TREATMENT PRINCIPLES OF AMAVATA ACCORDING TO CLASSICS OF AYURVEDA

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ABSTRACT

Amavata is the most common endogenous disease which is produced due to frequently formation of Ama in the human body. With the march of time most habits of the human being i.e. dietary habits, social structure, life style as well as environment have been changed. Occurrence of Amavata on large scale is one of the outcomes of this so called advancement. It is the commonest among chronic inflammatory joint disease in which joints becomes swollen, painful and stiff. Due to its chronicity and complications it has taken the foremost place among the joint disease. It continues to pose challenge to the physician due to severe morbidity and crippling nature. There is no doubt modern system of medicine play an important role in overcoming agony of pain, restricted movement and disability caused by the disease. Simultaneously prolonged use of allopathic medicines are not only giving rise to many side effects, toxic symptoms and adverse reactions even including many organic impairments. Patients are continuously looking with a hope towards Ayurveda to overcome this challenge due to merely insufficient management of this disease in other system of medicine. So it is need of time to work more and more on principles of treatment, which are effective in Amavata. Here I have tried to elaborate principles of treatment related to Amavata, enumerated by ancient Ayurvedic seers.

KEYWORDS: Amavata, Basti, Snehapan, Swedan, Langhan, Dipana.

INTRODUCTION

Acharya Madhavakara was the first author who has described Amavata as a separate disease entity in his text "Roga Vinishchaya" which is later on known as "Madhava Nidana". There is a complete chapter containing detail description of the disease regarding definition, Aetio-pathogenesis, clinical manifestations, complications and prognosis of Amavata. Amavata described in Ayurvedic classics is similar to Rheumatoid Arthritis in Various means. In 1591 Guillaume Baillou, the French physician and Dean of the University of Paris medical faculty writes, on the of the first books on Arthritis. In this book he used the term ‘Rheumatism’ to describe a condition characterized by inflammation, soreness, stiffness in the muscles and pain in and around the joints. In 1859, sir. Alfred Garrod, the London physician, coins the clinical term “rheumatoid arthritis” and the first reference is made in medical literature. About 1% of the world population is afflicted by R.A. The onset is more frequently during fourth and fifth decade of life with 80% of patient developing disease between the age of 30 to 40 years. Women are affected approximately three times more often then men. It is a disease of temperate climates with low incidence in tropics. It is not uncommon for the disease to start in mothers following a pregnancy and for mothers with established disease to go in to remission during pregnancy. Studies suggest that genetics and environmental influences are important in the susceptibility to R.A. Therefore it has received attention of the clinicians, research workers and basic scientists, who are sincerely engaged to solve the various aspects of the ticklish problem related to this disease.

REVIEW OF DISEASE AMAVATA

Etymology is very important for easy identification and understanding of a particular disease. It is done one the basis of Doshas, Dushya, Adhisthana, Avayav, Hetu, specific symptoms and the basic pathological factors etc of that particular disease.

So for as Amavata is concerned, it is made by the union of two words Ama and Vata which are the two main predominant factor responsible for the pathogenesis of this disease. According to Ayurvedic Visvakosha etymology the word Ama along with Vata dosha is
Amavata. This also indicates that the Ama and Vata are the two main predominant factors in the causation of Amavata.

It is said in Siddhant Nidana that due to hypo function of Agni, Adya ahara rasa dhatu turned into Ama and it combines with vitiated Vata leads to formulation of the disease Amavata.

Definition of Amavata
Acharya Madhava was the first scholar to describe the disease Amavata as a separate entity. He also give the appropriate definition of Amavata as[1] “when vitiated Vata and Ama simultaneously enters in the Kostha, Trika and Sandhi leading to stiffness of the body and Trika sandhi vedna. This dreadful disease is known as Amavata.”

Nidana (Etiology) of Amavata
In Madhava Nidana following specific etiological factors responsible for causation of Amavata has been described.[2]
1. Viruddhahara (indulgence of incompatible food)
2. Viruddha chesta (indulgence of incompatible habits)
3. Mandagni (hypo function of digestive faculty of body)
4. Snigdha bhuktavato vyayama (doing exercise after taking fatty foods)
5. Nischalata (lack of physical activity)

Besides, these above mentioned etiological factors Acharya Harita also describe Guru ahara, consuming Kanda shaka and Vyavaya as etiological factors for Amavata.[3]

Samprapti (Pathogenesis) of Amavata
The Aetiopathogenesis of Amavata described in Madhava Nidana and Bhavapraksha is as follows.[4]

The person who have suffering from Mandagni (poor digestive capacity) if is indulge in incompatible foods habits, lack of physical activity or doing exercise after taking fatty foods are prone to develope amarasa (improperly digested food) in their body. This ama associated itself with vata moves quickly to the different seats of sleshma in the body (mainly joints), filling them and the dhaminies (blood vessels) with picchila (waxy material). So, by this way the bad end product of digestion associated with pitta and kapha assuming different colours and blocks the tissue pores (strotans) and passages with this picchila (waxy) material. By this way the wasis the vitiated doshas and dashya along with ama in the sleshashaya is taken as sthanasamsarya stage of samprapti. After this the process of dosha-dashya sammurchhana taken place and ultimately complete the pathogenesis of amavata. The clinical manifestations such as weakness and heaviness of the heart, affection of the joint of the body such as trika sandhi (lambo-sacral joint, neck joint) are produced at this stage. This is a deadful disease producing stiffness of the body and become a cause of many other disease also.

Roopa (Signs and Symptoms) of Amavata
1. Pratyatma Roopa (Cardinal symptoms): All the disease have some cardinal features, which helps in the exact diagnosis. Following cardinal symptoms of amavata are described in the texts similarly described in modern medicine.
   (a) Sandhi shoola (Pain in joints)\(^5\)
   (b) Sandhi shotha (Swelling in joints)
   (c) Stabdhatu (Stiffness)
   (d) Sparshashatva (Tenderness)
   (e) Sashabda sandhi (Crepitation)\(^6\)

2. Samanya Roopa (General Signs and Symptoms):
The general symptomatology in the context of amavata described by Acharya Madhavakara as follows:[5]
   i) Angamarda (Bodyache)
   ii) Aruchi (Anorexia)
   iii) Trishna (Thirst)
   iv) Alasya (Laziness)
   v) Gaurava (Heaviness)
   vi) Jvra (Pyrexia)
   vii) Apaka (Indigestion)
   viii) Angasunyata (Swelling in the body parts)

3. Pravriddha roopa (Severe signs and symptoms) of amavata
Acharya Madhavakara, Bhavaprakasha and Vangasena has described the pravriddha roopa of amavata as follows:[6]

   Aruchi (anorexia), Trishna (excessive thirst), Saruja sandhi shotha (pain with swelling in joints), Gaurava (feeling heaviness in the body), Agnidourbalya (hypo function of digestive faculty of body), Praseka (Salivation), Utsahahani ( Loss of Enthusiasm), Mukhavairasya (Inappropriate Oral Taste), Daha ( Burning Sensation), Kukshikathinyta (Abdominal Distension), Kukshishoola (Abdominal Colic), Nidraviparayaya (Insomnia), Chhirdi (Vomiting), Bhrama (Giddiness), Mruchha (Fainting), Hridgraha (Myocardial Complications), Vidvibaddhata (Constipation), Jadayata (Stiffness of Body), Antrakujana (Abnormal Peristaltic movement), Anaha (Fluctulence).

Treatment Principles of Amavata
Acharya Chakrapani was the first Acharya who described the basic principles for the line of treatment of Amavata. He described Langhana, Svedana, drugs having tikta-katu rasa and Dipana properties, Virechana, Snehapana, Anuvasauna Karma and Kshara basti for the treatment of Amavata.[7]

Yogaratnakara and Bhavamishra also followed the same steps. During the description of ruksha sveda, Balluka pottali and upanaha without sneha has been mentioned for the management of Amavata.[8]

In Chakrudatta, Yogaratnakara and Bhavaprakasha a lot of recipes in the form of Qwatha,

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Churna, Taila, Ghrita, Guggula Lepana, Vati, Louha have been mentioned.

Langhana
It is the first important measures that has been advised for the treatment of Amavata. Amavata is considered to be an amashayotha vyadhi and also rasaja vikara and Langhana is considered to be first line of treatment in such condition. The same doshas which are spread all over the body can not be eliminated until ama attains the pakva form and for this purpose Langhana is the best therapy.

Langhana is contraindicated in vata vridhhi, but in samavata condition it is applicable. Hence when nirama vata stage is achieved Langhana should be stopped.

Svedana
Ruksha sveda has been advocated in the management of Amavata mostly in the form of Baluka pottali. It is mentioned due to its properties like-ama pachana, kaphahara, shoshana etc. Acharya Chraka has been indicated svedana in the presence of Siambha, Gaurava and Shooli and this constitutes the predominant features of Amavata. In this disease Ushana jalapana (hot drinking water), a kind of internal svedana is also indicated, which is Deepana, Pachana, Varragyna and Sroto shodhaka etc. Svedana also helping in liquifying doshas and help in their transportation from Shakha to Koshta where they can be eliminated by sodhana therapy.

Drugs having Tikta-Katu rasa and Dipana properties
Tikta and katu rasa dravyas are supposed to be increased vata dosha, yet indicated in amavata because of their antagonistic properties than that of ama and kapha. Due to their laghu and tikshna guna these drugs increase power of digestive faculty of body, digest ama, reduces the excessive production of kapha and prevent further production of ama. Properties of katu rasa like increased salivary and gastric secretions is well known. Apart from this, these drugs also improve the intestinal motility acting as vatathanulomaka. These drugs also clear the obstruction in channels. Dipana dravya also play same role in the management of Amavata.

Virechana
After the process like langhana, Svedana application of tikta-katu rasa and dipana dravyas doshas goes in to niramavastha and further required elimination from the body by shodhna. For this patient should be subjected to virechana therapy for this shodhana karma because of following possible reasons:
(a) In Amavata the production of Ama is the resultant of Avarana of pitta (pachaka pitta) by kapha, and it hampered the digestive faculty of body. Virechanakarma helps in this condition by following ways:
(i) It removes the averana of pitta produced by kapha.
(ii) It is the most suitable therapy for the localised pitta dosha.
(b) In Amavata symptoms like Vibandha, Kukshishoola, Anaha etc are produced due to prtiloma gati of vata and these symptoms are best conquered by virechana, while vanama is likely to aggravate these features.

By this process the rasavaha srotasa reopened and given nutrition to the other dhatu. The agni works properly and helps in digestion of ama rasa.

Snehapan
Snehapan is indicated in later stage of the disease. After giving the above mentioned therapies the patient need to shanana snehapan on the following basis:
(i) The therapeutic measures applied so far as-langhana, svedana, tikta-katu rasa and dipana drugs are likely to produce rukshata (dryness) in the body which may aggravate the vata dosha and further aggravate the disease. This is prevented by snehapan.
(ii) Loss of strength of the patient is the resultant of the sodhana therapeutic measures (Langhana, Svedana etc.) employed and by the nature of the disease itself. This is also controlled by the administration of sneha, as it is described to be the most powerfull regimen for strengthening the body.
(iii) Samana sneha is considered to be excellent for stimulating the digestive faculty of the body, which is primary requirement in the management of the Amavata.
(iv) Snehapan has also been prescribed in the case of asthimajagata vata, as the involvements of these dhatus are quite evident in Amavata.

However the patients of Amavata are prone to develop derangement of digestion. So the sneha is administrated should be medicated with deepana and pachana dravyas.

Basti
Among the three doshas vata is the chief pathogenic factor in the pathogenesis of amavata and Basti is the best therapeutic measures for the treatment of vata.

In Amavata both Anuvasana as well as Niruha basti has been applied. Anuvasana basti corrects the dryness of the body caused by amahara chikitsa, reduces vata dosha, maintains the function of agni and give nourishment to the body. Niruha basti eliminates doshas brought in to the koshtha by the langhana and allied therapeutics. In addition to these generalised effects, Basti also produces local beneficial effects by removing Anaha, Antrakusajana, Vibandha etc. Satindhavadi Taila has been mentioned for Anuvasan basti.

In summary, respectively employment of Deepana, Amapachana and sodhana and samana therapies constitute the holistic approach in the management of Amavata.
CONCLUSION

The Mandagni (Hypofunction of digestive faculty of body) is the main causative factor for the production of Ama. The word amavata is made up of two words ama and vata. Ama along with vata dosha is termed as amavata. These Ama and Vata are the two main predominant factors responsible for the pathogenesis of this disease. When vitiated vata and ama simultaneously entres in the kosta, trika and sandhi leading to stiffness of the body and trika sandhi shoola is known as amavata.

The etiological factors (Nidana) which are responsible for pathogenesis of Amavata are as- Viruddhashara, Viruddhachesta, Mandagni, Snidhha bhuktavato vyayama, Nischalata, Guru Ahara, consuming Kandashaka and Vyavaya etc. have been mentioned in Ayurvedic classics.

The Basic Principles of treatment of amavata are Langhana, Svedana, Dipana, Pachana, Viruddha, Svedana, Dipana, Pachana, Virechana, Snigdha bhuktavato vyayama, Nischalata, Guru Ahara, consuming Kandashaka and Vyavaya etc. have been mentioned in Ayurvedic classics.

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