

HEALING OF AMAVATA AND AGE THROUGH AYURVEDA APPROCH- REVIEW ARTICLE

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ABSTRACT

Amavata is a chronic, progressive and crippling disorder caused due to generation of ama and its association with vitiated vata dosha and deposition in shleshma sthana (joints). Clinically resembling with Rheumatoid Arthritis, it poses a challenge for the physician owing to its chronicity, morbidity and complications. The treasure of Ayurveda therapeutics has laid out detailed treatment line for amavata. This case study reveals the potential of Ayurvedic treatment protocol in management of amavata and may form a basis for further detailed study of the subject.

Keywords: Amavata, Ayurveda

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INTRODUCTION

Amavata is one of the crippling diseases claiming the maximum loss of human power. It is not only a disorder of the locomotor system, but is also a systemic disease and is named after its chief pathogenic constituents, which are, *Ama* and *Vata*.

The main causative factor, *Ama*, is caused due to malfunctioning of the digestive and metabolic mechanisms. The disease is initiated by the consumption of *Viruddha Ahara* and simultaneous indulgences in *Viruddha Ahara* in the pre-existence of *Mandagni*[1]

Although *Ama* and *Vata* are chiefly pathogenic factors, *Kapha* and *Pitta* are also invariably involved in its *Samprapti*. [2] *Ama* and *Vata* being contradictory in their characteristics, there is difficulty in planning the line of treatment. Derangement of the *Kapha dosha*, especially *Shleshak kapha* in the *Amavata*, which produces joint pain and swelling with tenderness, can be correlated with rheumatoid arthritis and derangement of the *Pitta dosha* along with *Ama* taking shelter in the *Avalambak Kapha sthana*, which can be correlated with rheumatic fever because of the cardiac involvement, due to repeated fever, resulting in rheumatic heart diseases. [3]

Several dreadful diseases are prevalent in medical science. The scope for therapeutic measures is limited even after extreme advancement of the modern biomedical science. The rheumatological disorder is a group of diseases that has no

specific medical management in any type of therapeutics. *Amavata* is a particular type of disease that is mentioned in Ayurveda since the period of Madhavkar, under the category of *Vata – Kaphaja* disorder. In spite of the description of multiple drug therapy on *Amavata* 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 searching for a standard and suitable drug for *Amavata*.

Ayurveda Approach for healing amavata

Madhav was the first to identify *Amavata* as a disease in details. *Amavata* is complex disease to deal since there are variety of triggering factors. Due to the unpredictable therapeutic outcomes it is impossible to give accurate information, prognosis & pathogenesis of the disease. Generally *virudhahara*, *virudhachesta*, *mandagni*, sed-entary life styles leads to accumulation of *Ama*, which circulates in the body (*vyan-vayu*) & accumulates in *kapha* predominant places especially in large joints along with the pathogenicity or vitiation of *vata* leads to *Amavata*. *Agnimandya* & *Ama* are mainly re-sponsible for the disease. Improving *Jathra-gani* and removal of *ama* was the aim of treatment along with *vatahara* treatment. Hence for the improvement of *Jathragani* & *pachan* of *Ama*, *Langhana*, *deepan pachana* with *tikt rasa* predominant diet was prescribed. The *Yograj Guggulu*,

Rumalaya, Kaishore Guggulu, Aarogyavardhini, Rasnadi kwath, Manoll were added. These drugs possess Deepana, Pachana, Kapha-Vata alleviating properties, Shothaghna and Rasayana prabhava. Yograj guggul is the best medicine for vata vikara. It has Triphala and guggul as main ingredient. It act as yogavahi rasayan dhatuposhak and jata-haragni pradeepak. Rumalya tablet pos-sesses analgesic and antiarthritic properties. By regulating the mediators of inflammation, it exerts a significant anti-inflammatory activity. Maharasnadi kwath isalso best medicine for vata vikara and more useful when used with yograja gugul. Arogya-vardhini vati is having deepan pachan sroto-shodhak and mala shudhhi kara properties. Amrita satva and Manoll both have rasayan properties. It acts as a immunomodulator and modulates both the humoral & cell me-di-ated immune response to aches & pain. The medicine was found to be effective and safe treatment for patients with aamvata. The result of the present study is in concordance with several studies on Ayurvedic treatment.

References:

Dhanukar SA, Thatte UM, Rege NN, Bapat RD. New Delhi: CCRAS; 1999. Immunomodular effect of Gudchi. Proceedings of National Seminar on Rasayana; pp. 179–81. [Google Scholar]

Uniyal MR. New Delhi: CCRAS; 1999. Effective Ayurvedic medicinal plants used in Rasayana therapy (Rejuvenative Drug).

Proceedings of National Seminar on Rasayana; pp. 277–94. [Google Scholar]

Shastri R. 8th ed. New Delhi: Chaukhambha Publication; Bhaishajya Ratnavali; p. 131. [Google Scholar]

Shaha NC. New Delhi: Motilal Banarasidas publication; 1985. Bharat Bhaishajya Ratnakar; p. 210. [Google Scholar]

Sharma PV. New Delhi: Chaukhambha Publication; 1999. Dravyaguna Vighyan; p. 331. [Google Scholar]

http://en.wikipedia.org/wiki/Ginger#cite_note-UMMC-7 .

Sharma PV. New Delhi: Chaukhambha Publication; 1999. Dravyaguna Vighyan; p. 680. [Google Scholar]

Milind Y. Nadkar, API text book of medicine, Rheumatology Chapter 7, Rheumatoid Arthritis, Association of Physicians of India, Mumbai, 8th ed. 2008, p. 291

Yadunandana Upadhyay, Madhav Nidan of Madhavakara, Madhukosha hindi commentary, First Volume, 25th chapter, Amavatanidanam, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint;2003. p 508-9.

Sharma P.V. Cakradatta of Cakrapani, English translation, Chapter 25, Amavatachikitsa, Chaukhamba Sanskrit Sansthan, Varanasi, 2nd Ed.1998, p. 227

Baidyanath Bhavan, Ayurveda Sar Sangraha, Guggul Prakran, Shree

Baidyanath Ayurveda Bhawan,
Allahabad, Reprint 2006, p. 521

Tripathi Inderdev, Cakradatta of Sri
Cakrapani, elaborated hindi commentary,
Chapter 25, Amavatachikitsa,
Chaukhambha Sanskrit sansthan, Reprint
2002, p.166-8

Shastri Kashinath & Gorakhnath
Chaturvedi, Charaka Samhita of
Agnivesha elaborated Vidyotini Hindi
commentary, Sutra Sthana 14th chapter
Swedadhyay, Chaukhambha Bharati
Sansthan, Varanasi, reprint edition;2005.
p. 283.

Shastri Ambikadutt, Susruta Samhita edited
with Ayurveda tatva sandipika Hindi
Commentary, Chikitsa Sthana 32nd
chapter, Swedavcharniya-adhyay,
Chaukhambha Sanskrit Sansthan,
Varanasi, reprint edition; 2007. p. 141.

Srivastava Vandita, Varma Neeraj,
Tandon JS, Srimal RC, Anti-
Inflammatory Activity of *Pluchea
lanceolata*: Isolation of an Active
Principle. Int. J. of Crude Drug Res,
1990;28:2:135-7

Shinde UA, Phadke AS, Nair AM,
Mungantiwar AA, Dikshit VJ, Saraf
MN, Membrane stabilizing activity —a
possible mechanism of action for the
anti-inflammatory activity of *Cedrus
deodara* wood oil. Fitoterapia,1999:70;251-
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