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## An Exploratory Analysis of Amavata through Ayurveda

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### Abstract

Amavata is an Ama pradoshaja vikar, disease of Rasvaha Strotas caused by mainly Agnimandya, which leads to accumulation of Ama in shleshmasthanas and prakopa of Vata dosha, resulting in pain, stiffness and swelling of joints. The features of Amavata are much identical to Rheumatoid Arthritis, an autoimmune chronic disorder which causes inflammatory and symmetrical polyarthritis. The treatment approach for Amavata generally includes Shodhan and Shaman chikitsa. Drugs used in management of Amavata should possess Amapachak and Vata-Kaphahar properties, so present article describes systemic concept of Amavata from all classic text of Ayurveda and its management.

**Keywords:** Ama, Amavata, Rheumatoid Arthritis, Nidan Panchak, Chikitsa

### Introduction

The terms "Ama" and "Vata" are the origin of the term "Amavata." A particular kind of metabolic toxin called Ama is crucial to the emergence of disease. Painful sickness occurs from the Ama's combination with Vata dosha and occupation of Shleshmasthanas (Asthisandhi). Amavata's clinical presentation closely resembles that of a unique variety of rheumatologic disorders known as Rheumatoid Arthritis. This is because Amavata and RA share many clinical features, such as pain, swelling, stiffness, fever, redness, general weakness, and fatigue. One such category of diseases without a particular medical treatment in any form of therapy is rheumatologic disorders. Ayurvedic science is unique in its understanding of Ama. Agnimandya is crucial to the development of ama. Viruddha Ahara-chesta, Mandagni, Nischalatha, and performing Vyayama right away following the ingestion of Snigdha Bhojana are the causes of Amavata's manifestation. Due to their ability to cause Ama to be produced, these are the elements that cause the illness process to begin. These Nidana will not have an effect on those who possess the correct Agni. Prevalence of rheumatoid arthritis is approximately 0.8% of the population and about 80% of people develop this disease between the age of 35 and 50 years. The prevalence of rheumatoid arthritis in India among those mentioned is between 0.5-3.8% in women and 0.15-1.35% in men. There is no doubt modern system of medicine play an important role in overcoming agony of pain, restricted

movement and disability caused by disease but simultaneously prolonged use of allopathy medicines gives many side effects, toxic symptoms & adverse reactions even including organ impairments.

### Aims and Objective

To understand concept of Ama and In-depth description of disease Amavata.

### Material and Methods

For this study literary materials which include the reference of "Ama and Amavata" have been collected through the Ayurvedic text mainly Madhav Nidan, Charaka Samahita and Astang Hridaya also with supportive Ayurvedic Books and its available commentary.

### Concept of Ama

#### Nirukti of Ama

- Which is not cooked/digested/ripened completely is called Ama.
- By which the body channels (Strotas) are stressed/obstructed is called Ama.

### Definition of Ama

Among the 4 categories of Jatharagni, Mandagni is supposed to be the root cause of all diseases. Because this functionally weak Agni cannot digest the food properly to form Ahara rasa

(the essence of food). Thus, this undigested or partially digested food particle gets accumulated in Amashaya and is called Ama, which acts as a toxin in the body. It does not nourish the body and is the leading factor for many diseases.

### Nidan Panchak of Amavata

**Concept:** The word Amavata is created by combining the words "Ama" and "Vata" implies the primacy of these two elements in the Amavata pathogenesis. It is evident that the nomenclature of Amavata is based on the etiology of the disease. Amavata refers to the Vata associated with Ama. It is disease of Rasvaha and Asthivaha Strotas.

**Vyutpatti:** The word Ama is derived from Aa + am with the help of the suffix 'ghatra' Vata word is derived from the root "Va and the tan suffix.

**Nirukti:** In the Amavata entire body is filled with the pathogenic Ama, driven by vitiated Vata.

### Defination

- The Amavata can be defined as vitiated Vata and Ama moving simultaneously in Trika and other sandhis leading to stabhdata (stiffness) and ruja (pain) of the Extremities.
- Refers to the simultaneous vitiation of ama and vata, which are the disease-causing factors.
- It is characterized by joint discomfort, indigestion, loss of appetite, stiff joints, swelling in the joints, weakness, and heaviness in the chest. It also involves Koshtha (GIT), Trika (LS spines), and Sandhi (joints).

### 1. Nidan

The term Nidan refers to the five tools for understanding diseases, This Nidan helps us to decide the line of treatment as well as the prognosis of diseases.

### Nidan of Amavata

- Samanya Nidan
- Vishesh Nidan
- Samanya Nidan-Vatprakopak Nidan.
- Agnimandya Nidan.

**Table 1:** Vatprakopak Nidan

Aharjanya	Viharjanya	Mansik
Ruksha	Divaswap	Krodha
Sheet	Ratrijagran	Bhaiya
Alpa	Laghan	Shoka
Laghubhojan	Abhighat	Chinta
Anashanna	Patan	Dhatukshaya
	Ativyavay	Rogatikarshna
	Vegadharan	

**Table 2:** Agnimandyanidhan Nidan

Ahara	Vihar
Abhojanat	Panchkarma mithayog vyadhi se karshit Desh, kaal, rutu
Atibhojanat	
Vishambhojanat	
Gurubhojana	
Sheet bhojan	
Atirukshabhojan	
Atisnigdha Bhojana	
Dushyabhojan	

### Vishesh Nidan

Acharya Madhavkar given details about the formation of Ama

- Viruddha ahara
- Viruddha chesta
- Mandagni
- Nischala
- Snigdha ahara followed by immediate exercise

Acharya Madhav said incompatible food (viruddha ahara) incompatible action (viruddha chesta), hypo function of Agni (Mandagni), lack of exercise, and Snigdha ahara followed by immediate exercise may lead to the formation of Ama.

**Table 3:** Nidan explained by different Acharya

Nidan	Ma. Ni.	Ha. Sa.	V.S.	Bh. Sa.	Y.R.
Viruddha ahara	+	-	+	+	+
Viruddha chesta	+	-	+	+	+
Mandagni	+	-	+	+	+
Snigdha bhuktavato	+	-	+	+	+
Guru aahar	-	+	-	-	-
Kand shak shevan	-	+	-	-	-
Vyavayina	-	+	-	-	-

### 2. Purvaroopaa

**Purvarupa/Pragrupa Definition:** Purvarupa are defined as those symptoms that appear before the primary disease's appearance (which they signify).

Purvarupa is defined by Madhava Nidana as "only those symptoms which indicate a bhavi vyadhi or an approaching disease." The term 'only' has been used by the acharya Madhavkar to exclude the inclusion of Nidana (causes of an illness), Rupa (symptoms of a manifested disease), Upashaya (factors that relieve and aggravate a sickness), and Samprapti (pathogenesis of a disease) in the Purvarupa definition.

In the Ayurvedic text the purvarupa of Amavata has not been mentioned.

- Hence based on the manifesting of disease following can be considered as purvarupa of Amavata. Dourbalyam (Weakness)
- Haridaya gourava (heaviness in chest)
- Gatra stabdata (Stiffness of the body)
- Apaka (indigestion)
- Angamarda (Aching all over body)
- Gourava (Heaviness)
- Aruchi (loss of taste)
- Alasya (lack of enthusiasm)
- Jwara (fever)
- Sandhi Vedana (Joint pain)

### 3. Roopa of Amavata

Roopa is defined by Madhava Nidana as "the same symptoms of the Purvarupa (premonitory symptoms) when get manifested will be called as Roopas (symptoms)".

- Pratyatma Lakshana:** Disease-specific symptoms
- Avasthika Lakshanas:** Stage-wise symptoms of a disease
- Doshaja Lakshanas:** Dosha-specific symptoms
- Samnya Lakshanas**

### Pratyatma Lakshana (Cardinal Sign)

Pratyatma Lakshanas are the primary clinical characteristics that allow the disease to be distinguished from other diseases. Since sandhis are the primary location where clinical features of Amavata appear, symptoms related to the joints are

regarded as Pratyatma Lakshana of the Amavata disease. They are listed below:

- Sandhishool (Joint Pain)
- Sandhishotha (Swelling)
- Sandhistbdta (Stiffness)
- Sparshashtwa (Tenderness)

#### Avasthik Lakshanas

- Nava avastha lakshanas
- Pravruddha avastha lakshana

#### A. Nava Avastha Lakshanas

Initially, the symptoms appear like those of indigestion. In this condition, the disease process has just begun and the morbidity has not reached the joints.

These symptoms are:

- **Angamarda:** (Pain in body parts), general body ache due to rasa dhatu dusti.
- **Aruchi:** (Anorexia) Ama vitiates bodhak kapha causing aruchi.
- **Trishna:** (Thirst) Ama block udakvah strotasa leading to Trishna.
- **Alasya:** (Lethargy, weakness) due to strotorodh Ama produce Alasya.
- **Gaurava:** (Heaviness of the body) Ama has guru and picchila guna which leads to gaurava.
- **Jwara:** (Fever) rasa dhatu dusti produce jwara.
- **Apaka:** (Indigestion) Agnimandya leads to apkwa aahar rasa.
- **Shunata:** (Swelling of body parts) rasdhatu dusti produces the swelling.

#### B. Pravruddha Avastha Lakshana

- **Saroj Sandhi Shotha:** Painful swelling over Hasta, Pada, Gulpha, Janu, Uru Sandhis.
- **Vrishchika Danshavata Vedana:** Pain like scorpion sting.
- **Agni Daurbalya:** Sluggish digestion (slow digestion). Agnimandya is repeatedly produced by a vicious cycle of disease (Agnimandya Shuktatva–Annavaisha).
- **Praseka:** Lalarava. Represents the srotodushti of Rasvaha and Udakvah.
- **Aruchi:** Lack of taste.
- **Gaurav:** Due to Vitiated Kapha there is a feeling of heaviness in Hridaya and body parts preferably in Joints.
- **Utsahahani:** Lack of enthusiasm. Lack of interest.
- **Vairasya:** Perception of unusual oral flavor, abnormal taste in the mouth.
- **Daha:** Burning sensation.
- **Bahumutrata:** Excessive urination.
- **Kukshikathinya:** Vitiated Samana and Apana Vata along with the Ama leads to Kukshikathinya which is the rigidity of the abdomen.
- **Kukshi Shoola:** Abdominal discomfort is Kukshi shoola.
- **Nidra Vipryay:** Improper sleeping schedule.

#### Doshanubandh Lakshana

- Vataj-todavatvedana
- Pittaj-daha, raga
- Kaphaj-guruta, kandu.

#### Samanya Lakshana

Angamarda aruchi trishna, alashya, Gaurav, jwara, apka this are samanya lakshana

## 4. Types of Amavata

### i). According to Doshanubandha

Anubandha of the ek Dosha Anubandha of two Dosha Anubandha of all Dosha.

- Vataj Amavata
- Pittanubandh Amavata
- Kapha Anubandh Amavata

### ii). According to Sharangadhara

Four types of Amavata are considered

- Vataja, Pittaja, Kaphaj, Sannipataja Amavata

### iii). Classification According to Severity

- Samanya Amavata
- Pravruddha Amavata

In samanya Amavata, the symptoms are more or less general, less severe and not associated with Upadrava in comparison to Pravruddha Amavata.

### iv). Classification according to Chronicity

- Nav Amavata (one year of onset)
- Jirna Amavata (more than one year)

### v). Classification According to Clinical Manifestation

Acharya Harita has classified Amavata into the following four types based on clinical manifestation.

- Vistambhi Amavata, Gulmi Amavata, Snehi Amavata, Pakva Amavata, Sarvangi Amavata

## 5. Samprati

As discussed earlier whenever the function of Agni is disturbed in the body Ama is produced. This produced Ama is slimy in nature, such Ama get together with Dushit Vata/Prakopit Vata and circulates all over the body through Shira and Dhamani and gets lodged in Kaphasthana i.e. Sandhi because Shleshak Kapha is located in Sandhi and Amvata is developed.

### Samprapti Ghataka

- **Dosha:** mainly vata (vyana, samana, Apana) and kapha (Kledaka, Bodhaka, sleshmaka), Vatapradhana, Kapha-pittanubandhatwa.
- **Doosha:** Rasa, Mamasa. Asthi, Majja.
- **Upadhatu:** Snayu and Kandara.
- **Strotas:** Annavaaha, Rasvaha, Udakvah, Asthivaha, Majjavaha, Purishvaha, Swedavaha.
- **Srotodusti:** Sanga, Vimaragagmana.
- **Udbhavasthana:** Amashya (Ama), Pakvasaya (vata).
- **Sanchara Sthana:** Hrudyaa Dhamani, Sarvasharir.
- **Vyadhi Swabhava:** Chirkari.
- **Vyakta Sthana:** Sandhi.
- **Rogamarga:** Madhyam Rogamarga.
- **Avayava:** Sandhi.
- **Agni:** Jataragni Mandya, Dhatwagni Mandya.

## 6. Upashaya Anupashaya

- **Upashaya & Anupashaya:** If the relief occurs by using the aushadhi, Ahara or Vihara are to be considered as Upasaya.
- In the opposite sense if relief does not occur are counted as Anupasaya.

### i). Aushadha and Chikitsa

**Upashaya:** Katu, tikta, ushna virya, deepan, pachana dravyas, ruksha sweda, langana.

**Anupashaya:** Amla, guru, snigdha, sheeta virya dravyas, snigdha Sweda, tailabhyanga, santarpana.

### ii). Anna

**Upashaya:** Katu, tikta, laguahara

**Anupashaya:** Amla, snigdha, srotoabhishtandana karmayukta ahara.

### iii). Vihara and Kala

**Upashaya:** Ushnodaka snana, ushna kala, dina, madhyahna.

**Anupashaya:** Sheetodaka snana, diwaswapna, avyayama, ratri jagran, meghodaya, prataha kala.

**7. Chikitsa Sidhant:** Chakradatta, the explorer of Amavat chikitsa says that Langhana, Swedana, Deepan by using Tikta & Katu drugs, Virechan, Snehan & Saindhavadi Anuvasan as well as Kshar Basti are very useful for Amavat. Bhavmishra and Yogratnakara have added Upanah without Sneha to these therapeutic measures while Yogratnakara also added Ruksha Baluka Sweda etc

### 8. Pathya-Apathya in Amavata

Pathya, which is the Ahar-vihar that calms the mind, is beneficial to the body and provides nutrients, and Apathya, which is the opposite of Pathya

#### Pathya

**Table 4:** Showing Aharatah Pathya

Shuka Dhanya	Purana Shali, Purana Shastika shali, Yava
Shami Varga	Chanayusha, Kalayayusha, Kulatta, Kodrava
Shakha Varga	Nimba Patra, Gokshura, Varuna, Sigru, Ardraka, Lashuna, Karavellaka, Patola
Mamsa Varga	Jangala mamsa, Lava mamsa processed with Takra
Paniya Varga	Ushna Jala, Panchakola sidhha jala
Ksheera Varga	Takra
Mutra Varga	Gomutra

**Pathya-Viharatah Pathya:** Adaptation to work, rest, sleep, and exercise in relation to season, time, age, and self-control regarding the mental state.

#### Apathya–Aharatah Apathya

**Table 5:** Showing Apathya in Amavata

<b>Aharatah Apathya</b>	
Shami Dhanya	Masha Pistaka, Dwidala Dhanya
Mamsa varga	Matsya, Anupa
Ksheera Varga	Dadhi, Ksheera, Guda
Mutra Varga	Gomutra
Jala varga	Dushta jala
Anna	Viruddha, Asatmya, Vishamashana Guru, Pichhila, Abhishtandi, Ushna and Dravya

**Apathya–Viharatah Apathya:** Vegavarodha, Jagarana, Vishamashana

**Table 5:** Diagnosis of RA

<b>The patient who have at least 1 joint with define clinical synovitis (Swelling) and with the synovitis not better explained by another disease</b>	
<b>Joint Involvement</b>	
Large joint	0
2-10 Large joints	1
1-3 Small joints	2
4-10 small joints	3
> 10 joint (At least 1 small joints)	5
<b>Serology</b>	
Negative RF and negative ACPA	0
Low-positive RF or Low-positive ACPA	2
High-positive RF high-positive ACPA	3
<b>Duration of Symptoms</b>	
<6 weeks	0
Low positive <3 Score High positive >3 score patient	

### 9. Vyadhi Vyavachedak Nidan

A differential diagnosis is a list of possible conditions that share the same symptoms

**Table 6:** Vyadhi vyavachedak Nidan

Sr. No	Factors	Amavata	Sandhigat vat	Vatarakta
1	Aampradhya	Present	Absent	Absent
2	Jwara	Present	Absent	Absent
3	Hridgaurav	Present	Absent	Absent
4	Age	Any age	Old age	Middle age
5	Vedana	Vrichikadansh vat Vedana And sanchari vedana	Prasharana Akunchan	Mushikadashav at Vedana
6	Shotha	Sarvang sandhigat	Vatpurna driti sprasha	Mandalyukt
7	Sandhi	Small sandhi then large sandhi	Knee joint	Small sandhi
8	Upashaya	Ruksha swedana	Abhyang	Rakt sodhana

### 10. Discussion

As above mentioned detail description of Amavata, Mandangi is root cause of Amavata and formation of Ama that get deposited in different body parts mainly Sandhi so first line of treatment require to prevent formation of Ama and then stepwise, stage wise treatment protocol will be helpful to target against the pathogenesis of Amavata. One must avoid Viruddha Ahara/Vihara and prevent all Nidana responsible for formation of Ama. Our aim is to Stimulate Agni by Katu-Tikta Deepan Pachan Dravyas and then cleansing of body through Snehan, Virechan and Basti.

### 11. Conclusion

In modern practices its treatment comprise of large range of Analgesics, Anti-inflammatory drugs and Surgery which have number of side effects and is not complete and effective solution. Hence it can be clearly stated that in Ayurvedic Samhita provide us detailed information start from root cause, prevention of disease and treatment which gives relief in sign and symptoms for long term with following of pathya-Apathya which is necessary to improve their quality of life.



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