

**CONCEPT OF AAMVATA AND ITS MANAGEMENT****Dr. Seema Patley<sup>\*1</sup>, Dr. Aradhana Kande<sup>2</sup> and Dr. Rashmi Diwan<sup>3</sup>**<sup>1</sup>P.G. Scholar, P.G. Department of Roga Nidana Evum Vikriti Vigyan, Shri N.P.A. Govt.

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**ABSTRACT**

Amavata is a most common joint disorder and mainly found in middle age. Present era's hectic life style, lack of exercise, faulty dietary habits, sedentary life style and use of air conditioner etc have lead to mandagni and many digestive problems which results in production of Ama. Among them Aamvata is one of the important disease. Virudhahara, Abhishyandi ahara, Ajirnasana, Vishamashana, Ratrijagrana, Diwashayana etc factors are responsible for its causation. The signs and symptoms of the Amavata can be compared with Rheumatoid arthritis of the modern science. Aamvata is a systemic disorder affecting Abhyantara and Madhyama Rogamarga, as it involves marma, asthi, sandhi. The disease is product of vitiation of

Tridosha, though Ama and Vata are initiating factor for pathogenesis and it is accompanied by swelling of synovial joints, Angamarda, Aruchi, Thrishna, Alasya, Gourava, Klama, Apaka and Jvara. In Ayurveda according to our classics Langhana(lightdiet or fasting), Deepana Pachana (Appetizers, Digestives and Carminatives), Samshodhana (Different Purifications)are suggested. For its treatment. Many peoples in our society are unaware about this disease and its complications which is responsible for lifelong joint deformities. Many herbal as well as Ayurvedic preparations are mentioned in the classics which are very effective remedy in Amavata.

**KEYWORDS:** Aamvata, Diagnosis, Management.

## INTRODUCTION

The term “Aamvata” comprises of two vital words, Ama and Vata meaning “Aamena Sahitah Vatah” or Aamshch Vatashch Aamvatah” i.e. Ama(An endogenous toxic substance) associated with Vata Dosa, causing an acute disease mainly affecting various Kapha Dosa sites like joints and later on heart. Madhavakara was the first Acharya to elaborate this clinical syndrome in his classic Madhava nidana. Thereafter other authors described it in their respective texts. It resembles with modern Rheumatoid Arthritis.<sup>[1]</sup> Very often Amavata is correlated with RA of modern medicine.

Rheumatoid arthritis(RA) is generally defined as an idiopathic, chronic, generalized inflammatory disease which can affect many parts of the body. In the majority of cases the synovial membrane of joints, tendon, sheaths and bursae is the main target organ. Persistent synovitis leads to destructive changes in joints and periarticular tissues.<sup>[2]</sup>

Onset is rare in childhood, it is most frequent at about 40 years, but can occur at any age. A positive family history is found in 5 to 10% of patients.

Ama- Due to impairment of the digestive fire, food that is consumed is either fermented or putrified and is gradually accumulated. It is known as Ama which leads to headache and aching of the body parts.<sup>[3]</sup>

**Nidana (Etiology)**-For the first time hetu of Aamvata was first described by Madhukoshkara in Madhava Nidana are as follows-

1. Indulgence in incompatible foods and habits
2. Lack of physical activity or indulging in exercise after taking fatty foods.
3. Poor digestive fire also produces Ama, from even normal food consumed.
4. At the same time if the same individual takes Vata aggravating diets, drinks and activities, then such Ama gets associated with Vata and
5. Starts circulating in the body and produces this diseases.

Other factors are-Vegavarodha, cold items consumption, sleeping during day time, awakening during nights, sleeping over hard beds and psychological causes-like Eishya, Dvesa, Kama, Krodha, Lobha, Moha, Bhaya, chinta, and Shoka etc. stressful condition aggravate the symptoms in the diseased person.<sup>[4]</sup>

**Purvarupa (Prodromal symptoms)-** The only text which describes the premonitory signs and symptoms is Vangasena Ssamhita namely-Siro ruja (Cephalgia), Gatra ruja(bodyache).<sup>[5]</sup>

**Samprapti-** Due to ingestion of etiological factors, disturbs the normal functions of Agni as a result food not properly digested, yields immature rasa in the Amashaya and this undergoes fermentation and putrefaction because of its retention for longer duration, manifests Ama. Then it is absorbed in the system and it is taken up by the aggravated and vitiated Vayu specially to the Kapha sthanas mainly Amashaya, Sandhi, Uras, Kantha etc. and the same undergoes in the above mentioned sites and enters the Dhamani by circulation with the help of Vata. Here it amalgamates with the existing Dosas and vitiated further in excess and produces distress in the body channels due to its excessive unctuous nature and some other different qualities of Amarasa. This leads to general weakness and heaviness in the pericardial region and this Amarasa is responsible for the genesis of symptoms complex. So both Ama and Vata aggravates simultaneously and enters Koshtha, trika and Sandhi and ultimately leads to Stabdghata in the body. This is called Amavata.<sup>[6]</sup>

**Roopa-** Cardinal sign and symptoms

1. Angamarda (Bodyache)
2. Aruchi (Anorexia)
3. Trishna (Thirst)
4. Aalasya (Lack of enthusiasm)
5. Guruta (Heavyness)
6. Jvara (Fever)
7. Apaka (Indigestion)
8. Anganam shunta (Edema on the body).<sup>[7]</sup>

**Sign and symptoms of advanced Amvat**

Painful swelling of the joints i.e. hand, feet, ankle, knee, hip and spinal column, nature of pain is like that of scorpion sting, stiffness, hindered digestive mechanism, excessive salivation, anorexia, heaviness, lack of enthusiasm, distaste in the mouth, burning sensation, excessive urination, hardness and pain in the abdomen, disturbed sleep, thirst, vertigo, fainting, stiffness in pericardium, constipation, intestinal sound, distension of abdomen, severe difficulties with complication.<sup>[8]</sup>

**Types<sup>[9]</sup>**

According to condition	According to doshika involvement
1. Tivravastha(Acute condition) 2. Jeernavastha(Chronic condition)	1. Vatulbana Amavata 2. Pittolbana Amavata 3. Kapholbana Amavata 4. Sannipataja Amavata

**1. Acute stage**

1. Large joint pain with swelling
2. Visarpanashil shoola-Agonising joint pain or fleeting pain
3. Agnimandya-Indigestion
4. Daurbalya-Muscle wasting, weakness with weight loss.
5. Praseka-Excessive salivation
6. Aruchi-Anorexia
7. Guruta-Heaviness
8. Utsaaha hani-Letharginess
9. Asya vairasya-Tasteless mouth
10. Daha-Burning sensation
11. Bahumutrata-Polyurea
12. Kukshi shoola evum guruta-Pain and heaviness in flanks
13. Nidra viparyaya-Day sleep, night awakening
14. Trishna-Thirst
15. Chhardi-Vomiting
16. Bhrama-Vertigo
17. Murchha-Fainting
18. Hridgraha-Heaviness in cardiac region
19. Vibandha-constipation
20. Antra kujana-Increased bowel sounds
21. Pratah kalin jadyata-Morning stiffness
22. Mridu jvara-Low grade fever
23. Panduta- Anemia

The main symptom is fleeting type of pain in the big joints. The inflammation and pain shifts from joint to joint very rapidly. In acute stage, the big joints are inflamed on a given day and then absolutely normal the following day, when some other joints become affected. In acute stage, its pain so severe like that of Scorpion bite-“Sandesho Rujoyate Anyartha Vyavidhyaiva

Vrischchikeh”, Agnimandya, Lalasrava, Exceswsive urination, Hrid graham and Koshta stabdhta etc symptoms are manifested in the acute stage of Amavata.

**Chronic stage**-All the symptoms of acute Amavata are present in Jeernavastha in a Milder form, some times joint deformities are also noticed, stiffness of joints etc, symptoms also occur in this chronic stage.

1. Anga vaikalya-Flexion deformity
2. Khanja Asthi vikriti-Bone deformities like Ulnar deviation, Swan neck deformity
3. Sankoch-Contractures
4. Mridanga akriti laghu sandhi-Spindle shaped small joints
5. Angulivakrata-Spindle shaped fingers
6. Sandhijadyata-ankylosis.<sup>[10]</sup>

### According to doshika symptoms

#### 1. Vataja Amavata

- (1). Tivra sandhi shoola-Severe joint pain
- (2). Nidra Nasa-sleeplessness
- (3). Vibandha- constipation
- (4). Bhrama-Vertigo

#### (2). Pittaja Dominant Amavata

1. Atidaha-Excessive burning
2. Raktima-Redness of involved joint and
3. Pipasadhikya-Excessive thirst
4. Mridu Jvara-Low grade fever
5. Murchha-fainting

#### (3). Kapha dominant Amavata

1. Stimitta-feeling of as if joints are covered with wet clothing
2. Guruta-Stabdhta of joints, kandu and
3. Kandu-Bahumutrata
4. Agnimandya-Indigestion
5. Bahumutrata-Polyurea

**(4). Sannipataja amavata**-Mixed symptoms of vitiated dosa hence Asadhya.

Sadhayasadhayata(Prognosis)-If there is involvement of only one Dosa, Amavata is curable. If two Dosas are involved, it is just manageable. If all the three Dosas are involved and shifting edema is there, it is not curable.<sup>[11]</sup>

Onset is rare in childhood, it is most frequent at about 40 years, but can occur at any age. A positive family history is found in 5 to 10% of patients.

Criteria for diagnosis of Rheumatoid Arthritis-American Rheumatism Association 1988 Revision.

Diagnosis of RA is made with four or more of the following symptoms and symptoms need to have persisted for more than or equal to 6 weeks.

1. Morning Stiffness-Stiffness in and around the joints lasting 1 hour before maximal improvement.
2. Arthritis of three or more joint area-At least three joint areas, have soft tissue swelling or joint effusion, not just bony overgrowth. The 14 possible joint area involved are-Right or left proximal interphalangeal, metacarpophalangeal, wrist, elbow. knee, ankle and metatarsophalangeal joints.
3. Arthritis of hand joints-Arthritis of wrist, metacarpophalangeal joint or proximal interphalangeal joint.
4. Symmetric arthritis-simultaneous involvement of the same joint areas on both sides of the body.
5. Rheumatoid nodules-Subcutaneous nodules over bony prominences, extensor surfaces, or juxta articular regions observed by a physician.
6. Serum rheumatoid factor-Demonstration of abnormal amounts of serum rheumatoid factor by any method for which the result has been positive in less than 5% of normal control subjects.
7. Radiographi changes-Typical changes of RA on pposteroanterior hand and wrist radiographs that must include erosions or unequivocal bony decalcification localized in or most marked adjacent to the involved joints.

The ACR/EULAR classification system is a score based algorithm for RA that incorporates the Following 4 Factors:

1. Joint involvement
2. Serology test result
3. Acute-phase reactant test results
4. Patient self reporting of the duration of signs and symptoms

The Maximum number of points possible is 10. A classification RA requires a score of 6/10 or higher. Patients with a score lower than 6/10 should be reassessed over time.

A. Joint involvement consist of swelling or tenderness upon examination

- 1 large joint= 0 points
- 2-10 large joints=1 point
- 1-3 small joints(with or without involvement of large joints)=2 points
- 4-10 small joints(with or without involvement of large joints)
- More than 10 joints(at least 1 small joint + any combination of large and additional small joints or joints such as the temporomandibular, acromioclavicular or sternoclavicular)= 5 points

B. At least 1 serology test result is needed for RA classification. Points are allocated as follows:

- Negative Rheumatoid factor(RF) and negative anti citrullinated protein antibody(ACPA)= 0 points
- Low-positive RF or low positive ACPA=2 points
- High positive RF or high positive ACPA= 3 points

C. At least 1 test acute phase reactant test result is needed for classification

- Normal C-reactive protein(CRP) and normal erythrocyte sedimentation rate(ESR)=0 points
- Abnormal CRP or abnormal ESR= 1 point

D. Points for the patients self reporting of the duration of sign or symptoms of synovitis in clinically involved joints are allocated as follows:

- Shorter than 6 weeks= 0 points
- 6 weeks or longer= 1 point.<sup>[12]</sup>

**Chikitsa Yojana-** Chikitsa sutra of Aamvata is “Langhanam Swedanam Tiktam Deepanani katuni cha, Virechanam Snehanam Bastayascha Aam Marute”.<sup>[13]</sup>

- 1) Langhana- Langhana is the 1<sup>st</sup> line of treatment to digest Ama. Here langhana means not complete fasting but, intake of light food. The duration of langhana varies from person to person depending upon individual capacity.
- 2) Swedana- Swedana is sudation therapy; in this disease swedana is done locally on affected joints. In amavata rooksha sweda is recommended (Sudation without oil/fat). For the procedure of rooksha sweda valuka (sand) is recommended. Snehana is contraindicated in Aamvata.
- 3) Katu, Tikta & Pachak aahar & aushadhi -The drug which possess Katu (pungent), Tikta (bitter) and which act as deepana, pachana (appetizer) are recommended in Amavata. These drugs, by virtue of their qualities does amapachana, hence may help in relieving shotha & shoola.
- 4) Virechana-For virechana, eranda taila and hareetaki are used. In amavata without any preoperative procedure virechana is recommended directly. Eranda acts as srotoshodhaka, shothahara, shoolahara and Amavatahara.
- 5) Basti chikitsa- Chakradatta recommends ksharabasti and anuvasana Basti in amavata.

Following tailas are used in anuvasana and nirooha basti, Prasarani taila, Bruhat saindhavadi taila

Dashmooladi taila. Eranda taila is used as base in preparation of these tailas.<sup>[14]</sup>

In case of aamvata, diet restrictions or easily digestible diet should be advised, hot fomentation. foods and drugs that are bitter and pungent in taste, appetizes or digestants, induction of purgation, consumption of medicated oil/fat and enema with medicated decoctions are suggested. Always the fomentations should be dry in nature, avoiding application of oil externally, preferably with heated sand bags. Bandaging with leather or thick leaves is usefyl which too should be devoid of oil.<sup>[15]</sup>

The main line of treatment is to destroy Ama, for this purpose Langhanam(Fasting), fomentation, use of bitter and pungent drugs for Ama shodhana or detoxification of Ama, purgation, abhayantara sneha(Internal oleation) and giving Kashaya Basti(decoction) should be undertaken.



These are listed below in a tabular form for ready references.

Svarasa	Nirgundi svarasa, Rasna svarasa, Punarnava svarasa, Prasarini svarasa
Kvatha	Rasna panchaka, rasna saptaka, dashmula, Punarnava kashaya, Shunthyadi kvatha.
Churna	Panchasama, Ajamodadi, Vaishvanara, Panchkola, Hingwadi, Shunthi, Trikatu, etc.
Vati	Sanjivani, Agnitundi, Amavatari, Chitrakadi, Ajamodadi, Amavatari
Guggulu	Kaishora, Simhanada, Vatari, Rasnadi, Amritadi, Trayodasanga
Rasa Aushdhi	Sameerapannaga, Amavatari, vata gajankusha, Amavata vidwansini
Asava/Arista	Devadarvadi, Amritarista, Dashamularista, Balarista, Punarnavarista, Lohasava
Taila/Ghee	Eranda taila, Saindhava taila, Prasarini taila, Narayana taila, Shunthighrita
Basti	Dashamula kvatha, Saindhava taila, Narayana tail, Kshara basti
Lepa	Dashangalepa, Himsadi lepa, Shatapushpadi, Nirgundi patra, Haridra lepa
Seka	Nirgundi+Eranda, Haridra potli, Lahasuna panda etc
Virechana	Pathyadi vati, Hareetaki churna, Eranda sneha
Svedana	Valuka, Patra, Bhaspa, Nadisveda, Patrapotli sveda. <sup>[16]</sup>

## CONCLUSION

Amavata is a most common joint disorder and mainly found in middle age. Virudhahara, Abhishyandi ahara, Ajirnasana, Vishamashana, Ratrijagrana, Diwashayana etc factors are responsible for its causation. The signs and symptom of the Amavata can be compared with Rheumatoid arthritis of the modern science. This disease is accompanied by swelling of some or all of the synovial joints, Angamarda (body Pain), Aruchi (loss of taste) Thrishna (thirst), Alasya (lack of enthusiasm) Gourava (heaviness) Klama (tiredness without doing work), Apaka (indigestion) and fever. In Ayurveda according to our classics Langhana (light diet or fasting), Deepana Pachana (Appetizers, Digestives and Carminatives), Samshodhana (Different Purifications) are suggested for its treatment. Many peoples in our society are unaware about this disease and its complications which is responsible for lifelong joint deformities. Many herbal as well as Ayurvedic preparations are mentioned in the classics which are very effective remedy in Amavata.

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