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UNDERSTANDING CONCEPTS OF AAM IN AAMVATA PATIENTS WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS- A LITERARY REVIEW

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ABSTRACT

Even though 'ama' is produced bv the 'agni' of both 'jatharagni' and 'dhatvagni', it can still become the root cause of many illnesses. In the condition called 'amavata', ama is the main pathogenic factor. When ama and 'vata' become deranged at the same time, the disease shows up chiefly in the joints of the hands, feet, head, sacrum, ankles, knees and thighs. Amavata is regarded as a disorder of the 'rasa' channels and is often compared to rheumatoid arthritis. It arises from impaired digestive fire (agnidusti), the generation of ama, and joint degeneration (sandhivikriti). Sadly, many people are still unaware of this disease and its complications, which can result in lifelong joint deformities.

KEYWORDS: Aam, Aamvata, Rheumatoid Arthritis, Agnidushti, sandhivikruti.

INTRODUCTION

Joint complaints are among the most frequent health issues

seen in modern society. Factors such as shifting lifestyles, malnutrition from various sources, and insufficient physical activity are major contributors. Ayurveda offers a nuanced explanation of joint disorders. Amavata is not only a joint condition but also involves

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weakened digestive fire and the accumulation of a toxic substance known as Ama.^[1] When this Ama combines with an aggravated Vata dosha, the result is a severe, chronic ailment called Amavata. Genetic predisposition also plays a role in its onset. Amavata is the most common internally-generated disease caused by the repeated formation of Ama in the body.^[2] It ranks as the leading chronic inflammatory joint disease, characterized by swollen, painful, and stiff joints. Because of its long-term nature and complications, it has become the foremost joint disorder, posing a significant challenge to clinicians due to its debilitating effects. Classical Ayurvedic descriptions of Amavata closely parallel rheumatoid arthritis in many respects. The primary driver of Amavata's manifestation is Ama, therefore a thorough understanding of Ama is essential.

Etymology of Ama^[1]

- 1. The unprocessed or undigested food partical is Ama.
- 2. Ama means "which is subject of digestion.

Definition of Ama^[1]

- 1. Due to hypo-functioning of Ushma the 1st Dhatu "Rasa" is not properly digested, instead the Anna rasa undergoes fermentation being retained in the Amashaya. This Rasa is called as Ama.
- 2. The Adya Ahara Dhatu is known as Ama, which is undigested & formed due to hypofunctioning of Agni, in Amasaya.
- 3. The food material which will not undergone vipaka, leads to Durgandha, which is large in quantity, which is picchila & which leads to Gatra Sadana is called Ama.
- 4. Due to impairment of digestive fire the undigested remained food material is Ama.
- 5. Apakva Anna Rasa is Ama & some other considers the accumulation of mala as Ama & still other opines the 1st stage of vitiation of dosha as Ama.
- 6. The 1st phase of Dosha dusti is Ama. Ama may be classified as below: Ama produced due to hypo functioning of Agni i.e.

Classification of Ama-Vata^[3]

- A)- Classification according to Doshanubandha
- 1- Anubandha of one dosha

Vatanuga Amavata Pittanuga Amavata Kaphanuga Amavata

- 2- Anubandha of 2 dosha Vata-pittanuga Amavata Pitta-kaphanuga Amavata Kapha-vatanuga Amvata
- 3- Anubandha of all dosha Tridoshaja Amavata
- B)- Classification according to severity

Samanya Amavata

Pravriddha Amavata

In samanya Amavata, the symptoms are more or less general, less severe & not associated with complication in comparison to pravriddha Amavata

C)- Classification according to chronicity

Navina Amavata

Jirna Amavata

Nidana^[4]

This word either refers to etiopathogenesis of the disease in general or the etiology of the illness in particular from the perspective of treatment. Nidana is most important as the avoidance of etiological factors forms the first & foremost line of treatment.

Madhavakara has described

- 1. Viruddhahara (unwholesome diet)
- 2. Viruddhacheshta (Erroneous habits)
- 3. Mandagni (diminished agni)
- 4. Nishchalata (sedentary life)
- 5. Exertion immediately after taking Snigdha Ahara is the causative factors for disease Amavata.

Samprapti of Amavata^[5]

Prolonged exposure to risk factors gradually weakens the digestive fire, known as Jathara agni. As a result, the food we eat is not fully broken down and cannot be transformed into Rasa dhatu. The undigested Aahara rasa undergoes fermentation and decay, producing a toxic substance called Ama. This Ama is then absorbed into the body and is carried by an already aggravated Vata dosha, especially to regions where Kapha predominates—such as the stomach (Amashaya), the joints (sandhi), the chest (ura-sthana), and the throat (kantha). Ama enters the vessels (dhamani) and enters the circulation, where it combines with other aggravated doshas and intensifies its harmful effects. Because of its excessively oily nature, Ama creates heaviness in the heart and general weakness throughout the body. The condition is serious and difficult to treat due to the extreme toxicity of Ama (amarasa). Eventually, both Ama and Vata become simultaneously aggravated, moving into the gastrointestinal tract (koshtha), the sacrum (trika), and the joints (sandhi), causing stiffness throughout the body. This pathological state is described in Ayurveda as Amavata.

Components of pathogenesis: Samprapti ghataka

Dosha: Vata, Kapha, Pitta.

Dushya: Rasa, Meda, Majja.

Srotas: Rasavaha Srotas, Annavaha Srotas, Asthivaha Srotas.

Adhisthana: Sandhi.

Srotodushti: Vimarmagamana.

Swabhava: Chirakari

Agni Dushti: Jatharagni, Rasa Agni -Agnimandya.

Pathogenesis^[6]

- 1) Synovitis (Synovial cell hyperplasia, Hypertrophy with CD4 lymphocytic infiltration and synovial effusion)
- 2) Pannus formation
- 3) Cartilage loss
- 4) Fibrosis
- 5) Bony erosion, deformity, fibrous and bony ankylosis
- 6) Muscle wasting
- 7) Periarticular osteoporosis.

Lakshana of Amavata^[8]

Samanya lakshana of Amavata

- 1. Angamarda Body ache
- 2. Aruchi Anorexia
- 3. Trushna Thirsty
- 4. Gourav Heaviness in the body
- 5. Aalasya Lethargy
- 6. Angashunata Swelling in the body
- 7. Jwara Pyrexia
- 8. Apaki Indigestion

Pratyatma lakshana of Amavata

- 1. Sandhi shotha Swelling in multiple joints
- 2. Sandhi shoola Pain in the joints
- 3. Gatra stabdhata Stiffness in the body

Clinical features of Amavata in Comparison with Rheumatoid Arthritis

- 1) Hasta sandhi shotha & shoola Inflammation & severe pain in metacarpo-phalangeal joints & proximal inter phalangeal joints are affected most severely in Rheumatoid Arthritis.
- 2) Paad sandhi shotha & shoola The feet are often involved especially the metatarso phalangeal joints & subtalar joints are affected.
- 3) Jaanu gulfa sandhi shotha R.A. involves first smaller joints of hands & feet and then symmetrically affects the joints of wrist, elbow, ankle & knee.
- 4) Angagourav Feeling of heaviness in the body.
- 5) Stabdhata In R.A. stiffness of joints, particularly observed in morning hours.
- 6) Jaadhya Due to deformity limited movements in the joints, weakness in grip or triggering of fingers occurs in R.A.
- 7) Angavaikalya Deformity in joints.
- 8) Sankocha Contractures.
- 9) Vikunchana This can be compared to volar subluxation, ulnar deviation which occurs at metatarsophalangeal joints and bilateral flexion contractures of the elbow are observed in R.A.
- 10) Angamarda Body ache, myalgia occurs in Rheumatoid Arthritis
- 11) Other joints are involved in Chronic Rheumatoid Arthritis

Joint Deformity in Rheumatoid Arthritis

- 1) Swan neck deformity in interphalangeal joint.
- 2) Boutonniere (Deformity in Rheumatoid Arthritis. with flexion at proximal interphalangeal joint & hyperextension at distal interphalangeal joint).
- 3) Z deformity in the thumb.
- 4) Volar subluxation and ulnar deviation occurs at metacarpophalangeal joint.
- 5) Bilateral flexion contractures of the elbow.
- 6) Synovitis at the wrist may cause carpel tunnel syndrome.

Diagnosis of Rheumatoid Arthritis^[7]

The diagnosis of Rheumatoid Arthritis is essentially clinical since there is no specific laboratory test to diagnose it. The occurrence of symmetrical peripheral inflammatory polyarthritis along with early morning stiffness should suggest the possibility of Rheumatoid Arthritis.

Criteria for Diagnosis

- 1) Morning stiffness (>one hour)
- 2) Arthritis three or more joints area
- 3) Arthritis of hand joints
- 4) Symmetrical arthritis
- 5) Rheumatoid nodules
- 6) Presence of Rheumatoid factor
- 7) Radiological changes (hand & wrist)

Prognosis

Curable: Single dosha dominant types of Amavata are curable- Sadhya types.

Manageable with proper medication: Two dosha dominant types of Amavata can be managed with continual proper medication and dietary regimen- Yappya types.

Difficult to cure Three dosha dominant types of Amavata are very difficult to cure. Kashtasadhya types.

CONCLUSION

Amavata gets its name from the two main pathological players—Ama and Vata. "Ama" refers to the unripe, uncooked, immature, and undigested material that appears when Agni (digestive fire) is impaired. References to Amavata appear in several ancient Ayurvedic texts, but it wasn't until the medieval period that the condition became more prominent, and today it is a common and feared disease. In our study it is clear that the disease process begins with the formation of Ama. Auto-immune disorders arise when the body's immune system mistakenly attacks its own tissues, often in response to antigens or to Ama. In such cases the inflammatory response is triggered at the cellular level by Ama or other antigens. These molecules alter cellular signaling pathways, provoking an inappropriate autoimmune reaction that damages tissue.

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1510