

SJIF Impact Factor(2024) : 8.402
ISI I.F.Value : 1.188

ISSN (Online): 2455-3662
DOI : 10.36713/epra2013



EPRA International Journal of

MULTIDISCIPLINARY RESEARCH

Monthly, Peer Reviewed (Refereed) & Indexed International Journal

Volume - 10 Issue - 6 June 2024

**I
J
M
R**



Chief Editor
Dr. A. Singaraj, M.A., M.Phil., Ph.D.

Managing Editor
Mrs.M.Josephin Immaculate Ruba
Editorial Advisors

1. **Dr.Yi-Lin Yu, Ph. D**
Associate Professor,
Department of Advertising & Public Relations,
Fu Jen Catholic University,
Taipei, Taiwan.
2. **Dr.G. Badri Narayanan, PhD,**
Research Economist,
Center for Global Trade Analysis,
Purdue University,
West Lafayette,
Indiana, USA.
3. **Dr. Gajendra Naidu.J., M.Com, LL.M., M.B.A., PhD. MHRM**
Professor & Head,
Faculty of Finance, Botho University,
Gaborone Campus, Botho Education Park,
Kgale, Gaborone, Botswana.
4. **Dr. Ahmed Sebihi**
Professor
Skyline University College in the University City of Sharjah
United Arab Emirates & Vice President of the Afro-Asian
University for International Relations and Cooperation
5. **Dr. Pradeep Kumar Choudhury,**
Assistant Professor,
Institute for Studies in Industrial Development,
An ICSSR Research Institute,
New Delhi- 110070.India.
6. **Dr. Sumita Bharat Goyal**
Assistant Professor,
Department of Commerce,
Central University of Rajasthan,
Bandar Sindri, Dist-Ajmer,
Rajasthan, India
7. **Dr. C. Muniyandi, M.Sc., M. Phil., Ph. D,**
Assistant Professor,
Department of Econometrics,
School of Economics,
Madurai Kamaraj University,
Madurai-625021, Tamil Nadu, India.
8. **Dr. B. Ravi Kumar,**
Assistant Professor
Department of GBEH,
Sree Vidyanikethan Engineering College,
A.Rangampet, Tirupati,
Andhra Pradesh, India
9. **Dr. Gyanendra Awasthi, M.Sc., Ph.D., NET**
Associate Professor & HOD
Department of Biochemistry,
Dolphin (PG) Institute of Biomedical & Natural Sciences,
Dehradun, Uttarakhand, India.
10. **Dr. D.K. Awasthi, M.SC., Ph.D.**
Associate Professor
Department of Chemistry, Sri J.N.P.G. College,
Charbagh, Lucknow,

ISSN (Online) : 2455 - 3662
SJIF Impact Factor(2024) :8.402
ISI I.F. Value : 1.188
DOI : 10.36713/epra2013



EPRA International Journal of
**Multidisciplinary
Research**

Monthly Peer Reviewed & Indexed
International Online Journal

Volume: 10 Issue: 6 June 2024

Indexed By:



Published By :EPRA Publishing

CC License





A LITERATURE REVIEW OF AMAVATA

Dr. Ramprasad Panda¹ Dr. Manoj Kumar Sahoo² Dr. Simadri Bhusan Nayak³

¹M.D. Scholar, P.G. Department of Ayurveda Samhita & Siddhanta, GAC & H, Balangir, Odisha

²Prof. & H.O.D., P.G. Department of Ayurveda Samhita & Siddhanta, GAC & H, Balangir, Odisha

³Prof. & H.O.D, Department of Kaya Chikitsa, GAC & H, Balangir, Odisha

Corresponding Author: Dr. Ramprasad Panda M.D. Scholar, P.G. Department of Ayurveda Samhita & Siddhanta, GAC & H, Balangir, Odisha

Article DOI: <https://doi.org/10.36713/epra17344>

DOI No: 10.36713/epra17344

ABSTRACT

Due to the busy schedule and cut throat competition of life in the society no one can focus to maintain their health to healthy form. The things that create trouble in most of the people are having faulty dietary habit & not following daily and seasonal regimen (Dina charya & Rutucharya) as stipulated in Ayurveda. So different diseases related to daily life are rampantly appeared, out of them Amavata is one of the most common disease. It is made up of two words i.e. Ama and Vata. Various factors are responsible for mandagni like virudha ahara, virudha cheshta (Sharirika as well as Manasika). Due to Mandagni Anna rasa does not undergo proper digestion as it results in Apakwa anna rasa which accumulates in Amashaya is known as Ama.^[1] This Ama circulates all over the body, ifkha vaigunya occurs it obstructs the srotas and vitiates Vata dosha. This vitiated Vata dosha with Ama enter dhamanis and circulate all over the body. The vitiated Vata & Ama enter into the trika sandhi leads to stiffness of body, which is called as Amavata. The clinical sign & symptom of Amavata mentioned in different Ayurvedic classics is partially equivalent to the clinical sign & symptoms of Rheumatoid arthritis. It possesses a challenge to the physicians owing to its apparent chronicity, incurability, complications and morbidity. Females are three times more affected than male. Treatment for Amavata are Langhana, Swedana, Tikta Deepana, Katu Dravya sevan, Virechana, Snehapana & Vasti.

KEYWORDS: Mandagni, Ama, Vata, Amavata

INTRODUCTION

Ayurveda is the ancient record where several diseases were named defining its characteristics along with treatments. Not only about these things there are so many methods and regulations of living in a healthy society are also mentioned. The diseases mentioned in Ayurveda Samhita mainly named and mentioned in such a particular way that it clearly shows the characteristics of its own. From there Amavata is one of them. Ama has a great role in creating various diseases mentioned in Ayurveda. Especially due to Mandagni Ama forms in the body from apakwa anna rasa. The Ama through several channels reaches the Kapha sthanas and affects the joints. Symptomatically we can compare it to Rheumatoid Arthritis. The mid aged people are affected mostly in this disease due to their sedentary life style.

AIM & OBJECTIVES

- To review disease Amavata from various Ayurvedic samhitas.
- To review the treatment principle from various Ayurvedic samhitas.

Definition of Ama

Due to mandagni, Aahara rasa remains in apakwa avastha and it gradually forms Ama in the body. It leads to prakopa of all doshas.

Nidan of Ama

Only eating food in large quantities causes Amadosha, it is not so, but Guru (Which delayed to digest), Rukshya, Cold, Dry, Dwisht (towards which one has hatred to some reason), Constipating, Vidaahi (Causing irritation), untimely consumption of impure and contaminated food and drink, with a heart distressed by lust, anger, greed, attachment, jealousy, shame, grief, pride, nervousness or fear. The food and drink that is eaten is also contaminated with Amadosha.^[2]

Etiology (Nidan) of Amavata:^[3]

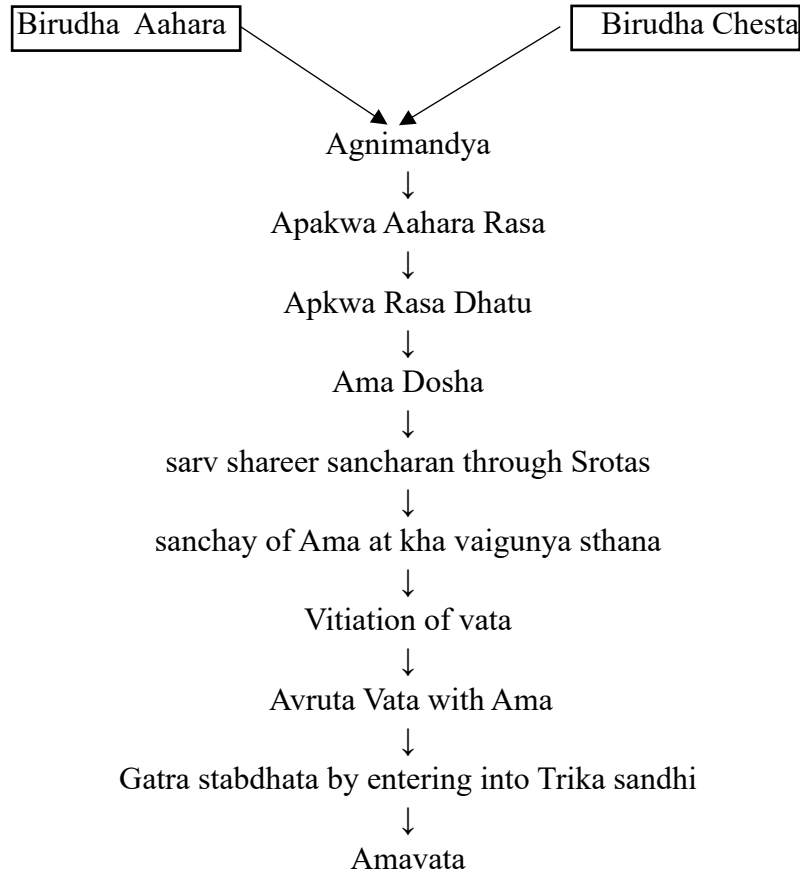
- Viruddhahara:** Dietary items that tend to go against the system and are unsuitable for the body's regular Dhatu (tissue elements) and Doshas are referred to as Viruddha. Similar to the case with Amavata, this Viruddha Ahara is the most common etiological cause for most disorders.
- Viruddha Cheshta:** A precise description of Viruddha Cheshta is lacking. It is the primary factor in the disease's presentation since it vitiates Agni, which ultimately results in the formation of Ama.
- Mandagni:** When the body's Agni is not working properly, Ama is formed, which can cause a number of illnesses.



- **Nischalata:** Physical inactivity causes Kapha Vriddhi, which in turn causes Agnimandya, which in turn causes Ama to form.

- Doing exercise after taking snigdha aahara.

Samprapti:^[4]



Classification

In Madhava Nidana, Acharya Madhavakara has mentioned according to Dosha which are as follows.^[5]

Eka Doshaja

- 1) Vataja
- 2) Pittaja
- 3) Kaphaja

Dwi Doshaja

- 1) Vataja-pittaja
- 2) Pitta-kaphaja
- 3) Kapha-vataja

Tridoshaja

In the Tridoshaja types of Amavata, symptoms of all three Doshas are found.

❖ **Bhavaprakasha and Yogaratnakara has also given same classification.**

Accordind to Acharya Sharangadhara^[6]

- 1) Vataja
- 2) Pittaja

- 3) Kaphaja
- 4) Sannipataja

According to Harita: ^[7]

Amavata has been divided into four types by Acharya Harita based on clinical symptoms. They are listed below.

- 1) **Vishtambhi:** This kind of Amavata has Adhmana, Bastishula, Gatra Gaurava, and Gatra.
- 2) **Gulmi:** This kind of Amavata has Gulmavat Pida, Kati Jadata, and Jathara Garjana (peristaltic noises).
- 3) **Snehi:** This kind of Amavata contains Gatra Snigdhatata, Jadya, Mandagni, and the excretion of Vijala and Snigdha Ama.
- 4) **Sarvangi:** This type contains the excretion of Pitta, Shyama, Vijjala Ama, Shrama, and Klama.

Purvarupa ^[8]

Amavata is not distinctly mentioned in Brihatrayi. Only Vangasena has given Shiroruja and Gatraruja as Purvarupa of Amavata



Samanya Rupa according to Various Acharyas

Rupa	H.S.	A. N.	M. N.	B.P.	Y.R.
1) Angamarda	-	-	+	+	+
2) Aruchi	-	-	+	+	+
3) Trishna	-	+	+	+	+
4) Angagaurava	-	+	+	+	+
5) Angashunata	-	-	+	+	+
6) Angavaikalya	+	-	-	-	-
7) Agnisada	-	+	+	+	+
8) Alasya	-	-	+	+	+
9) Asyavairasya	-	-	+	+	-
10) Apaka	-	+	+	+	+
11) Antrakujana	-	+	+	+	+
12) Anaha	-	+	+	+	+
13) Amatisara	+	-	-	-	-
14) Bahumutrata	-	+	+	+	+
15) Bhrama	-	+	+	+	+
16) Chhardi	-	+	+	+	+
17) Daha	-	+	+	+	+
18) Daurbalya	-	-	+	+	+
19) Gaurava	-	-	+	+	+
20) Grahanidosha	-	-	-	-	+
21) Hastapadashiroruja	+	+	+	+	+
22) Hastapadasandhishotha	+	+	+	+	+
23) Hridgraha	+	-	+	+	+
24) Jwara	+	+	+	+	+
25) Jadyata	-	+	+	+	+
26) Kukshishula	-	-	+	+	+
27) Kukshi Kathinya	-	-	+	+	+
28) Kandu	-	-	+	+	+
29) Murchha	-	-	+	+	+
30) Trishna	-	+	+	+	+
31) Triakashula	+	-	+	+	+
32) Staimitya	+	+	+	+	+
33) Sandhi Raga	-	+	+	+	-
34) Utsahahani	-	-	+	+	+
35) Shirahshula	+	-	+	+	+
36) Praseka	+	-	+	+	+

Pravrudha Amavata Lakshan

When this Amavata intensifies and affects every joint in the body, including the hands, feet, head, heels, waist, knees, and thighs, it becomes severe. This causes excruciating swelling that moves from joint to joint as the doshas move around. It results in excruciating swelling (inflammation) in the hands, legs, head, ankle, sacrum, knees, and thighs, as well as in any area where the morbid material (Ama) settles.

Symptoms according to doshas

- **Vata yukta lakshana:** Shula
- **Pitta yukta lakshana:** Daha & Raga
- **Kapha yukta lakshana:** Staimitya, guru, kandu

Sadhya sadhyata lakshana:^[11]

- **Sadhyata:** Ekadosha
- **Yapya:** Dwidosha

- **Kruchrasadhya:** Sannipatika, Sarvadeha chara with sotha

Treatment:^[12]

- Langhana
- Swedana
- Tikta Deepana
- Katu Dravya Sevan
- Virechana
- Snehapana
- Vasti
- Anubasana with Saindhavadi Taila
- Kshyara Vasti
- Rukshya sweda with Baluka potali

❖ **Maharshi Charak** has mentioned in his 28th Chapter of Chikitsa Sthana that in Amavata we can treat the patient with Prameha, Vata & Medaghna principle.^[13]



DISCUSSION

Mandagni is the primary cause of Amavata, and treatment necessitates full digestion of Ama, which occupies the entire body. As previously mentioned, a detailed description of Amavata is given in terms of acute and gradual pathogenesis of Ama formation, Nidana, Classification, Purvarupa, Rupa, Sadhyasadyata and Chikitsa, among others. When various procedures such as Langhana, Deepana, and Pachana, etc., are followed, Agni returns to its normal stage, Ama is digested at a different level, and stiffness decreases along with the other primary symptoms like pain, swelling, etc.

CONCLUSION

Amavata is a complicated disease, pathogenesis of which lies in era of Ama after Mandagni. This Ama alongside with vitiated Vata and Kapha dosha consequences in Dosha-Dushya combination, as a result producing the Nidus for signs of Amavata to occur. The sickness Amavata can be effectively compare to Rheumatoid arthritis. The purpose of the treatment in Amavata is to minimize Ama through its metabolism (Ama-pachana) and to normalise the two vitiated Vata and Kapha Dosha. Chronicity makes this disease difficulty for the treatment.

REFERENCES

1. Yogaratnakara Vidyotini Hindi Commentary by Vaidya Lakshmipati Sastri, Purvardha, Page -564, Chaukhamba Prakashan, Varanasi
2. Charak Samhita, Charakchandrika Hindi Commentary by Dr. Bramhananada Tripathy, Purvardha, Viman Sthan-2/8, Page no.- 671, Chaukhamba Surbharati Prakashan, Varanasi
3. Madhav Nidan commented by Sri Vijayarakshita and Srikanthadatta with Vidyotini hindi commentary by Sri Sudarsana Sastri, 25th chapter, Amavata Nidana, Page no. 510, edition 2014
4. Madhav Nidan commented by Sri Vijayarakshita and Srikanthadatta with Vidyotini hindi commentary by Sri Sudarsana Sastri, 25th chapter, Amavata Nidana, Page no. 509 & 510, edition 2014
5. Madhav Nidan commented by Sri Vijayarakshita and Srikanthadatta with Vidyotini hindi commentary by Sri Sudarsana Sastri, 25th chapter, Amavata Nidana, Page no. 512, edition 2014
6. Sarangadhara Samhita Purvakhandha 7/41 Jeevanaprada Hindi commentary Page no. 80
7. Harita Samhita, Asha hindi commentary by Ramavalamba Shastri, 21st chapter Amavata Chikitsa
8. Vangsen Samhita Amavatarogadhikar chapter, Page no.-399
9. Madhav Nidan commented by Sri Vijayarakshita and Srikanthadatta with Vidyotini hindi commentary by Sri Sudarsana Sastri, 25th chapter, Amavata Nidana, Page no. 511, edition 2014
10. Madhav Nidan commented by Sri Vijayarakshita and Srikanthadatta with Vidyotini hindi commentary by Sri Sudarsana Sastri, 25th chapter, Amavata Nidana, Page no. 512, edition 2014
11. Madhav Nidan commented by Sri Vijayarakshita and Srikanthadatta with Vidyotini hindi commentary by Sri Sudarsana Sastri, 25th chapter, Amavata Nidana, Page no. 512, edition 2014
12. Chakradatta of Sri Chakrapanidatta with Bhavarthasandipini Hindi commentary by Sri Jagadishprasad Tripathy, 25th chapter, Page no. -225, Chaukhamba Sanskrit series office, Varanasi
13. Charak Samhita, Charakchandrika Hindi Commentary by Dr. Bramhananada Tripathy, Uttardha, Chikitsa Sthan-28/195, Page no.- 972, Chaukhamba Surbharati Prakashan, Varanasi