

1 A Critical Review of *Amavata* and Its Ayurvedic Management.

2

3 Abstract

4 In today's time, *Amavata* is regarded as one of the most serious diseases affecting human health.
5 The term "*Amavata*" is derived from two components: *Ama* and *Vata*. *Ama* refers to improperly
6 digested food that produces toxic substances, which can harm body tissues and lead to disease.
7 When this *Ama* combines with *Vata dosha* and settles in the joints (*shleshmasthanas* or *asthi*
8 *sandhi*), it gives rise to a painful condition known as *Amavata*. The clinical features of *Amavata*
9 closely resemble those of Rheumatoid Arthritis, including symptoms such as joint pain, swelling,
10 stiffness, and fever. This disease has been described in Ayurveda since the time of *Madhvakara*
11 (16th century A.D.) and is classified under *Vata-Kaphaja* disorders. *Amavata* is particularly
12 challenging for physicians because of its chronic nature, associated complications, and high
13 morbidity. Modern medicine also finds it difficult to completely cure, as the condition often
14 persists and may progressively lead to disability despite treatment. This study aims to provide a
15 systematic review of *Amavata* based on classical Ayurvedic texts and its symptoms, pathogenesis
16 and therapeutic approaches.

17 Key Words: - *Amavata*, *Ama*, *Mandagni*, *Langhan*, *Swedan*, *Basti*, *Deepana*, *Pachan*, *Virechana*,
18 *Snehana*.

19 INTRODUCTION

20 The concept of *Agni* (metabolic fire) in Ayurveda provides a distinctive perspective on digestion
21 and metabolism. *Agni* is closely associated with *Pitta Dosha*, which represents the body's heat
22 energy. When *Agni* functions poorly, it leads to the formation of improperly processed metabolic
23 substances known as *Ama*. This condition, referred to as *Mandagni* (low digestive fire), results in
24 incomplete digestion. According to Ayurvedic principles, *Ama* behaves like a toxin (*Visha*) and
25 contributes to various localized and systemic diseases, with classical texts even comparing it to a
26 state of acute poisoning. Additionally, *Ama* represents metabolic byproducts that obstruct the
27 body's microchannels (*Srotas*), causing dysfunction.

28 At the tissue level, reduced activity of *Dhatwagni* (tissue-specific metabolic fire) leads to
29 impaired metabolism and accumulation of harmful substances (*Ama*), which are responsible for
30 systemic disorders such as *Amavata*. This condition is both localized and systemic, inflammatory
31 in nature, and arises from the interaction of *Ama* with aggravated *Vata Dosha*. Improper dietary

32 habits, along with poor adherence to daily (*Dinacharya*) and seasonal (*Ritucharya*) regimens,
33 disrupt metabolism and *Agni*, leading to *Ama* formation. Simultaneously, *Vata* becomes
34 aggravated due to factors like engaging in strenuous activity immediately after consuming heavy
35 or fatty foods. When *Ama* combines with aggravated *Vata* and circulates throughout the body
36 under the influence of *Vyana Vayu*, it blocks the *Srotas* and triggers inflammatory processes,
37 resulting in disease. *Ama* formed as a result of *Hetu Sevana* (causative factors) leads to the
38 aggravation of *Vata Dosha*. When this *Ama* combines with the vitiated *Vata*, it localizes in the
39 *Trika Sandhi* (lumbosacral joint), *Kapha Sthana* (sites dominated by *Kapha*), and other joints of
40 the body. This results in symptoms such as joint pain, stiffness, swelling, and fever. Over time,
41 these manifestations may lead to partial or complete loss of joint function, significantly affecting
42 the patient's daily activities.[1]

43 Modern studies suggest a parallel between *Ama* and cellular damage caused by free radicals and
44 reactive oxygen species (ROS), which are unstable molecules produced during normal
45 metabolism. Rheumatoid arthritis is a common disorder that most frequently occurs during the
46 third to fourth decades of life. It is significantly more prevalent in females, with a female-to-male
47 ratio of approximately 3:1. Individuals carrying genetic markers such as HLA-D4 and HLA-DR4
48 are at a higher risk of developing the condition.[2] When present in excess, these molecules cause
49 significant cellular damage. Similarly, *Ama* is considered a byproduct of impaired metabolic
50 processes. Therefore, managing such conditions involves neutralizing free radicals and ROS while
51 also eliminating accumulated *Ama* and restoring proper metabolic function to maintain overall
52 health. Non-steroidal anti-inflammatory drugs (NSAIDs), immunomodulatory medications, and
53 sometimes steroids are commonly used to reduce pain and inflammation. However, their long-
54 term use can lead to significant side effects. Additionally, as the disease progresses, it may result
55 in joint contractures and increasing disability.[3]

56

57 Etymology

- 58 ■ The term *Ama* is derived from the root word “Am” with the suffix “ninj,” and it refers to
59 improperly or incompletely digested substances.
- 60 ■ It describes material that has undergone digestion but has not been fully processed.
- 61 ■ In other words, *Ama* represents partially digested matter that remains unassimilated in the
62 body.[4]
- 63 ■ It also includes substances that fail to digest properly and are still pending further
64 digestion.[5]

65 ▪ Additionally, *Ama* is considered a factor that causes discomfort or obstruction by
66 accumulating in the channels (*srotomukha*) and creating pressure within them.[6]

67 **Definition of *Ama***^[7]

68 Various definitions of *Ama* are described in different classical texts, and a few of them are
69 presented below.

70 ऊष्मणोऽल्पबलत्वेन धातुमाद्यमपाचितम्।

71 दुष्टमामाशयगतं रसमामं प्रचक्षते॥२५॥ [A. H. Su.13/25]

72 When *Ushma* (*Agni*) functions inadequately, the first *Dhatu*—*Rasa*—is not properly formed.
73 Instead, the *Anna Rasa* remains in the *Amashaya* and undergoes fermentation or putrefaction
74 (*dusta*). This improperly processed *Rasa* is referred to as *Ama*.

75 **Definition of *Amavata***^[8]

76 युगपत्कुपितावन्तस्त्रिकसन्धिप्रवेशकौ।

77 स्तब्धं च कुरुतो गात्रमामवातः स उच्यते॥५॥ [M.N.25/5]

78 *Ama* combines with *Vata* and quickly spreads throughout the body, settling in areas dominated by
79 *Kapha*. It accumulates in the channels (*dhamanis*), creating a thick, wax-like obstruction. This
80 process simultaneously affects multiple joints, including those of the waist, neck, and shoulders.
81 This severe condition is referred to as *Amavata*.

82

83

84 ***NIDAN***^[9]

85 विरुद्धाहारचेष्टस्य मन्दाग्नेर्निश्चलस्य च।

86 स्निग्धं भुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तथा॥१॥ [M.N.25/1]

- 87 • *ViruddhaAhara*: Consumption of incompatible or unsuitable foods.
- 88 • *ViruddhaCheshta*: Engagement in improper or unhealthy physical activities.
- 89 • *Nischalata*: Sedentary lifestyle or lack of physical movement.
- 90 • Exercising immediately after eating heavy, oily (*snigdha*) food.

91 ***PURVARUPA***^[10]:-*Amavata* is not clearly described in the *Brihattayi* texts. Only *Vangasena* has
92 mentioned symptoms like head pain (*Shiroruja*) and body pain (*Gatraruja*) as the prodromal

features (*Purvarupa*) of *Amavata*. These early clinical signs and symptoms can be considered the initial manifestations of the disease.

Classification^[11] :- In *Madhava Nidana*, *AcharyaMadhavakara* has classified *Amavata* based on the predominance of *Doshas* as follows:

Eka Doshaja

1. *Vataja*
2. *Pittaja*
3. *Kaphaja*

Dwi Doshaja

1. *Vataja-Pittaja*
2. *Pitta-Kaphaja*
3. *Kapha-Vataja*

Tridoshaja :- In this type of *Amavata*, features of all three *Doshas* are present. *Bhavaprakasha* and *Yogaratanakara* describe the same classification.

According to *AcharyaSharangadhara*^[12]

1. *Vataja*
2. *Pittaja*
3. *Kaphaja*
4. *Sannipataja*

***AcharyaHarita* has classified *Amavata* into four types based on clinical manifestations, which are as follows:**

1. ***Vishtambhi***: In this type, symptoms like heaviness of the body (*GatraGaurava*), abdominal distension (*Adhmana*), and bladder pain (*Bastishula*) are observed.
2. ***Gulmi***: This type is characterized by intestinal gurgling sounds (*JatharaGarjana*), pain similar to *Gulma*, and stiffness in the lower back (*KatiJadata*).
3. ***Snehi***: In this type, there is unctuousness of the body (*GatraSnigdhata*), stiffness (*Jadya*), weak digestion (*Mandagni*), and elimination of watery and oily *Ama* (*Vijala* and *SnigdhaAma*).
4. ***Sarvangi***: This type presents with elimination of *Pitta* along with dark, slimy *Ama* (*Shyama, VijjalaAma*), along with fatigue (*Shrama*) and exhaustion (*Klama*).

RUPA^[13] :-

Madhavakara, *Bhavamishra*, and other scholars have described the signs and symptoms (*Rupa*) of *Amavata*.

These symptoms are classified into the following categories:

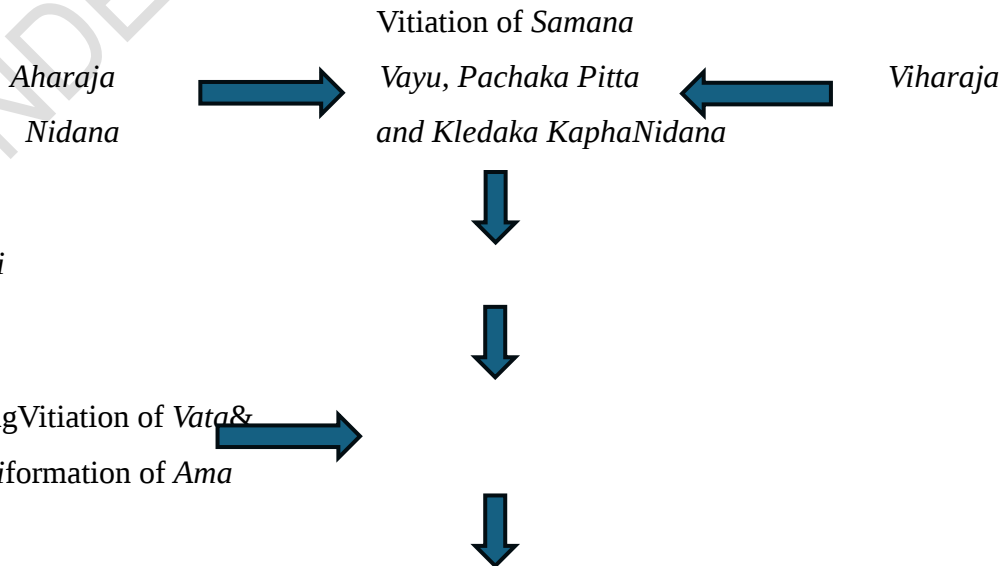
- *PratyatmaRupa* (specific symptoms)
- *SamanyaRupa* (general symptoms)
- *DoshanubandhaRupa* (symptoms associated with *Dosha* involvement)
- *PravridhdhaRupa* (advanced or aggravated symptoms)

अङ्गमर्दोऽरुचिस्तृष्णा आलस्यं गौरवं ज्वरः ।
अपाकः शूनताऽङ्गानामामवातस्य लक्षणम् ॥ ६ ॥

(M.N.25/6)

<i>Pratyatma</i>	<i>Samanya</i>	<i>Doshanubandha Rupa</i>			<i>Pravridhdha</i>
<i>Sandhishool</i>	<i>Angamard</i>	<i>Vata</i>	<i>Pitta</i>	<i>Kapha</i>	<i>Vrishchikvat Vedana</i>
<i>Sandhishotha</i>	<i>Aruchi</i>	<i>Shoola</i>	<i>Daha</i>	<i>Staimitya</i>	<i>Agnidaurbalya</i>
<i>Stabdhata</i>	<i>Trishna</i>		<i>Raga</i>	<i>Guruta</i>	<i>Praseka</i>
<i>Sparshasahatva</i>	<i>Alasya</i>			<i>Kandu</i>	<i>Nidra Viparayaya</i>
	<i>Gaurav</i>				<i>Vidvibaddhata</i>
	<i>Jwara</i>				<i>Vairasaya</i>
	<i>Apaka</i>				<i>Daha</i>
	<i>Shuntaanganama</i>				<i>Bahumutrata</i>
					<i>Antrakunjan</i>

Samprapti



150 Propagation in whole body through *Rasayani*

151

152 *Srotorodha*

153

154 *Dosha-Dushya samurchhana*

155

156 *Srotobhishyand*

157

158 Manifestation of *Amavata*

159

160

161 ***Samprapti Ghataka***

<i>Dosha</i>	Involvement of all three <i>Doshas</i> (<i>Tridosha</i>), with predominance of <i>Vata</i> (<i>Vyana</i> , <i>Samana</i> , <i>Apana</i>) and <i>Kapha</i> (<i>Kledaka</i> , <i>Bodhaka</i> , <i>Shleshmaka</i>).
<i>Dhatu</i>	Affected tissues include <i>Rasa</i> , <i>Mamsa</i> , <i>Asthi</i> , and <i>Majja</i> .
<i>Upadhatu</i>	Secondary tissues involved are <i>Snayu</i> (ligaments) and <i>Kandara</i> (tendons).
<i>Srotasa</i>	Channels involved include <i>Annavaha</i> , <i>Rasavaha</i> , <i>Asthivaha</i> , and <i>Majjavaha</i> .
<i>Srotodusti</i>	Vitiation of channels occurs mainly as obstruction (<i>Sanga</i>) and abnormal movement (<i>VimargaGamana</i>).
<i>UdbhavaSthana</i>	Originates primarily in the <i>Amashaya</i> (site of <i>Ama</i> formation) and <i>Pakvashaya</i> (main site of <i>Vata</i>).
<i>Adhisthana</i>	The disease affects the entire body.
<i>VyaktiSthana</i>	Manifestation occurs throughout the body, especially in the joints (<i>Sandhi</i>).
<i>RogaMarga</i>	Classified under <i>MadhyamaRogaMarga</i> (intermediate disease pathway).
<i>Avayava</i>	Primarily involves the joints (<i>Sandhi</i>).
<i>VyadhiSvabhava</i>	The nature of the disease is mostly chronic (<i>Chirakari</i>).

162

163 ***Sadhyata or asadhyata***^[14]

164 ***एकदोषानुगः साध्यो, द्विदोषो याप्य उच्यते ।***

165 ***सर्वदेहचरः शोथः स कृच्छ्रः सान्निपातिकः ॥१२॥***

166 (M.N.25/6)

167 *Madhava Nidanah* has classified *Sadhyata-Asadhyata* of *Amavata* on the basis of *Anubandha* of
168 *Dosha*, which are as follow:-

169

- Involvement of one *Dosha* (*Eka-Doshaja*) – *Sadhyata*

- Involvement of two *Dosha* (*Dvi-Doshaja*) – *Yapya*
- Involvement of three *Dosha* (*Sannipataja*), *Sarvadehachara Shotha*

Upadrava :-

Upadrava refers to complications or secondary clinical conditions that develop along with the primary disease and are usually associated with the same *Dosha* and *Dushya* involved in the main pathology.

The following verse describes the eight *Upadravas* of *Amavata*:

" जाड्यान्तकूजनानाहतृदछर्दिबहुमूत्रताः ।

शूलंशयननाशोऽष्टोपद्रवाआमवातजाः॥119 ॥"

According to *AnjanaNidana*, the eight complications of *Amavata* include *Jadyata* (stiffness), *Antrakunjana* (intestinal gurgling), *Anaha* (abdominal distension), *Trishna* (excessive thirst), *Chhardi* (vomiting), *Bahumutrata* (frequent urination), *Shoola* (pain), and *Nidranasha* (insomnia). *Vachaspati* and *Yogaratanakara* have mentioned that these manifestations seen in the advanced stage of *Amavata* are considered as its *Upadravas*.

Chikitsa of Amavata (Treatment)^[15]: -

AcharyaChakrapani was the first to clearly explain the treatment principles of *Amavata*. In the text *Chakradatta*, he described a systematic line of management for *Amavata* aimed at digesting *Ama*, reducing aggravated *Vata*, relieving pain and swelling, and restoring normal body functions.

लङ्घनं स्वेदनं तिक्तं दीपनानि कटुनि च ।

विरेचनं स्नेहपानं बस्तयश्चाममारुते ।

सैन्धवाद्यानुवास्याश्च क्षारबस्तिः प्रशस्यते ॥ १ ॥ (Chakradatta)

In the general treatment of *Amavata*, therapies such as *Langhana* (fasting/light diet), *Swedana* (sudation therapy), the use of bitter and pungent substances, and digestive fire-enhancing medicines are considered beneficial. *Virechana* (purgation therapy), *Snehapana* (internal oleation), *Anuvasana Karma* with *Saindhavadi Taila*, and *Kshara Basti* are also recommended for effective management of the disease.

लङ्घनंस्वेदनंतिक्तंदीपनानिकटुनिच ।

विरेचनंस्नेहपानंबस्तयश्चाममारुते॥१॥

रूक्षः स्वेदोविधातव्योबालुकापोटलैस्तथा ।

उपनाहाश्चकर्तव्यास्तेऽपिस्नेहविवजिताः॥२॥ (*yogaratanakar*)

According to *Yogaratanakara*, the treatment of *Amavata* includes *Langhana* (fasting or lightening therapy), *Swedana* (sudation therapy), administration of bitter substances, digestive stimulants,

202 and pungent substances. *Virechana* (purgation therapy), *Snehapana* (internal oleation), and *Basti*
203 *Karma* (medicated enema therapy) are also beneficial in the management of *Amavata*.
204 Dry fomentation (*Ruksha Sweda*) should be performed using boluses prepared with dry materials
205 such as sand. Likewise, *Upanaha* (poultice therapy) should be carried out only with substances
206 free from unctuous or oily properties.

207 लङ्घनेस्वेदनंतिक्तं दीपनानिकटुनिच।

208 विरेचनंस्नेहनञ्चवस्तयश्चाममारुते॥१५॥

209 रूक्षःस्वेदोविधातव्योबालुकापुटकैस्तथा।

210 उपनाहाश्चकर्तव्यं स्तेऽपिस्नेहविवर्जिताः॥१६॥ (vangasena samhita)

211 As described in *VangasenaSamhita*, the management of *Amavata* includes *Langhana* (lightening
212 therapy/fasting), *Swedana* (sudation therapy), and the use of pungent, digestive-enhancing, and
213 spicy substances. Therapies such as *Virechana* (purgation), *Snehana* (oleation therapy), and *Basti*
214 *Karma* (medicated enema therapy) are also advised for alleviating the disease.

215 *Ruksha Sweda* (dry fomentation) should be performed with sand-filled boluses, while *Upanaha*
216 *Sweda* (poultice fomentation) should be carried out using non-unctuous substances devoid of oily
217 properties.

218 लङ्घनं स्वेदनं तिक्तं दीपनानि कटुनिच।

219 विरेचनंस्नेहपानं वस्तयश्चाममारुते ॥१॥ (B.R.)

220 According to *BhaishajyaRatnavali*, the treatment of *Amavata* includes *Langhana* (fasting or
221 intake of light food according to the strength of the patient), *Swedana* (sudation therapy),
222 administration of bitter substances, digestive and appetite-stimulating medicines, and pungent
223 substances. *Virechana* (purgation therapy), *Snehapana* with medicated oils such as castor oil, and
224 *Basti Karma* (purificatory enema therapy) are also recommended.

225 After the reduction of *Ama* through therapies like *Langhana*, oleation therapy may additionally be
226 administered to alleviate dryness and aggravated *Vata*.

227 लङ्घनंस्वेदनंतिक्तं दीपनानिकटुनिच।

228 विरेचनंस्नेहनञ्चवस्तयश्चाममारुते॥१४॥

229 रूक्षःस्वेदोविधातव्योबालुकापुटकैस्तथा।

230 उपनाहाश्चकर्तव्यास्तेऽपिस्नेहविवर्जिताः॥ (B.P.)

231 According to *BhavaPrakasha*, the management of *Amavata* should primarily include *Langhana*
232 (lightening therapy/fasting), *Swedana* (sudation therapy), administration of bitter substances,
233 digestive fire-stimulating medicines, and pungent substances. *Virechana* (purgation therapy),
234 *Snehana* (oleation therapy), and *Basti Karma* (medicated enema therapy) are also considered
235 beneficial.

236 *Ruksha Sweda* (dry fomentation) should be performed using sand-filled boluses, and *Upanaha*
237 *Sweda* (poultice fomentation) without unctuous substances is regarded as beneficial in this
238 condition.

239 **आमवातगजेन्द्रस्य शरीरवनचारिणः ।**

240 **निहन्त्यसावेक एव एरण्डस्नेहकेसरी ॥१२॥ (B.R.)**

241 According to Ayurvedic literature, *Amavata* is compared to a powerful elephant wandering within
242 the forest of the body, while castor oil (*Eranda Taila*) is described as a lion capable of subduing it
243 single-handedly. This signifies that castor oil is considered highly beneficial in the management of
244 *Amavata*. The recommended dose is approximately 2 to 2½ tolas.

245 **“एरण्डतैलमाह”**

246 **आमवातगजेन्द्रस्य शरीरवनचारिणः ।**

247 **एक एव निहन्त्याशु एरण्डतैलकेशरी ॥ ५० ॥ (B.P.)**

248 According to classical Ayurvedic description, *Amavata* is metaphorically compared to an elephant
249 roaming in the forest of the body. In this analogy, *Eranda Taila* (castor oil) is described as a lion
250 that alone is capable of swiftly destroying this disease. This signifies the strong therapeutic
251 efficacy of castor oil in the management of *Amavata*.

252 **आमवातगजेन्द्रस्य शरीरवनचारिणः ।**

253 **एक एव निहन्त्याशु ह्यरण्डस्नेहकेसरी ॥३७॥ (vangasena samhita)**

254 In the forest-like body, the elephant of *Amavata* can be controlled and subdued by none other than
255 the lion-like *Eranda Taila* (castor oil), which alone is considered sufficient for its effective
256 management.

257 **आमवातगजेन्द्रस्यशरीरवनचारिणः ।**

258 **एक एव निहन्त्याशु एरण्डस्नेहकेसरी ॥ ३ ॥**

259 **कटीतटनिकुञ्जेषुसञ्चरन्वातकुक्षरः ।**

260 **एरण्डतैलसिंहस्य गन्धमाघ्राय नश्यति ॥ ४ ॥(yogaratanakar)**

261 *Amavata* is described metaphorically as a powerful elephant roaming in the forest-like human
262 body. It is stated that only *Eranda Sneha* (castor oil), symbolized as a lion, is capable of quickly
263 destroying this disease, emphasizing its strong therapeutic efficacy in *Amavata*. Further, when
264 *Vata*, also compared to an elephant, moves through the waist and abdominal regions, it is said to
265 get pacified merely by the influence (therapeutic effect) of *Eranda Taila*. This indicates that castor
266 oil is highly effective in controlling and alleviating *Vata* disorders, especially those affecting the
267 lower parts of the body.

268 **Pathya in Aamavata^[16]: -**

269 यवाः कुलत्थाः श्यामाकाः कोद्रवा रक्तशालयः ।

270 वास्तुकं शिग्रु वर्तकं कारवेल्लं पटोलकम् ॥२२६॥

271 आर्द्रकं तप्तनिर्व्यूषं लशुनं तक्रमसंस्कृतम् ।

272 जाङ्गलानां तथा मांसं सामवातगदे हितम् ॥२२७॥

273 मन्दुरारोग्यषट्कुष्ठदारु भल्लातक गोजलमाद्रकम् ।

274 कटूनि तिक्तानि च दीपनानि स्युरामवातापहिनि हितानि ॥२२८॥(B.R.)

275 In Aamavata, foods and drugs having Deepana (digestive stimulant), Pachana (Ama-digesting),
276 and Vata-Kapha pacifying properties are considered beneficial. Barley (Yava), horse gram
277 (Kulattha), Shyamaka, Kodrava, RaktaShali rice, Vastuka, Shigru, brinjal, bitter gourd, and
278 Patolaka are advised as they are light to digest and help reduce Ama. Fresh ginger, hot soups and
279 decoctions, garlic, preparations processed with buttermilk, and meat of Jangala animals are also
280 beneficial because they improve Agni and relieve pain, stiffness, and swelling. Drugs such as
281 Mandura, Kushtha, Devadaru, Bhallataka, and pungent as well as bitter substances possessing
282 Deepana and Pachana properties are useful in alleviating Aamavata by digesting Ama and
283 correcting impaired metabolism.

284 आमवातेपञ्चकोलसिद्धपानात्रमिष्यते।(Chakradatta)

285 In Ayurveda, Panchakola is a classical herbal combination consisting of long pepper, long pepper
286 root, chavya, chitraka, and dry ginger. It is traditionally recommended in the management of
287 Amavata because of its digestive and metabolite-clearing properties. Food and drinks prepared
288 with Panchakola are believed to stimulate digestion, reduce the accumulation of ama (metabolic
289 toxins), and help relieve heaviness, stiffness, and discomfort associated with the condition.

290 Apathya in Aamavata:-

291 दधिमस्तुगुडक्षीरपोतकीमाषपिष्टकान् ।

292 दुष्टनीरं पूर्ववातं विरुद्धाशनानि च ॥२२९॥

293 असात्न्यं वेगरोधश्च जागरं विषमाशनम् ।

294 वर्जयेदामवातार्तो मांसञ्चानूपसम्भवम् ॥२३०॥

295 अभिष्यन्दकरा ये च ये च वाते गुरुपिच्छिलाः ।

296 वर्जनीयाः प्रयत्नेन आमवातार्तिदेहिनैः ॥२३१॥(B.R.)

297 In Aamavata, all food articles and lifestyle factors that increase Ama and aggravate Vata should be
298 strictly avoided. Curd, mastu (watery part of curd), jaggery, milk, Potaki, black gram preparations,
299 flour-based heavy foods, contaminated water, exposure to cold eastern wind, and incompatible
300 diet are considered harmful as they impair digestion and promote Ama formation. Similarly,
301 unwholesome food habits, suppression of natural urges, night awakening, irregular eating patterns,
302 and consumption of meat obtained from marshy or aquatic animals (Anupamamsa) worsen the

disease condition. Foods that are *Abhishyandi* (causing obstruction in body channels), heavy, sticky, and difficult to digest further aggravate stiffness, pain, swelling, and restricted movements in patients suffering from *Aamavata*.

Discussion

Amavata is a chronic inflammatory disorder caused by the formation of *Ama* due to *Mandagni* and its association with aggravated *VataDosha*. The disease closely resembles Rheumatoid Arthritis and presents with joint pain, swelling, stiffness, fever, and restricted movements. In Ayurveda, the main aim of treatment is to digest *Ama*, improve *Agni*, remove *Srotorodha*, and pacify *VataDosha*. *Langhana* is considered the first line of treatment as it reduces *Ama* and improves digestion. *Deepana* and *Pachana* medicines having *Tikta* and *Katu* properties help stimulate *Agni* and digest accumulated toxins. *Swedana*, especially *RukshaSweda* like *BalukaSweda*, is useful in relieving stiffness, swelling, and pain. After *Ama* is reduced, *Snehana* and *Virechana* are advised to pacify *Vata* and remove vitiated *Doshas*.

Among *Panchakarma* therapies, *Basti Karma* is regarded as the most effective treatment because it directly controls aggravated *Vata Dosha*. Classical texts also emphasize the importance of *ErandaTaila*, which possesses *Deepana*, *Vata-KaphaShamana*, and mild purgative properties, making it highly beneficial in reducing pain and stiffness.

Diet and lifestyle also play an important role in management. Light and easily digestible foods such as *Yava*, *Kulattha*, ginger, garlic, and *Takra* are beneficial, whereas curd, heavy oily food, incompatible diet, and sedentary habits should be avoided as they increase *Ama* formation.

Thus, Ayurvedic management of *Amavata* provides a holistic approach by correcting the root cause of the disease rather than only giving symptomatic relief.

Conclusion

Amavata is a chronic disease caused by *Ama* formation and aggravation of *VataDosha* due to impaired digestion and unhealthy lifestyle practices. Ayurveda describes detailed treatment principles focused on *AmaPachana*, *AgniDeepana*, and *VataShamana*.

Therapies such as *Langhana*, *Swedana*, *Deepana-Pachana*, *Virechana*, *Snehana*, and especially *BastiKarma* are highly effective in managing the disease. *ErandaTaila* is also considered an important remedy for relieving pain, stiffness, and inflammation. Proper *PathyaAhara* and lifestyle modifications are essential for better recovery and prevention of recurrence.

Therefore, Ayurveda offers a safe and holistic approach in the management of *Amavata* and can help improve the quality of life of patients suffering from Rheumatoid Arthritis-like conditions.

337 **Reference**

- 338 1. Upadhyay Yadunandan, editor, Madhav Nidanam of Sri Madhavakara, edited with Madhukosha
339 Sanskrit Commentary and Vidyotini Hindi Commentary, Part I, Adhyay 25, Verse 1-12, Varanasi:
340 Chaukhambha Prakashan, 2009; 509-512.
- 341 2. Harsh Mohan: Text of pathology, Jaypee Brother Medical Publishers (P) LTD, New Delhi,
342 2005.
- 343 3. Tripathi K.D.: Essentials of medical pharmacology. Jaypee Brother Medical Publishers (P)
344 LTD, New Delhi, 2008.
- 345 4. Shabdkalpdrum by Raja Radhakant deva Part 1, pg no; 180, published by Chaukhambha
346 Sanskrit series 3rd edition, 1967.
- 347 5. Amarkosha Namalinganushasanama by Pandit shree Madamara singh Part 1 pg no. 320 revised
348 by Narayana Ram Acharya published by Satyabhamabai pandurang Bombay, 1944.
- 349 6. Amarkosha Namalinganushasanama by Pandit shree Madamara singh Part 1 pg no; 321 revised
350 by Narayana Ram Acharya published by Satyabhamabai pandurang Bombay, 1944
- 351 7. Astang Hridaya Sutra sthana chapter 13/25, vidhyotini Hindi commentary by Kaviraj Atrideva
352 gupta revised by vaidhya Yadunandana Upadhyaya published by Chaukhambha Sanskrit series,
353 2012; 132.
- 354 8. Madhava Nidana, translated into English by Prof. K. R. Srikanta Murthy, Chaukhambha
355 orientalia, Varanasi, 7th edition, 2005; 95.
- 356 9. Madhava Nidana, translated into English by Prof. K. R. Srikanta Murthy, Chaukhambha
357 orientalia, Varanasi, 7th edition, 2005; 95.
- 358 10. Vangsen Samhita Amavatarogadhikara chapter, 5: 399.
- 359 11. Madhav nidana commented by vijay rakshit, madhukosh teeka by madhavkara chapter
360 25/12 Amavata nidana, 512/2009.
- 361 12. Sharangdhara Samhita Purvakhand 7/41 jeevanaprada Hindi commentary, 80.
- 362 13. Madhav nidana commented by vijay rakshit, madhukosh teeka by madhavkara chapter
363 25/12 Amavata nidana, 512/2009.

364 14. shastri sudharshan. choukhambha parkashna. 2019th ed. Vol. 2. varansi, uttar paradhesh :
365 choukhambha parkashna; 2019. 3 vols.

366 15. tripathi indra deva. choukhambha sanskrita bhawan. 2019th ed. Vol. 1. varansi, uttar
367 paradhesh: choukhambha parkashna; 2019. 1 vol.

368 16. Shastri, A. D. (Ed.). (2019). *Bhaishajya Ratnavali* (Amavata Chikitsa, Verses 226–228).
369 Varanasi: Chaukhamba Sanskrit Sansthan.

370

371

372

373

374

375

UNDER PEER REVIEW IN IJAR