>Prishtha, Manna, Trikipida</i>	-	-	+	-	-	-	-
12) <i>Manna, Prishtha, Kati, Janu, Trik, Sandhi kunchan</i>	-	+	-	+	-	-	-
13) <i>JathargniDaurbalya</i>	-	+	-	-	-	-	-
14) <i>Katishula</i>	-	-	-	-	-	-	+
15) <i>UthaneAsamartha</i>	-	-	-	-	-	-	+

M.Ni: Madhav Nidan, **Y.R.:** Yogratnakar, **H.S.:** Hari-ta Samhita, **Ga.Ni.:** Gadani Graha, **B.S.:** Banga Sen, **V.P.:** Bhavprakash, **R.R.S.:** Rasa Ratna Sammucchaya
❖ **Asukari** ⁽¹³⁾ (Acute phase) **Lakshna/Upadrava according to Y.R. & Ma. Ni.:** (Ma. Ni. 25/7 – 10)

- 1) *Hasta, Pada, Siro, Gulfa, Trik, Janu, Uru, Sandhi Sotha* [Large joint with Swelling]
- 2) *Vgabindhaibavrichika* (Scorpion Sting)
- 3) *Agnimanda* (Indigestion)
- 4) *Proseka* (Salivation)

- 5) *Aruchi* (Anorexia)
- 6) *Gaurava* (Heaviness of the body)
- 7) *Utsahahani* (Lack of enthusiasm)
- 8) *Bairasya* (Aversion of food)
- 9) *Daha* (Burning Sensation)
- 10) *Bahumutrata* (Polyurea)
- 11) *Kukshikathinatasula* (hardness of the abdomen and pain)
- 12) *Nidanviparjay* (Loss of sleep)
- 13) *Trit* (Thirst)

- 14) *Chardi* (Vomiting)
- 15) *Bhrama* (Giddiness)
- 16) *Murcha* (Fainting)
- 17) *Hridgraha* (Pain in the Heart)
- 18) *Vit vibandha* (Constipation)
- 19) *Jadya* (Incapacity of movement)
- 20) *Antrakujan* (Intestinal gargling)
- 21) *Anaha* (Distention)

❖ **Chirakari⁽¹³⁾ /Jeerna (Chronic) Amavata Lakshna:**

- *Angavaikalya* (Flexion deformity)
- *Shanja –asthivikriti* (e.g. ulnar deviation, Swan – Neck deformity)
- *Mridangaakritilaghu sandhi* (spindle shaped small joints)
- *Angulibakrata* (Spindle shaped finger)
- *Sandhijadyata* (Ankylosis)

Differential Diagnosis of Amavata⁽¹⁴⁾

Sl. No.	Symptoms	Amavata	Sandhivata	Vatarakta	Kaustuksirsa
1	<i>Pain starting at</i>	<i>Big joints</i>	<i>Janu sandhi or Trik, Kati</i>	<i>Small joints like pada, Angusthmula</i>	<i>Janu Sandhi</i>
2	<i>Jwara (Fever)</i>	+	-	-	-
3	<i>Sandhi, Sotha, Sula, Sthabdhata</i>	+	<i>Sandhi sotha</i>	<i>Sandhi sula</i>	<i>Janu sandhi, sotha, sulabakrata</i>
4	<i>Hridgraha, HridGaurava</i>	+	-	-	-
5	<i>Dosa involved</i>	<i>Tridosaja</i>	<i>Vata</i>	<i>Tridosaja</i>	<i>Vatarakta predominance</i>
6	<i>Type of Pain</i>	<i>VrshchikDangsan bat (Scorpion sting)</i>	<i>Sandhi sulasphutan (Bony crepitus)</i>	<i>Mushakdangsan bat</i>	<i>Sandhi sula</i>
7	<i>Character of Disease</i>	<i>SothapradhanRoga (Inflammatory joint Disease)</i>	<i>Asthi-sandhi KshayprodhanRoga (Degenerative joint Disease)</i>	<i>Chaya-Upachayasandhiroga (Metabolic joint Disease)</i>	<i>Abhighataja Sandhi Roga (Traumatic joint Disease)</i>
8	<i>Upasaya / Anupasaya</i>	<i>Pain relief by Snehan (Jeernaavastha)</i>	+	<i>Pain aggravated by Snehan</i>	<i>Pain aggravated by Snehan</i>
9	<i>Benefit by Rak-tamokshana</i>	+	-	+	+

Etiopathogenesis of Rheumatoid Arthritis⁽¹⁵⁾

The pathogenesis of RA is not completely understood. An external trigger (eg, cigarette smoking, infection, or trauma) that sets off an autoimmune reaction, leading to synovial hypertrophy and chronic joint inflammation along with the potential for extra-articular manifestations, is theorized to occur in genetically susceptible individuals.

The onset of clinically apparent RA is preceded by a period of pre-rheumatoid arthritis (pre-RA). The development of pre-RA and its progression to established RA has been categorized into the following phases:

- ❑ **Phase I** – Interaction between genetic and environmental risk factors of RA.
- ❑ **Phase II** – Production of RA autoantibodies, such as rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP)
- ❑ **Phase III** – Development of arthralgia or joints stiffness without any clinical evidence of arthritis.
- ❑ **Phase IV** – Development of arthritis in one or two joints (i.e. early undifferentiated arthritis at this stage is termed palindromic rheumatism).
- ❑ **Phase V** – Established RA

Joints involvement in R.A. ⁽¹⁶⁾

- Finger Joint 40 % among them MPH & PIF (Metacarpophalangeal Joint of Hand & Proximal interphalangeal joint of finger)
- Hip Joint and Temporo –mandibular Joint are less commonly involved.
- Atlanto-axial Joint & Facet Joint of Cervical Spine is uncommonly involved.

Deformity in Various Joint in Rheumatoid Arthritis ⁽¹⁷⁾

Hand: Ulnar drift of the Hand, Boutonniere deformity, Swan – neck deformity; **Elbow:** Flexion deformity; **Knee:** Early flexion deformity, Late flexion deformity; **Ankle:** Equinus deformity; **Foot:** Hallux valgus, Hammer toe etc.

Diagnostic Criteria of Rheumatoid Arthritis (Acc. To American School of Rheumatology) ⁽¹⁸⁾

Morning Stiffness (> 1 hour); Swelling of 3 or more specified joints; Swelling of joints in the hand and wrist; Symmetrical swellings; Rheumatoid Nodules; Rheumatoid Factor Positive; x- ray changes – erosion or unequivocal peri – articular Osteopenia; If four or more of these are present, it is Rheumatoid Arthritis.

Investigation related to R.A for confirmatory diagnosis and assessment of Prognosis

Investigation ⁽¹⁹⁾

1) Complete blood count including Plate late; 2) ESR & CRP; Urine RE/ME & special test (Bence Jones Protein); Rheumatoid Factor(RA factor) [a titer greater than 1:40 or unit value greater than 20 is considered positive, although this may vary with methods used]; Anti CCP or ACPA; Antinuclear antibody (ANA) or factor (ANF) - a titer greater than 1:80 is usually considered positive; Anti ds DNA (for SLE); Anti extractable nuclear antigen (ENA) antibody – anti histone, anti-RO, anti La, anti U1 RNP; Anti neutrophilic Cytoplasmic antibody (ANCA); Complement; immune complex; Others – Ca, PO₄, alkaline phosphate, PTH, 25-OH vitamin D, Creatinine Kinase (CK); ASO titer, Serum uric acid and protein electrophoresis; HLA – b 27 assay; Radiology(x- ray, USG,CT Scan, MRI, Bone scintigraphy, DEXA Scan for BMD,PET Scan); Synovial fluid analysis; Arthroscopy; EMG & NCV; Viral titers against Parvovi-

rus OR Coxsackie Virus; Biopsy → Synovium, temporal artery, sural nerve (for vasculitis) bone (iliac crest for renal osteodystrophy or osteomalacia); Lip minor salivary gland (for Sjogrens syndrome) and muscle (deltoid or quadriceps).

Chikitsasidhanta ^{(4):}

Chikitsa Sidhanta of Amavata in a gross manner (As per Madhav Nidan):

Bahya: 1. Swedan, 2. Upanaha, 3. Usanapariseka, 4. Lepa

Avyantar: 1. Langhan, 2. Deepan, 3. Pachan, 4. Lekhan, 5. Virechana, 6. Niruha, 7. Vedanasan, 8. Vatanulomana

Samsodhan Chikitsa of Amavata: Ruksha Sweda, Valuka Sweda, Niruha Vasti, Langhan, Virechana, Shanker Sweda, Vastikarma, Upanaha Sweda/Pultish. **Samsaman Chikitsa according to different Ayurvedic text** ⁽²⁰⁾

Useful Churna Kashaya, Vati, Lepa, Rasa/Vasma, Louha, Guggulu etc. for the treatment of Amavata.

Kwath/Kashaya (Dose: 20–40 ml): *Rasnapanchakam, Rasna Dasamulakar, Rasnasaptakam, Shunthyadi Kwath*

Vati (Dose: 200 – 500 ml): *Vatagajendrasingha, Amvatari Vatika, Amapramanthini Vatika, Ajmodadivatika*

Rasa / Vasma (Dose: 125 – 250 mg): *Anilari Rasa, Amvatari Rasa, Amvatavidhansa Rasa, Amvatateswari Rasa.*

Guggulu (Dose: 500 – 1000mg): *Simhanadggulu, Vrihatsimhanadggulu, Vatariggulu, Vyadhishardul-Guggulu.*

Churna (Dose : 3 – 6 grm): *Nagar Ch., Panchakola Ch., Amritadi Ch., Baisarnar Ch., Vaisvanara Ch.*

Taila (Dose: Internal application (Pan): 20 ml, External application (Vasti): 50-100 ml): *Brihatsaindhavadyam Taila, Eranda Taila.*

Lepa Hinsradi Lepa, Satapuspadi Lepa,

Louha: *Triphaladi Louham, Vidangadi Louham, Pancanana Rasa Louham*

Pinda: *Rasona Pinda, Rasona Pinda Mahan*

Pathya of Amavata: *Kulathya, Jangal Mamsa Rasa, Madya, Rasuna, Patola, Gomutra, Adrak.* ⁽²¹⁾

Apathya of Amavata: Dadhi, Matsa, Guru, Khira, Upodika, Urada⁽²²⁾

Treatment of Rheumatoid Arthritis as per Western Biomedicine⁽²³⁾

General Treatment: 1. Rest, 2. Multivitamin, 3. Iron, 4. Good nutritious Diet, 5. Systemic and articular rest, 6. Isometric Exercise, 7. Weight loss of the individuals.

Local Treatment: 1. Position of the joints should be maintained by splinting, 2. Passive movement of the effected joints should be carried out at least 10 – 12 times a day, 3. Heat and cold application, 4. Local injection of 50 -100 mg of Hydrocortisone may be given into the inflamed joints.

Drug Therapy: 1. NSAIDS (Non-STEROIDAL Anti – inflammatory Drugs), 2. COX2 inhibitors (Cyclo – oxygenase), 3. DMARDS (Disease modifying Anti-Rheumatoid Durgs), 4. TNF (Tumor Necrotic Factors) inhibitors/ Anti – TNK & therapy, 5. Other Biological agents.

DMARDS USED FOR THE TREATMENT OF RHEUMATOID ARTHRITIS⁽²⁴⁾

DRUG: Hydroxy chloroquin; **DOSAGE:** 200–400 mg/day orally; **SERIOUS TOXICITIES:** Irreversible retinal damage, cardiac toxicity, Blood dyscarsia.

DRUG: Sulfasala zine; **DOSAGE:** Initial: 500 mg orally twice daily; **SERIOUS TOXICITIES:** Granulocytopenia Haemolytic Anaemia (with G6PD deficiency).

DRUG: Methotrexate; **DOSAGE:** 10 – 25 mg/ week orally or SQ Folic acid 1mg/d to reduce toxicities; **SERIOUS TOXICITIES:** Hepatotoxicity Myelosup - pression Infection Intestinal Pneumonitis Pregnancy category *

DRUG: Leflunomide; **DOSAGE:** 10–20 mg/d; **SERIOUS TOXICITIES:** Hepatotoxicity Myelosup - pression Infection Pregnancy category*

DISCUSSION

The disease Amavata has been described in a vivid manner by Madhav Kar 9th century AD first, and later other classics like Banga Sen, Yogratakara, Bhavmishra discussed accordingly. Amavata is one of the worst Health problems and it is hardly curable

or incurable in nature. The disease which is carrying more or less similar features of Rheumatoid Arthritis. Rheumatoid Arthritis is a disease effects 0.5 to 1 % of worldwide population with a female and male ratio 3: 1. The incidence of RA causes disability, mortality, and economic cost and results a crippled phenomenon. It is generally found 30–50 years of age. It could be categorized under auto immune inflammatory joint disorder where arthropathy is the early features and later ends into severe deformities like Swan Neck deformities, Hallux Valgus Boutonniere deformity of the hand. In *Ayurveda Amavata* caused by some *Ama Janak* (Factors related to production of *Ama*) *Vata Karak* (factors related to aggravation of *Vata*) *Ahar, Vihar and Achar*. The *kaphakarak* or *Amajanakahar* like *Singdha, Sita, Guru* etc but the terminology has uttered by the classics of different ancient era. *Amavata* had been placed by *Brihatrayee* also. The activities like *Ativyama, Ratrijagaran, Veg dharan* (Suppression of Natural Urges) exposure to cold air and cold water when causes aggravation of *vata* as well as *mandagni* and that *Mandagni* leads to production of *ama* (Toxic substances) and *vata* carrying those toxic materials or *ama* to the *Sleshmasthan* (*Sandhi*) specially to the small and middle group of Joints like PIP (Proximal interphalangeal Joint of finger) and meta carpophalangeal joint of hand and wrist joint, elbow joint etc. and causes *Vedona* (Pain), *Sotha* (Swelling) and *Prodaha* (inflammation with swelling) and that inflammatory disorder when persist for a long days and proper therapeutic measures not been taken in due time than deformities take place in those organs and joints by the simultaneous excessive provocation of *Ama* and *Vata*. In this regard the involve doshas, are *VataKapha* predominating among three doshas, *dushya*, are *Rasa, Rakta, Mamsa, Snayu, Asthi, Sandhi, Kandara*, etc. *Rasa Vaha Sroto* is initially involve with the *Sanga* type of *Srotodusti*, as *Ama* is the main causative factor so *Amasaya* is the site of genesis of the disease, and it could be called as a disease of *Madhyam Roga-Marga*. There are several types of this disease have been mentioned by our classics as per involvement of dosha like *Vattolan, Pittolan, Kaphalloan* and

Sannipataja, as per Chronicity *Navina*, *Jirna Amavata*, as per Severity *Sadhya*, *Japya*, and *Krichasadhya*, the features of *Amavata* have been mentioned by the classics. The *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gourava*, *Jawara*, *Apaka*, etc. have been mentioned as the main features of *Amavata* besides *sandhi sula* (Joint Pain), *Sandhi Sotha* (Joint Swelling), *Prodhaha* (Inflammation), *Anga Bikriti* (Organ deformities), etc. The American School of Rheumatology has opined to considered features during diagnosis of Rheumatoid Arthritis. Morning stiffness, swelling of 3 or more specified joints finger joints 40 % most commonly involved hip joint and tempero mandibular joint are less commonly involve etc. Regarding investigation and other as per Western Science RA factor should be positive (>20) IU / ml. Anti CCP will also (> 20 units) ESR leveled be high. ASO Titer may or may not be higher than 200 but the view of Ayurveda those biochemical or Hematological parameters are not mandatory to make confirmatory diagnosis as *Amvata*. So, it is clear to mentioned here that clinical features like pain, Swelling, stiffness and deformities in small and middle group of joint and *angamarda*, *aruchi*, *abipaka* like symptoms are the main diagnostic features of *Amavata* where Sero positive and Seronegative Rheumatoid Arthritis of modern medicine may be included. The usual treatment of modern medicine is NSAIDS (Non-Steroidal Anti-inflammatory drugs), DMARDS, Iron, Nutritious Diet, Isometric exercise, Weight loss of individuals are included under general treatment, and some other local treatment like splinting passive movement of effected joints are also included as local treatment. Those internal medicines for relief of pain are very much unsafe and produce several adverse effects therefore the urge of the suffering humanity is to provide safe remedies for the cure of the said crippled ailment. Almost all the *Ayurvedic* classics after 9th century AD describe a line of management for prevention and cure of said disease which may be categorized into two parts *Bahya* (External) and *Abhyantar* (Internal) therapy *Swedan* (Dry Hot fomentation), *Upanaha*, *Ushnapariseka*, *Lepa*, etc. are the *bahya* therapy and *Abhantar* therapy are *Deepan*, *pachan*,

Lekhan, *Virechana*, *Niruha*, *Vatanulomana* etc therapy have been advised as internal therapy. Besides those some *Kausatausdahi*, *Rsausadhi*, have also been advocated in classics *BrihatSimhanathGuggulu*, *Maha Yogaraj Guggulu*, *Amavatari Rasa*, *VataGajakush*, *MahaVataVidhangsanRasa*, *Agni tundi Rasa*, *PravalBhasma*, *Kori Bhasma*, *BiasanarChurna*, *Salpa agniukh Churna*, *ErandaTaila*, *MahaRasnadi Kwathe*, *Rasna Saptak Pachan* etc. found most popular internal medicine for the management of *Amavata*. It is needful to mentioned here *Vaidya* or Physician should make the *jojona* (Plan of treatment) after well considering *RogiBala* (Strength of the patient), *RogoBala* (Strength of Disease) and *Agni Bala* (Power of Digestion) etc.

CONCLUSION

From the above discussion it could be concluded that –

- 1) *Ama* may be called as the undigested food materials or toxin formed by the *Mandagni* or Hypo functioning of digestive and metabolic fire.
- 2) *Vata* is the Psychoneuromusculo- skeletal action or reflex in provocatory of *Vata* all those action or reflex become hyper in nature.
- 3) *Amavata is Ama* (Undigested food materials or toxin) and *Vata* (Psycho neuro musculo skeletal reflex) provocated hardly curable disease. *Amavata* may be co related with Rheumatoid Arthritis as per them as per their similarities and features of Modern Medicine.
- 4) There are so many etiological factors related to *Ahar* (Diet), *Vihar* (Habit or Work) *Achar* (Regiment) and *Manashik* (Psychological factor) for the genesis of *Ama and Vata*.
- 5) Removal of etiopathogenesis related to formation of *Ama* and aggravation of *Vata* could prevent the occurrence of Disease *Amavata*.
- 6) There is huge list of external and internal therapies present in *Ayurveda* for execution of valid reasonable and safe treatment towards the management of *Amavata*.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Bodhisattwa Bakuli & P.B. Kar Mahapatra: A Literature Review On Amavata With Its Modern Co – Relation To Rheumatoid Arthritis. International Ayurvedic Medical Journal {online} 2022 {cited March 2022} Available from: http://www.iamj.in/posts/images/upload/634_642.pdf