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STUDY OF RELATION BETWEEN *PRAKRITI* AND ENVIRONMENTAL VARIATION EFFECTS IN *AMAVATA* PATIENTS

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ABSTRACT

Amavata is one of the most painful diseases, which can evolve in any age group of persons. *Amavata* has been first described by *Acharya Madhava* in detail. *Amavata* occurs as a result of amalgamation of *ama* and *vata*. *Amavata* is common in persons having *mandagni* because it is one of the most precipitating factors of *amavata*. On the other hand persons having *mandagni* are more prone to seasonal variations effect. Aim of this study to find relation between *prakriti* and *amavata*, and the effects of **e**nvironmental variation in these patients. For this study total 100 patients of *amavata* having *mandagni* were registered. It was found that patients of *VK prakriti* were more affected by *mandagni* and *amavata* than others. It can be explained that *mandagni* is more common in *K prakriti*, which leads to formation of *ama resulting amavata* disease.

KEYWORDS: *Amavata*, *Mandagni*, *Ama* etc.

INTRODUCTION

When *vata* gets vitiated due to consumption of *vata* aggravating factors and *ama* develops due to consumption of diet and activities which favors sluggishness of *agni* and favors development of *ama* then both *ama* and *vata* enter the *trika* region and *sandhi pradesha* (Various joints of body) and leads to *stabdhata* (Stiffness) in various body joints. This

condition is known as *amavata.*[1] *Amavata* disease occurs mainly due to irregularity in food digestion, living in cold places, psychological factors, family history etc. Symptoms of *Amavata* become more prominent in rainy season, cold season and when sky is covered with clouds. On the other hand apposite to these seasons symptoms get subside.[2] Etiological factors of *amavata* are disagreement dietetics and drinks; hindered activities or behavior, slowness or inactive in the digestive mechanism; unchangeable or sedentary habits and consumption of more unctuous food followed by exercise.[3] As *mandagni* is more common in patients having *K prakriti*[4] so *amavata* is also more common in persons with *K prakriti and amavata* patients are more prone to be affected by seasonal variation and suffer by problems such as cold, cough, fever, sore throat etc.

MATERIAL METHOD

Total 100 patients were selected for this study. Selection of the *amavata* patient was based on the symptoms of *amavata* described in *Ayurvedic samhita*.

Inclusion criteria

1. Registered patients belonged to age group > 15 years.
2. Patients who fulfilled the criteria of diagnostic features of *amavata* (*samanya lakshana and pravriddha lakshana*)
3. Both male and female patients.

Exclusion criteria

1. The patients with age below fifteen years.
2. The patients, who did not fulfill *amavata* diagnostic criteria.

Table no.1: Diagnostic criteria of *samanya lakshana* of *amavata*[5]

S.N.	Symptoms
1.	*Daurbalya* (General weakness)
2.	*Gauravam hrdayasya* (Heaviness in precordial region)
3.	*Trika sandhi pravehakau stabdhama* (Stiffness in multiple joints)
4.	*Angamarda* (Bodyache)
5.	*Aruchi* (Anorexia)
6.	*Trishna* (Thirst)
7.	*Alasya* (Lethargy)
8.	*Gauravam* (Heaviness)
9.	*Jvara* (Fever)
10.	*Apaka* (Indigestion)
11.	*Shunata anganam* (Swelling)

Table no.2: Specific or *pravrddha lakshana* of *amavata*[6]

S.N	Symptom
1.	*Hasta padashiro gulpha trika janu uru sandhi sa rujam shotham* (Pain and swelling in hand, feet, ankle, knee, hip and spinal joints).
2.	*Rujyate atyartham* (Excruciating pain)
3.	*Vyaviddha iva vrishcika* (Nature of pain is like that of scorpion sting)
4.	*Agnidaurbalya* (Hindered digestive mechanism)
5.	*Praseka* (Excessive salivation)
6.	*Aruchi* (Anorexia)
7.	*Gauravam* (Heaviness)
8.	*Utsahahani* (Lack of enthusiasm)
9.	*Vairasya* (Altered taste in the mouth)
10.	*Daham* (Burning sensation)
11.	*Bahumutratam* (Excessive urination)
12.	*Kukshau kathinatam shulam* (Hardness and pain in abdomen)
13.	*Nidraviparyaya* (Disturbed sleep)
14.	*Trt* (Thirst)
15.	*Chardi* (Nausea)
16.	*Bhrama* (Fainting)
17.	*Murccha* (Unconsciousness)
18.	*Hrd graha* (Stiffness in pericordium)
19.	*Vidvibaddhatam* (Constipation)
20.	*Jadya* (Stiffness)
21.	*Antrakujanam* (intestinal gurgling)
22.	*Anaha* (Distension in abdomen)

RESULTS

Table 3: Showing the assessment of *prakriti* in 100 cases of *amavata*

Total 100 cases	*VP Prakriti*	*VK Prakriti*	*PK Prakriti*
	28%	62%	10%

Table 4: Showing the effect of environment variation in 100 cases of *amavata*

Lack of adjustment to environmental changes having complain of cough, cold, sore throat etc.	*VP Prakriti*	*VK Prakriti*	*PK Prakriti*	Total
Present	8	59	8	75
Absent	20	3	2	25

Table 5: Total leucocytes and differential count in diagnosed *amavata* patients-

Total white cell counts in cu/mm.		4000-11,000	< 4000	>11000
Total no. of cases		80 (80%)	2 (2%)	18 (18%)
Neutrophils	40-75	80	2	9
	<40	0	0	0
	> 75	0	0	9
Lymphocytes	20-50	74	2	13
	<20	6	0	5

	>50	0	0	0
Monocytes	2-10	72	2	16
	<2	4	0	2
	>10	4	0	0
Eosinophils	1-6	63	0	10
	<1	2	0	1
	>6	15	2	7
Basophils	<1	72	2	15
	0	8	0	3
	>1	0	0	0

Out of 100 patients 24% cases suffered from eosinophilia having *VK prakriti*.

DISCUSSION

Amavata results from the complex interactions between *vata, kapha, ama*, environmental factors and the immune system. *Ayurveda* has given maximum stress to get rid of improper routine diet and lifestyle which disturbs the whole G.I tract as a matter of fact body fails to get nutrients. So, this may lead to decline in *vyadhikshmata*. Turnbagh and coworkers suggested that a set of core microbiome is present in humans living in a certain habitat. Variability among individuals could arise due to the host lifestyle, diet, health, immune system and environment. This concept is also described in *Ayurveda* i.e erratic diet and lifestyle causes variability in gut. Our gut is the primary port of entrance for various environmental antigens that can be in the form of food or infectious agents. The intestinal microflora forms an immunological barrier between the environment and the intestine and helps to maintain a healthy gastro-intestinal tract.[7]

CONCLUSION

It can be explained that *mandagni* is more common in *K prakriti*, which leads to formation of *ama*. So it may be justified that *vata kapha prakriti* persons are prone to *amavata* because slight intake of etiological factors of *amavata* initiates disease manifestation faster than other *prakriti* individuals. *Ayurveda* has given maximum stress to get rid of improper routine diet and lifestyle which disturbs the whole G.I tract as a matter of fact body fails to get nutrients. So, this may lead to decline in *vyadhikshmata*. *Vata, kapha, ama,* environmental factors and the immune system individually or combined together influence the immune process of the disease resulting into variation of white blood cell count.

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