

Differential Diagnosis of Amavata W.S.R. to symptoms, A review Article**Dr Shankarprasad Gandhe (M.D. Ayu.)**
Department of Rognidan, ARAC Manchihill.**Introduction:**

Madhavakara, Bhava Mishra, and others have described the rupas of Amavata clearly. Few of them can be termed as PratyatmaLakshana (Cardinal signs and symptoms). In order to diagnosis and treat disease, the etiology and exact pathogenesis should be known. Differential diagnosis helps to diagnose the disease more clearly. In this article all the various possible differential diagnosis and pathology with upashayanupashay along with symptoms are collected from various which will help for diagnosis of Amavata properly.

Amavata has generally following symptoms according to anjana nidan and Madhavakara which can be classified as

A. Pratyatma Lakshana

PratyatmaLakshanas are main clinical features on which the disease can be clearly differentiated from other identical forms of disease. In Amavata, sandhis are the main site of manifestation of clinical features, thus joint associated symptoms are considered as Pratyatmalakshana of disease Amavata. These are as follows -

Sandhi Shula (Joint Pain): In Amavata, Vitiating of Asthi and MajjagataVata causes pain in Sandhis and in severe stage, it is found as VrishchikaDandshavata. The most common manifestation of established R.A. is pain in affected joints, which is aggravated by movements. During rest and especially early morning stiffness are also characteristic features of R.A. Pain originates predominantly from joint capsule, which is abundantly supplied with pain fibres and is markedly sensitive to stretching or distension.

Sandhi Shotha (Joint Swelling): Sandhi Shotha (Ekangikashotha) results when vitiated dosha afflicts Twaka, Rakta, and Mamsa in joints. Madhavakara has described that shotha result due to the affliction

of Ama and Vata Pradhana Tridosha in joints. Joint swelling in R.A. is the result of accumulation of synovial fluid, hypertrophy of synovium and thickening of joint capsule.

Stabdghata (Stiffness):

It means the restriction or loss of movements of joints. Gatrastabdghata is due to spreading of Ama throughout the body by vitiated Vata. In majority of patients, the onset is insidious with joint stiffness, especially early morning stiffness, which gradually gets reduced by evening. This diurnal rhythm worse on arising in the morning and than relieving towards evening probably reflects the diurnal variation in plasma cortisol level.

Sparshasahyata (Tenderness): Sparshasahyata can be included in Sandhishoola in which patient cries with pain even when the gentle pressure is applied to affected part. It is mostly present in Pitta and Raktaanubandha.

B. Aushangi Lakshana

Along with Pratyatmalakshana many patients suffer from other symptoms which can be termed as Anushangilakshana. Acharya Madhavakara mentioned following -

Angamarda: When function of Deha is improper presence of Ama leads to feeling of body ache that is called Angamarda.

Aruchi: With the appearance of Agnimandya, DoshPrakopa in AnnavaSrotasa results in Aruchi.

Trishna: Trishna is the result of vitiated Pitta and Ama. In AmaPrabhava Trishna, patient feels thirst in febrile condition.

Alasya: In spite of capability a person can not carry out his normal duties.

Gaurva: Vitiated Kapha and Ama produce feeling of heaviness in body called Gaurava.

Jwara: Jwara is the result of Agnimandya and Rasa Dushti.

Apaka: Patient feeling an abdominal heaviness due to Agnimandya proper digestion does not take place.

Angashunata: Vimargagamana of vitiated Vata, Pitta, Kapha and Rakta produces edema of the bodily part except swelling of the joints.

C. Doshanubandha Lakshana

Vatanubandha Lakshana: Pain is the cardinal feature of Amavata but in Vatanubandha, pain is relatively severe in character.

Pittanubandha Lakshana: Raga and Daha surrounding the sandhithana is due to involvement of Pitta. Modern texts also include burning of fingers and toes as prodromal symptoms. The skin over small joints often have a ruddy hue, erythema about the joints is uncommon in R.A. but when present is mild.

Kaphanubandha Lakshana: In Kaphanubandha disease Staimitya, Guruta, Kandu like features are present. **1. Staimitya:** Is the feeling of wet cloth wrapped around body part. This can be compared with the cold or clamp hands and feet due to vasomotor instability, which is commonly found in R.A. patients. **2. Guruta:** Is the feeling of heaviness in body parts and in Amavata it is more manifested in joints. **3. Kandu:** Is the sense of itching, which is predominantly present in kaphanubandhiAmavata.

DoshaSansarga Lakshana: Any two doshas may be involved in Amavata, which can be inferred by doshiclakshana explained previously.

Sannipataja Lakshana: This can be understood by over-viewing single doshalakshana as the disease Amavata, may picturise the symptoms showing equal involvement of all doshas.

D. Pravridhha Lakshana of Amavata

It is the advanced stage of disease and very troublesome to patients as well as for physicians. According to Kriyakaal it is Bheda. According to Madhavakara

Sarujam Sandhishotha– Hasta, Pada, Shiro, Gulpha, Janu, UruSandhis are chiefly involved in Amavata.

Vrishchikadanshavatavedana – This kind of pain shows the presence of Ama at the site of pain.

Utsahahani – A subjective feeling in which lack of enthusiasm can be seen in suffering person. It is due to insufficient nutrition of Sharira Dhatus, Indriya and Mana.

Bahumutrata – Presence of vitiated or dushitaAma causes sroto – abhishyanda in the body, which leads to increase of kleda. This Bahumutrata occurs for the excretion of excess kleda from the body.

Kukshikathinya – Vitiated Samana and Apana Vata along with the Ama leads to Kukshikathinya, which is the rigidity of abdomen.

Kukshishoola – Srotorodha due to Ama causes obstruction to normal movement of vitiated Samana and Apana Vata resulting in pain in abdomen.

NidraViparyaya – Due to vatavridhhi, pain gets aggravated at night and keeps the patients awoken which leads to NidraViparyaya.

Chhardi – Continuous formation of dosha leading to excitation of Amashaya by Vata causes Chhardi.

Bhrama - Presence of Kapha in Srotas and Vitiated Vata causes Bhrama.

Murchcha - Inability of the sensory organs to perceive the sense objects is Murchcha. Loss of motor function occurs in Murchcha due to upatapa of Indriya by Vitiated Vatadidoshas.

Hritgraha - It is due to Rasavahasrotodushti (its mulasthan is Hridaya) and vitiation of SamanaVata, VyanaVata and Avlambakakapha. Hritgaurava is also produced due to above reason when vitiation is mild. In R.A. cardiac manifestations like Pericarditis, Myocarditis, Conduction defects etc. can occur.

Vibandha – It is due to vitiated Apana Vata and improper degradation of Ahara into Sara and Kitta.

Antrakujana – In this feature, increased bowel sounds are present due to movement of Vitiated Vata in the intestine.

Agnimandya – Vicious cycle of disease (Agnimandya-Shuktatva – AnnaviAnaha – It is the stagnation of vitiated vata in Kukshi.

Agnishad - produces Agnimandya again and again.

Praseka – It means lalasarava. Excessive thick, mucoid, salivary secretions are produced due to Samarasa, which shows Rasavaha and Udakavahasrotodushti.

Gaurava – Due to Vitiated Kapha there is feeling of heaviness in Hridaya and body parts preferably in Joints.

Vairasya – Perception of different taste than normal due to Sama Rasa and vitiated BodhakaKapha.

Daha - Due to Vitiation of Pitta sometimes localized or generalized Daha occurs.

Trishna – Trishna is due to Agnidushti, Sama Pitta and Vata. It shows Rasavaha, Udakavahasrotodushti in disease process.

Doshawise classification of lakshna tabulated

Vataja	Pittaja	Kphaja	Manasika
Sandhisoola	Jwara	Alasya	Utsahahan i
Angamarda	Trishna	Apaka	-
Anaha	Daha	Kandu	-
Kukshishoola	Raga	Shotha	-
Vibandha	Murcha	Aruchi	-
Utsahahani	Bhrama	Angnimandy a	-
Nidraviparyay a	Shirashool a	Angagaurava	-
Kukshikathiny a	-	Staimitya	-
-	-	Jadyata	-
-	-	Praseka	-
-	-	Asyavairasy a	-

Upashaya-Anupashaya

While describing the method of diagnosis of disease, Charaka has mentioned five factors for physicians. But in case of confusion while diagnosing some disease, Upashaya is useful. Use of medicaments, dietary regimens and Viharas which bring lasting relief are known as Upashaya. On the contrary, anupashaya aggravates the disease.

Upashaya-Anupashaya

Upashaya	Anupashaya
Katu, Tikta, Ruksha drugs	Amla Rasa
Deepan, Pachan drugs	Santarpana
Langhan, RukshaSweda	Abhyanga, SnehyuktaSweda
UshnaKaal	SheetaKaal, MeghodayaKaal
Madhyanha Kala	PratahaKaal

Samprapti Ghataka

- **Dosha:** Tridosha (mainly Vata and Kapha)
- **Dushya:** Rasa, Mamsa, Asthi, Majja, Snayu and Kandara
- **Srotas:** Rasavaha, Mamsavaha, Asthivaha, Majjavaha
- **Srotodushti:** Sanga and Vimarg-gamana
- **Agni:** Jatharagnimandya and Dhatvagnimandya
- **Udbhavasthana:** Ama Pakvashayottha
- **RogaMarga:** Madhyama
- **Vyaktisthana:** Whole body mainly sandhi sthana

Vyadhi Vyavachheda Nidana

Differential diagnosis of the disease Amavata can be made from the following clinical conditions.

Amavata and Vatarakta

Amavata	VataRakta
Pain and swelling in joints	Pain and swelling in joints
Dosha: Vata and Kapha	Dosha: Vata
Dushya: Rasa	Dushya: Rakta
Ama predominance	Not so predominancy of Ama
Fever	No fever
No symptoms of RaktaDushti	Supti, Raktadushti
Place: Big joints & Heart	Place: Small joints
Strotas: Rasavaha	Strotas: Raktavaha
Snehan: Increases pain	Snehan: Decreases pain

Amavata and Koshtuka Shirsha

Amavata	KoshtukaShirsha
Pain and swelling in joints	Pain and swelling in joints
Dosha: Vata and Kapha	Dosha: Vata
Dushya: Rasa	Dushya: Rakta
More than three joints	Only one joint
Fever	No fever
Generalised inflammation	Localized inflammation

Amavata and Sama Vata

Amavata	Sama Vata
Ama&Vata in Sandhi	Ama&VataSarvadehik
Pain more in joints	Whole body pain
Dushya: Rasa	Dushya: Rakta
It is disease.	It is clinical condition.
Dosha-DushyaSamurchhana takes place.	Dosha-DushyaSamurchhana don't takes place.
Complication: RHD	No complication

Amavata and SandhigataVata

Amavata	SandhigataVata
Ama is Pradhan.	Vata is Pradhan.
Usual fever	No fever
So many Ama symptoms	No or few Ama symptoms
Severe pain	Less severe pain
All time pain	Pain on movements
Vayu is Sama	Vayu may Sama or Nirama

Snehan increases pain	Snehan relieves pain
Dipana-Pachana Rx	Brimhan-Sehan Rx

Amavata and Sandhigata Jwara

Amavata	Sandhigata Vata
Vata is key factor	Vata is not key factor
No Kasa	Kasa present
No Kapha in mukha	Mukhakaphalipta
Bahumutrata	Alpamutrata
Complication: RHD	No complication
Less fever	High grade fever

Conclusion

Amavata has specific samprapti and nidana. Resemblance of various symptoms during vegavastha and avegavastha can take place. While keeping this in mind one has to go through vyavachchedak nidana and lakshanas while diagnosing Amavata. Amavata can be differentiated from sandhigata vata, sama vayu, kroshtukshirsha and vatarakta.

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