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A Systemic Review of *Amavata* & Its Management

Review Article

Deepika S. Jadhav^{1*}, Londhe PD²

1. MD Scholar, 2. Associate professor and HOD
Department of Kayachikitsa, S.C.M. Aryangla Vaidyak Mahavidyalaya, Satara

***Corresponding address: Deepika S. Jadhav, Tanaji Chowk Urun**
Islampur, Tal. Walwa Dist. Sangali, 415409.

Phone No. 8275910218; Email: drdeepikajadhav88@gmail.com

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. The *Ama* when combines with *Vatadosha* & occupies *shleshmasthan* (*Asthisandhi*) results in painful disease “*Amavata*”. The clinical presentation of *Amavata* closely mimics with the special variety of Rheumatological disorders called Rheumatoid Arthritis in accordance with their similarities on clinical features like pain, swelling, stiffness, fever, redness, general debility, fatigue are almost identical to that of *Amavata*. The Rheumatological disorder is such a group of disease which has no specific medical management in any type of therapeutics. *Amavata* is the particular type of disease which is mentioned in *Ayurveda* since the period of *Madhavkara* (16 th century A.D.) under the category of *VataKaphaja* disorders. *Nidanasof Amavata* narrated by *Madhavkara* are *Viruddhahara, Mandagni, Exercise* after heavy meal etc. *Amvata* is one of the challenging disease for the clinicians due to its chronicity, incurability, complications and morbidity. The allopathic treatment provides the symptomatic relief but the underlined pathology remain 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-katudipan, Virechan, Basti* etc. So the present study deals with systemic review of *Amvata* from all the classics of Ayurveda and its management.

Key Words: *Amavata, Ama, Langhan, Swedan, Virechan, Basti.*

Introduction

AYURVEDA –THE SCIENCE & ART OF LIFE.

An immense knowledge of *Ayurveda* includes explanations about *Dinacharya* and *Rutucharya*. The crucial homeostasis of the body is maintained by trailing these principles. It explains about

selection of food, the procedures to be adapted to the food, time of consumption, the way of intake, in accordance with the season the changes to be adapted both in food and the way of living. The physical activities are to be altered according to the season, age and in relation to the provisions. Not only are these but also the

righteous ways in the form of *Sadvrutta* elaborated.

The changing life style of human being by means of dietetic and behaviour pattern plays a major role in the manifestation of several disorders. Thus, this type of pattern may also lead to the development of the disease *Amavata*. The spectrum of disease that results due to *Ama* ranges from acute conditions like *Visuchika*, *Alsaka*, *Vilambika* etc. to the chronic disorders like *Amavata*, *Grahani* and *Amatisara* etc. In *Amavata*, *Vata* as a *Dosha* and *Ama* are chief pathogenic factors. They are contradictory in nature and thus possesses difficulty in planning the line of treatment. The *Ama* when combines with *Vata Dosha* and occupies in *Shleshma Sthana* (*Asthi & Sandhi*) results painful disease "Amavata". The disease is characterized by various features like *Sandhishoola* in the nature of *Toda*, swelling in ability of joints movements etc. It is mostly the disease of *Madhyama Roga Marga* and having *Chirkari Swabhava*. Sometime it can also be manifested as the acute case.

There are so many dreadful diseases prevalent in medical science. The scopes of therapeutic measures are limited even extreme advancement of modern bio-medical sciences. The rheumatological disorder is such a group of diseases which has no specific medical management in any type of therapeutics.

Amavata is the particular type of disease which is the mentioned in Ayurveda since the period of *Madhavakara* (16th century A.D.) under the category of *Vata-Kaphajadisorders*.

The clinical presentation of *Amavata* closely mimics with the special variety of rheumatological disorders called rheumatoid arthritis (R.A.), in accordance with their similaritis on clinical features, like pain, swelling, stiffness, fever, redness, general debility are almost identical. The disease R.A. is chronic in nature and affects mostly the middle aged

group. It is one of the common debilitating disease by the virtue of its chronicity and implications. The onset of disease is frequent during 4th and 5th decade of life with 80% of patients developing the disease between 30-65 years of age. Community prevalence study shows that female are more sufferers than male and the ratio of occurrence between them is 3:1. A disease in future makes man to depend on others by afflicting the joints, altering the appearance, affecting the other systems makes the life miserable.

Due to their similar mode of presentation, the disease rheumatoid arthritis can be broadly grouped under the heading *Amavata*.

The Ayurvedic approach toward the treatment of *Amavata* is the need of our as no system is successful in providing the complete cure to this disease, so *Amavata* is a challenging and a burning problem of medical science. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicine, the disease had been chosen for the study.

Historical review

The entity *Amavata* is available since the period of *Charaka* as a reference in the context of various treatments. However, *Amavata* as a separate disease entity was described for the first time in detail by *Madhavakara* (900 AD) who devoted a full chapter (25th) of *Amavata* in his famous treatise *Madhava Nidanam* dealing with the etiopathogenesis of the disease in a systematic manner besides the signs, symptoms, complications and prognosis.

Etymology

Ayurvedic literature following etymological derivation are found-

- *Vatadosha* along with *Ama* is termed as *Amavata*. It indicates the propulsion of *Ama* by vitiated *Vata* in the entire body and gets

lodged in *Sandhithana* producing *Amavata*. (1)

- The word *Ama* and *Vata* unite to form the term *Amavata*. This signifies the role of pathogenesis of *Ama* and *Vata* in the disease. (2)
- The improperly formed *Annarasa* is *Ama* and it causes vitiation of *vata*, which is known as *Amavata*.
- *Áma* is produced due to indigestion and along with *Vata* it is a well-known disease entity.

Definition of *Amavata*:

Amavata is a condition where *Stabdhat* of the body occurs due to lodging of vitiated *Ama* and *Vata* in the *TrikaSandhi* 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.

Classification of *Amavata*:

Madhavakara has classified *Amavata* according to predominance of *doshas* 32 which are as follows:

1. *EkDoshaja*:

- (a) *Vataja*
- (b) *Pittaja*
- (c) *Kaphaja*

2. *DwiDoshaja* :

- (a) *Vata-pittaja*
- (b) *Pitta-kaphaja*
- (c) *Kapha-vataja*

3. *TriDoshaja* :

These varieties of *Amavata* can be differentiated on the basis of characteristic symptoms of *Dosha* involved .

Acharya Harita has classified *Amavata* into following four types on the basis of clinical manifestation.

1. *Vishtambhi*– In *Vishtambhi* type of *Amavata* *Gatra-gaurava*, *Adhamana* and *Bastishoola* are present.

2. *Gulmi*– In this type *Jathargarjana* (Bowel sounds), *Gulmavatapeeda* and *Katijadata* are present.

3. *Snehi*– *Gasrasnigdhat*, *Jadya*, *Mandagni* and Excretion of *Vijjala* and *Snigdha*

Ama are present in such type of *Amavata*.

4. *Sarvangi*– Excretion of *Peeta*, *Shyama*, *Vijjala* and *Pakva Ama*, *Shrama* and *Klama* are present in this type. Again it can be classified according to:

(A) *Severity*:

1. *Samanya Amavata*
2. *Pravridhha Amavata*

In *Samanya Amavata*, the symptoms are more or less general, less severe and not associated with *Upadravain* comparison to *Pravridhha Amavata*.

(B) *Chronicity*:

1. *Navina Amavata*
2. *Jeerna Amavata*

Up to one year of onset it is said to be *Navina* and more than one year it is Called *Jeerna Amavata*.

Nidana:

The word ‘*Nidana*’ is used in Ayurvedic classics in a broad sense. This word is derived from the Sanskrit *Dhatu* ‘*Ni*’ which carries the meaning to determine (*Ni –Nishchaya deeyate Jnanam*). This word either refers to aetiopathogenesis of the disease in general or the etiology of the illness in particular from the perspective of treatment. *Nidana* is most important as the avoidance of etiological factor forms the first and foremost line of treatment.

Madhavakara has described –

1. *Viruddhahara*(Unwholesome Diet)

2. *Viruddhacheshhta*(Erroneous Habits)
3. *Mandagni*(Diminished Agni)
4. *Nishchalata* (Sedentary Life)
5. Exertion immediately after taking *Snigdha Ahara* is the causative factors for disease.*Amavata*

1. *ViruddhaAhara* :-

Factors, which provoke *doshas* but do not eliminate them out of the body, are called *Viruddha*.

In today's life, our food habits have changed with change of time and epochi. Man has little time to cook and eat. Fast food has replaced the staple diet in several corners of the world. These fast foods generally fall in *viruddha Ahara* or *Mithya Ahara*. According to Ayurveda to Ayurveda, improper food habit is another major causative factor of *Ama*. These are certain codes for healthy eating, non-observance of the codes is called *Mithya*

Ahara (*Vijayarakshita*). The codes of healthy diets which includes *Prakriti, Karana, Sanyoga* etc. *Mithya Ahara* deranges the digestive power (*Jatharagni*) and also causes *Dushti* in *Grahani*. Thus the food doesn't get digested properly leading to production of *Ama*. As the *Grahani* is also *Dushta*, *A*, a undergoes further degradation and turn to *AmaVisha*. *Mithya Ahara* has become the today's mode of life. Everyone is taking *Mithya Ahara* daily. A few example of *Mithya Ahara* in our daily life are cited below as-

- Canned food
- Preservative in food
- Beverages
- Fast food, packed food, street food like panopuri, Blelpuri etc.
- Sweets, chewing gum, panmasala & so on.

There is general trend of tea, Pan Masala, Cigarette & Soda. It is common that patient had habits of taking tea more than 10 cups per day. School going children & even elders are queing the

Panipuri vender, eating such chats is another form of *Adhyasana*.

There are 18 types of *Viruddhaaharas* (both drug & diet) mentioned by *Charaka*..:

2. *Viruddha Cheshta*.

The habits, which exert unfavorable effect on body humors, are considered as *Viruddha Cheshta*. In our classics *Viruddhaahara* has been described extensively but *Viruddha Cheshta* is not mentioned clearly. In *Viruddha Cheshta* following factors can be considered, which are responsible of *Dosha Utklesha*.

1. *Vega vidharana*
2. *Vega udirana*
3. *Diwaswapa*
4. *Ratrijagarana*
5. *Ativyayama*
6. *Vishamshayyashayana*
7. *Ativyavaya*

Acharya Charaka has very clearly mentioned that suppression of urge of vomiting causes diseases. An urge of vomiting is only present when the *Doshas* are dislodged from their site & are ready to expelled from the nearest outlet i.e. mouth. But when the urge is suppressed the outlet is not open & dislodged *Doshas* can not be expelled out. If the *Doshas* termed as *Ama* & they are able to start the etiopathogenesis for the diseases.

Sudden changes from cold to hot & vice versa without judiciously following the rules of gradual changes. This causes *Dushti* in *Swedavahasrotasa*. Sudden diving in cold water or drinking of water after fear, exhaustion on sunlight is causing the same effect. *Swedavaha Srotasa* also vitiates due to *Krodha, Shoka, & Bhaya*.

Day sleep after having Meals, Cereals, *Abhishyandi* & *Gurubhojana* in lunch causes *Dushti of Mamsavaha & Medovaha Srotasa*, which causes in later hamper the *Agni* & as a consequence *Ama* takes places in the body. *Asthis* (bones) & *Sandhis* (joints) are the most affected parts

in *Amavata*. Root source of these are *Majjavaha srotasa* & it is directly afflicted with *Viruddha Sevana*. So we can say that *Viruddha Cheshta* both contribute as *Nidanans* in pathogenesis of *Amavata*.

3. Mandagni:-

As it is said that *Mandagni* is the the root cause of all diseases. It includes hypofunctioning of various forms of *dehagni* (i.e. *Jatharagni*, *Bhutagni* & *Dhatvagni*). The ingested food is digested by all these types of *Agni* to form *Poshaka* & *Vardhakadhatus* in the body. *Mandagni* leads to formation of *Ama*, which causes *Srotorodha* & results in reduced *Dhatuposhana* in turn causing *Dhatukshaya*. This *Dhatukshaya* leads to *vataparakopa*.

Acharajanya (*Adrishtahetu*) is a very important factor has been mentioned by all the *Acharyas*. Behavioral misconducts, antisocial activities sinful activities & other activities punishable by court are considered under this heading. This *Acharajanya* factors bring about psychogenic stress, which hampers the *Agni* & creates *Ama*.

4. Nishchalatwa:-

Nishchalatwa causes *kaphavridhi* ultimately leading to *Agnimandya*. In today's life, our habits have changed with change of time & epochi. People taking *guru-snigdhaahara* & due to computerization of whole works & business is main source of income they spend whole time sitting in a place in stressful situation i.e. sedentary life style by which low circulation of blood & low secretion of digestive enzymes *Agni* is hampered by which *Ama* formation occurs after that *Amavata* like disease occurs.

Sedentary life & day sleep after having meals cereals *Abhishyandi* & *Gurubhojanain* lunch causes *Dushti* of *Mamsavaha* & *Medovahasrotasa*.

A person who is lazy & less active by his nature, in such person continuous

consumption of nutritious or even normal diet produces accumulation of *Kapha* dominant *Dhatus*. Also due to sedentary habits, *Agni* gets vitiated which in turn leads to iliation of *doshas* & production of *Ama*, it along with *Ama* causes pathogenesis of *Amavata*.

5. Snigdham Bhuktavato Hiannam Vyayamam :-

After consumption of food, normally most of blood circulation is supplied to the digestive system. If a person starts exercise or exertion immediately after taking food especially rich in *Snigdha guna*, circulation of blood will be turned to skeletal muscles, resulting in hampered digestion & absorption which leads to *Ama* formation. Also exercise after taking food causes *vataparakopa* which affects the metabolism & assimilation of *Ahara*.

So from the above description it clearly seems that *Ama Dosha* generally by unwholesome food habits like *Viruddhasana Adhyasana*, *Ajirnasana* is known as *Amavisha*. It is very difficult to treat due to its *Ashukriya* (prompt action) & opposite natures of treatment of *Ama* & *Visha*.

ViprakrishtaNidana:-

1. *Pragyapradha*
2. *Agantuja*
3. *Kulaja*

Purva Rupa:-

Charaka has described that where the *Purvarupas* are not mentioned, early clinical manifestation of the sign /symptoms can be considered as *Purvarupa* of the disease.

When the *prakupita Ama* via *Rasavaha srotasa* endures *sthanasanshraya* in *Hridaya*, *Sandhi* etc. before getting fully manifested as disease *Amavata*, in the early stage produces mild symptoms like *Apaka*, *Aruchi* etc. which can be considered as *Purva Rupa* of *Amavata*. *Vangasena* has given *Shiroruja* &

Govatraruja as *Purvarupa* of *Amavata*. Hence, the following *Lakshana* could be considered as *Purvarupa* of *Amavata*.

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

Rupa of Amavata:-

Madhavakara, *Bhava Mishra*, & other have described the *rupas* of *Amavata* clearly. They can be classified under following headings.

Pratyatma Lakshana:- (Cardinal sign & symptoms)

- A) *Sandhishoola*
- B) *Sandhishotha*
- C) *Stabdhatu*
- D) *Sparshasahyata*

Samanya Lakshana:- (General /Associated Features)

- A) *Angamarda*
- B) *Aruchi*
- C) *Trishna*
- D) *Alasya*
- E) *Gaurava*
- F) *Jwara*
- G) *Apaka*

H) *Angashoonata*

Doshanubandha Lakshana:-

- A) *Vatanubandha* - *Ruka*
- B) *Pittanubandha* – *Daha*, *Raga*
- C) *Kaphanubandha* – *Staimitya*, *Guruta*, *Kandu*
- D) *Vatapittanubandha* – *Ruka*, *Daha*, *Raga*
- E) *Vatakaphanubandha* – *Ruka*, *Staimitya*, *Guruta*, *Kandu*
- F) *Kaphapittanubandha* – *Staimitya*, *Guruta*, *Kandu*, *Daha*, *Raga*
- G) *Sannipataja* – Symptoms of all *doshas*

PRAVRIDDHA LAKSHANA:-

- A) *Agnidaurbalya*
- B) *Praseka*
- C) *Aruchi*
- D) *Gaurava*
- E) *Vairasya*
- F) *Ruja* & *shotha* in *Hasta*, *Pada*, *Shiro*, *Guipha*, *Trika*, *Janu*, *UruSandhi*
- G) *Vrishchikadanshavatavedana*
- H) *Kukshikathinyav*
- I) *Kukshishoola*
- J) *Vibandha*
- K) *Antrakujana*
- L) *Anaha*
- M) *Chhardi*
- N) *Hritgraha*
- O) *Jadya*
- P) *Bhrama*
- Q) *Murchaha*
- R) *Nidra-viparyaya*
- S) *Daha*
- T) *Bahumutrata*

Upashaya – Anupashaya:

Use of medicaments, dietary regimens and *viharas* which bring lasting relief are known as *Upashaya*. On the contrary, *anupashaya* aggravates the disease.

Upashaya of Amavata Anupashaya of Amavata

Katu, Tikta, Ruksha drugs Amla Rasa, Deepan, Pachan drugs Santarpana, Langhan, RukshaSwedaAbhyanga, SnehyuktaSweda, UshnaKaal etc. SheetaKaal, MeghodayaKaal, PratahaKaal

Samprapti of Amavata:-

The manner of *Doshic* vitiation and the course they follow, culminating in the development of specific clinical manifestation is known by the name *SampraptiJaati* and *Aagati* are its synonyms. A proper understanding of *Samprapti* is vital in the planning of the treatment of any disease, since *Chikitsa* as enunciated in *Ayurvedic* texts is nothing but *Samprapti Vighatana*. Conventionally the *Samprapti* can be categorized in two types.

- 1) *Samanya*(General) *Samprapti*: this is a common pathogenesis among various types of a single disease.
- 2) *Vishishta*(specific) *samprapti*; this is a specific pathogenesis for a particular sub type of disease. The *samprapti of Amavata* described in *MadhavaNidana* and by some other commentators can be summarized as-

Sanchaya:

When a person exposed to etiological factors *Viruddha Ahara*, does *Vyayama* after intake of *Snigdha Ahara*, *Chinta*, *Shoka*, *Bhaya* etc. they cause *Dushti* of *Agni*, *Dosha prakopa* and *Dushya Daurbalya*.

Prakopa:

Due to *Dushti* of *Agni*, *Mandagni* occurs. *Mandagni* cause *Ama* formation. Then due to fermentation of *Ama* gets *suktatva (Vidagdhatva)* and it converts in *Amavisha*. With the help of vitiated *Vayu* it goes to *Prasaravastha*. Now it is *SAmavata*.

Prasaravastha:

SAmavata goes to *Dhamani (RasavahaSrotasa)*. Then *Dushti* of *Amavisha* occurs due to *Tridosha*. So it becomes *Nanavarna* (various colours) and *Atipichchhila* (viscid unctuous and heavy) *Ama*. Now it is *AtidarunaAma*.

SthanaSanshraya:-

Yugpat Kupita of *Vata* and *Ama (kapha)* with the help of *Dushya Daurbalya* gets *SthanaSanshraya* in *Rasavaha Srotasa*, *SleshmaSthana* and *TrikaSandhi*.

Vyakti:

As it reaches *Vyakti* stage, most of the symptoms of *Amavata* are manifested like *Daurbalya*, *Hridgaurava*, *Gatestabdhatva*, *Sandhishhula*, *Sandhishhotha*, *Sandhigraha*, *Sparshasahyata* etc.

Bheda:

In chronic stage of it, the disease is left.

Sampraptighataka:-

<i>Dosha</i>	<i>Tridosha mainly Vata and Kapha</i>
<i>Dushya</i>	<i>Rasa, Mamsa, Asthi, Majja, Snayu and kandara</i>
<i>Srotas</i>	<i>Rasavaha, Mamsavaha, Asthivaha, Majjavaha</i>
<i>Srotodushiti</i>	<i>Sanga and Vimargamana</i>
<i>Agni</i>	<i>Jatharagnimandya & Dhatvagnimandya</i>
<i>Udbhavas<thana< i=""></thana<></i>	<i>AmaPakvashayottha</i>
<i>RogaMartha</i>	<i>Madhyama</i>
<i>Vyaktisthana</i>	<i>Whole body mainly sandhishthana</i>
<i>Vyadhiswabhava</i>	<i>Chirkari</i>

Upadrava of Amavata

It is a state (a disorder itself), which is manifested in the later period of the main disease and is of the same nature (*dosha*) as that of the disease. Various *updravas of Amavata* as mentioned by *Acharyas* are tabulated as follows:

Sr.	Acharya	. Updravas
1.	Madhavakara	Mentioned it with <i>Pravridhamanalaks hanaas Anyaniupdravani</i>
2.	Vijay Rakshita	<i>Sankocha & Khanja</i>
3.	Vachaspati	Various <i>Vatika</i> disorders
4.	Harita	<i>Angavaikalya</i>

Chikitsa Sidhanta:-

Chakradatta was first inventor, who describing the principles of treatment for this disease, which are *langhana*, *swedana*, drugs having *Tiktakatu Rasa* and *Deepana* action, *virechana*, *snehanana* and *Auvasana* as well as *ksharabasti*. and *yogaratanakara* have added *upanaha* without *sneha*, to these therapeutic measures. The details are as follows:

1) Langhana:-

It is the first measure that has been advised for the management of *Amavata*, which is considered to be an *Amasayotha vyadhi* and also *Rasaja vikara*, *langhana* is the first line of treatment in such conditions. (4), (5) In *yogaratanakara* *langhana* has been mentioned to be the best measure for the treatment of *Ama*. It has been described that *sama dosa* cannot be eliminated from the body until and unless *ama* attains the *pakva* from and for this purpose *Langhana* is the best therapy (6). *Langhana* is contraindicated in *Vatavridhi*, but is indicated in *sAmavata*. Hence care should be taken to stop the *Langhana* as soon as *nirama vata* condition is achieved. *Langhana* in addition, creates hunger

reflex in the patients resulting in enhanced production of internal corticosteroid which provide relief through the reduction of inflammation.

2) Swedana:-

The role of *swedana* therapy in *Amavata* and in other rheumatic diseases is well recognized. In the management of *Amavata*, *Rukshasweda* has been advocated in the form of *Balukapottali*, owing to the presence of *Ama*. In Chronic stage of the disease when *Rukshata* is increased, *snigdha Sweda* can be employed.

Swedana have been specially indicated in the presence of *stambha*, *gaurava* and *shula* (7), this constitutes the predominant features of *Amavata*. In this disease *ushna jalapana*, a kind of internal *swedana* is also indicated which is *Deepana*, *pachana*, *jwaraghna*, *srotoshodhaka* etc. (8). *Swedana* also helps in liquefying *Doshas* and aids in their transportation from *shakha* to *kostha* so that they can be eliminated by *shodhana* therapy.

Swedana helps in cleansing the *srotas* and thus aids in the transportation of *Dosa* from the *sakha* to *kostha*. In addition it has been specially indicated in presence of *stambha*, *Gaurava*, *jadya*, *sita* and *sula* which constitutes the predominant features of *Amavata* (7)

3) Tikta katu Dipana Dravya:-

Through *Tikta katu rasa* drugs are supposed to increase *Vata dosa*, yet these are of proven value in this disease because of their *dipana* and *pachana* properties. These drugs have *agnivardhaka* property due to their *Laghu*, *ushna*, and *tikshnaguna* and due to these *gunas* they possess *Amapachana*, *sokaphahara* and *vatahara karma*. Thus these drugs increase *Agni*, digest *Ama*, remove excessive *kledaka kapha*, prevent further production of *Ama*, clear *srotavarodha* and transport *pakva dosa* from *Sakha* to *kostha* for

removal from the body. And increased salivary and gastric secretions by the use of *katu* rasa are well known. Apart from this, they also improve the intestinal motility acting as *Vatanulomka*.

4) *Virechana*:

Virechana has been described to be the best remedy for *pitta dosha*, yet it is effective in the vitiated *kapha* and *Vatadosha* also to some extent. So in this way it appears to be the most appropriate therapeutic measure in this condition.

After *langhana*, *swedana* and *Tika*, *katu*, *Deepana dravyas*, *doshas* Attain *nirama avastha* and may require elimination from the body by *shodhana*. Generally *vamana* precedes *virechana* but in *Amavata*, the patients should be subjected to *virechana* therapy because of the following possible reasons:

a) Production of *Ama* is the result of *Avarana* of *pitta sthana* by *kledaka kapha*, thus hampering the digestive activity of the *pachaka pitta*. *virechana* helps in this condition through two ways,

- It removes the *Avarana* produced by *kledakakapha*,
- It is the most suited therapy for the *sthanikadosha pitta*.

b) Symptoms of *Amavata* like *Anaha*, *vibandha*, *Antrakujana*, *kukshishula* etc. are indicated of *pratiloma gati* of *vata*. This is best conquered by *virechana*, while *vamana* is likely to aggravate these features.

5) *Snehapana*:

After giving the above mentioned therapies, the patient should be subjected to *samanasnehana* which is justified on the basis of following points.

□ The therapeutic measure employed so far are likely to produce *ruksata* in the *dhatu* of the patient which may provoke the *vata dosha* and further aggravates the disease process. This is best prevented by *snehapana*.

□ Reduction in *bala* of the patient is the resultant of the *shodhana* therapeutic measures employed and the nature of the disease itself. This is also effectively controlled by the administration of *sneha*, as the latter is described to be the best *Balavardhaka* regimen (9). Moreover, *snehanasneha* (*grhita* etc.) has been started to augment the *agni* (10)

□ *Snehapana* has also been prescribed in the cases of *Asthimajjagata vata* as the involvements of these *dhatu*s are quite evident in *Amavata* (11) Since *snehana* pacifies the vitiated *vata* due to its inherent *vatanuloman* effect, it is strongly indicated in *Amavata*, when there is predominance of *vata dosha* in its *nirama* stage. However the patients of *Amavata* are liable to develop derangement of digestion. *Sneha* is best administered medicated with *Deepana* and *Pachana Dravyas*.

6) *Basti*:

Basti therapy has its scope in all kinds of ailments implicating different types of *Dosha*, *Dusyas* and *Adhishthans*, *Basti* is supposed to be the principal (specific) treatment for vatic diseases (12) The relative importance of *vata* is already known as it has predominant influence on the three principal routes of disease namely the *sakha*, *kostha* and the *marma*. Moreover *vayu* is responsible for the formation, communication and spread of *sweda*, *mala*, *mutra*, *kapha* and other biological substances in the body. This way *Basti* is the half of the whole treatment. In *Amavata*, both *Anuvasana* as well as *Niruha Basti* have been advocated. *Anuvasana basti* removes the dryness of the body caused by the *Amahara* treatment, alleviates *vata dosha*, maintains the function of *Agni* and nourishes the body. *Niruhabasti* eliminates *Doshas* brought in to the *kostha* by *langanas* and allied therapeutics. In addition to the generalized effects, *Basti* produces local beneficial effects also by removing *Anaha*, *Antrakujana*, *vibandha* etc. *sandhavadi*

tails has been advocated for anuvasana and ksarabasti for asthapana.

Conclusion:

Amavata is a condition where *stabdhatata* of the body occurs due to lodging of vitiated *Ama & Vata* in *Trika Sandhi*. It is caused due to *Virrudhahara*, *Virrudhhachesta*, *Mandagni*, *Snigdam Bhuktvat annam Vyayamam* etc.

Amavata is *Amashayothha Vyadhi* so treatment given in *Amavata* is 1st *Langhana* then *Swedana*, *Tikta Katu Dipana dravyas*, *Virechana*, *Snehapana & Basti*. Which has ultimate goal to achieve *Amapachana*, *Vatashamana* & *Strotoshodhana*, *Sthana balya chikitsa*.

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