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**Review Article** 

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# A REVIEW STUDY OF DISEASE AMAVATA AND ITS MANAGEMENT

Dr. Aparna T. P.\*1 and Dr. Archana S. Dachewar<sup>2</sup>

<sup>1</sup>MD Scholar, Department of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra.

<sup>2</sup>Guide, Professor and HOD, Department of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra.

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\*Corresponding Author Dr. Aparna T. P.

MD Scholar, Department of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra.

# **ABSTRACT**

Ayurveda, other than treating diseases, gives clear cut guidance about how to live our lives in a more healthy way and also reminds about the difficulties that may occur if we do not follow them properly. According to Ayurveda, Agni plays a major role in maintaining the equilibrium of the body, the impairment of which results in the formation of Ama. Amavata is caused when the Ama with help of Vata moves quickly and get lodged in Dhamanis and in Kaphasthanas especially Sandhis. Acharya Madhavakara in Madhavanidhana, explains the classical symptoms of Amavata as Sandhi shula and Sotha with other systemic symptoms including Angamarda, Aruchi, Trushna,

Gaurava, Jwara, Apaka etc. Amavata is told as the most difficult disease to treat when it reaches to a stage of *Prakupita avastha*. So proper care should be taken while treating this disease. The treatment modalities mainly aims at amaharatwa, vata haratwa and bringing back agni to normalcy by advocating langhana, swedana, dipana with katu-tikata dravyas, virechana, snehapana and basti. This is a review study for understanding the disease amavata and its chikitsa.

**KEYWORDS**: Amavata, Ama, Vata, Agni, Sandhi shula-shotha.

# INTRODUCTION

There has been a dramatic and remarkable change in the life style of people in this era due to the evolution of newer technologies. By providing an easy and comfortable life these technologies made people more used to a sedentary life style and poor eating habits. As a result of which health problems are increasing worldwide day by day.

So any factors either dietary, environmental or psychological which causes impairment of *Agni* become responsible for the formation of *Ama* also.<sup>[1]</sup> The concept of Ama is unique in Ayurvedic science. We can't find any equivalent term for *Ama* anywhere else. The *Ama* is a causative factor for many diseases including *Amavata*.<sup>[2]</sup> There is no exact reference of the *amavata* in *brihat trayis*. Acharya Madhavakara has explained *amavata* for the first time and treatment was explained by Acharya Chakrapani.<sup>[3]</sup> While explaining the *prakupita avastha* of this disease Acharya Madhavakara had told that this is the most difficult disease to treat. So early diagnosis and treatment is essential to minimize the sufferings of patient and thereafter to avoid the complications.

# **NIDANA**

According to Madhavanidana *virudha ahara*, *cheshta*, *mandagni*, *nishchalata*, and doing exercises after having *snigdhanna* are the main reasons for the formation of *ama* in the body.

*Viruddha Ahara* (Incompatible food): The food which causes vitiation of the *Doshas* without expelling them out of the body is called *viruddha ahara*. *Viruddha ahara* plays important role in the formation of *Ama*. Acharyas have clearly explained the details of *virudha ahara* with examples and the diseases caused due to the continuous usage of them. Some of the *virudha ahara* are milk along with *kulatha*, *panasa* with *matsya*, mixing honey and ghee in equal quantities, boiled curd etc.<sup>[4]</sup>

*Viruddha Cheshta* (Improper physical activity): We have detailed description of *virudhahara* in our classics but *Viruddha Cheshta* is not mentioned clearly. In Bhavaprakasha, Vidyotini Tika, it is mentioned that doing exercise after having food etc can be considered as *virudha cheshta*. We can also consider the factors which will cause *dosha utkleshata* like *vegadharana*, *divaswapna* other than in *grishma ritu*, alternate use of hot and cold regime etc.

*Mandagni* (Decreased digestive power): *Mandagni* itself causes the formation of *ama* due to improper digestion.

*Nischalata* (Lack of physical activity): Sedentary life style leads to the vitiation of *agni* and thus causing *ama* formation in the body.

*Snigndham annam bhuktwa vyayaamam*: Doing physical exercises soon after the intake of heavy or fatty food hampers digestion and leads to *ama* formation in the body.

According to Harita the intake of *Kanda*, *mula* and *saka* and excessive exertion are the causative factors of *amayata*.

In Anjana Nidana, the factors which vitiates *vata*, *pitta* and *kapha* are mentioned as cause.

# **PURVARUPA**

Vangasena has given *Shiroruja* and *gatraruja* as *purvarupa* of *amavata*.<sup>[5]</sup> Nobody else has given exact *purvarupa* for this disease. But as per Acharya Charaka we can take *avyakta lakshana* (early clinical manifestations) as the purvarupa since it is not separately mentioned. So *samanya lakshanas* like *apaka*, *aruchi*, *angamarda* etc. can also be considered as *purvarupa* of *amavata*. These are the mild symptoms caused when the *prakupita ama* get transported to Hridaya, Sandhis etc. through *Rasavaha srotas and dhamanis* and attains the *Sthana samshraya* stage of *kriyakala*, before getting fully manifested as the disease *amavata*.

# **RUPA**

Acharya Madhavakara has given the symptoms of amavata as

- Samanya lakshana<sup>[7]</sup>
- Lakshana sanachaya of pravrudha amavata. [8]

# Samanya lakshana

Angamarda (body ache), Aruchi (Tastelessness), Trishna (Thirst), Alasya (lack of enthusiasm), Gouravam (Heaviness all over body), Jwara (Fever), Apaka (Indigestion), Shunata Anganam (Swelling of the body parts especially in joints).

# Pravrudha lakshana

- Sarujam Shotha mainly in sandhis of Hasta, Pada, Shiro, Gulpha, Janu, and Uru which shifts from one place to another due to movement of doshas.
- Vrishchika danshavat vedana i.e. Pain resembling that of a scorpion sting.
- *Utsahahani:* A subjective feeling in which lack of enthusiasm can be seen in *rogi*. It can be due to improperly formed *Rasa dhatu*, leading to lack of *nourishment of Sharira* and *Mana*.
- *Bahumutrata*: Presence of *Ama* causes *sroto*: *abhishyanda* in the body, which leads to increase of *kleda*. This *Bahumutrata* occurs for the excretion of excess *kleda* from the body.

- *Kukshi kathinya*: Improper *dahana*, *pachana* and the presence of vitiated *dosha* can lead to *Kukshikathinya*, which is the rigidity of abdomen.
- *Kukshishoola*: *Srotorodha* due to *Ama* causes obstruction to the movement of vitiated *vata* resulting in pain in abdomen.
- *Nidra Viparyaya*: Due to *vata vriddhi* and the pain caused due to *vata vridhi* keeps the patients awaken at night and the *ama*, *kapha* and the obstructed *srotas*' keeps them sleepy during day time.
- *Chardi*: Continuous formation of *ama* and the *kledatata* in *amashaya* can be the reason for vomiting.
- Bhrama: Presence of Kapha in Srotas and Vitiated Vata causes bhrama.
- Hritgraha: Can be due to Rasavaha srotodushti (moolasthana is hrudaya) and vitiation of Samana Vata, Vyana Vata and Avlambaka kapha.
- *Vibandha*: due to vitiated *Apana Vata* and improper digestion.
- Antrakujana: increased bowel sounds are present due to movement of Vitiated Vata in theintestine.
- Anaha: It is the stagnation of vitiated vata and other doshas in Kukshi.
- Agnimandya: Improper ahara pachana leading to ama formation.
- Praseka: lalasrava are produced due to Samarasa, which shows Rasavaha and Udakavahasrotodushti.
- Gaurava: Due to Vitiated Kapha and ama there is feeling of heaviness in Hridaya and in all bodyparts.
- Vairasya: Perception of different taste than normal due to Sama Rasa and vitiated Bodhaka Kapha.
- Daha: Due to Vitiated Pitta. There can be localized or generalized Daha.
- Trishna: Trishna is due to Agnidushti, Sama Pitta and Vata. It shows Rasavaha, udakavahasrotodushti in disease process.

# **SAMPRAPTI**

Ama and vata are the two chief pathognomonic factors in formation of amavata. 'Ama' is produced by agnimandya of both Jatharagni and Dhatwagni. The first Rasa dhatu, which has been inadequately digested due to the weakened digestive fire and get accumulated in the amashaya in the abnormal state, is known as Ama.

In Amavata the normal function of Vata is disturbed. It produces stabdhata sandhigraha &

shula leading to the restricted movements of joints. This shows the predominance of vata dosha in the pathogenesis of Amavata. In amavata, ama and vata vitiated simultaneously and disease is manifested mainly as pain in joints of hasta, pada, sira, trika, gulpha, janu and uru.

This Ama by virtue of its Vishakari guna and with the help of vitiated vata quickly moves to all kapha sthanas, through Dhamanis'. This Ama, in kapha sthanas is further contaminated by doshas and assumes different colours, because of its atipichhilatwa. If ama gets obstructed in channels that promotes further vitiation of vata dosha. In the dhamanis' with the other doshas it facilitates sroto abhisyanda and srotorodha and further causing stabdhata (stiffness), sandhishula (joint-pain), sandhishotha (swelling) and other symptoms of amavata. [9]

## SAMPRAPTI GHATAKAS

Vata kapha pradhana tridosha Dosha

Dhatu Rasa, Mamasa, Asthi, Majja.

Srotas Annavaha, Rasavaha, Asthivaha, Majjavaha.

Srotodusti Sanga, Vimaragagmana.

Udbhavasthana Amashya (Ama), Pakvasaya (vata).

Adhisthana Sarvanga sharira specially sandhis

Vyaktasthana Sandhi

Roga Marga Madhyama roga marga

• Agni Jatharagni Mandya, Dhatwagni Mandya.

#### **UPADRAVA**

- The Pravriddha Lakshana of Amavata described by Madhava is given as Upadrava by Yogaratnakara. [10]
- According to Harita, angavaikalya is caused by Amavata which can also be considered as an *Upadrava*. [11]
- In Anjana Nidana, eight Upadravas mentioned for amavata are Jadya, Antrakujana, Anaha, Trishna, Chhardi, Bahumutrata, Shula and Shayanasha. [12]

# **SADHYASADHYATA**

Ekadoshaja amavata are sadhya, dwidoshaja yapya and tridoshaja and those with shotha moving all over the body are asadhya. [13]

# **CLASSIFICATION**

Acharya Madhavakara has given the types as eka-doshaja, dwi-doshaja and sannipatika. Bhavaprakasha and Yogaratnakara also opined the same. But as per Acharya Sharangadhara it is Vataja, Pittaja, Kaphaja and Sannipataja.

Harita has classified Amavata as four types on the basis of their manifestation. They are

- Vishtambhi: In this type of Amavata, Gatra Gaurava, Adhmana and Bastishula are present.
- Gulmi: In this type of Amavata, Jathara Garjana (peristaltic sounds), Gulmavat Pida, Kati Jadata are present.
- Snehi: Gatra Snigdhata, Jadya, Mandagni and excretion of vijala and snigdha ama are present in this type of *Amavata*.
- Sarvangi: Excretion of Pitta, Shyama, Vijjala Ama, Shrama and Klama are present in thistype.

#### **CHIKITSA**

Ama and vata are the two chief causative factors for amavata. Ama is guru, snigdha, sthira, sthula and pichhila while the vata have the properties like laghu, ruksha, chala, sukshama and shita. The properties of both are opposing other than the shita guna. These factors should be considered before starting the treatment of amavata, because any measure adopted will principally be opposing one another. Acharya Chakrapani was the pioneer who said down the principle and line of treatment of amavata. According to him Langhana, Swedana, Sevana of drugs with tikta, katu and dipana properties, Virechana, Snehapana and Ksharabasti are the treatment line of amavata. [14] Later Bhavaprakasha and Yogaratnakara added ruksha sweda and upnaha to the above said measures by Chakrapani. The line of treatment described for the disease can be summarized as measure to bring agni to normal state, to digest ama and to control vitiated *vata*.

# Langhana

Any measure, which brings in *laghuta* in the body, is known as *langhana*. Main type of langhana useful in case of amavata is upavasa (non consumption of food materials) and the administration of drugs which have *langhana* properties.

It is the first measure that has been advised for the management of amavata. Amavata is

considered as an *amasayotha vyadhi* and also a *rasaja vikara*. The pathology originates in *amashaya* due to *mandagni*, resulting in the formation of *ama*. So the starvation will further stop the production of *ama*. In addition it helps in digestion of already formed *ama*. And the use of drugs having the *langhana* properties will also benefit in *pachana* of *ama* and to correct the *mandagni*. Once the *amatwa is gone*, and the strength of the *agni* is restored and the measures to control the *vata* can be taken. While doing the *langhana* foremost care should be taken as these measures can further vitiate the *vata dosha*. So *langhana* should be stopped as soon as the *nirama* stage is achieved.

#### Swedana

The process, which causes perspiration, destroys stiffness and heaviness of the body is called *swedana*. *Swedana* has been specially advocated in case of *stambha*, *gaurava*, *jadya*, *shita*, and *shula*, which are the predominant features of *amavata*. According to Acharya Yogaratnakara and Vangasena<sup>[15]</sup> among different varieties of *swedana*, *rukshasweda* is to be performed and that too with *baluka* (Hot sand). *Snigdhata* by any means before *amapachana* will surely aggravate the symptoms because it is a very similar condition for *Ama*. *Swedana* is beneficial because of its *ushana guna* that digests (*pachana*) the *ama* present in affected area and also removes obstruction of channels (*srotorodha*). Relief in obstruction results in perspiration. *Ushana jala pana*, *Atapasevana*, and *Ushana jala* (processed in *vataghna dravyas*) *snana* are also helpful *swedana* for *amavata*.

# Tikta-Katu and Dipana Dravyas

Tikta dravyas are ama pachaka and srotomukh vishodhaka. Katu rasa is told as chhedaka, marga vivaraka and kapha shamaka. Tikta & katu rasa are laghu, ushana and tikshana in nature, which are very useful for ama pachana. These are also dipana and pachana, and with all these properties the digestion of ama, restoration of agni (dipana) removal of excessive kapha and bringing of the pakva dosha to the kostha from the shakha takes place. Here also one should be cautious of not vitiating vata dosha because the tikta-katu rasa dravya increases the vata dosha.

# Virechana

Virechana eliminates the doshas brought down to kostha. If otherwise that will aggravate again and worsen the condition. Production of ama is the result of involvement of pittasthana & kledaka kapha. Virechana removes the kledaka kapha from the pitta sthana. The visitation and pratiloma gati of vayu is the cause of symptoms of like anaha, vibandha, antrakujana

and katisula in amavata. Doing virechana can relieve these symptoms also.

Eranda taila is the drug of choice for amavata because eranda taila removes the avarana of vata by kapha, meda, rakta & pitta. And is also beneficial in samsarga of kapha, meda & rakta to vata. It is said to be best vrishya and vatahara drug. And most importantly it can do virechana without causing vata vridhi due to its snigdh guna.

# Snehapana

Snehapana is the process by which snigdhata; vishyandata, mriduta and kledana in body are achieved. The therapeutic measures so far employed are likely to cause rukshata in body and thus vata vridhi, which may result in further aggravation of disease process. This can be well controlled by administration of sneha. A medicated sneha processed in ushana, katu, and tikta rasa drugs is very effective both for ama and vata. Due to chronic nature of the disease tremendous dhatukshaya and weakness develops in the body. Hence brimhana snehapana is recommended in nirama stage of the disease.

### Basti

According to Acharya Charaka *basti* is the *ardha chikitsa*, and is the best *karma* among *panchakarma* to control vitiated *vata dosha*. As *amavata* is a chronic disease the *vata* becomes more *balavan* in later stages, *basti* is very useful in this stage. Chakrapani has recomended *saindhavadi taila* for *anuvasana basti* and *kshara basti* for *asthapana basti*.

# PATHYA APATHYA

Varga	Pathya	Apathya
Anna	Yava, Kulattha, Raktasali, Shyamaka, Kodrava	Masha, Shashtika
Shaka	Vastuka, Shigru, Karvellaka, Patola, Punarnava	Upodhika
Dugdha	Takra	Dadhi, Ksheera
Mamsa	Jangala Mamsa rasa	Anupa Mamsa, Matsya
Jala	Ushnodaka	Sheetodaka, Dushtaneera
Kanda	Ardraka, Lasuna	
Taila	Eranda taila	
Mutra	Gomutra	
Madya	Jirna madya	Nava madya

Other than this *lepa*, *gudavarti*, anything which is *vata shleshma hara*, *mandara*, *gokantaka*, *vridhadaru*, *bhallataka* are told as *hita* for *amavata rogi*. Also *purva vata*, *vega rodha*, anything which is *asatmya*, *ratrijagara* and *vishamashanam* are told to be avoided by an *amavata rogi*. <sup>[16]</sup>

# DISCUSSION AND CONCLUSION

Amavata is a disease caused by ama and vitiated vata. The reason is anything which leads to improper functioning of agni and thus causing ama formation. They are like virudhahara, vihara, alpacheshta, mandagni etc. Also the ahara viharas resulting in vata vridhi yields this condition. The vitiated ama and vata together reaches sarvanga especially kapha sthanas like trika sandhi and causes stabdhata of anga and later on shula and various other symptoms.

This is an amashayotha vyadhi caused by mandagni, ama and prakupita vata. So the treatment protocol will be first bringing back the normal agni and then ama haratwa and finally vata shamana. Since the main causative factors are having opposing nature utmost care should be taken. The treatments like langhana, dipana, tikta katu bhojana etc. applied to bring back agni and to remove ama can cause vata vridhi if proper care is not given, vice versa the *sneha pana* like procedure to mitigate *vata* should be given only in *nirama* stage otherwise it can again cause *mandagni* and *ama* formation.

# **REFERENCES**

- 1. Astanga Hridaya Sutra Sthana chapter 13/25, Vidhyotini Hindi commentary by Kaviraj Atrideva gupta revised by Vaidhya Yadunandana Upadhyaya published by Chaukhambha Sanskrit series, 2012; 132.
- 2. Madhav nidana commented by Vijaya rakshita & Shrikantha Datta, Madhukosh tika by Madhavkara chapter 25, Amavata nidana, 508/2009.
- 3. Chakradutta with Ratnaprabha commentary edited by Priyavat Sharma, Swami Jayaram das, Prakashana Jaipur, Reprint, Amavata, 2000; chi.25/1: 423.
- 4. Astanga Sangraha Sutra sthana 9/25, Saroj Hindi commentary by Ravidatt Tripathi Chowkhamba Prakashana Varanasi, 2006; 192.
- 5. Vangsena, Vangsena Samhita( Chiktsa Sar Sangrah), Amvata Rogadhikara Adhyaya, 27/5. Edited by Dr. Rajiv Kumar Rai and Dr. Ram Kumar Rai, Choukhambha Sankrit series office, Prachya Prakash Varanasi, first edition, 1983; 321.
- 6. Agnivesha, Charaka Samhita, Chikitsa Sthana, Vatavyadhi chikitsa, Adhyaya, 28/19. Edited by Vaidya Jadavji Trikamji Acharaya, Chaukhambha Prakashan; Reprint, 2007; 617.
- 7. Maddhavakara, Madhavanidanam (Rogavinischayam) Translated to English by Prof. K.R. Srikantha Murthy, Amavata Nidanam 25/6, Chaukhamba Orientalia, 7<sup>th</sup> Edition, 2005; 95.
- 8. Maddhavakara, Madhavanidanam, Translated to English by Prof. K.R. Srikantha

- Murthy, AmavataNidanam 25/7-10, Chaukhamba Orientalia, 7<sup>th</sup> Edition, 2005; 95.
- 9. Maddhavakara, Madhavanidanam, Translated to English by Prof. K.R. Srikantha Murthy, Amavata Nidanam 25/1-5, Chaukhamba Orientalia, 7<sup>th</sup> Edition, 2005; 95.
- 10. Yogaratnakara. Indradeva Tripathi. 1<sup>st</sup> editionn. Varanasi: Krishna Dasa Academy, 1998; 564-566.
- 11. Haritha Samhita. Varanasi: Krishnadas Academy, 1980.
- 12. Anjana Nidana, Agnivesha. In: Ramchandra Shastri Kinjavadekara, editor, Chitrashala Mudranalaya, Pune, 1940.
- 13. Maddhavakara, Madhavanidanam, Translated to English by Prof. K.R. Srikantha Murthy, AmavataNidanam 25/12, Chaukhamba Orientalia, 7<sup>th</sup> Edition, 2005; 96.
- 14. Chakradutta with Ratnaprabha commentary edited by Priyavat Sharma, Swami Jayaram das Prakashana Jaipur, Reprint, Amavata chi., 2000; 25/1: 423.
- 15. Vangsena, Vangsena Samhita(ChiktsaSarSangrah), Amvataroga Adhikara, Adhyaya, 27/16. Editedby Dr. Rajiv Kumar Rai and Dr. Ram Kumar Rai
- 16. Bhaishajyaratnavali. Chapter 29, shloka 225-231. In: Ambikadatta Shastry, editor. 15<sup>th</sup> edition. Varanasi: Choukambha Sanskritha Santana, 2002; 439.