"A LITERATURE REVIEW ON *AMAVATA* WITH SPECIAL REFRENCE TO RHEUMATOID ARTHRITIS"

Dr. Sana Tehreen Ansari¹, Dr. Mrityunjay Sharma², Dr. Archana S. Dachewar-Singam³

- 1. PG Scholar, Department of Kayachikitsa, Shree Ayurved Mahavidyalay, Nagpur
- 2. Associate Professor, Department of Kayachikitsa, Shree Ayurved Mahavidyalay, Nagpur.
- 3. HOD, Professor, Department of Kayachikitsa, Shree Ayurved Mahavidyalay, Nagpur.

ABSTRACT

According to Ayurveda, Agni performs a first-rate position in preserving the equilibrium of the body, the impairment of which ends up within side the formation of Ama. So, any factors either dietary, environmental or psychological which causes impairment of Agni become responsible for the formation of Ama also. The Ama is a causative factor for many diseases including Amavata. It is disease of Rasavaha strotasa. Amavata can be correlated to Rheumatoid Arthritis based on the similarities in clinical manifestation. Rheumatoid Arthritis is the most commonly diagnosed systemic inflammatory arthritis occurring throughout the world with a prevalence rate approximately 0.8% worldwide. In Indian sub-continent it is 0.5-0.75%. The incidence of Rheumatoid Arthritis increases between 25 and 55 years with a female to male ratio 3:1. In allopathy are suggested NSAIDS, steroids and DMARD, which offers the symptomatic relief, however those has more side effect. Ayurvedic management of Amavata comprises of Langhana, Swedana, and use of katu, tikta dravya, Deepana, Virechana, Snehapana and Basti, giving prior importance to the causative factor Ama. In Madhav Nidan, the first specified description of Amavata is given, so the existing study offers with systemic assessment of Amavata with special reference to Rheumatoid Arthritis from all the classics of Ayurveda and its management.

KEYWORDS: Amayata, Ama, Langhan, Swedana, Agni, Rheumatoid Arthritis.

Corresponding Details:

Dr. Sana Tehreen Ansari

PG Scholar, Department of Kayachikitsa, Shree Ayurved Mahavidyalay, Nagpur

Mobile No. 8208985037

E-Mail: stahereen9644@gmail.com



How to cite article:

Sana Tehreen Ansari, Mrityunjay Sharma, Archana S. Dachewar-Singam. A literature review on amavata with special refrence to rheumatoid arthritis Sanjeevani Darshan- National Journal of Ayurveda & Yoga 2023;1(2): 74-85: http://doi.org/10.55552/SDNJAY.2023.1209

INTRODUCTION

According to Ayurveda, Agni performs a main position in preserving the equilibrium of the body, the impairment of which ends within side the formation of Ama. So many factors like dietary, environmental, or psychological which causes impairment of Agni which is responsible for the formation of Ama also. Amavata is caused when the Ama with help of Vata moves quickly and get lodged in Dhamanis and in Kaphosthanas, especially Sandhi's. The disorder Amavata is first defined via way of means of Acharya Madhavkara has really referred to the Roopas of Amavata in Madhav Nidana. The Pratyatma Laksana are Gatrastabdhata, Sandhishula, Sandhishoth, Sparshasahyata and Samanya Laksana are Angamarda, Aruchi, Trishna, Alasya, Gaurav, Jwara, Apaka, Angasunnata. In cutting-edge RA is a long-time period autoimmune sickness that's specifically impacts joints. Its results warm, swollen, and painful joints. Pain and stiffness frequently worsen following rest .Most commonly, the wrist and hands are involved, with the same joints typically involved on each sides of the body. The sickness might also additionally moreover additionally affect different components of the body. This also can bring about a low pink blood corpuscles count, infection across the lungs, and infection across the heart. Fever and coffee strength can also be present. Amavata defined in Ayurvedic classics is like Rheumatoid Arthritis in diverse means.

In 1591 Guillaume Baillou, the French medical doctor wrote first e-e book on Arthritis named Rheumatism" to describe a circumstance characterized through inflammation, soreness, stiffness within side the muscles & ache in & across the joints.

In 1859, sir, Alfred Garrod, the London physician, cash the medical term "Rheumatoid Arthritis" & the first reference is made in scientific literature. The onset is greater often in the course of 4th & fifth many years of lifestyles with 80% of sufferers growing sickness among the age of 30-forty years. Women are greater affected than men. Studies recommend that genetics & environmental effects are crucial within side the susceptibility to R.A. In cutting-edge remedy play a crucial position in overcoming ache of pain, restrained movement & incapacity because of the disease. Simultaneously prolonged use of allopathic medicines is not only giving rise to many facet effects, poisonous symptoms & destructive reactions even inclusive of many natural impairments.

MATERIALS AND METHODS

For this examine literary technique which consist of the references of *Amavata* and rheumatoid arthritis has been accumulated from the *Ayurvedic* and cutting-edge texts.

Nidana (Etiology)¹– Acharya Madhavkara has described the Nidana (causative factor) of Amavata in

Madhay Nidana.

विरुद्धाहारचेष्टस्य मन्दार्निश्वलस्य च। स्मिग्धं भुक्तवतो ह्यत्रं व्यायामं कुर्वतस्तथा ॥

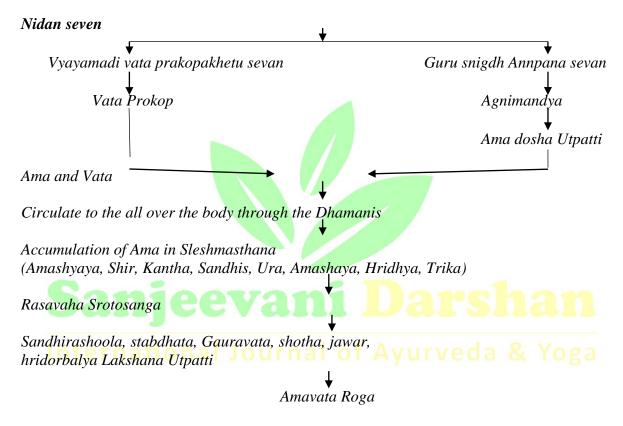
- 1. *Viruddhahara* (Antagonistic diet) -The dietetic articles which can be unwholesome for the everyday *Dhatu* (tissue elements) and *Doshas* of the frame and have a tendency to disagree with the gadget are called *Viruddha*.
- 2. *Viruddha cheshta* (Erroneous habit)- As the time period shows it consists of the sports which might be antagonist to the regular body structure of the body. The frame is not able to address those sports thus, inflicting the manufacturing of disease.
- 3. *Mandagni* (Diminished *Agni*)- Due to disturbance withinside the functioning of *Agni* withinside the frame results in numerous unwell states thru formation of *Ama*.
- 4. *Nischalata* (Sedentary habit)- bodily inaction is accountable for *Kapha Vriddhi* which leads to *Agnimandya* and consequently leads to the formation of *Ama* which is main factor for the manifestation of disease.
- 5. Exertion right away after taking *snigdh ahara* are the primary etiological component of *Amavata*.
- Genetic factor- RA is strongly associated with genes of the inherited tissue type (MHC), HLA-DR4 is the primary genetic issue implicated – the relative significance varies throughout ethnic groups.
- 7. Environmental factors- Smoking is a risk factor for RA in this populations, increasing the risk 3 instances in comparison to nonsmokers, mainly in men, heavy smokers, and people who're rheumatoid aspect positive.

Samprapti (Pathogenesis)² –

वायुना प्रेरितो ह्यामः श्लेष्मस्थानं प्रधावति । तेनात्यर्थं विदग्धोऽसौ धमनीः प्रतिपद्यते ॥ वातः पित्तः कफैभूयो दूषितः सोऽन्नजो रसः । स्रोतांस्यभिष्यन्दयति नानावर्णोऽतिपिच्छिलः ॥ जनयत्याशु दौर्बल्यं गौरवं हृदयस्य च । व्याधीनामाश्रयो होष आमसंज्ञोऽतिदारुणः//

युगपत्कृपितावन्तस्त्रिकसन्धिप्रवेशको स्तब्धं च कुरुतो गात्रमामवातः स उच्यते //

When a person of sedentary life style, digestive mechanism indulges in incompatible diet and regimen (*Viruddhahara* – *vihar*) or does physical workout after taking fatty meals the *Ama* is shaped and propelled through *Vayan Vayu* and reaches the web website online of *Sleshma*. This *Amarasa*, get vitiated through manner of way of *Vata*, *Pitta*, *and Kapha* & then it is circulated to the everywhere in the body via the vessels. Then it accumulates withinside the small channels and joint pores. It renders the sufferers vulnerable and produces a sense of heaviness & stiffness in complete body. *Ama* is the motive of such a lot of distressing diseases. When this angry *Ama* simultaneously afflicts the (pelvic and shoulder) girdles, and distinctive joints making the body stiff, this condition is called *Amavata*.



Samprapti Gatka³-

Dosha– Vata Kapha pradhanTridoshaja, Amadosha.

Dushya- Rasa, Rakta, Mamsa, Asthi, sandhi, Snayu, Kandara.

Srotodusti- Sanga, Vimargagaman.

Udbhavsthana (origin) – *Amapakvasayottha*.

Adhishthan—Sarva sandhi (Whole body)

Rog Marga- Madhyam Rogmarga

Vyadhi Shvabhava- Aashukari, kastaparda

Agni- Agnimandhya.

Roopa (sign and symptoms)4-

अंगमर्दोऽरुचिस्तृष्णा ह्यालस्य गौरवं ज्वरः । अपाकः शूनताऽङ्गानाम् आमवातस्य लक्षणम् । ।

Angamarda, Aruchi, Trishana, Alasya, Gourav, Jwara, Apaka, Sandhi shola, Sandhi Shotha, Gatra stabdhata, Angavaikalya and Jaadhyata this is sign and symptoms of amavata.

Joints involvement in R.A.⁵ - The joints involved most frequently are-

- ➤ Finger joint (40%) -MCP and PIP
- ➤ Shoulder joint (20%)
- \triangleright Foot joint (20%)
- ➤ Wrist joint (15%)

International Journal of Ayurveda & Yoga Joints deformity in R.A.6 –

- **Swan neck deformity** Immoderate extension of the PIP joint and flexion of the DIP joint.
- **Boutonniere deformity (buttonhole deformity)** flexion of the PIP joint and extension of the PIP joint of the hand.
- **T-deformity-** Excessive extension of the interphalangeal joint, fixation of flexion, and subluxation of the metacarpophalangeal joint give the thumb a "Z" appearance.
- **❖** Ulnar deviation
- ❖ Cockup deformity is characterized by persistent extension of the first

metatarsophalangeal joint.

❖ Inflammation of the inner lining of the wrist can also cause carpal tunnel syndrome.

Diagnosis⁷ - The diagnosis of rheumatoid arthritis should be considered in patients with bilateral symmetrical polyarthritis affecting the small and large joints and sparing the axial skeleton except for the cervical spine.

Criteria for the Diagnosis – American criteria for the diagnosis of rheumatoid arthritis (EULAR 2010).

Criteria	Score
Joints Affected	
1 Large Joint	0
2-10 Large Joint	1
1-3 Small Joint	2
4-10 Small Joint	3
>10 Joints (at least 1 small joint)	5
Serology (at least 1 test should be done)	
Negative RF or ACPA	0
Low positive RF or ACPA	2
High positive RF or ACPA	3 & Voga
Duration of symptoms	- C 1080
< 6 Weeks	0
>6 Weeks	1
Acute Phase reactants	
Normal CRP and ESR	0
Abnormal CRP and ESR	1

Total score \geq 6 is indicative of definite rheumatoid arthritis.

Prakar (Types)8-

पित्तात्सदाहरागं च सशूलं पवनानुगम् ।

स्तिमितं गुरुकण्डुं च कफदुष्टं तमादिशेत्।।

- 1.Vataj
- 2.pitta anubandhi
- 3.Kapha anubandhi

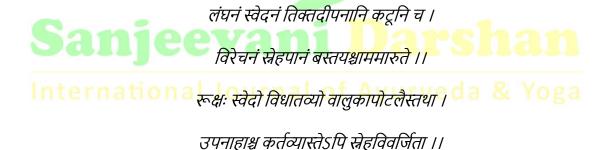
Updrav(complication)9-

तृट्छर्दिभ्रममुर्च्छिश्च हृद्गृहं विविबद्धताम् ।

जाड्यान्त्रकूजनमानाहं कष्टांश्चान्यानुपद्रवान् ।।

Trushna, chardi, bhram, murcha, hurdhgrah, malavashtambha, antrakunjan, aadhman this is Pradhan updrav of amavata. Other updrav can also find in amavata.

Chikitsa Sidhanta 10



Yogratnakara became first defined the concepts of remedy for Amavata that are Langhana, Swedana, drugs having Deepana and Tikta Katu Rasa action, Virechana, Snehapana and Anu Vasana as well Ksharabasti. Some of the critical Amavata (R.A.) Nasak the drugs which are used can also be Guggulu, Vati, Kwatha are as follows:

Description of various *Upkrama*:

1. Langhana: Any treatment that creates a feeling of lightness in the body is called *Langhana*. *Langhana* is the first line treatment in *Rasa pradoshaja vikaras* and *Amashyotha vyadhi*. *Amavata* is

Rasa pradoshaja vyadhi and Ama appears in Amashaya. There is no digestible food in Langhana. Therefore, Agni starts digesting the Sama Dosas. This is why Dosa Kshaya and Agni Vrudhi appear.

- **2. Swedana**: In *Swedana*, sweating was produced in the bodies and souls of *Stambha*, *Gaurav* and *Sheeta*. *Amavata* is *Vata Kapha Pradhan Vyadhi* with *Stambha*, *Gaurava* and *Sheeta* and *Pradhan Lakshanas*. The *Swedana* shown is *Ruksha Swedana* (*Valuka* and *Pottli*).
- **3. Pachana with Tikta and katu Dravya prayoga**: *Tikta Rasa* to *Akasha* is *Vayu Mahabhuta Pradhan*, on the coast of *Ama Pachaka* with *Agni Deepan*. Mais the *Rasa* de *Vayu* is *Agni Mahabhuta Pradhan*. *Chhedana* and *Lekhana* districts lie between *Dosa Sammurchhana* and *Srotobhishyanda*. So, that's it as far as *Ama* and *Agni* are concerned.
- **4. Deepana**: These drugs do not have ability to digest *Ama*, but they intensify *Agni. Agnimandya* is the main causative factor responsible for the formation of *Ama*. As such both the actions go hand in hand. *Deepana* drugs do perform *Pachana* action and vice versa.
- **5. Virechana:** Although *Virechana* is the principal line of remedy for *Pitta Dusti*, it's also beneficial for *Vata* and *Kapha Dusti* on the identical time. *Mrudu Samshodhana* is likewise a line of remedy for *Vata Dosa. Shodhana* is contraindicated in *Samavstha*, so *Deepana Pachana* ought to be done earlier than the procedure. *Virechana* reasons *Kosta Shudhi* after which *Agnivrudhi*, *Srotoshodhana* and *Vatanulomana*.
- **6. Snehana**: Snehan is contraindicated in Amavata because it is aggravating of amavastha. But to remove the Dosa sanga & to pacify the Vata Dosa Snehana is required. Eranda taila is a vyadhi pratyanika Sneha in Amavata.
- **7. Basti:** *Basti* is the main treatment for *Amavata* and for *Vata vyadhi*.
- **8. Anuvasana:** Here is no other medicine other than *Taila* which can pacify *Vata*. Here *Saindhavadi taila* is used for *Anuvasana Basti*.
- **9. Asthapana:** It pacifies *Vata*, at the same time *Basti* drags all the *Tridosa* from *Pakvashaya*. *Dashamula Kshara Basti* & *vaitarana Basti* are used here.

Pathyaapathya

1.Pathya¹¹

यवाः कुलत्थाः श्यामाकाः कोद्रवा रक्तशालयः । वास्तुकं शिग्रु वर्षाभूः कारवेल्लं पटोलकम् ।। आर्द्रकं तप्तनीरं च लशुनं तक्रसंस्कृतम् । जांगलानां तथा मांसं सामवातगदे हितम् ।।

In amavata take full reast. In ahara Dravya yav,kulathya ,kodo,nachni,in shudradhanya -Rakta shali,shashtik,shigru,karla,Punarnava,parval,adrak,lahsun,jangum mansrasa,and ushnodak.

2.Apathya¹²

दधिमत्स्यगुडक्षीरोपोदिकामाषपिष्टकम् । दुष्टनीरं पूर्ववातं विरुद्धान्यशनानि च ।।

असात्म्यं वेगरोधं च जागर<mark>ं विषमाशनम् ।</mark>
वर्जयदेमवातार्तोगुर्वभिष्यन्दकानि च ।।

Dahi, Matsya, Guda, Dugda, udadh,virudhashan,asatmaya bhojana,vishmaashana ,ratrijagrana,divaswap,vegvidharan and marutsevan this is apathya in amavata.

Treatment according to modern science ¹³ - The aim of treatment for RA is to reduce the inflammation in the joints, relieve pain, prevent, or sluggish down joint damage, lessen incapacity and allow you to be as energetic as possible. Rest and splitting of the joints should be instituted in the acute stage of illness. Active and passive physiotherapy help in mobilization and prevention of contractures. Firstly, we start from NSAIDS to relieve pain and pathology, but after a 6-month treatment there is no relive then DMARDS should be given methotrexate is the drug of choice. Indication for the use of Glucocorticoid therapy will be given below.

Drugs for RA

- **A. Nonsteroidal Anti-inflammatory drugs (NSAIDs)** Aspirin, indomethacin Celecoxib, fenimides, roficoxib.
- B. Disease modifying anti-rheumatic drugs (DMARDs) -
- **1. Non biological agent-** they target inflammatory pathway –Hydroxychloroquine, D-Penicillamine, Sulfasalazine, Methotrexate
- **2. Biological agent** they target cytokines and cell synthesis

Anti TNF alpha Antagonist - Etanercept, Infliximab, Adalimumab

- IL 1 Receptor antagonist- Anakinra
- JAK 1, JAK 3 inhibitor tofacitinib
- Anti-CD 20 Antibody Rituximab
- JAK-1 JAK -2 inhibitor- baricitinib
- C. Immunosuppressive drug- Leflunomide
- **D.** Glucocorticoid therapy indication
 - Pleural effusion
 - Pericarditis
- ntege involvement | Journal of Ayurveda & Yoga
 - Vasculitis
 - Mononeuritis multiplex
 - When disease is not controlled by NSAIDs and DMARDs

DISCUSSION

The meaning of *Ama* undigested food which stays inside our body and cause many diseases. It is the basis reason of almost all diseases. It produced specifically due to *Mandagni*. *Amavata* intently resemble with rheumatoid arthritis in step with their signal and symptoms. The remedy purpose for illnesses is to hold the *Agni* of the affected person and relieves the ache and swelling in joint. So, in remedy first *Langhana* is suggested which assist in *Agni* development and after that *Deepan Pachana* is finished with *Tikta* and *Katu Rasa*. To pacify the *vata Sneha Pana Swedana* and *Basti* are advised.

Allopathic medicinal drug has been given a critical position to play in overcoming soreness or pain, restrained motion and crippling as a result of the articular disease. Drugs are to be had to ameliorate the signs and symptoms because of irritation within side the shape of NSAIDS and the long-time period suppression is performed with the aid of using the DMARDs. But the NSAIDs have gastrointestinal aspect consequences while DMARDs have marrow, renal and hepatic suppression. Hence, the control of this ailment is simply inadequate in different structures of medicine and sufferers are constantly searching with a wish toward Ayurveda to triumph over this challenge.

CONCLUSION

This *Ama* at the side of vitiated *Vata* and *Kapha dosha* results in *Dosha-Dushya* combination, as A quit end result producing the Nidus for signs and symptoms and signs and symptoms of *Amavata* to occur. *Amavata* is a complex of disease, pathogenesis of which lies in technology of *Ama* after *Mandagni*. *Amavata* can be successfully in contrast to Rheumatoid arthritis. The cause of the remedy in *Amavata* is to decrease *Ama* via its *Amapachana* and to normalize the 2 vitiated *Vata* and *Kapha Dosa*. Chronicity makes this illness problem for the treatment.

REFERENCES

- 1) Madhava Nidanam with the *sanskrit* commentary, Madhukosha by *vijayrakshit & srikant* dutta volume 1. Revised edition 2003, *Mad.Nidana* 25/ 1*Chaukhambha Sansthan* Varanasi.
- 2) Madhava Nidanam with the *sanskrit* commentary, Madhukosha by *vijayrakshit* & *srikant* dutta volume 1. Revised edition 2003, *Mad.Nidana* 25/ 2-5 *Chau-khambha Santhan* Varanasi.
- 3) A book of Kayachikitsa part 2 by Professor Ajay Sharma Chaukhamba publication pg no.530-531.
- 4) Madhava Nidanam with the *sanskrit* commentary, Madhukosha by *vijayrakshit & srikant* dutta volume 1. Revised edition 2003, *Mad.Nidana* 25/ 6 *Chau-khambha Santhan* Varanasi.
- 5) Manual practical medicine 6 edition by R Alagappan chapter 11th page no.845, JAYPEE The Health Science Publisher.
- 6) Davidson's Principles and Practice of Medicine 20th edition by Sir Stanley Davidson, Nicholas A. Boon, Nicki R. Colledge, Brain R. Walker, John A.A. Hunter, ELSEVIER

- chapter 25th page no.1102.
- 7) Medicine prep manual for undergraduate's 5th edition by K George Mathew and Praveen Aggarwal, Elsevier chapter 9th page no.719.
- 8) Madhava Nidanam with the *sanskrit* commentary, Madhukosha by *vijayrakshit & srikant* dutta volume 1. Revised edition 2003, *Mad.Nidana* 25/ 1*Chaukhambha Sansthan* Varanasi.
- 9) Madhava Nidanam with the *sanskrit* commentary, Madhukosha by *vijayrakshit & srikant* dutta volume 1. Revised edition 2003, *Mad.Nidana* 25/ 11*Chaukhambha Sansthan* Varanasi.
- 10) Yogratnakar, Amavata Chikitsa Adhhyay Shlok no. (17and18) with in: Tripathi Indradev, Tripathi Dayashankar editors, with Yogratnakar Vaidyaprapha Hindi Commentry, Varanasi, Chaukhamba Krishnadas Academy ,2013.
- 11) Yogratnakar, Amavata Chikitsa Adhhyay 1-2 with in: Tripathi Indradev, Tripathi Dayashankar editors, with Yogratnakar Vaidyaprapha Hindi Commentry, Varanasi, Chaukhamba Krishnadas Academy .2013.
- 12) Yogratnakar, Amavata Chikitsa Adhhyay 3-4 with in: Tripathi Indradev, Tripathi Dayashankar editors, with Yogratnakar Vaidyaprapha Hindi Commentry, Varanasi, Chaukhamba Krishnadas Academy ,2013.
- 13) Medicine prep manual for undergraduate's 5th edition by K George Mathew and Praveen Aggarwal, Elsevier chapter 9th page no.720

Source of Support: None Declared Ournal of Ayurveda & Yoga Conflict of Interest: Nil