

AMAVATA- CONCEPTUAL STUDY WITH SPECIAL REFERENCE FO AMA

Dr. Govind Prasad Gupta,
Associate professor & HoD,
Deptt. Of Rog vighyan,
Dr. S.R. Rajasthan Ayurved University,
Jodhpur.

ABSTRACT

Ayurvedic philosophy describes Amavata with symptoms complex similar to many Rheumatic diseases decribed in modern classics .In Ayurveda etiology,pathogenesis.sign and symptoms etc. of the diseases, are being used as diagnostic tools to diagnose the disease.So in this article a effort has been made to diagnose the disease and prevent the disease Amavata by elaborating the Nidana,Rupa,Samprapti,Sadhya asadhyata and Pathya apathy of this disease Ayurveda links this disease with the diathesis of Agni which in term leads to accumulation of a variety of byproducts of faulty digestion and metabolism in the system. Such morbid mentioned pathophysiology and specific target of therapeutic intervention in Amavata is around Agni and Ama. .Rheumatiod arthritis is a disease in which the immunological reactions are supposed to be initiated by a triggering agent. The triggering agent will be of either exogenous antigen or endogenous antigen by nature. The factor which supports the exogenous antigenicity of Ama is its protein and bacterial content. The formation of Ama in the circulation by the combination of excessively vitiated Doshas, explains the endogenous production of Ama.

Keywords: Amavata,,Nidana, Rheumatiod arthritis, Rupa, Samprapti.

INTRODUCTION

Amavata as a specific disease entity came into existence first time by madhavkar(900 AD), who described the distinct etiopathogenesis and symptomatology for it and devoted a full chapter on this disease in Madhav nidana. Ayurvedic philosophy describes Amavata with symptom complex similar to many of Rheumatic diseases described in modern classics.Amavata (Rheumatic disorders)does not cause much mortality but they significantly contributes to the morbidity and affects the quality of life.

ETIOLOGY (NIDANA) OF AMAVATA

Nidana of Amavata can be described under two

following headings-

1. Indirect causes
2. Direct causes

INDIRECT CAUSES

This includes

1. Causes of Amotpatti
2. Causes of Vata prakopa

CAUSES OF AMOTPATTI

Dietetic Indiscretions:

Abstinence from food, over eating, indigestion,

viruddhahar (unwholesome food), heavy or indigestible food, cold food, excessively dry dehydrated and putrid food.

Adverse effects of therapeutic measures

Like *virechan* (purgation), *Vamana* (emesis) and *snehan* (oleation)

Incompatibility

Incompatibility of climate, culture and weather.

VOLITIONAL INHIBITION OF NATURAL URGE.

Psychological factors

Envy, fear, complex, anger, greed, jealous, delusion, depression, anxiety etc.

All these factors affect the *Jathragni* directly to *agnimandya* and leads to formation of *Ama*. However in the presence of *Deeptagni* (good appetite) *Amotpatti* may take place to *Adhyashana* (over eating) 5. The dietetic indiscretion and emotional stresses impair the effective functioning of the neurohumoral mechanisms responsible for ensuring proper secretion of digestive juices. The consequence of the hyposecretion of digestive juices and retarded or sluggish gastrointestinal motility leads to fermentation (*shuktatwa*), production of foul odour (*durgandhatwa*) and extreme pastiness (*Bahu Picchilatvam*) of *Ahara ras*³. The fermentation might be due to starch and carbohydrate components of food and foul odour and pastiness might be due to purification of protein components. The outcome of these changes attain toxicity and can be called as *Ama visha*².

CAUSES OF VATA PRAKOPA

The causes for *vataprakopa* are as follows-4

1. Indiscretion of Ahara-

- a) Consuming Laghu, Ruksha, Sheeta Ahara
- b) Alpa Ahara sevana
- c) Langhana

2. Indiscretion of Vihara-

- a) Vyayama
- b) b. Prajagrana
- c) c. Panchkarma
- d) d. Plavana
- e) e. Vyavaya
- f) f. Vegdharana

3. Dhatukshya

4. Ama Rasa

5. Mansika vikaras such as chinta shoka

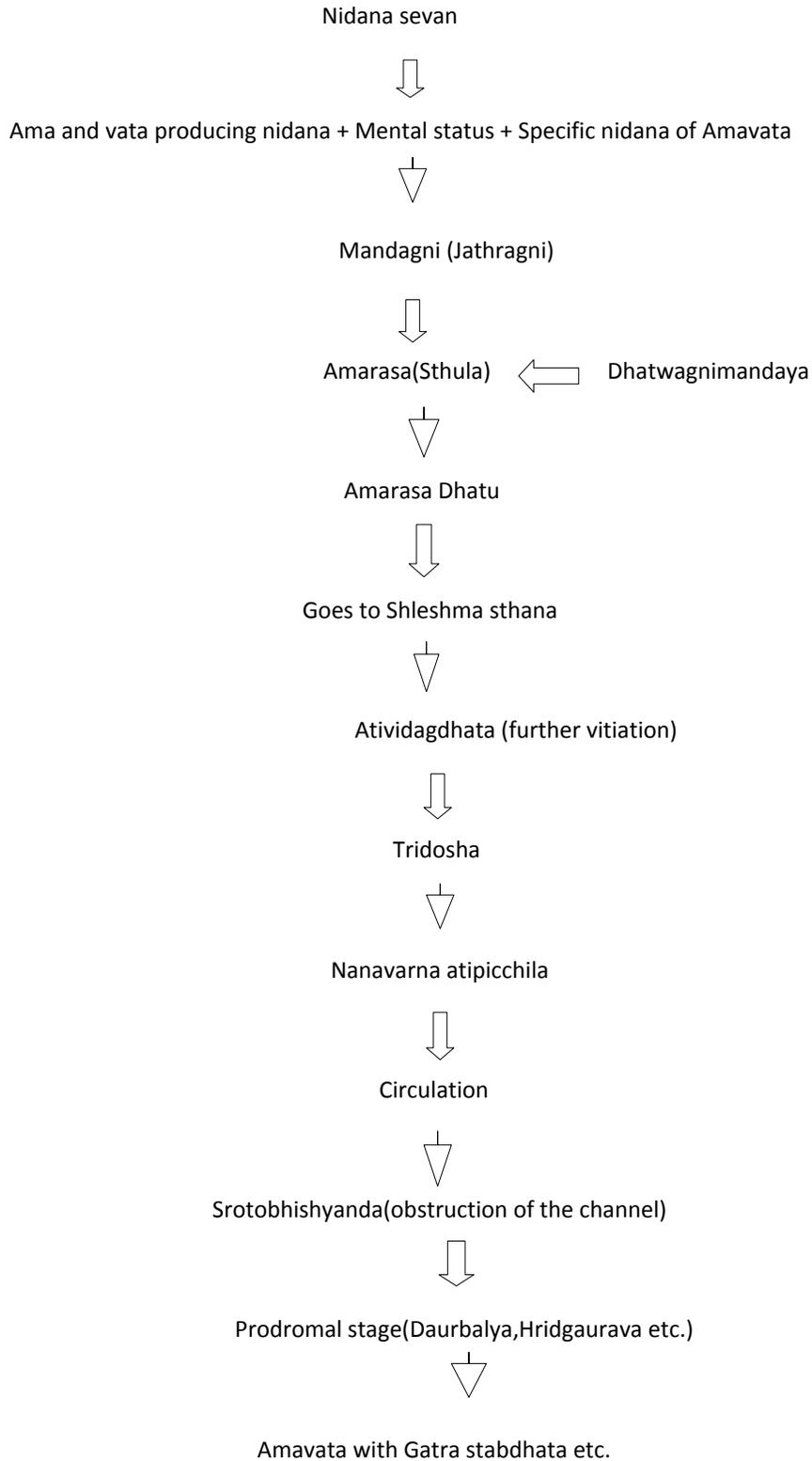
6. Abhighata

DIRECT CAUSES

The specific causes for *Amavata* as follows-

1. *Viruddhahara* (Incompatible diet)- One must take proper diet according to his own *agnibala*..1
2. *Mandagni* -(Reduced state of agni) - *Mandagni* leads to hypo functioning of digestion (*Jathragni*) and metabolism (*Dhatwagni* and *Bhutagni*).
3. *Anishchalatva* (Sedentary mode of life style)- Very lethargic and limited physical activity increases *Kapha Dosha* and this leads to the production of *Ama*.
4. *Vyayam* soon after consuming *snigdha Ahara* – performing exercise immediately after consuming high caloric fatty diet is also a causative factor for this disease.

Pathogenesis(Samprapti)



Prodromal symptoms(Purvarupa)- Shiroruja (headache) and Gatraruja (bodyache) have been mentioned as purvrupa.

SIGNS AND SYMPTOMS (RUPA) OF AMAVATA

General symptoms (samanya lakshana)- Angmarda(bodyache), Aruchi (anorexia),Trishna (thirst),Alasya (malaise), Gaurav (heaviness of the body), Jawar (fever), Apaka(indigestion) and Angshunta (swelling of the body parts)

Specific symptoms (pravridha lakshna)- when the disease is in its full swing it is very dreadful having following features.

- Sandhi saruja shotha- pain and swelling of joints.
- Vrishchika dansh vedna-affected part is extremely painful.
- Agni daurbalaya- hypo functioning of digestive system.
- Praseka-excessive salivation.
- Aruchi- anorexia.
- Gaurav-feeling of heaviness.
- Utsaha hani-loss of the drive.
- Vairasya-distaste or bad taste of mouth.
- Daha- burning sensation.
- Bahumutrata-polyuria(increased micturation)
- Kukshiksthinya-hardness of abdomen.
- Shulam-pain in abdomen.
- Nidraviparyaya-reversal of normal sleeping

habits.

- Trishna-excessive thirst.
- Chardi- vomiting .
- Bharna-vertigo.
- Murccha-fainting.
- Hridgraha-precordial discomfortlike palpitation,angina etc.
- Vid vibaddhatwama-constipation.
- Jadya-stiffness .
- Antrakunjana- intestinal gurdling sound.
- Anaha- tympanitis.

DOSHANUBANDHI LAKSHNAS

- Vatanubandhi Amavata- predominance of sashulam (severe pain).
- Pittanubandhi Amavata-predominance of sadahragam(redness and pain).
- KaphanubandhiAmavata-predominance of staimitya(feeling of being covered with wet cloths),guruta(heaviness) and kandu(itching).

SADHYA ASADHYATA

When one Dosh is involved, the disease(Amavata) is considered curable(Sadhya) but with the involvement of two Doshas it becomes palliable(yapya) and when all the three Doshas are involved and there is inflammation all over the body ,then the condition is difficult to cure(Krichasadhya)..

PATHYA APATHY

Pathya- Take light and easily digestable food having

katu,tikta,lavana rasa,laghu and ushna guna,ushna virya,katu vipaka like mung and arhar pulses,chicken meat,toned milk,honey ,daliya etc.

Apathya- Don't take food having madhur,amla and kashaya rasa,guru,sheet,snigdha guna,sheeta virya,madhur vipaka like chana and udhad (black gram) pulses,curd ,butter milk,jaggery,pork meat etc.

DISCUSSION

This conceptual study suggests that Ama is an incompatible poroduct of faulty digestion and metabolism attributed to mandagni. Ama is identifiable both at the level of digestiom and metabolism with varying attributes.Ama as such appears to be an antigenic material,also designated as Ama Dosha/Ama visha. Ama is the root cause of many diseases. Ama also plays an important role in producing disease Amavata.

By considering all the points these following facts may be concluded regarding the role of Ama in the pathogenesis of Amavata.

- *Ama* is supposed to act as an exogenous antigen by virtue of its protein and bacterial floracontents.
- *Ama* as an antigen possesses the potency to induce immunological reaction in a susceptible individual
- *Ama* can also be generated with in the body by virtue of excessively vitiated *Dosas*.

Amavata is generally correlated to Rheumatoid arthritis only, but we can also include other arthritides in Amavata when we go to the all singn and symtoms of Amavata that is described in Madhav nidan.

Amavata	Sjogrens syndrome	Reiters syndrome	Fibro myalgia	Ankylosing spondylitis	IBS arthritis	Feltys syndrome
Sandhishula(joint pain)	+	+	+	+	+	+
Gatrastabdhta(body stiffness)	+	+	+	+	+	+
Angshunta(numbness)	+	+	+	+	-	+
Angmarda(pain of body parts)	+	+	+	+	+	+
Aruchi(anorexia)	+	+	-	-	+	+
Daurbalya(weakness)	+	+	+	+	+	+
Gaurav (heaviness)	+	+	+	+	+	+
Shirshula(headache)	+	+	+	+	+	+
Bahumutrata(polyurea)	-	+	-	-	-	-
Bhrama (vertigo)	+	+	-	+	+	+
Murccha(faintnrss)	-	-	-	-	-	-
Hridgraha(pain of heart)	+	+	+	+	-	+
Jwara(fever)	+	+	+	+	+	+
Trishna(thirst)	-	+	-	-	+	-
Alasya(listlessness)	+	+	+	+	+	+
Anaha(flatulence)	-	+	-	+	+	-
Nidranasha(disturbed sleep)	+	-	+	+	-	-
Utsah hani(lack of +		+	+	+	+	+

vigour)						
Asayavairasya(pervert+ d taste+)		+	-	+	+	-
Apaka(indigestion)	+	+	+	+	+	-
Vibandhta(constipation)	-	+	+	+	+	-

Table 1 Showing Resemblance of Amavata with other Rheumatic diseases

CONCLUSIONS

Amavata as a constitutional disorders has been described eith a distinct etiopathogenesis having Ama, an incompatible product of digestion and this is the main cause of producing disease Amavata..The formation of Ama in the circulation by the combination of excessively vitiated Doshas explains the endogenous production of Ama. A careful review of literature on Ama and Amavata has revealed certain important observations. The disease Amavata has been identified as "Swanamakyatha Rog Vishesha" a rare example where the name of the disease is presented with the names of the same disease causing factors.Amavata includes so many characters of other arthritis like Ankylosing sponylitis,IBS-Athritis etc.

REFERENCES

- ❖ Agnivesha,Charak samhita,Shastri K.N;Chaturvedi G.N;charak samhita 8 ed. c. su. 5/3,4,7,8,13and c.su. 26/85-103) Chaukhambha bharti academy Varanasi 1981.
- ❖ Vagbhatt, Ashtang Hridaya with Sanskrit commentary of Indu.,Sharma shivprasad Su. 13/25,chukhambha Sanskrit series Varanasi 2012
- ❖ Singh R.H;Ayurveda nidana chikitsa ke sidhant1ed. Chaukhambha amar bharti prakashan varanasi1983.
- ❖ Madhvkar, madhav nidana with madhukosh vyakhya Shastri S ,25ed.Adhyaya 22/ 1-4,chukhambha Sanskrit series office Varanasi 1995.
- ❖ sushruta samhita Shastri A.D,8ed. Chaukhambha Sanskrit series office varansai 1993

Copyright © 2016, Dr. Govind prasad gupta. This is an open access refereed article distributed under the creative common attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.