

A LITERARY REVIEW ARTICLE OF *AMAVATA* W.S.R RHEUMATOID ARTHRITISManisha Ahari¹, Ravi Sharma², Ruhi Zahir³

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ABSTRACT

Amavata is currently the most prevalent disease, affecting a significant portion of the elderly population. The term *Amavata* comes from the words *Ama* and *Vata*. The state known as *Ama* is when different illnesses within the body have a harmful influence. Painful illness is the outcome of the *Ama* occupying *Shleshmasthanas* (*Asthisandhi*) and combining it with *Vatadosha*.

The clinical presentation of *Amavata* closely mimics the unique variety of Rheumatological disorders called Rheumatoid Arthritis by their similarities in clinical features like pain, swelling, stiffness, fever, redness, general debility, and fatigue are almost identical to that of *Amavata*. Rheumatological disorder is a group of diseases with no specific medical management in any therapeutics.

Amavata is one of the most challenging diseases for clinicians due to its chronicity, incurability, complications, and morbidity. Allopathic treatment provides symptomatic relief, but the underlying pathology remains untreated due to the absence of effective therapy. This gives rise to many side effects, toxic symptoms, adverse reactions, and more serious complications, such as organic lesions. The treatment procedures described are *Langhan*, *Swedan*, *Tikta-Katu*, *Deepana*, *Virechana*, *Basti*, etc. So, the present study deals with a systemic review of *Amavata* from all the classics of *Ayurveda* and its management.

Keywords: *Amavata*, *Ama*, *Vata*, Rheumatoid Arthritis

INTRODUCTION

Ayurveda promotes a variety of restorative, preventative, and promotional techniques. Over time, most eating habits (*ViruddhAhara*), social structures, lifestyles, and environments have changed. One result of this change is the widespread occurrence of *Amavata*, which presents a problem to physicians due to its apparent chronicity, incurability, complications, and morbidity. *Amavata* is the prime disease which makes the person unfit for an independent life, and about 60% of the patients become unfit to work 10 years after the onset of the disease. Due to *AlpaBala of Ushma*, *Rasadhatu*, which was formed very first, remains undigested and undergoes petrification and remains in *Amashaya*, such state of Rasa is known as *Ama*.

Vayu then carries this *Ama* and travels throughout the body and accumulates in the joints at the weaker sites (*Khavaigunya*) and *Amavata* occurs. The two oldest texts on Ayurvedic medicine, the *CharakaSamhita* and *Sushruta Samhita*, often refer to symptoms such as joint pain and swelling as a diagnostic feature of *Amavata* in a syndrome called *VataVyadhi*. It has similarities to many arthritic diseases with specific clinical features associated with Rheumatoid Arthritis. It is a joint disorder which affects multiple joints at various sites.

Rheumatoid Arthritis is a common chronic disease that affects about 1% of the world's population. The prevalence and incidence of Rheumatoid Arthritis appear to have declined since the early 1960s. Even with these declines, Rheumatoid Arthritis occurs at twice the rate in women compared with men, with a prevalence of 1.06% in women compared with 0.61% in men.

Amavata as:¹

विरुद्धाहारचेष्टस्यमन्दोर्ग्रेनिश्चलस्यच।स्निग्धंभुक्तवतोहान्नं व्यायामं कुर्वतस्तथा।।

ViruddhAhara

Dietary elements that are unhealthy for the body's natural *Doshas* and *Dhatu*s and tend to deviate from system normalcy are referred to as *Viruddha*. This *ViruddhAhara* is thought to be the most frequent etiological factor for most ailments and is also the primary cause of *Amavata*.

*Lakshana of Amvata*²

अङ्गमर्दोऽरुचिस्तृष्णाह्यालसंगौरवञ्जरःअपाकःशूनताऽङ्गनामामवातस्यलक्षणम्।

1. *Angamarda* – Body ache
2. *Aruchi* – Anorexia
3. *Trushna* – Thirsty
4. *Gourav* – Heaviness in the body
5. *Aalasya* – Lethargy
6. *Angashunata* – Swelling in the body
7. *Jwara* – Pyrexia
8. *Apaki* – Indigestion

*Samprapti of Amavata*³

वायुनाप्रेरितोह्यामःश्लेष्मस्थानंप्रधावति।तेनात्यर्थंविदग्धोदृष्टौधमनीःप्रतिपद्यते।।वातपित्तकफैर्भूयोदूषितःसोऽन्नजोरसः।स्त्रोतांस्यभिष्यन्दयतिनानावर्णोऽतिपिच्छिलः।जनयत्याशुदौर्बल्यंगौरवंहृदयस्यच।।व्याधीनामाश्रयोहोषआमसंज्ञोऽतिदारुणः।।

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 *DushitVata* / *PrakopitVata* and circulates all over the body through *Shira* and *Dhamani* and gets lodged in *Kaphasthana* i.e. *Sandhi* because *ShleshakKapha* is located in *Sandhi* and *Amvata* is developed.

SampraptiGhataka

Dosha- Vatapradhan, Tridosha

Dooshya - RasadiDhatu; AsthigataSnayu; Sira

Agni - Jatharagni; Rasadhatwagni

Ama-Jatharagnijanya&Rasadhatwagnijanya

Srotas - Rasavaha, Asthivaha

UdbhavaSthana - Amashaya

Adhishtan - Asthisandhi

Rogamarga – Madhyama

Upashaya

Ama is an essential factor in the production of *Amavata*. Hence, the *Dravyas* that are antagonistic to *Ama's* nature are considered the *Upashaya* of *Amavata*, such as Those with *Katu*, *Rooksha*, and *Ushna*. *Dravyas* can take the form of *Ahara*, *Vihara*, or *Aushadha*.

Anupashaya

As *Anupashaya* is just opposite to *Upashaya*, *Amavata's* causative and aggravating factors are to be considered *Anupashaya*. The *Dravyas*, which are *Guru*, *Sheeta* and *Madhura*, cause the aggravation symptoms of *Amavata*. Hence, these factors are *Anupashaya* of *Amavata*.

Chakradatta has given the *VarjyaAhara* in *AmavataRogi*, which is also to be considered under *Anupashaya*. The *Dadhi*, *Matsya*, *Guda*, *Kshira*, *Masha*, *Pishtakadi Guru*, and *AbhishyandakaraAharas* are to be avoided by *AmavataRogi*.

Clinical features of *Amavata* in Comparison with Rheumatoid Arthritis

1. *Hasta sandhi shotha&shoola* – Inflammation & severe pain in metacarpophalangeal joints & proximal interphalangeal joints are affected most severely in Rheumatoid Arthritis.
2. *Paad sandhi shotha&shoola* – The feet are often involved, especially the metatarso phalangeal joints & subtalar joints are affected.
3. *Jaanugulfa sandhi shotha* – R.A. involves smaller joints of hands & feet and then symmetrically affects the joints of wrist, elbow, ankle & knee.
4. *Angagourav* – Feeling of heaviness in the body.
5. *Stabdhatta* – In R.A., stiffness of joints is observed in the morning hours.
6. *Jaadhya*—Due to deformity, limited joint movements cause weakness in grip or finger triggering in R.A.
7. *Angavaikalya*—Deformity in joints.
8. *Sankocha* – Contractures.
9. *Vikunchana* – This can be compared to volar subluxation, ulnar deviation, which occurs at metacarpophalangeal joints and bilateral flexion contractures of the elbow, which are observed in R.A.
10. *Angamarda* – Body ache, myalgia occurs in R.A.
11. Other joints are involved in Chronic Rheumatoid Arthritis

Diagnosis of R.A.

The diagnosis of R.A. is essentially clinical since there is no specific laboratory test to diagnose it.

R.A.2020 ACR-EULAR Classification Criteria for Diagnosis⁴

≥ 6 of 10 points = definite RA

Joint Involvement:

- One large joint - 0 points
- 2-10 large joints - 1 points
- 1-3 small joints, +/- large joints - 3 points
- >10 joints (at least one small joint) - 5 points

Serology (need at least 1):

- Negative RF, negative anti CCP Ab - 0 points
- Low positive RF or low positive anti CCP Ab - 2 points

High positive RF or high positive anti CCP Ab - 3 points

Acute Phase reactants (need at least 1):

- Normal CRP and normal ESR - 0 points
- Abnormal CRP or abnormal ESR - 1 points

Duration of symptoms:

- < 6 weeks - 0 points
- ≥ 6 weeks - 1 points

*AmavataChikitsa*⁴

Chikitsa refers to the techniques used with the goal of achieving *DhatuSamyata* within the body. Its objectives are to restore disrupted Doshas and protect *Dhatu*, *Mala*, and *Dosha* integrity. *AmaAvastha* and *NiramaAvastha*, or *AmaPachana* and *Nirharana* with appropriate management of *Vata*, followed by *KevalaVataChikitsa*, are the two stages in which *Amavata* treatments have been administered. Clarity regarding the treatment of *AmavataChikitsaSiddhanta* is provided by the writers of *Chakradatta*, *Bhavaprakasha*, *Yogaratanakara*, and *BhaishajyaRatnavali*. These authors list the following in order of priority: *Virechana*, *Snehapana*, *SaindhavadiAnuvasana*, and *KsharaBasthi*. Instead of mentioning *Snehapana*, *Bhavaprakashamentions Snehana*. *ValukaPutaka*, *SnehaVivarjitaUpanaha*, and *RukshaSweda*

*CHIKITSA SUTRA*⁵

लङ्घनस्वेदनंतिक्तं दीपनानिकटूनिच। विरेचनं स्नेहपानं बस्तय
श्राममारुते। सैन्धवाद्येनानुवास्यक्षारवस्तिः प्रशस्यते।

Langhana

- ✓ In *Amavata*, *Ama* is the primary cause of the disease caused due to *Agnimandya*. *Langhana* is the first and best line of treatment to get rid of *Ama*. Any factor which causes *Laghutwa* in the body is called *Langhana*.

- ✓ The Gunas of *Langhanadravyas* are *Laghu*, *Teekshna*, *Vishada*, *Ruksha* and *Sukshma*. These *Gunas* are antagonistic to the qualities of *Ama*.
- ✓ Though *Charaka* speaks of *DashavidhaLanghan* including *Vamana*, *Virechana*, *Asthapana* and *LanghanaShirovirechana* along with *Pipasa*, *MarutaSevana*, *Atapasevanadi*, *Pachana*, *Upavasa*, *Vyayama*, *Langhana* in the form of *Upavasa* or *LaghuBhojana* (food prepared with *Deepana*, *Pachana* drugs) should be implemented in *Amavata*.

Swedana

- ✓ The process which alleviates *Stambha* (stiffness), *Gaurava* (heaviness), *Shaitya* (coldness) and produce *Sweda* is called *Swedana*. *Ama* is *Guru*, *Snigdha* and *Sthira* in nature and *Swedana*, *Rookshasweda* in particular, having opposite qualities reduce *Srotorodha* and thereby relieving pain. *RookshaSweda* with *ValukaPottali* is recommended in *Amavata*. *ValukaSweda* has *Rooksha*, *Laghu* and *UshnaGunas*.
- ✓ *BhaishajyaRatnavali* mentions *Karpasasthya-diShankaraSwedaSneha-VivarjithaUpanahaSweda* also is recommended in *Amavata* by *Bhavamishra*.

Administration of *Tikta*, *Katu* and *DeepanaDravyas*

- ✓ *Katu* and *TiktaRasaDravyas* are abundantly used in *Amavata*, which serves the purpose of *Amapachana* and *Vatanulomana*.
- ✓ *Tikta Rasa* is mentioned specifically for alleviating vitiated *Pitta* and *Katu Rasa* for *Kapha*.
- ✓ *Katu Rasa* is *Agni* and *VayuMahabhootaPradhana* and *Tikta Rasa* is *Vayu* and *PrithviMahabhootaPradhana*.
- ✓ They are *Ushna* in *Veerya* and also have properties of *Deepana*, *Pachana* and *Vataghna*. *Katu Rasa ParadhanaDravyas* are *UttamaKaphahara* but *VataPittakara*, whereas *Tikta Rasa PradhanaDravyas* are *Kaphahara*, *MadhyamaVatakara* and *Pitta Shamaka*.

Deepana

- ✓ A specific measure that causes *AgniSandhookshana* is termed *Deepana*. *Agnimandhya* is an important pathological event in

Amavata that can be well combated by using *DeepaniyaDravyas*, such as *Shunti*, *Trikatu*, etc.

- ✓ This reduces the production of *Ama* due to *Jatharagni* and *RasadhatwagniMandya*. The above-mentioned therapeutic modalities are useful in the *Ama* stage of the disease. In the *Niramastage - Virechana*, *Snehapana* and *Basti* are to be adopted.

Virechana

- ✓ After *Langhana*, *Swedana* and *ShamanaChikitsa*, the *Doshas* attain *Nirama* stage, get liquefied and reach *Koshta*, from where they have to be eliminated through the nearest route. Hence *Virechana*, which is a form of *Shodhana* is done for the elimination of *Pitta* and *Kapha* and for *Anulomana* of *Vayu*.
- ✓ Complete evacuation of *Doshas* by *Virechana* will prevent the tendency of the disease from recurring again and again. In *Amavata*, *ErandaTaila* is the drug of choice for *Virechana*. It has *Pachana*, *Virechana* and *Vataghna* property. According to *Sushruta* it is also *Deepana*.

Snehapana

- ✓ *Sneha* relieves the impediment caused by the *Malas*, grants the body *Mrudutwa*, and calms the vitiated *Vata*. In *Amavata*, *snehapana* is not recommended; however, *KevalaVatahara* occurs when the *Doshas* turn *Nirama*.
- ✓ The *Snehas* in *Amavata* get relief with *Pachana* and *DipanaDravyas*. Due to the patients' weakened state, *HriswaMatraSnehapana* is appropriate for internal usage.
- ✓ *Snehana* gives the patient *Agnideepti*, *KoshtaShuddhi*, and *Vatashamana*. *Bhavamishra* recommends giving *Sneha* repeatedly in *Amavata*. According to several academics, *ErandaTaila* ought to be utilized for *Snehapana*, which functions as *DoshaVirechaka* in *Amavata*.

Basti

- ✓ When treating conditions where *Vata* is prominent, *basti* is the most effective medication. *Charaka* explains the consequences of *Basti* as

Agnivardhaka, Dhatudhadyakara, Vayasthapaka, and so on.

- ✓ It purifies the entire body and restores balance to the *Doshas*, *Dhatu*s, and *Malas*.
- ✓ In *Amavata*, both *Anuvasana* as well as *Niruha-Basti* have been advocated. *Anuvasanabasti* removes the dryness of the body caused by the *Ama-hara* treatment, alleviates *vata-dosha*, maintains the function of *Agni* and nourishes the body.
- ✓ *Niruhabasti* eliminates *Doshas* brought into the *kostha* by *langanas* and allied therapeutics. In addition to the generalized effects, *Basti* produces local beneficial effects also by removing *Anaha*, *An-trakujana*, *vibandha* etc.
- ✓ *Sandhavadi* tails have been advocated for *anuvasana* and *ksarabasti* for *asthapana*

Pathya *apathya*

Pathya *Ahara* :

Annavarga : *Yava*, *Kulattha*, *Raktasali*, *Shyamaka*, *Kodrava*.

Shaka : *Vastuka*, *Shigru*, *Karvellaka*, *Patola*

Dugdha *Vikara* : *Adraka* / *Lasuna* *siddha* *takra*

Mamsa : *Jangala* *Mamsa*

Paniya : *Tapta* *Nira*, *Bhallataka*, *Gokshura*, *Vridhdha* *Daru*, *Adraka*, *Gomutra*, *Katu*, *Tikta*, and *Deepana* *Dravya* benefit *Amavata*.

Pathya *Vihar* :

Ruksha *Sweda* with *Valuka* *Pottali*.

Apathya *Ahara*:

Dadhi, *Mastu*, *Guda*, *Kshira*, *Masha*, *Vir-uddha* *Bhojana*, *Asatmya* *Bhojana*,

Visamasana, *Anupa* *Mamsa*, *Abhishyandi*, *Guru*, *Pic-chila* *Dravya*.

Apathya *Vihara*:

Vegavarodha, *Jagarana*

DISCUSSION

As previously mentioned, a thorough description of *Amavata* is provided in terms of *Ama*'s acute and gradual pathogenesis of *Ama* formation, *Nidana* *Panchaka*, *Upadrava*, *Sadhyasadhya*, *Pathyapathya*, and *Chikitsa*, among others. *Mandagni* is the primary

cause of *Amavata*, and treatment calls for *Ama*'s complete digestion, which occupies the entire body. When various techniques such as *Langhana*, *Deepana*, and *Pathana*, etc. are used, *Agni* returns to normal, *Ama* is digested at a different level, and stiffness goes down along with the other primary symptoms like pain, swelling, etc.

CONCLUSION

Amavata is a condition in which the body becomes stiff due to vitiated *Ama* and *Vata* lodging in *Trika* *Sandhi*. A major contributing factor is reduced *Agni* function at *Jatharagni*, *Bhutagni*, and *Dhatwagni* levels. As a result of incomplete or improper *Annarasa* formation, *Amavata* is *Amashayothha* *Vyadhi*. The treatment for *Amavata* is first *Langhana* in terms of *Ahara* and *Vihara*, followed by *Swedana*, *Tikta* *Katu*, *Deepana* *Dravyas*, *Virechana*, *Snehapana*, and *Basti*, which ultimately leads to *Amapachana*, *Vatashamana*, and *Strotoshodhana*.

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