

ETIOPATHOGENESIS AND MANAGEMENT OF AMAVATA- A CONCEPTUAL STUDY

Waheeda Banu¹, G Shrinivasa Acharya²

¹M.D (Ayu), Associate Professor and Head, Department of Swasthvritta, Alvas Ayurveda Medical College, Moodbidri, Karnataka, India

²M.D (Ayu) Professor and Head, PG Department of Kayachikitsa & Manasaroga, Sri Dharmasthala Manjunatheshwara Ayurveda College, Udupi, Karnataka, India

Email: drwaheedabanu@gmail.com

ABSTRACT

Vitiated *vata dosha* in association with *ama* circulates in the whole body and then localized in the different locations of *kapha dosha* with predilection of joints causing pain, swelling as well as stiffness of the joints. Pain, swelling and stiffness of the joint form the cardinal manifestation of the illness. It is categorized into three types based on the relative dominance of the *dosha* as *vatanuga*, *pitatanuga* and *kaphanuga amavata*. Due to similarity of symptoms the *amavata* should clinically differentiated from *sandhigata* and *Vatarakta*. Balanced approach that clears the *ama* and pacifies the *vata dosha* is effective in the management of *amavata*. In general, simultaneous administration of *antahparimarjana chikitsa* (internal medication) as well as *bahiparimarjana chikitsa* (external medication) is conveniently adapted in the management of *amavata*. Administration of *langhana*, *deepana*, *virechana*, *snehapana* and *basti form antahparimarjana chikitsa*. Along with this internal medication, the patient should be treated with external medications like *ruksha sveda*, *upanaha*.

Keywords: *Ama, amavata, vatarakta, sandhigatavata, rukshasveda*

INTRODUCTION

Indulgence in specific etiological factors, cause simultaneous vitiation of *vata dosha* as well as *kapha dosha* which in turn initially afflicting the sacral region; later gradually stiffens the whole body manifesting as *amavata*. *Ama* is invariably involved in all stages of the pathogenesis hence the name *amavata*. Vitiated *vata dosha* in association with *ama* circulates in the whole body and then localized in the different locations of *kapha dosha* with

predilection of joints causing pain swelling as well as stiffness of the joints¹. Thus involving the *madhyama roga marga*, this illness poses difficulties in the curative approach. Clearing the *ama* and pacification of *vata dosha* is the sheet anchor of treating *amavata*. *Langhana* (restricted food), *Shodhana* (purification procedures), *shamana* (palliative measures) *brimhana* (nourishing measures) and *rasayana* (Rejuvenating treatment) form the complete

treatment of *amavata*².

Etiology:

In general, erroneous dietary and behavioral factors are reasonable for the causation of *amavata*. In precise

- 1) Consumption of combinations of foods that is derogatory to the body elements,
- 2) Indulgence of any incriminatory physical activities like swimming and sexual intercourse during the state of indigestion,
- 3) State of impaired digestion,
- 4) Excessive consumption of greasy foods followed by heavy exercise, and
- 5) Persistent inactivity, all these factors are said to cause *amavata*. Health is achieved by food and the disease is also conceived by food. Discordant or antagonist combination of food components that is incriminatory for the body elements are termed as *viruddha ahara* and is the important causative factor of *amavata*. In the state of health, the *dosha* and *dhatu* naturally possess opposite properties³. Even then they exist in the body without any derogatory interaction. This phenomenon is known as *svabhava satmya* (auto immunity) of the body elements. This *svabhava satmya* is disturbed in the *amavata* (*svabhava satmya viparyaya*) by the intake of *viruddha ahara* leading to derogatory interaction between the body elements. This derogatory interaction between the body elements is termed as *ama*⁴ and is a major pathological entity in *amavata*

The etiological factors lead to the vitiation of *vata dosha* as well as formation of *ama*. Thus generated *ama* turns more virulent in combination with the vitiated *vata dosha*. Also the vitiated *vata dosha* mobilizes the *ama* into the vessels and then circulates it into the whole

body with the predilection of locations of *kapha dosha*. The locations of *kapha dosha* afflicted by the *ama* includes *amashaya* (stomach), *ura* (chest), *shira* (head), *kantha* (neck) and *sandhi* (joints). In these locations of *kapha dosha* the *ama* is further incriminated by the local *vata*, *pitta* and *kapha dosha* which turns *ama* into multicolored slimy more virulent form. This severely virulent *ama* causes *abhishyandana* of *srotas* and eventually generalized debility as well as heaviness of the chest. The vitiated *vata dosha* and *ama* initially affecting the sacral joints gradually affects all the joints in the body causing its swelling pain and stiffness⁵.

Koshtagata ama and *shareeragata ama* are the two phases of *ama* seen in patients of *amavata*. The symptoms centered on the trunk like tastelessness and abdominal discomforts are suggestive of *koshta gata ama*. Contrary to this the constitutional symptoms like bodyache, febrile illness, fatigue and the symptoms related to the joints are pathognomonic of *sharira gata ama*.

Types: The vitiated *vata dosha* spreads out the *ama* ubiquitously distributing into the whole body through the vessels and then localizes in the joints. This is the unique pathology of *amavata* with invariable involvement of *vata dosha*. Even then the *amavata* is categorized into three types based on the relative dominance of the *dosha* as *vatanuga*, *pittanuga* and *kaphanuga amavata*⁶. Based on the severity again the *amavata* is categorized into two *samana* *amavata* and *pravridha amavata*⁷. In a less practiced different school of thought *amavata* is said classified into four as *Vis-*

tambhi amavata; Gulmakrit (Gulmi)amavata, Snehee amavata and pakwa amavata ⁸.

Clinical presentation: As cited earlier generation of *ama* as well as vitiation of *vata dosha* are the exclusive pathological entities in *amavata*. Accordingly the clinical presentations of the *amavata* are centered on these two factors. More to add, *samanya amavata* and *praviriddha amavata* are the two different stages of *amavata*.

In the *samanya amavata* stage the symptoms like tastelessness in the mouth (*aruchi*), Excessive thirst (*trishna*), Indigestion (*apaka*), Heaviness of the body (*gaurava*) and Febrile illness (*jvara*) are pathognomonic of *ama dosha*. In contrast to this; body ache (*angamarda*), lumbar pain (*trikasandhishula*), stiffness of the joints (*stabdghata*), swelling around the joints (*shunata anganam*) are indicative of vitiated *vata dosha* ⁹.

More severe symptoms develop during the chronic *praviriddha* stage of *amavata*. The patients will suffer from severe pain in the joints of hands, feet, head, ankles, sacrum, legs and thighs. Pain is so severe that it mimics the pain of venomous scorpion sting. The affected painful joints are also swollen. This pain and swelling of the joints are due to the spread of the *dosha* in to these joints ¹⁰.

Distinct symptoms help to differentiate the different types of *amavata*. The presence of severe continuous pain as if the affected joint is being nailed or burst by an arrow is indicative of *vaatanuga amavata*. *Pittanuga amavata* is characterized by Burning sensation in the joints or whole body as well as Redness of the affected joint. In contrast to this the symptoms like abnormal stiffness or immobility of the

affected joints, Subjective symptom of heaviness in the affected joints and Pruritus in the affected joints are confirmatory of *kaphanuga amavata*. Presence of mixed symptoms of *vaatanuga, pittaanuga and kaphanuga amavata* is indicative of *tridoshaja amavata*.

Several manifestations of *amavata* in the chronic stage are considered as complications of *amavata*. Note that at times these are also considered as symptoms of *praviriddha amavata*. The patients will suffer from severe pain in the joints of hands, feet, head, ankles, sacrum, legs and thighs. Pain is so severe that it mimics the pain of venomous scorpion sting. The affected painful joints are also swollen. This pain and swelling of the joints are due to the spread of the *dosha* in to these joints.

The complication of the *amavata* include Impairment of gastric fire (*agnidaurbalya*), tastelessness (*aruchi*), Abnormal taste in the mouth (*vairasya*), excessive thirst (*trit*), excessive salivation (*praseka*), abdominal rigidity (*kukshi katinata*), abdominal pain (*kukshi shula*), gurgling sound in the abdomen (*antrakujana*), flatulence (*anaha*), vomiting (*chardi*), *grahani dosha* characterized by presence of *ama* and unformed stools (*grahani dosha*), subjective symptom of heaviness of the body (*gaurava*) and Lack of enthusiasm (*utsaha hani*). These complications are caused due to presence of *ama*. in addition to this the complication due to vitiated *vata dosha* include excessive urination (*bahumutrata*), burning sensation (*daha*), sleeplessness (*nidraviparyaya*), dizziness (*bhrama*), transient loss of consciousness (*murcha*), tightness of the chest (*hridgraha*), constipation (*vibandha*), stiffness of the joints (*jadya*), flexion deformities (*angasankocha*),

leg paralysis (*khanjatva*), and different other severe illness like *vatavyadhi*. Among these complications of amavata the unique eight symptoms are referred as *asta upadrava* of *amavata*. The list includes stiffness (*jadya*), gurgling sound in the abdomen (*antrakujana*), flatulence (*anaha*), excessive thirst (*trit*), vomiting (*chardi*), excessive urination (*bahumutrata*), severe abdominal pain (*shula*), sleeplessness and (*shayanana*)

Prognosis: *Ama* and the *Vata* dosha are the invariable components of pathology of *amavata* and the treatment of these is quite opposite. Hence in general the *amavata* is considered as chronic lingering disease and is difficult to cure. Even then it is said that *Amavata* presenting with dominance of any one dosha is curable. *Amavata* presenting with dominance of any two *dosha* is controllable with medication. Contrary to this *Amavata* presenting with dominance of all three *dosha*, presence of swelling of whole body and the *pravridhha amavata* stage is considered as difficult to cure.

Chikitsa (Treatment): *Ama* and *vata* are the two major components in the pathogenesis of *amavata*. The *ama* is best treated by ununctuous measures. Contrary to this the *vata dosha* gets alleviated by unctuous treatment. Thus the treatment of these two major components is contradictory posing difficulty in planning the treatment. Hence a balanced approach that clears the *ama* and pacifies the *vata dosha* is effective in the management of *amavata*. In general, simultaneous administration of *antahparimarjana cikitsa* (internal me-

dication) as well as *bahiparimarjana cikitsa* (external medication) is conveniently adapted in the management of *amavata*. Administration of *langhana* (restricted food), *deepana* (augmenting the digestive ability), *virechana* (laxation), *snehapana* (internal oleation) and *basti* (Therapeutic enemata), *antahparimarjana cikitsa* (internal medication). Along with this internal medication, the patient should be treated with external medications like *ruksha sveda* (un-unctuous sudation), and *upana-ha*(un-unctuous poultice). Full account of the treatment is discussed below.

Internal medication: Clearance of the *ama*, elimination of the excessively vitiated *dosha*, alleviation of morbidity of *dosha* and *dhatu* are best achieved by internal medication. This internal medication includes the *ama pachana*, *shodhana*, *shaman*, *brimhana* and *rasayana cikitsa*.

Ama pachana: *Langhana chikitsa* as well as oral administration of medications that improve the appetite and digestion form the *ama pachana chikitsa*. This also forms the pre-treatment for the *shodhana cikitsa* as *nirama* stage as well as optimal functioning of gastrointestinal tract is essential for elimination of *dosha*.

Langhana chikitsa (restricted food): *Langhana cikitsa* is planned at the beginning to accomplish the *ama pachana*. Among the 10 forms of *langhana*, *anashana* and *laghvashana* are accepted as *langhana cikitsa* in the present context. These two procedures are opted in accordance with the physical strength of the patient as well as amount of *ama*. Excessive *ama* in a physically strong patient is

best treated by *anashana*. Contrary to this moderate accumulation of ama in a physically weak patient should be treated by *laghvashana* form of *langhana cikitsa*. By adapting the general principle of *langhana cikitsa*, from the context of *jvara cikitsa*, *langhana* is best continued for a maximum of seven days. In about seven days the appearance of symptoms indicative of proper *langhana* is expected. Appearance of appetite, clear evacuation of bowel and bladder and partial remission of symptoms of *amavata* are indicative of proper effect. Note that prolonged period of *langhana* may lead to debility as well as further vitiation of the vata dosha and hence should be avoided.

Deepana (Augmenting the digestive ability): Following the *langhana cikitsa*, the functioning of the agni is further supported by *dipana cikitsa*. This is best performed by the oral medication of herbs possessing *tikta rasa* and *katu rasa*. *Panchakola phanta* may be orally administered in a dose of 96 ml for about another seven days. Also drugs possessing *tikta rasa* like *guduchi* (*Tinospora cordifolia*) may be administered for the same purpose. Again light diet is continued during this period.

Pachana (Facilitating digestion): The treatment of *dipana* is followed by *pachana cikitsa* to ensure the achievement of *nirama* stage. Clearance of *koshta gata ama* is essential to proceed with the next steps of *shodhana* procedure. Also, this will facilitate the remission of the symptoms of the illness. The oral administration of deferent *kashaya* preparation that brings about the *pachana* of *ama* is the procedure of *pachana cikitsa*. With an intention of achieving *pachana* of *ama* one may

prescribe formulations like *dashamula rasnadi kashaya*, *maharasnadi kashaya*, *rasna saptaka kashaya*, *rasna panchaka kashaya*.

Shodhana (purification procedures): *Koshta-gata ama* as well as *shariragata ama* is two states of ama present in the *amavata roga*. Initially the *koshta gata ama* stage is rendered into *nirama* stage and then the *sharira gata ama* is cleared by *shodhana cikitsa*. *Langhana dipana* and *pachana* clear the *koshta gata ama* stage. This is followed by *snehana*, *virechana* and *basti*, and this form the elimination of *sharira gata ama*.

Yatha krama shodhana (methodical elimination): *Amavata* is an illness affecting the *madhyama roga marga*. Morbid dosha can be eliminated from the *abhyantara roga marga*. Hence it is required to mobilize dosha from the *madhyama roga marga* into the *abhyantara roga marga* ie from the *shakha* into the *koshta*. Once the *dosha* is mobilized into the *koshta* it can be eliminated from the body by the different *shodhana* procedures. *Virechana* and *basti* are the *shodhana procedures* indicated in *amavata*. Thus the method of *yatha krama shodhana* comprising sequential administration of *deepana*, *pachana*, *snehapana*, *virechana* and *samsarjana karma* is to be planned in *amavata*.

Shodhananga snehapana (Internal oleation for elimination of dosha): Once the ama is cleared, and the patient has adequate appetite; the patient should be treated with ghee medicated with herbs that enhance the digestive power. *Guduchi ghrita* may be prescribed for this purpose. Since *sharira gata ama* is still present shortest course of *snehapana* for two to three days should be carried out.

Ruksha sveda (un-unctuous sudation): *Snehapana* is followed by *svedana* of the whole body as part of preparation for the *shodhana*. In general *snigdha sveda* is indicated in such situations. But in *amavata*, morbidity of ama may worsen by the *abhyanga*, and hence is contraindicated. Accordingly the *ruksha sveda* is performed by adapting the method of *bashpa sveda* using *dashamula*. Or *pottala sveda* like *Karpasa bija pottala sveda* and, *valuka sveda* may be prescribed for this purpose.

Sneha virechana (unctuous therapeutic purgation): Following the *langhana*, *deepana*, *snehana*, and *svedana*, the patient should be treated with *virechana karma*. Also the ghee processed with *virechana drugs* like *trivrit* (*Operculina turpethum*) is preferred as *sneha virechana*. Alternatively one can prescribe *Eranda taila* in a dose of 40 ml for carrying out the *virechana karma*. Addition of small amount of *kshara* to the *virechana ghrita* is ideal to get the better results. Note that, as the *samprapti* of the disease is with predominant vitiation of *vata dosha*, hence unctuous therapeutic purgation is indicated. Moderate *shodhana* is preferred, lest there may be aggravation of *vata dosha*.

Nitya virechana (regular laxation): If the patient is physically weak and the accumulation of the *dosha* is heavy, then alternative to the *yatha krama shodhana*; one can plan regular laxation. For this purpose one can prescribe the *Eranda taila* in a dose of 12 to 18 ml every day in empty stomach during the morning. This may be continued for about 7 to 15 days depending upon the requirement.

Basti (Therapeutic enemata): *Shodhana* as well as *shamana* effect may be achieved by

the *niruha basti*. If the patient is unfit for *virechana karma*, *shodhana* is then planned by *basti cikitsa*. Or else, the accumulation of *dosha* that are failed to get evacuated by the *virechana karma* is cleared by *basti cikitsa*. By following *virechana karma* if constipation develops with hard stools, then the *shodhana* by the *basti* is preferred. *Kshara basti* by adapting the course of *yoga basti* is ideal. *Saindhavadi taila*, *prasarani taila*, *dashamuladi taila* may be used in the formulation of *niruha basti* (decoction enema) as well as *anuvasana basti*. *Yoga basti* consisting of 3 sittings of *niruha basti* is ideal in *amavata*. *Anuvasana basti* (oil enema) alone is indicated to clear the constipation or as *shamana* medication.

Punah shodhana (repeated purification): Chronic lingering nature is characteristic of *amavata*. Partial remission is usually observed in many patients following *shodhana* and *shamana cikitsa*. Illness tends to exacerbate due to exposure to any etiological factors or adverse seasonal variations. Hence it may be required to repeat the *shodhana* procedures.

Shamana chikitsa (Palliative measures): *Shodhana* is followed by *shamana cikitsa*. If the patient is unfit for *shodhana*, or else if the accumulation of *dosha* is minimum then *shamana* may be prescribed following *langhana dipana* and *pachana cikitsa*. *Shamana cikitsa* may be accomplished by oral administration of different formulations in different forms like *kashaya*, *asava*, *vati rasayana* etc. *Eranda* is the best drug in the treatment of *amavata*. In this regard it is said that, the illness *amavata* is like an elephant king and *eranda* is like the lion that kills the elephant. *Snehapana* in the form of *shamana* is specifically indicated fol-

lowing *ama pachana*. This is capable of alleviating the *vata dosha*.

Shamananga snehapana (Palliative internal oleation): Internal oleation is planned to alleviate the vitiated *vata dosha*. This is best planned after the effective clearance of *ama* by the earlier treatments of *langhana*, *deepana*, *pachana* and *shodhana*. This may be continued for long period until the subsidence of symptoms of *amavata*. For *snehapana* one can prescribe the *brihat saindhavadi taila* or *guduchi ghrita*.

Brimhana chikitsa (nourishing measures): *Amavata* is a chronic debilitating illness. Depletion of *dhatu* is the usual complication that occurs in the long run. Depletion of *rasa*, *rakta dhatu* may lead to *pandu roga*. Medication with formulations belonging to the category of *loha and mandoora* is effective in this regard. Emaciation reflects the depletion of *mamsa and medo dhatu*. This is effectively managed by proper nutritious foods. Vitiated *vata dosha* tend to cause *asthi kshaya*. Medications like *lakshadi guggulu*, *mrigashringa bhasma* are effective in this regard.

Rasayana chikitsa (rejuvenating treatment): Chronic lingering illness that runs a long course is best treated by *vyadhihara rasayana*. The *rasayana* that are indicated in *amavata* includes *guduchi rasayana*, *pippali rasayana*, *bhallataka rasayana* and *eranda rasayana*

Bahirparimarjana chikitsa (external medication): Along with the internal medication, application of external treatment in the form of *ruksha sveda* is very effective. This may be done by adapting *ruksha pottala sveda*, *valuka sveda* or *upanaha sveda* methods.

Ruksha sveda (non unctuous sudation): The

illness is characterized by *ama* as well as *vata dosha*; hence non unctuous sudation is indicated in *amavata*. For this purpose one can go for the *pinda sveda* or *upanaha sveda*. *Valuka sveda* is the best form *pinda sveda*. *Pinda sveda* can also be performed with *karpasasthi yoga*. *Upanaha sveda* with *doshaghna lepa*, *atasi upanaha* etc are effective. *Svastika bandha* may be used for the *upanaha* purpose as the *upanaha* is done on joints.

Ruksha valuka sveda (Un-unctuous sand pack sudation): Oleation is contraindicated in the *ama* as well as morbidity of *kapha dosha*. *Amavata* is characterized by affliction of *sandhi* and is the location of *kapha dosha*. *Ama* is invariably involved in the pathogenesis. *Svedana* is effective in both *vata dosha* as well as *ama*. Again application of *sveda* around the joint is best done by the method of *sankara sveda*. Hence un-unctuous form of *sveda* like *valuka sveda* is justified. Pain and swelling of the joints is relieved by the procedure. This is best continued for about 7 days. This is repeated several times depending upon the requirement with a gap of seven days between each course.

Ruksha pottala sveda (Un-unctuous pack sudation): Localized form of *sveda* may be given by the method of *pottala sveda*. Again the application of the oil prior to the *pottala sveda* is contraindicated. The formulation of *karpasasthi bija* may be used for this purpose

Ruksha upanaha sveda (un-unctuous poultice): Application of *upanaha sveda* around the affected joints is effective in relieving swelling, pain and stiffness. *Atasi upanaha*, *doshaghna lepa*, *salvana upanaha* may be effectively prescribed. The *upanaha* may be car-

ried out for about seven days, and may be repeated after the gap of about seven days.

Ruksha parisheka sveda (Un-unctuous bathing sudation): Multiple joints pain affecting almost whole body is best treated by *parisheka sveda*, *dashamula kvata* or *eranda kvatha* may be used for the *parisheka*. Again, the *parisheka sveda* is planned without prior *abhyanga*. Even the *pitta* dominant type of *amavata* may be treated by this procedure.

Pathya (preferred diet and activity): The food and drink that possess bitter or pungent taste and that enhance the appetite and digestion is good in patients suffering from *amavata*. The grains that are preferred include *yava koradusha shali* and *kulattha*. Vegetables like *vartaku vastuka punarnava patola gokshura varuna karavella varshabhu garlic* and *drumstick* are advisable. Patient is allowed to consume fruits like *badara* and other bitter tasting ones. Buttermilk and warm water is ideal drink. Cow's urine may be used as after drink. Horse gram dal, chanaka soup, *kalaya soup* or meat soup of dry land animals is good for improving the health. Old alcoholic beverages are advisable. *Apathya* / diet and activity to be avoided: greasy foods that are heavy for digestion should be avoided. Black gram and *upodika* should not be consumed. Fish and meat of wet land animals are best avoided. Consumption of milk, curd and jaggery are not advisable. Always unclean water should be avoided. Combination of foods that are incriminoty for the body elements, consumption of healthy and unhealthy foods to gather and incompatible foods should not be taken. Exposure to the easterly wind, suppression of naturally manifesting urges and keeping awake at night are

not good for patients of *amavata* .

DISCUSSION

Vataratka and *sandhigata vata* clinically presents with identical symptoms and hence need to be differentiated. Before that it should be noted that, all the joint and vascular diseases are included in the syndrome of *vataratka* in the greater triad of Ayurveda treatises. The description of *amavata* is limited to the citation of its name. This is even justified in the back ground of conventional medicine descriptions of collagen diseases. The different collagen diseases like rheumatoid arthritis and SLE has clinical presentation joints as arthritis and vascular pathology like vasculitis and Raynaud's phenomena. This combination of arthritis and peripheral vascular pathology mimics the presentation of the *vatarakta*. Based on the same understanding in the southern part of India the rheumatoid arthritis is described as *vatarakta*, more to add in the *astanga hridaya* the *vatarakta* is categorized into two based on association or non association of ama dosha. The ideology is further advanced in the later text books. On the other hand in the lesser triad of Ayurveda treatises the *amavata* is segregated from the *vatarakta* and described as separate disease with unique etiology specific pathology, exclusive symptoms and distinctive treatment. The rheumatoid arthritis being a unique disease among the collagen diseases that mostly present with arthritis with minimal incidence of vascular pathology. This rheumatoid arthritis matches with the description of *amavata*. Needless to say the people who want to diagnose the rheumatoid arthritis on the basis of greater triad of

Ayurveda treatises will diagnose the *vatarakta*. Then, the physicians practicing mostly based on description of lesser triad of Ayurveda treatises will diagnose the *amavata*. Leaving behind this description it is required to differentiate the *amavata* from the *vata rakta*. This is best done by considering the course of the illness, state of *ama* as well as involvement of *rakta dhatu*.

Progressive involvement of the body part with pain, swelling, pricking sensation, which worsens during night, morning hours, cloudy days and application of oil is characteristic of *samavata*. This *samavata* state is characteristic of *amavata*. Again these *samavata* symptoms are missing in *vatarakta*, *sandhi gatavata* and *kroshtuka shirsha*.

Discoloration of the dermis, skin eruptions and similar other symptoms are typical of morbid *rakta dhatu*. These symptoms are necessary for the diagnosis of *vatarakta*. Absence of symptoms pathognomonic of *rakta dhatu* is distinctive in both *amavata* as well as *sandhi-gata vata*. The involvement of *rakta dhatu* in *kroshtuka shirsha* is restricted to red coloration around the knee joint in *kroshtuka shirsha*.

CONCLUSION

Thus by the consideration of course of the disease, spread of the illness, association or non association of *ama*, symptoms pathognomonic of *rakta dhatu* all are effects in the differential diagnosis of *amavata*.

REFERENCES

1. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of Shri

Vijayarakshitha and Shrikantadutta revised and edited by Prof.Yadunandana Upadhyaya, Choukamba Sanskrit Sansthan, Varanasi Volume ; 01, Chapter 25, Shloka 2, Page no 460 with page 520.

2. Chakradatta, Sanskrit text with English Translation ,Edited and Translated by Priya Vrat Sharma, Choukambha Orientalia, Delhi, Edition 2007,Chapter 25,Shloka 1,Page no 227 with Page 732.
3. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of Shri Vijayarakshitha and Shrikantadutta revised and edited by Prof.Yadunandana Upadhyaya, Choukamba Sanskrit Sansthan, Varanasi Volume ; 01, Chapter 25, Shloka 2, Page no 460 with page 520.
4. Astanga Hridayam of Srimadvagbhata edited by 'Nirmala' Hindi Commentary by Dr.Brahmanand Tripathi,Choukamba Sanskrit Pratishtan, Delhi, Sutrasthana, chapter 13, shloka 25,Page no 188 with page 1295.
5. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of ShriVijayarakshitha and Shrikantadutta revised and edited by Prof.Yadunandana Upadhyaya, Choukamba Sanskrit Sansthan, Varanasi Volume; 01, Chapter 25, Shloka 1-5, Page no 460 -461with page 520.
6. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of Shri Vijayarakshitha and Shrikantadutta revised and edited by Prof. Yadunandana Upadhyaya, Choukamba Sanskrit Sansthan, Varanasi Volume ; 01, Chapter 25, Shloka 11, Page no 463 with page 520.

7. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of Shri Vijayarakshitha and Shrikantadutta revised and edited by Prof.Yadunandana Upadhyaya, Choukamba Sanskrit Sansthan, Varanasi Volume ; 01, Chapter 25, Shloka 6-7, Page no 462 with page 520.
8. Harita Samhita ,Text with 'Nirmala' Hindi Commentary ,Editor and Translator Vaidya Jaymini Pandey ,Choukambha Vishvabharathi ,Varanasi,First Edition: Year 2010, chapter 21,shloka 6,Page no 374 with page 544.
9. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of ShriVijayarakshitha and Shrikantadutta revised and edited by Prof.Yadunandana Upadhyaya, Choukamba Sanskrit Sans-

than, Varanasi, Volume; 01, Chapter 25, Shloka 6, Page no 462 with page 520.

10. Madhavakara, Madhavanidhanam with Madhukosha Sanskrit commentary of ShriVijayarakshitha and Shrikantadutta revised and edited by Prof.Yadunandana Upadhyaya, Choukamba Sanskrit Sansthan, Varanasi Volume ; 01, Chapter 25, Shloka 7-10, Page no 462 with page 520
-

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Waheeda Banu& G Shrinivasa Acharya: Etiopathogenesis And Management Of Amavata- A Conceptual Study. International Ayurvedic Medical Journal {online} 2017 {cited July, 2017} Available from: http://www.iamj.in/posts/images/upload/2466_2475.pdf