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A review article on Amvat

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Abstract
Amavata is disease of Rasavaha strotasa it is generally compared with Rheumatoid Arthritis. Amavata is the outcome of Agnidushti, Amotpatti and Sandhivikruti. The therapy which normalize Agni, Metabolizes Ama, and Regulates Vata and maintain healthy Sandhi and Sandhistha Shleshma will be the supreme one for this disease. Many peoples in society are unaware about disease and its complications which is responsible for lifelong joint deformities. Many herbal as well as Ayurvedic preparations are mentioned in the classics which are very effective remedy in Amavata.

Keywords: Amavata, Ama, rheumatoid arthritis, agni-dushti, Amotpatti, Sandhivikruti

Introduction
Rheumatoid arthritis is a chronic, systemic inflammatory polyarthritis that primarily affects small diarthrodial joints of hands and feet in symmetrical pattern [1]. The etiology is unknown. But genetic and environmental factor plays important role in pathogenesis of disease. Pathological changes mediated by autoantibodies, produces synovitis which is caused by secretion of cytokines, predominantly CD 4+ T cells, this will further leads to cartilage damage and bone erosions that badly disturbs joint integrity. Bilateral, peripheral symmetrical joint involvement with early morning stiffness is the characteristic feature of RA. Prevalence of Rheumatoid arthritis is approximately 0.8% worldwide and 0.5-0.75% in India [2]. Amavata and rheumatoid arthritis share the same pathopysiology and symptoms, hence the condition can be effectively managed by using Amavata line of treatment. Agnimandya is the cause for all disease. Amavata is the one such disease, where Agnidusti plays vital role in the Samprapti of the Vyadhi. Due to Nidanasevanai.e., Viruddhahara mainly Samyoga viruddh aand Viruddhacheshta, who have Mandagni and do not indulge in physical activity, indulging in physical exercise immediately after eating oily foods, Amaand Vata get aggravated simultaneously and get lodged in Trika sandhi and make the body stiff. When the Ama is generated due Jataragni mandya, it will produce symptoms like pain and heaviness of the body, anorexia fever, indigestion etc. In later stage, due Dhatwagni mandya, the Ama will causes painful swelling in joints of hands, legs, ankle, sacrum, knees and thighs [3]. And later it will lead to contraction of the body. Contemporary medicine includes NSAIDs, steroids, and disease modifying anti-rheumatic drugs (DMARDs) for long term uses and have severe side effects. Langhana, Swedana, Deepana, Virechana, Snehana and Basti is the line of treatment mentioned for Amavata by Acharya Chakradatt [4]. Vaitarana basti is the specific Basti mentioned by Acharya Chakradatt. In the present study, Chikithsa sutra of Amavata which have been mentioned by Acharyas are applied to prove the efficacy of Ayurveda treatment in the management of rheumatoid arthritis.

Aims and Objectives
1. To understand Amavata in detail in comparison with Rheumatoid Arthritis.
2. To understand The Pathophysiology & Symptomatology of Amavata.
3. To be aware of its deformity & complications.
4. To have knowledge for diagnostic criteria of Amavata according to Ayurveda as well as
5. Modern perspective.
6. To understand treatment and its efficacy in Amavata.

Materials and Methods
As this study is a review type of study, we have collected information from the available Ayurvedic samhitas and few elementary text books to get comprehensive knowledge about the disease Amavata as well its line of management.

Nirukti

Amavata consists of two different words Ama and Vata which are the two predominant pathological factors acting in the disease process. Both these words carry important meaning from point of understanding of the Vyadhi "Amavata" [5].

Vyutpatti of Ama

- ▪Ama (stree) – Aa + Am + Karmanimaatra = Paakarahitam means being undigested.
- ▪Ama –"Aamyateishatpachyate Iti" - means subjected to incomplete digestion.
- ▪"Aamdhatu + Nich" Pratyaya constitutes the word Ama.

Lakshanas of Ama

Srotorodha Balabrahmsha Gourava Anilamudata |
Alaya Apakti Nishtiva Malasanga Aruchi Klama||MA. NI

The symptomatology of Saamadosha is described in Ayurveda as a guideline to decide the Saama and Niramavastha.

Samavata Lakshana Vayu

Saamo Vibhandagnisaadstambaantrakujanai|
Vedanashophanistodai kramashoangani peedayan||
Vicharetdyugpaccapi Gruhanati Kupito Bhrusham|
Snehadyaivruddimaayaati Suryameghodaye Nishi|| MA. NI

Niramavata Lakshana

Niramo Vishado Rooksho Nirvibhandoalpavedanaha|
Vipareetagunai Shanti Snigdhairyaati Visheshataha|| MA. NI

Ama and Agni

Charaka have classified Agni as 13 types among which Jatharagni occupies the central position and control the other Agnis. Then five types of Bhutagni havebeen enumerated as Parthiva, Aapya, Taijasa, Vayavya and Nabhasa bhutagnis. Seven types of Dhatvagni namelyRasa, Rakta, Mamsa, Meda, Asthi, Majja and Shukra dhatwagni. Food consumed is first digested by the Jatharagni in Koshta. Simultaneously it is acted upon by Bhutagni & Dhatvagni to nourish Rasadi Dhatuas, Indriya and manas. Concept of Ama and contemporary science Ama can be defined as intermediary product of metabolism of carbohydrates, fats and proteins. Improper metabolism of carbohydrates produces lactic acid, which is accumulated in muscle causing pain and is also common in Rheuma like condition. Lactic acid which accumulates in joints results in Gout. Ama and free radicalsFree radicals are unstable and react quickly with other compounds attempting to capture the needed electron to gain stability. Generally, free radicals attack the nearest stable molecule stealing its electron. The molecule becomes a free radical itself and thus begins a chain reaction. Once the process is started, it can cascade, finally resulting in the destruction of a living cell. Site of formulation of Ama Agni is prevailing in every cell of the body. Dhatvagnimandya in cells leads to formation of Ama. So, it can be formed in any part of body, same as pre- production of free radicals' cells take place in any cell of the body.

Nidanapanchaka

The etiopathogenesis of disease can be studied with the knowledge of Panchanidanas: Nidana, Purvarupa, Rupa, Upashaya and Samprapti [6].

Nidana

The term Nidana relates both to the etiology as well as diagnosis of disease. Etiology helps in ascertaining the causative factors of a disease whereas diagnosis help in determination of the nature of disease based on the causative factors, premonitory symptoms, actual signs, exploratory therapy and pathogenesis. In the present context, the term Nidana refers to the causative factors of the disease Amavata. According to Charaka, a single etiological factor may produce a single disease or many factors together may produce a single disease and vice-versa. Amavata is mostly a disease having a multi-factorial etiology. Acharya Madhava have given specific etiological factors responsible for the causation of the disease Amavata as:

Viruddha Ahara Chestasya Mandagne Nischalasya cha|
Snigdham Bhuktvate hi Annam Vyayamakurvastata|| MA. NI

Explanation of various Etiological Factors Viruddha Ahara. The dietetic articles which are unwholesome for the normal Doshas and Dhatus of the body and tend to disagree with normalcy of the system are known as Viruddha. This Viruddha Ahara is considered to be most common etiological factor for most of the diseases and also is most important factor responsible for causation of Amavata.

Poorvaroopa

Poorvaroopa indicates the stage of Dosha Dushya Sammurchana [7]. Prakupita Dosha which is in Prasaravastha, circulating all through the body, when encounters an obstruction in the path in the form of Khavaigunya, gets lodged in that place. This Avastha termed as Sthana - Samshrashaya, brings into being the disease entity and the first symptoms of the disease in the form of Poorvaroopa are exhibited. Laghutrayees though have dealt with the disease Amavata, they do not mention Poorvaroopas specifically. In the context of Vatavyadhi, Acharya Charaka clearly points out Avyakta

Lakshanas as the Poorvaroopa of Vatavyadhi and also, Vagbhatacharya mentions that some of the Poorvaroopa may continue as Samanya Lakshana of the disease. Ama acts as the predisposing factor along with Prakupita Vata, in the onset of the disease Amavata. Ama and Prakupita Vata Dosha when undergoes Dosha Dushya Sammurchana i.e., in Rasa and Sandhi specifically, results in the disease Amavata. As the Poorvaroopas of the disease are not directly indicated, the Samanya Lakshanas of Amavata like Angamarda, Aruchi, Trishna, Alasya, Gourava, Jwara Apakti and Anga Shunata [8]. in a mild manner can be considered as Poorvaroopa.

Roopa

Roopa of a disease appears at the stage of Vyaktavastha of Shat Kriyakala. When the disease gets fully manifested after the stage of Sthana Samshraya followed by continues Nidana Sevana, the symptoms which surface are termed as Roopa.

Samprapti

Indulgence in incompatible foods and habits, lack of physical activity, or doing exercise after taking fatty foods and those who have poor digestive capacity even normally also; produce Ama (improperly digested food) in the body. This Ama, associating itself with Vata, moves quickly to the different seats of Kapha in the body filling them and the Dhamanis (blood vessels) with waxy material. Thus, the bad end product of digestion associated with Vata, Pitta, and Kapha assuming different colours, blocks the tissue pores and passages with thick waxy material. It produces weakness and heaviness of the heart, which becomes the seat of the disease. It also affects simultaneously the joints of the body such as those of waist, neck, shoulder, etc. This dreadful disease known as Amavata producing stiffness of the body. The unwholesomeness of the drugs and diets is because of their

mutually contradictory qualities and specific actions. Acharya Charaka has described eighteen types of Viruddha Ahara. Upashaya and Anupashaya The Lakshanas which indicate the kind of Oushadha, Anna and Viharas antagonistic to the disease and what are agreeable to the patient's system are termed as Upashaya. Anupashaya is just opposite of Upashaya. Any Oushadha, Ahara and Vihara either by being antagonistic to the Hetu, Vyadhi or Hetu-Vyadhi or by being similar to the Hetu, Vyadhi or Hetu-Vyadhi produces Sukhanubandha or Dukhanubandha respectively and will be called as Upashaya or Anupashaya respectively. Similar types of Lakshanas are found in many diseases. For example, some Lakshanas of Amavata such as Sandhi Shotha, Sandhi Shoola etc. are found in other diseases like Sandhi Vata, Vatarakta etc. In such conditions, it is difficult to diagnose the disease and to adopt proper line of treatment. Upashaya and Anupashaya provide diagnostic aid for diseases in the form of therapeutic tests in such cases, which are otherwise difficult to diagnose.

Samprapti Ghataka

Dosha - Vata pradhan tridosha
Dooshya - Rasadi dhatu; Asthigata snayu; Sira
Agni - Jatharagni; Rasadhatwagni
Ama - Jatharagnijanya & Rasadhatwagnijanya
Srotas - Rasavaha, Asthivaha
Udbhava Sthana- Amashaya
Adhishthan - Asthisandhi
Rogamarga – Madhyama

Upashaya

Ama is an important factor in the production of Amavata. Hence the Dravyas which are antagonistic to the nature of Ama are considered as Upashaya of Amavata such as Dravyas having Katu, Rooksha and Ushna. Dravyas can be in the form of Ahara or Vihara or Aushadha.

Anupashaya

As Anupashaya is just opposite to Upashaya, the causative and aggravating factors of Amavata are to be considered as Anupashaya. The Dravyas which are Guru, Sheeta and Madhura cause the aggravation of symptoms of Amavata. Hence these factors are Anupashaya of Amavata. Cakradatta has given the Varjya Ahara in Amavata Rogi which is also to be considered under Anupashaya. Dadhi, Matsya, Guda, Kshira, Masha, Pishtakadi Guru and Abhishyandakara Aharas which are to be avoided by Amavata Rogi. Bhavamishra while describing the condition of Samavayu stated that Sama Vayu gets increased by the use of Sneha Dravyas, during cloudy season, early morning and at night. The principle is applicable to Amavata also.

Clinical features of Amavata in Comparison with Rheumatoid Arthritis

1. Hasta sandhi shotha & shoola – Inflammation & severe pain in metacarpo-phalangeal joints & proximal inter phalangeal 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. Jaanu gulfa sandhi shotha – R.A. involves first 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. Stabdhata – In R.A. stiffness of joints, particularly observed in morning hours.
6. Jaadhya – Due to deformity limited movements in the joints, weakness in grip or triggering of fingers occurs 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 metatarsophalangeal joints and bilateral flexion contractures of the elbow are observed in R.A.
10. Angamarda – Body ache, myalgia occurs in R.A.
11. Other joints are involved in Chronic Rheumatoid Arthritis

Joint Deformity in R. A.

1. Swan neck deformity in interphalangeal joint.
2. Boutonniere (Deformity in R.A. with flexion at proximal interphalangeal joint & hyperextension at distal interphalangeal joint).
3. Z deformity in the thumb.
4. Volar subluxation and ulnar deviation occurs at metacarpophalangeal joint.
5. Bilateral flexion contractures of the elbow.
6. Synovitis at the wrist may cause carpel tunnel syndrome. Diagnosis of R.A. The diagnosis of R.A. is essentially clinical since there is no specific laboratory test to diagnose it. The occurrence of symmetrical peripheral inflammatory polyarthritis along with early morning stiffness should suggest the possibility of R.A.

American Rheumatism Association (A.R.A.) Criteria for Diagnosis

1. Morning stiffness (>one hour)
2. Arthritis three or more joints area
3. Arthritis of hand joints
4. Symmetrical arthritis
5. Rheumatoid nodules
6. Presence of Rheumatoid factor
7. Radiological changes (hand & wrist) [9].

Treatment

The original treatment pyramid for RA is now considered to be obsolete and has evolved into a new strategy that focuses on several goals:

1. Early aggressive therapy to prevent joint damage and disability.
2. Frequent modification of therapy with utilization of combination therapy where appropriate.
3. Individualization of therapy in an attempt to maximizes response and minimizes side effects.
4. Achieving, whenever possible remission of clinical disease activity.

Several developments during the past two decades have changed the therapeutic landscape in RA.

They include;

1. The emergence of methotrexate as the disease-modifying anti rheumatic drug (DMARD)5 of first choice for the treatment of early RA.
2. The development of novel highly efficacious biologicals that can be used alone or in combination with methotrexate.
3. The proven superiority of combination DMARD regimens over methotrexate alone.

The medications used for the treatment of RA may be divided into broad categories: nonsteroidal anti-inflammatory drugs (NSAI Ds); glucocorticoid, such as prednisone and methylprednisolone; conventional DMARDs; and biologic DMARDs [10].

Chikitsa of Amavata [9].

Treatment principles of Amavata was first described by Chakradatta, which are langhana, Swedana, drugs having Katu, Tikta Rasa and Deepana action, virechana, snehapana and Auvasana as well as ksharabasti. Whereas Yogaratnakara have added Ruksh upanaha i.e. without Sneha, to these therapeutic measures. These are as follows.

1. **Langhana:** 1st line of treatment in Amavata is Langhana which helps in digestion of 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:** Usually in Amavata Ruksha sweda is recommended i.e. Sudation without oil/fat. It's done locally on affected joints. For the procedure of Ruksha sweda Valuka (sand) is used without prior use of Snehana.
3. **Katu, Tikta & Pachak Aahar & Aushadhi:** The drug which possess Katu (pungent), Tikta (bitter) and which act as deepana, pachana are recommended in Amavata. These drugs, by virtue of their qualities does Aapachana, hence may help in relieving shotha & shoola.
4. **Virechana:** For virechana karma Eranda taila and Haritaki can be used. Virechana can be given without any preoperative procedure in Amavata. Eranda acts as srotoshodhaka, shothahara, shoolahara and Haritaki acts as vatanulomana.
5. **Basti chikitsa:** Chakrautta recommends ksharabasti and anuvasanabasti in Amavata.

Following tailas are used in anuvasana and niruha basti –
asarani taila/Akalkmidam tailam (Bh. R. 29/208)
Eranda taila is used as base in preparation of these tailas (Bh.R.29/20), (C.D.25/6)

Commonly prescribed medicine in Amavata

Medicine for digesting Ama
1. Rasnadi kwath
2. Dashmula kwath
3. Guduchyadi churna
4. Dhanya nagar kwath
5. Eranda taila

Upashamana (Palliative treatment)
1. Ajmodadi churna
2. Simhanad guggul
3. Amavatari rasa

Pathya
a) Anna varga- Purana shali, raktashali, shastikashali, yava (barley),chanaka (chickpea), kulatha (horsegram),
b) Jalavarga- Shrutasheetajala (luke warm water), panchkolashrutjala, shunthi siddha jala,
c) Madhya varga- Purana sidhu(old wine)
d) Mutra varga- Gomutra (cow's urine)
e) Kanda varga-shunthi, lasuna, ardraka,
f) Ksheervarga-Takra
g) Shakavarga- patol, karvellak (bitter gourd), varthaka (brinjal),nimbapatra,shigru
h) Mamsavarga- Jangalamamsa

Apathya

Aahaaraadi Rupa Apathya {Apathya in the form of Diet, Vegitables, Grains etc.}:-
- Dadhi – Curds
- Matsya - Fish
- Guda - Jaggery / Molasses
- Ksheera - Milk
- Masha - Black Grams
- Upadika
- Pishtakam - Flour Product
- Guru Aahara - Foods which are heavy to digest

Discussion

The disease Amavata is difficult to cure because of its chronicity, complication and morbidity. The description about Amavata seems to be not found in vedic and samhita period. After medieval period it started dominating and nowadays it is very common dreadful disease. Chakrapani introduced the effective drugs and treatment first time for the Amavata. Amavata is a disease caused due to two pathological factors *viz*. Ama and Vata. Due to Agnimandya (low digestive fire), unripe, uncooked, immature and undigested material is formed which is nothing but Ama. Drugs like Vatsanabha [11]. and Ahiphena [12]. relieve pain by inducing sleep and relaxing muscles. Drugs like Guduchi, Nagara, Rasna, Musta, Pippali and chitraka help in improving Agni thus helps in digestion of Ama. Guggulu due to its property of bhagnasandhankara prevents the erosion of bone, osteoporosis and deformity of joints [13]. It also reduces the inflammation of synovial membrane, connective tissue and ligaments of affected joints due to its shothhara property. Drugs like Nirgundi and Shatapushpa act as pain reliever. Some drugs simply by their virtue of Prabhava act as Amavataghna. Amavata is a debilitating disease in view of its chronicity and complication. Presently NSAIDS and Corticosteroids are the mainstay of treatment in this condition. However they have severe adverse effect and have limitations for long term therapy. So to overcome these challenge there is need to adopt Ayurvedic system of Medicine which are easily available and cost effective.

Conclusion

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 disease 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.

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