IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 10, Iss 03 2021

"HOLISTIC APPROACH OF AYURVEDA IN THE MANAGEMENT OF AMAVATA"

Dr. Sarita Raj*[1], Dr. (Prof.) Vijay Shankar Dubey[2]

[1]PG Scholar, Department of Dravyaguna, Government Ayurvedic College & Hospital, Kadamkuan, Patna-800003 Bihar, India, Email: saritaraj69@gmail.com

[2]Professor & H.O.D., Department of Dravyaguna, Government Ayurvedic College & Hospital, Kadamkuan, Patna-800003 Bihar, India

ABSTRACT

In the present era Amavata is the most common disease affecting a large aged population. Amavata term derived from words as "Ama" & "Vata". The word Ama is the condition in which various ailments in system creates toxic effect. Amavata is a disease caused due to the vitiation or aggravation of Vayu associated with Ama. Vitiated Vayu circulates the Ama all over the body through Dhamanies, takes shelter in the Shleshma Sthana (Amashaya, Sandhi, etc.), producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. The symptoms of Amavata are identical to rheumatism, which include rheumatoid arthritis and rheumatic fever. Amavata is one of the challenging diseases for the clinicians due to its chronicity, incurability, complications and morbidity. The allopathic treatment provides the symptomatic relief but the underlined pathology remains untreated due to absence of effective therapy and also giving rise to many side effects, toxic symptoms and adverse reactions also more serious complications like organic lesions. The treatment procedure described are Langhan, Swedan, Tikta-Katu Deepan, Virechan, Basti etc. So, the present study deals with systemic review of Amavata from all the classics of Ayurveda and its management.

Key words: Amavata, Ama, Langhan, Virechan,

INTRODUCTION

Now-a-days erroneous dietary habits, lifestyle and environment have led to various autoimmune disorders i.e., Amavishajanya Vikaras and Amavata is one among them. Treating or managing Amavata/ Rheumatoid Arthritis (RA) is a challenge for both modern & Ayurvedic physicians. Rheumatoid arthritis has become a leading cause of disability. It is an autoimmune inflammatory disorder that primarily affects joints. According to the arthritis foundation of USA, RA is the second most common type of arthritis and widely prevalent throughout the world. In India the prevalence has been estimated 0.7%. Onset of RA is most frequent during middle age and women are affected 2.3 times as frequently as men. Modern science states that RA is an autoimmune chronic inflammatory disorder in which immune system fails to recognise self-antigens and mounts a misguided attack against them which ultimately results in an inflammatory response. RA usually involves peripheral joints in a systemic distribution, where synovial membrane becomes inflamed. As the disease progress the inflamed synovium invades and damages the cartilage and bone of the joint. The potential of the synovial inflammation to cause cartilage destruction is the hallmark of the disease. Pathogenesis includes synovitis, synovial cell hyperplasia, hypertrophy with CD4 lymphocytic infiltration, synovial effusion, pannus formation, cartilage loss, fibrosis, bony erosion, deformity, fibrous

and bony ankylosis, muscle wasting, periarticular osteoporosis and results in both articular and extraarticular manifestations. Course of the disease is variable. It can be slowly progressive or rapidly progressive & erosive arthritis with marked deformity with downhill course. Even with the use of NSAID (Non-Steroidal Anti-Inflammatory Drugs), glucocorticoids, DMARDs (Disease Modifying Anti Rheumatic Drugs), treatment does not provide a complete cure and have their own side effects. According to Ayurvedic literature, the pathology of Amavata starts with long term incidence of Mandagni in body which leads to the formation of Ama. This Ama gets mixed with vitiated Vata and enters the joints leading to the stiffness of the joints, such condition is known as Amavata.

Amavata is a condition where Stabdhata of the body occurs due to lodging of vitiated Ama and Vata in the Trika Sandhi and Commenting on the word "Yugapat" Madhukoshakara explains it as simultaneously Vata and Kapha while in Atanka Darpana, it is explained as Ama and Vata as both are held responsible for its pathogenesis.

Nidana

- Viruddha Ahara (Incompatible food): The food which causes vitiation of the Doshas without expelling them out of the body is called viruddha ahara. Viruddha ahara plays important role in the formation of Ama.
- Viruddha Cheshta (Improper physical activity): We have detailed description of virudhahara in our classics but Viruddha Cheshta is not mentioned clearly. In Bhavaprakasha, Vidyotini Tika, it is mentioned that doing exercise after having food etc can be considered as virudha cheshta.
- Mandagni (Decreased digestive power): Mandagni itself causes the formation of ama due to improper digestion.
- Nischalata (Lack of physical activity): Sedentary life style leads to the vitiation of agni and thus causing ama formation in the body.
- Snigndham Annam Bhuktwa Vyayaamam: Doing physical exercises soon after the intake of heavy or fatty food hampers digestion and leads to ama formation in the body.

Purvarupa

- Agnimandya: It is a results of hampered function of Agni due to consumption of Nidana.
- Apaka: It is due to Agnimandya because proper digestion & metabolism does not take place.
- Daurbalya: It is a result of improper digestion of Dhatu & deprived of sufficient nourishment.
- Angamarda: All type of nourishment of Dhatu presence a form of Ama, so body feeling ache, that is called Angamarda.
- Aruchi: When the function of Rasanendriya is impaired by vitiated Rasa Dhatu & Bodhaka Kapha, they produced Aruchi.
- Gaurava: It is result of vitiated Kapha & Ama which produce heaviness in the body.
- Gatrastabdhata: Guna of Ama like Picchila, Guru, & Sheeta circulate in the body with the help of Vyanavayu, it gives rise to Gatrastabhdhta.

Rupa of Amavata

Acharya Madhavakara has given the symptoms of Amavata as

- Samanya Lakshana
- Lakshana Sanachaya of Pravrudha Amavata.

Lakshana of Amavata

- Angamarda - Body ache
- Aruchi - Anorexia
- Trushna – Thirsty
- Gourav - Heaviness in the body
- Aalasya - Lethargy
- Anga-shunata - Swelling in the body
- Jwara - Pyrexia
- Apaki - Indigestion

Lakshana of Pravriddh Amavata

- Agnidaurbalya
- Praseka
- Aruchi
- Gaurava
- Vairasya
- Ruja & Shotha in Hasta, Pada
- Vrishchikadanshavatavedana
- Kukshikathinyav
- Kukshishoola
- Vibandha
- Antrakujana
- Anaha
- Chhardi
- Hritgraha
- Jadya
- Bhrama
- Murchaha
- Nidra-viparyaya
- Daha
- Bahumutrata

Samprapti

The produced Ama due to Mandagni and Vitiated Vata

Dosha due to above mentioned etiological factors are the main causes of Amavata. These two simultaneously enters the Trik region & other Sandhi (joints) and causes stiffness and pain, resulting in Amavata.

Samprapti Ghatakas

- Dosha - Vata Kapha Pradhana Tridosha
- Dhatu - Rasa, Mamasa, Asthi, Majja.
- Srotas - Annavaha, Rasavaha, Asthivaha, Majjavaha.
- Srotodusti - Sanga, Vimaragagmana.
- Udbhavasthana - Amashya (Ama), Pakvasaya (Vata).
- Adhisthana - Sarvanga Sharira Specially Sandhis
- Vyaktasthana - Sandhi
- Roga Marga - Madhyama Roga Marga
- Agni - Jatharagni Mandya, Dhatwagni Mandya.

Chikitsa Sutra

1. Langhana: Langhana is the 1st line of treatment to digest Ama. Here Langhana means not complete fasting but, intake of light food. The duration of Langhana varies from person to person depending upon individual capacity.

2. Swedana:

Swedana is done locally on affected joints. In Amavata, Ruksha Sweda is recommended (sudation without oil/fat). For the procedure of Ruksha Sweda, Valuka Katu, Tikta, Pachak-Aahar & Aushadhi:

The drug which possesses Katu (pungent), Tikta (bitter) Rasa and which act as Deepana-Pachana, are recommended in Amavata.

3. Virechana:

For Virechana, Eranda Taila and Haritaki are used. In Amavata without any preoperative procedure Virechana is recommended directly. Eranda acts as Sroto-Shodhaka, Shothahara, Shoolahara and Amavatahara.

4. Basti Chikitsa:

Chakradutta recommends Kshara Basti and Anuvasana Basti in Amavata.

Shaman Aushadhi:

- Maharasnadi Kwath (Vangsen27/50-59)
- Nagar Churna (Bh.R.29/16), (Chakradutta25/12)
- Amritadi Churna(Bh.R.29/52), (Chakradutta 25/14), (Vangsen27/48)
- Alambushadi Churna (Bh.R.29/44-47), (Vangsen 27/62-65)
- Shatapushpadi Lepa (Bh.R.29/11-12)
- SimhanadaGuggulu (Bh.R.29/192-195), (Chakradutta 25/33-38)

CONCLUSIONS

In spite of the description of the multiple drug therapy in different classics of Ayurveda potential and durable results are not found due to non-removal of the basic cause. Hence Special emphasis should be put into by the correct application of chikitsa sutra described in our classics for a holistic approach with diet, life style intervention and continuous use of drugs to have a good control of the disease and to achieve improvement in quality of life. As Amavata is one

of the common debilitating diseases by virtue of its chronicity and implication and ama and vata have the properties on opposite pole of each other so these things come in across while treating it, because any measure adopted will principally oppose one another. So, a very careful approach can only benefit the patient. In this paper an attempt has been made to substantiate these principles scientifically.

REFERENCES

1. Madhav nidana commented by Vijaya rakshita & Shrikantha Datta, Madhukosh tika by Madhavkara chapter 25, Amavata nidana, 508/2009.
2. Chakradutta with Ratnaprabha commentary edited by Priyavat Sharma, Swami Jayaram das, Prakashana Jaipur, Reprint, Amavata, 2000; chi.25/1: 423.
3. Astanga Sangraha Sutra sthana 9/25, Saroj Hindi commentary by Ravidatt Tripathi Chowkhamba Prakashana Varanasi, 2006; 192.
4. Vangsena, Vangsena Samhita (Chiktsa Sar Sangrah), Amavata Rogadhikara Adhyaya, 27/5. Edited by Dr. Rajiv Kumar Rai and Dr. Ram Kumar Rai, Choukhambha Sankrit series office, Prachya Prakash Varanasi, first edition, 1983; 321.
5. Agnivesha, Charaka Samhita, Chikitsa Sthana, Vatavyadhi chikitsa, Adhyaya, 28/19. Edited by Vaidya Jadavji Trikamji Acharaya, Chaukhambha Prakashan; Reprint, 2007; 617.
6. Madhava Nidanam With Madhukosha Sanskrit Commentary and Vidyotini Hindi Commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 1988. P. 462.
7. Kaviraj Shri Shaligramaji Vaisya, Vangasena, Edited by Shri Vaidya Shankarlalaji Jain. Bombay: Khemraj Shreekrishnadas Prakasan; 1996. P. 399-410.
8. Sir Stanley Davidson, Edited by Niholas A. Boon, Nicki R. College, Brian R. Walker Davidsons Principles & Practice of Medicine. 20th Edition. London: Churchill Livingstone; 2006. P. 1101-1106.
9. Shri Chakrapani Datta Virchit Ckakradatta Padarthabodhini Hindi Vyakhya Sahita By Ravi DattaShastri Bhaisajya Ratnavali-13th Edition.Varanasi: Chaukhamba Sanskrit Samsthana; 1999. P. 447.
10. Astanga Hridaya Sutra Sthana chapter 13/25, Vidhyotini Hindi commentary by Kaviraj Atrideva gupta revised by Vaidhya Yadunandana Upadhyaya published by Chaukhambha Sanskrit series, 2012; 132.