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Aamvata – A conceptual Study**Dr . Vinod Shinde**

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Abstract-

Aamvat first described by madhavkar . Through " Ama" and " vata" are the predominant pathogenesis factors of aamvata. Aamvata is important disease of madhyamagat rogamarga as it affects sandhis and marma. It shows represents Tridosandshic vitiation. The affication of sandhis by vata dosha in associated with ama reflects the equal role of both dosha and dushya in the causation of the disease. They are contradictory in nature and thus possess difficulty in planning the line of treatment. In this article we focus on basic parameters of aamvat i.e. nidanpanchak of aamvat. Nidana Panchaka is the combination of five parameters, which are used in the diagnosis of a disease. They are Nidana, Purvarupa , Rupa, Upashaya and Samprapti.

Introduction –

Amavata is a very distressing disease among joint disease .Because of lifestyle changes various diseases are produced. Aamvat is most common among them being diseases affecting the joint. It is chronic inflammatory joint disease .The changing life style of human being by mean of dietrich habits and environment has impact on jatharagni and joint problem resulting in to amavata. In amavata sandhishool ,sandhishoth and sandhistabhdhata, are the predominant features . It occurs throughout the world in all climates and ethnic groups Most of the symptoms of Amavata are directly co-related with Rheumatoid Arthritis. Within 10 years onset 50% of patients in development countries are unable to hold down a full time job beause of this chronic inflammatory joint disease.

Classification of Amavata:

According to madhavnidan –Vataj ,pittanubandhi ,kaphanubandhi
Acc. to Acharya Harita four types based on clinical manifestation

- Vishtambhi
- Gulmi
- Snehi
- Sarvangi

Nidan

- Mandagni
- Viruddhahara
- Viruddhacheshta
- Vyayam after taking snigdha ahara.
- Nishchalata

Purva Rupa -

symptoms appear before production of disease called as purvarupa. Tikshnavegi jwar, anagaurav, angamarda, joint stiffness etc . are the symptoms and signs of aamvat are mainly produce due to rasavaha srotodushti .

Rupa

Acc. to Madhavakara rupas of Amavata.

- Samanya Lakshana - Angamarda, Aruchi, Trishna, Alasya, Gaurava, Jwara, Apaka, Angashoonata, mandagni,
- Vishesh Lakshana – Sandhi Shoola, Sandhi Shotha, Sparshasahyata, Stabdhatata, Araktavarnta at affected Pradesh, Sanchari vedna, vrushchik danshvata vedna, nidra-adhikya, bahumutrata etc

Upashaya -

Usage of Ushna, Tikta, Katu, Deepana, Laghu Ahara and Ushna Vihara helps to allivate the symptoms of aamavata. ushnoudak, rason, shigru, jangalmansa are vishesh pathyakar in aamvata. Langhan potentiates the Agni, which helps to digestion the causative factor Ama and normalizing the symptoms like Guruta, Praseka, Alasya, Aruchi etc.

Anupashaya –

Mash, asatmyabhojan, virudhahar, curd, fish, milk and milk product, vegvidharan, diwaswapna vishmashan, ratrijagaran etc.

Samprapti ghatak of Aamvat: -

- Dosha - Tridosha but predominancy of Vata and Kapha
- Dushya - Rasa, Asthi, Mansa, Majja, Snayu and Kandara
- Agni - Dhatvagnimandya and Jatharagnimandya
- Udbhavasthana- Amapakvashayottha
- Vyakti sthana - Sandhi sthana, but sanchari vedna all over body.
- Vyadhi swabhava- Chirkari
- Srotas - Rasavaha, Mamsavaha, Asthivaha, Majjavaha
- Srotodushti - Sanga and Vimarg-gamana

Samprapti –

When a patient exposed to etiological factors like *viruddha ahara*, *Vyayama* after intake of *snigdha ahara*, *chinta*, *shoka*, *bhaya* etc. they cause *dushti* of agni, cause *dosha prakopa* and *dushya daurbalya*. Due to *dushti* of Agni, *mandagni* occurs. *mandagni* cause *ama* formation. Then due to fermentation of *ama* gets *vidagdhata* and it converts in *amavisha*. With the help of vitiated *vayu* it goes to *prasaravastha*. This *Samavata* goes in to the *dhamani* (*Rasavahasrotasa*). This *dushti* of *amavisha* occurs due to *tridosha*. So *aam* becomes *nanavarna* and *atipichchhila ama*. This *kupita Vata* and *Ama* (*kapha*) with the help of *dushya daurbalya* gets *sthanasanshraya* in *rasavaha srotasa*, *sleshmasthanana* and *trikasandhi* this is *samprapti of aamvata*

Chikista –

Yogratnakar Chikista Sutra which is described in Amavat. Such as “**langhanam swedanam tikta dipnani katu nich snehavivarjita**”

Chikitsa included langhana, swedana, drugs having tikta-katu rasa and deepana action, virechana, snehapana and anuvasana as well as Ksharabasti. Upanaha without Sneha, valuka swead like therapeutic measures used in aamvata.

Sadhya – Asadhyata

- Sadhya:- When the disease is Ekdoshaja it is sadhya.
- Yapyata:- When the disease is Dwidoshaja

- Krichchasadhya: -Tridoshaja Amavata and associated with generalized oedema (sarvanga shotha) is krichchasadhya
- Pratyakhyeya: -When the patient is of Ksheena Bala Mamsa the disease becomes of Pratyakhyeya nature.

Upadrava of Amavata

Trushna, chardi, bhrama, murccha, Jadyata, Khanjata, Vataroga, Sankoch, malavshambha, adhaman, antrakujan. etc are the updravas of amavata

Discussion –

According to modern science it can be correlated with rheumatoid arthritis. R.A. is an inflammatory auto-immune disorder. The lives of more than one million people are physically impaired due to rheumatic disorders and one fifth of these are severely disabled. According to W.H.O. The prevalence of amavata is 0.3%. Amavata is more common in women. Amavata is mostly produced at the age of 20-40.

Conclusion -

- Onset of Amavata is between 25-50 years
- Females are more prone than males.
- Some conditions like Abortion, Miscarriage, Post-partal disorders, Anemia etc. may lead to disease Rheumatoid Arthritis.
- Climate : Amavata is more common in humid atmosphere and less prevalence in hot atmosphere.
- wearing wet clothes, getting wet in rain, sleeping over cold/ moist/wet floor etc. this habit plays an important role in production of amavata

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