

“A LITERARY REVIEW ON HISTORICAL ASPECT OF AMAVATA (RHEUMATOID ARTHRITIS)”

Dr. Vaishali E. Tayade¹, Dr. J. D. Gulhane², Dr. Jaydeo L. Borkar³

1. Ph. D. scholar, Department of Kayachikitsa, Government Ayurved College Nagpur
2. Prof. & HOD of Kayachikitsa Smt. Shalinitai Meghe Ayurved Colleg, Bhilewada, Bhandara,
3. PhD Guide, Assoc. Prof., HOD of Kayachikitsa, Government Ayurved College Nagpur

ABSTRACT:

A historical review involves the systematic study and critical analysis of past events to understand their development and implications. History plays a vital role in shaping society, as it provides valuable insights into human behavior and social evolution. It serves as a repository of knowledge that allows for critical examination of past experiences and events, thereby helping to interpret their influence on present and future developments related to life processes. Verification and reinterpretation of historical facts guide researchers in generating new perspectives and advancing scientific inquiry.

Amavata is described as a pathological condition arising from the accumulation of *Ama* along with aggravated *Vata*, which circulates through the *Dhamanis* and becomes localized in various joints. This leads to clinical manifestations such as pricking pain, inflammation, and restricted joint movements, which closely resemble the features of rheumatoid arthritis.¹ Although *Amavata* is not described as a distinct disease entity in the *Brihatrayi* (the classical trio of major Ayurvedic texts), it was first systematically introduced by *Acharya Madhavakara*, one of the eminent authors of the *Laghutrayi*, in the 7th century AD in his treatise *Madhavanidana*, a classical text on Ayurvedic diagnostics.

Therefore, the present work focuses on the historical review of *Amavata* to trace the evolution of its conceptual understanding. Such an analysis aids in comprehending the changing etiological factors influenced by evolving lifestyle patterns over time and facilitates the formulation of more precise and effective treatment protocols.³³

KEY WORDS:- Ayurveda, *Amavata*, *Brihatrayi*, *Laghutrayi*, *Madhavakara*, *Ama*, *Vata*, *Dhamanis*, *Madhavanidana*.

Corresponding Details:

Dr. Vaishali Eknath Tayade

Plot. No. 88, New Prerana Nagar, New Narsala Road, Nagpur

Mobile No. 9340525166

E-Mail: vaishalitayade1979@rediffmail.com

How to cite article:



Dr. Vaishali E. Tayade, Dr. J. D. Gulhane, Dr. Jaydeo L. Borkar

A literary review on historical aspect of amavata (rheumatoid arthritis), Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2025; 3(4): 98-107 : <http://doi.org/10.55552/SDNJAY.2025.3412>

INTRODUCTION

In the present era, rapid lifestyle changes, hectic work schedules, psychological stress, and other related factors have contributed to a rising incidence of chronic diseases, among which *Amavata* is increasingly prevalent. Owing to its clinical presentation, *Amavata* can be closely correlated with rheumatoid arthritis (RA). The condition has been selected for the present study because of its broad clinical spectrum, increasing prevalence, and the limitations of effective long-term management options. The prevalence of RA is estimated to be approximately 0.8% of the population, with nearly 80% of affected individuals developing the disease between 35 and 50 years of age.^{2,32}

A historical review encompasses not only written records but may also include oral traditions and documentary evidence such as manuscripts, diaries, letters, newspapers, and official reports. The assessment of historical significance involves evaluating the importance of selected events, individuals, and developments in shaping past and present knowledge. A well-defined theoretical framework plays a crucial role in guiding research, as theories are formulated to explain, predict, and interpret phenomena, including relationships, events, and behaviors. Research, in this context, aims either to verify existing knowledge or to generate new insights based on critical analysis of earlier evidence.

The origins of Ayurveda are traditionally traced to the *Atharvaveda*, in which descriptions of various diseases and their treatments are found. Subsequently, from approximately the 6th century BC to the 7th century AD, Ayurveda underwent systematic development during the *Samhita* period, marked by the composition of authoritative classical texts and the establishment of organized medical practices.

Amavata has been recognized since ancient times, with references found in early Ayurvedic literature, including the *Charaka Samhita*, one of the *Brihattrayi*. However, *Amavata* was first described as a distinct disease entity in detail by *Acharya Madhavakara* around the 9th century AD. He dedicated an entire chapter (Chapter 25) to *Amavata* in his renowned treatise *Madhavanidana*, wherein the etiopathogenesis, clinical features, complications, and prognosis of the disease were systematically elucidated. In view of these considerations, the present research aims to explore references to *Amavata* in ancient Ayurvedic literature and to examine the historical and contextual factors that led to its recognition as a distinct disease entity by *Acharya Madhavakara*.³³

After a thorough screening of available literature, the references where *Amavata* and its related subject matter were dealt with were collected and arranged systematically; all the references are classified as under the pre-Vedic, Vedic, Samhita period, the mediaeval period, and the modern era.

The chronological order of the mentioning of *Amavata* in various treatises ranging from the Vedic era to the modern era is given below.

Vedic era (5000 BC-800 BC):

A. The Atharvaveda forms the structural foundation for the emergence of Ayurveda as a separate branch of science by way of its abundant advocacy of the guiding principles, medicinal effects, etc. abundantly. The word '*Vatika roga*' is found in Atharvaveda, which means the diseases which manifest from *Vata Prakriti* "Amaya" and *Amaya*, "Amayam" were mentioned in Atharvaveda in the sense of a disease caused by substance, i.e. substance *Ama*. Five types of *Dosha*, *Vata Dosha* viz. *Prana*, *Samana*, *Udana*, *Vyana*, and *Apana* (At. V.-10, 12, 13). Also, the reference about *Sandhi Vikriti* (At. V.12-9:3) was caused by *Sleshma Vikriti* and be cured by medicine to cure with prayers.

- The word '*Ama*' is found in other similar works of same period, such as Paniniya Unadi sutra (vedanga – Prakash Ajmer 19/6) and Hiranyaksha Grihyasutra (1/17/2).
- The word '*Ama*' and its related terms like '*Amayet*' are found in Rigveda 3, 4.
- In the later period of Upanishads, the word "*Amayet*" is found in Jaiminiya Upanishad Brahmana.

So, it is evident that *Ama* and *Vata* have been described separately, but the direct reference of the disease *Amavata* is not available during the Vedic period.

Purana Kala: Mahabharata and Ramayana are two major Puranagranthas of Hindus. In both the epics, no reference has been found about the disease *Amavata*.

B. Samhita era (800 BC – 600 AD):

The duration of the Samhita era lies between Acharya Atreya and Gautama Buddha, which is generally termed as the Samhita era in the history of Ayurveda. A series of treatises enriched Ayurveda by different Ayurvedic seers in the span between 800 B.C. and The 600 A.D. The Charaka Samhita, Sushruta Samhita, Ashtanga Samgraha, Kashyapa Samhita, Harita BC-800 BC):Samhita, and Bhela Samhita belong to this period.

1. Charaka Samhita (1st-2nd Century A.D.):

- The disease '*Amavata*' is not mentioned in Charaka Samhita directly. However, the signs and symptoms of *Sama Tridosha* are mentioned in different chapters. The description of '*Ama*' has been found in many contexts, which is one causative factor of *Amavata*. *Ama* was recognised as a disease-causing factor. 4 The treatment of *Shariragata Ama* explained by Acharya Charaka is almost similar to that of *Amavata Chikitsa* described by other authors. [6]

- In the second chapter of Charaka Vimana Sthana, i.e., '*Trividhakukshiya Viamanam*', the description of '*Ama*', the causes for the overproduction of '*Ama*', the manifestation and management of *Amapradoshaja Vikaras* are dealt with in a lucid manner, which gives a proper guideline to approach the disease *Amavata* in clinical aspects. [7]
- In the 28th chapter of Chikitsa Sthana, i.e., '*Vatavyadhi Chikitsitam*', the detailed treatment of '*Amavrita Vata*' is described. [8]
- The description of '*Ama-Jwara*' and '*Amatisara*' was found in the third and 12th chapters of Chikitsasthana, respectively. [9,10] It is also stated that in the *Shleshmaja Jwara* and *Amavata* conditions, the fever will be in a mild form that is *Anushna*, and a predominance of *Kapha dosha* prevails. [11]
- The individual entity of the disease '*Amavata*' is not found in Charaka Samhita. However, it has been found in the indications of three different therapeutic preparations. They are:
 - i. Therapeutic uses of *Vishaladi Phanta* in *Pandu Chikitsa* [12]
 - ii. *Kamsa Haritaki* in *Shwayathu Chikitsa* [13]
 - iii. The similarity in the treatment protocol of *Prameha*, *Vata*, and *Medas* with *Amavata*. [14]
- The complete description of *Vata* is found in the 12th chapter of Sutrasthana, i.e., '*Vatakalakaleeyam*'.

2. Agnivesha's Anjana Nidana (1000 B.C.) is one of the concise books on Ayurveda – Rigvinischaya, focusing on *Pratyatma Lakshanas* (cardinal symptoms) of various diseases observed in daily routine, composed of around 250 verses. In which the author has stated that the *Sweeyaprakopa* (self-aggravation) of *Vata* and *Ama* causes *Amavata*. The clinical features of *Amavata*, four types of *Amavata* along with their differential diagnosis, and the *Upadravas* (complications) were also delineated concisely. [15]

3. Sushruta Samhita (2nd Century A.D.):

There is no direct description of '*Amavata*' found in Sushruta Samhita. However, detailed descriptions of *Vata* and *Vatavikaras* were found in the 1st chapter of Nidanasthana.

4. Kashyapa Samhita (6th Century A.D.):

In Kashyapa Samhita direct description of 'Amavata' is not found. *Amadosha*, *Amajirna* is used to describe the pathogenesis of *Ama* and *Ajirna*.

5. Bhela Samhita (7th Century A.D.) [16]:

It is stated that '*Ama*' is produced by the hypo-functioning of *Jatharagni* (digestive power), and a complete chapter about *Ama* is described as an '*Atha Amapradoshiya Adhyaya*'. Even though '*Amavata*' is not mentioned directly, the symptoms and treatments are very much similar to '*Amavata*'.

6. Ashtanga Hridayam (7th Century A.D.):

In Ashtanga Hridayam there is no direct reference to *Amavata* as a specific disease. However, the wide range of description was found in the 13th chapter of Sutrasthana, i.e., '*Doshopakramanayadhyayam*'. It has been mentioned that the signs and symptoms of *Samavata* are similar to those of *Amavata*. [17]

The term '*Amavata*' is used in many contexts, like the therapeutic uses of *Vyoshadi Yoga*, *Vatsakadi Yoga*, *Haridradi Yoga*, etc. in *Vatavyadhi Chikitsa*. [18] Another condition called "*Vatashonita*" is described in this treatise, which has the common clinical features of *Amavata* but with a different aetiology. The word "*Adhyavata*" is used for this.

7. Harita Samhita [19] (6th-7th Century A.D.):

In Harita Samhita a separate chapter has been mentioned on '*Amavata*'. *Ama* has been classified into five types: *Vishtambhi Ama*, *Gulmi Ama*, *Snehi Ama*, *Pakvama*, and *Sarvangi Ama*. The descriptions are not similar to the descriptions of Madhava Nidana.

C) In the Mediaeval era (7th century A.D.-18th century A.D.):

1. Madhava Nidana (7th Century A.D.) [20]:

Acharya Madhavakara was the first author who mentioned '*Amavata*' as a specific disease entity for the first time and described its aetiology, pathogenesis, signs, symptoms, classification, and prognosis.

2. Vrindamaddava (9th Century A.D.) [21]:

It is also named as '*Siddhayoga Samgraham*'. In the 31st chapter of the treatise, the aetiology, premonitory symptoms, general symptoms, specific symptoms, prognosis, line of treatment, and different therapeutic preparations, along with wholesome and unwholesome factors related to diet and lifestyle, have been stated lucidly.

3. Chakradutta (11th Century A.D.) [22]:

The general treatment protocol of *Amavata*, along with different therapeutic preparations, has been described as the 25th chapter in this treatise. In *Niruhadikara*, *Vaitarana Basti* has been mentioned for the first time in the management of *Amavata*.

4. Vangasena (12th Century A.D.) [23]:

This treatise is also called ‘Chikitsasara Samgraham’. Vangasena, the author, described *Amavata* in the 31st chapter of the treatise.

5. Gadanigraha (12th Century A.D.) [24]:

Vaidya Shodhala, the author of *Gadanigraha*, has delineated the aetiology and pathogenesis, along with the management of *Amavata*, very precisely in the 22nd chapter of *Kayachikitsakhanda*, i.e., *Amavata Adhikara*.

6. Rasaratna Samuchchaya (13th century A.D.) [25]:

The entire treatise consists of 30 chapters. Acharya Rasa-Vagbhata, the author of the compendia, explained about the aetiology, signs & symptoms, and treatment in a concise manner in the 21st chapter under ‘*Sarvavata-Amavata-Vatavyadhi chikitsa Prakaranam*’. The author has clearly explained the importance of *Erandataila* in the management of *Amavata*.

7. Sharangadhara Samhita (13th-14th Century A.D.) [26]:

In the seventh chapter of *Prathama Khanda*, which is ‘*Rogaganana Adhyaya*’, Acharya Sharangadhara has mentioned the four types of *Amavata*, viz. *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja Amavata*.

8. Bhavaprakasha (16th Century A.D.) [27]:

In the 26th chapter of *Madhyamakhand* of *Bhavaprakasha*, entitled “*Amavatadhikara*”, *Nidana*, *Samprapti*, *Swaroopa*, *Samanya Lakshana*, *Vishishta Lakshanas*, *Sadhyaasadhyata*, *chikitsa*, different *yogas*, and *Pathya-Apathya* are mentioned.

9. Yogaratnakara (17th Century A.D.) [28]:

In the chapter entitled ‘*Amavata Adhikara*’, the author, *Yogaratanaka*, described the aetiology, pathogenesis, the cardinal features of *Amavata*, general as well as specific symptomatology, its complications, prognosis, and line of treatment along with different therapeutic preparations like *Kwathas* (decoctions), *Churnas* (powders), *Guggulu* preparations, *Rasaushadhis*, *Lepas* (external applications), and *Pathya-Apathya Ahara* and *Vihara*

(wholesome and unwholesome food substances and lifestyle) in a detailed manner.

10. Bhaishajya Ratnavali (18th century A.D.) [29]:

The author of Bhaishajya Ratnavali, Kaviraj Shri Govindadas Sen, in the 29th chapter of the treatise, exclusively dealt with *Amavata*, in which he has explained the line of treatment, different types of *Swedas* (fomentations), *Lepas* (external applications), *Pathya-Apathya* (wholesome-unwholesome diet), single recipes, and various therapeutic preparations for the treatment of *Amavata*. The author has mentioned a total of 65 preparations. Out of them, 23 were his own, and the remaining 42 preparations were the contributions of Chakradutta, Bhavaprakasha, and Raseandra Sara Samgraha.

11. Basavarajeeyam (18th century A.D.) [30]

In this compendium, Basavaraja, the author of the work, has not mentioned *Amavata* as a special chapter. However, in the 6th Prakarana, i.e., *Vataroga Prakaranam*, the symptoms and management of *Amavata* have been stated concisely. Particularly, *Panchavakra Rasa* and *Vatari Rasa* are to be administered along with *Eranda Taila* for the successful treatment of *Amavata*.

D) In the modern era (19th century onwards):

In the modern era, Shri Gananathasen (1943) has contributed significant work in this field. Gananatha Sen has used the word "*Sandhivata*" for all types of arthritis and classified them into five types. Viz. *Rasavata*, *Raktavata*, *Vishavata*, *Jirnavata*, and *Jaravata*. Out of them, *Rasavata* has been suggested as the synonym of *Amavata* [31].

Prof. Yadunandan Upadhyaya has suggested in his commentary on Madhava Nidana that rheumatoid arthritis may be considered as *Amavata*, one of the types of *Sannipatika Jwara*.

In the fifth part of Brihat Nighantu Ratnakara (published in the year 1970), a vast compilation of various diseases, after the description of *Urustambha*, the author Gangavishu Shri Krishnadas has delineated the disease *Amavata* very lucidly. For the first time, it is stated that improper *Agnivisarjana* after *Havanakarma* and those who have *Guru* predominance in *Ashtamasthana* (lord Jupiter in the 8th house at the time of birth) of their *Janma-Kundali* (birth chart) are the causative factors for *Amavata*. *Vaidika karmas* such as chanting the *Gayatri mantra* 10,000 times, *Tilahavana* (offering sesame to the god of fire), and *Ghritha-Havana* (offering ghee to the god of fire) during *Homa*, *Swarana-dana* (sacrifice of gold), and *Anna-dana* (sacrifice of food) are advised to substantiate the harmful effects of the above-said aetiology [32].

DISCUSSION

Ayurveda, the ancient system of medical science, is primarily documented in the *Brihatrayi* and *Laghutrayi*. The *Brihatrayi*—*Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*—presents detailed Ayurvedic principles, while the *Laghutrayi*—*Madhava Nidana*, *Sharangadhara Samhita*, and *Bhavaprakasha*—offers concise clinical descriptions. *Amavata* was first recognized as an independent disease entity by *Acharya Madhavakara* in the 7th century AD in *Madhava Nidana*, where its etiology, pathogenesis, clinical features, classification, complications, and prognosis were systematically described.

Prior to this, classical texts extensively discussed *Ama*, *Amadosha*, and joint disorders, but *Amavata* was not clearly delineated. Historical evidence suggests that lifestyle and dietary changes during the 6th–8th century AD—such as increased consumption of heavy, unctuous, and sweet foods, overeating, and sedentary habits—contributed to the emergence of *Amavata* as a distinct disorder. Subsequent authors expanded on *Madhavakara*'s work, particularly focusing on therapeutic strategies. Collectively, the literature establishes *Amavata* as a condition resulting from the interaction of *Ama* and aggravated *Vata Dosha*, primarily affecting the joints, and recommends management through *Langhana*, *Swedana*, *Deepana*–*Pachana*, *Virechana*, *Snehana*, and *Basti* therapies.

CONCLUSION

Finally, it can be concluded that the disease *Amavata* is not mentioned before *Acharya Madhavakara*. Even though there are extensive descriptions of *Amadosha* and aggravation of *Vata* in *Brihatrayi*, there is no particular chapter on *Amavata* as a single disease entity. For the first time, *Acharya Madhavakara* has described the aetiology, pathogenesis, signs & symptoms, types, and prognosis of *Amavata* and has delineated them lucidly, which have been followed by the other followers. *Acharya Madhavakara*'s descriptions not only helped the other physicians to prescribe the line of treatment but also to enlist the wholesome diet and regimen to be followed in the *Amavata* condition.

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Source of Support : None Declared

Conflict of Interest : Nil