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AYURVEDIC PERSPECTIVE OF *AMAVATA*: A COMPREHENSIVE REVIEW

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ABSTRACT

Background: *Amavata* is a prevalent musculoskeletal disorder described in Ayurvedic classics, characterized by joint pain, swelling, and stiffness resulting from the simultaneous aggravation of *Ama* (incompletely metabolized material) and *Vatadosha*. It closely parallels Rheumatoid Arthritis (RA) in its clinical presentation.This review systematically analyzes the Ayurvedic understanding of *Amavata* — its etiology, pathogenesis, clinical features, and management — drawing on classical texts and contemporary research.Relevant classical Ayurvedic texts (*Madhava Nidana, Chakradatta, Bhaishajya Ratnavali, Charaka Samhita, Ashtanga Hridaya*) and peer-reviewed research articles were reviewed. *Mandagni* (impaired digestive fire) is the primary causative factor leading to *Ama* formation. Management encompasses *Langhana, Swedana, Deepana-Pachana, Virechana, Basti*, and Shamana formulations. The classical Ayurvedic protocol for *Amavata* provides a comprehensive and root-cause–oriented treatment strategy that addresses pathology through both purification and pacification, with documented efficacy in clinical settings.

KEYWORDS: *Amavata, Ama, Agnimandya, Rheumatoid Arthritis, Langhana, Basti, Virechana.*

INTRODUCTION

Amavata is one of the most clinically significant and therapeutically challenging diseases described in Ayurvedic classical literature. It is a disorder of the *Rasavaha Srotas* (nutritive channels) arising from the dual vitiation of *Ama* and *Vatadosha*, culminating in painful, stiff, and swollen joints. The disease occupies a prominent place among joint disorders owing to its chronic, debilitating, and potentially deforming nature. *Amavata* is the most common endogenous disease produced by the frequent formation of *Ama* in the body.[1]

Correlations between *Amavata* and Rheumatoid Arthritis (RA) are well-established in Ayurvedic scholarship. RA is a chronic, systemic autoimmune inflammatory polyarthritis that primarily affects peripheral small joints in a symmetrical pattern. According to the Arthritis Foundation of the USA, RA is the second most common type of arthritis worldwide; its prevalence in India is estimated at 0.7%, and its onset is most frequent during middle age, with women affected 2.3 times more often than men.[2] Modern immunology describes RA as a condition in which the immune system mounts a misguided response against self-antigens, resulting in synovitis, cartilage destruction, and bony erosion — a pathology remarkably consistent with the *Samprapti* (pathogenesis) of *Amavata*.

The term *Amavata* is a compound of two words: *Ama*, referring to incompletely digested toxic material, and *Vata*, indicating the aggravated biological force responsible for movement and dissemination in the body. Although a detailed independent chapter is absent in the *Brihattrayi* (the three great classical texts — *Charaka, Sushruta, Ashtanga Hridaya, Ashtanga Sangraha*), the disease is elaborately described by acharya Madhavakara in the *Madhava Nidana*, and management principles are codified in *Chakradatta, Yogaratnakara*, and *Bhaishajya Ratnavali*. This review synthesizes evidence from these classical sources alongside contemporary research to present a comprehensive Ayurvedic perspective of the disease.

AIMS AND OBJECTIVES

The present review article aims to:

1.To review the classical Ayurvedic understanding of Amavata from primary text and to describe its tiology (*Nidana*), pathogenesis (*Samprapti*), prodromal features (*Purvarupa*), and clinical manifestations (*Lakshana*) of *Amavata*.

2. Review the Ayurvedic management principles, including *Panchkarma* and *Shamana* therapies, with reference to classical formulations.

3. Correlate Ayurvedic concepts with modern biomedical understanding of Rheumatoid Arthritis.

MATERIALS AND METHODS

The present study is a descriptive literary review. Primary classical Ayurvedic texts consulted include: *Madhava Nidana* (with *Madhukosha* commentary), *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridayam*, *Ashtanga Sangraha*, *Chakradatta*, *Yogaratnakara*, and *Bhaishajya Ratnavali*. In addition, peer-reviewed journal articles published in recognized Ayurvedic and biomedical journals were reviewed, including publications from the *World Journal of Pharmaceutical and Medical Research*, *Journal of Ayurveda and Integrated Medical Sciences*, *AYUSHDHARA*, and the *International Research Journal of Ayurveda & Yoga*. Information pertaining to *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, and *Chikitsa* was systematically extracted, collated, and analyzed thematically.

Review of Literature

1) Etymology and Definition

The term *Amavata* etymologically signifies the predominance of both *Ama* and *Vata*in the pathogenesis of the disease. Following classical etymological interpretations exist: 'Amena sahita Vata— Amavata' denotes the virulent *Ama* circulating in the body propelled by vitiated *Vata*and lodging in the joints; the combination of *Ama* and *Vata*indicates their joint predominance in the disease process; and indigestion (*Ajeerna*) produces *Ama*, which together with *Vata* manifests as *Amavata*.

Acharya Madhavakara defines the disease as a state where the body becomes stiff (*Stabdhata*) due to the simultaneous lodging of vitiated *Ama* and *Vata*in the *Trika Sandhi* (sacroiliac joints) and other joints (*Madhava Nidana*, *Amavata Nidana Adhyaya*,. The *Madhukosha* commentary explains that the term 'Yugapat' (simultaneously) underscores that *Vata*and *Kapha* — or *Ama* and *Vata*— are co-responsible for pathogenesis.

2) Concept of Ama

Ama is the foremost pathological entity in *Amavata*. It is produced by the hypo-functioning of *Agni* — both *Jatharagni* (gastric fire) and *Dhatwagni* (tissue-level metabolic fires). When the primary digestive fire falters, the initial nutritive fraction of food (*ahara Rasa*) remains unprocessed in the stomach (*amashaya*), undergoing fermentation and acquiring toxic properties. This unprocessed material — foul-smelling (*Durgandha*), viscous (*Picchila*),

heavy (*Guru*), and cold (*Sheeta*) — is called *Ama*.[3] The properties of *Ama* are diametrically opposed to the properties of *Agni* (hot, sharp, light), and this antagonism forms the conceptual basis for Ayurvedic treatment.

3) Nidana (Etiology)

Madhavakara enumerates principal etiological factors for *Amavata* as *Viruddhahara* — consumption of mutually incompatible foods that vitiate the *Doshas* without expelling them from the body; *Viruddhacheshta* — erroneous habitual practices, including exercising immediately after a fatty meal; *Mandagni* — diminished digestive capacity, the most critical factor; *Nishchalata* — a sedentary lifestyle; and *Snigdham annam bhuktva vyayamam* — exertion soon after intake of unctuous food.

Viruddhahara encompasses 18 distinct categories of food incompatibility[4] including temporal incompatibility (*Kala Viruddha*), combinational incompatibility (*Samyoga Viruddha*), and incompatibility related to one's digestive capacity (*Agni Viruddha*). Rana R et al. (2022) provide a detailed analysis of how modern dietary habits — such as milk shakes, late-night consumption of curd, and processed foods — constitute forms of *Viruddha ahara*, directly contributing to the rising incidence of autoimmune disorders including *Amavata*.[5]

4) Purvarupa (Prodromal Features)

The prodromal features of *Amavata* reflect the initial impairment of *Agni* and the early circulation of *Ama* in the body. They include: *Agnimandya* (reduced digestive power), *Apaka* (indigestion due to impaired metabolism), *Daurbalya* (generalized weakness from inadequate dhatu nourishment), *Angamarda* (body ache from circulation of *Ama*-laden *Rasa Dhatu*), *Aruchi* (anorexia), and *Gaurava* (heaviness), *Gatrastabdhata* (generalized stiffness) appears as the *Picchila, Guru*, and *Sheeta* properties of *Ama* spread through the body via *Vyana Vayu*.

5) Samprapti (Pathogenesis)

The pathogenesis of *Amavata* is systematically described by Madhavakara: due to the etiological factors enumerated above, *Agni* becomes impaired (*Mandagni*), leading to the formation of *Ama* in the *amashaya* (stomach). Simultaneously, *VataDosha* is aggravated. The slimy, viscous *Ama* combines with vitiated *Vata*and circulates through the body via *Shira* and *Dhamani* (vessels and channels), ultimately lodging in the *Kapha Sthana* — specifically the joints (*Sandhi*) — where *Shleshaka Kapha* normally resides, thus producing *Amavata.*

The key *Samprapti Ghataka* (components of pathogenesis) are: *Dosha* — *Vata-Kapha pradhana Tridosha*; *Dushya* — *Rasa, Mamsa, Asthi, Majja Dhatu*; *Srotas* — *Rasavaha, Asthivaha, Majjavaha*; *Udbhava Sthana* — *amashaya*; *Adhisthana* — *Sarva Sandhi*; and *Roga Marga* — *Madhyama Roga Marga*.[6] This corresponds remarkably to the modern pathological sequence: synovitis → synovial cell hyperplasia → pannus formation → cartilage and bone erosion → fibrous/bony ankylosis.

6) Lakshana (Clinical Features)

Madhavakara enumerates the cardinal symptoms of *Amavata* in two groups [7] The *Samanya Lakshana* (general symptoms) include: *Angamarda* (body ache/myalgia), *Aruchi* (anorexia), *Trishna* (excessive thirst), *Gaurava* (heaviness), *alasya* (lethargy), *Angashunata* (swelling of body parts), *Jwara* (fever), and *Apaki* (indigestion). The *Pratyatma Lakshana* (pathognomonic features) are *Sandhi Shotha* (polyarticular swelling), *Sandhi Shoola* (joint pain), and *Gatra Stabdhata* (generalized stiffness).

In advanced (*Pravriddha*) *Amavata*, additional features emerge, including *Vrishchikadamshavata Vedana* (scorpion-sting–like pain), *Hridgraha* (cardiac involvement), *Jadya* (loss of movement), *Bhrama* (giddiness), *Nidra Viparyaya* (disturbed sleep), *Murcha* (syncope), and *Bahumulrata* (increased urinary frequency). Joint deformities — corresponding to swan-neck deformity, Boutonnière deformity, Z-deformity of the thumb, ulnar deviation, and volar subluxation in RA — are described as *Vikunchana*, *Sankocha*, and *Angavaikalya* in the classical text.

5. Management

Acharya Chakrapanidatta in *Chakradatta* enumerates the treatment protocol as: *Langhana, Swedana, Tikta-Katu Deepana, Virechana, Sneha Pana*, and *Basti*.[8] This *Chikitsa Sutra* forms the backbone of all Ayurvedic treatment of *Amavata*.

1) Langhana (Lightening Therapy)

Langhana refers to any intervention that produces lightness in the body, either through dietary restriction or through drugs with light properties. It is the first-line treatment in *Amavata* because it directly counteracts the heavy, sluggish *Ama*. *Langhana* can be achieved through *Shodhana* (purificatory measures including *Vamana, Virechana, Niruha Basti*, and *Nasya*) or through *Shamana*[9] (pacification through fasting, sunlight exposure, and *Pachana* drugs). Contemporary research confirms that fasting reduces pro-inflammatory mediators

such as CRP, TNF-alpha, and leptin, supporting the immunological rationale for *Langhana* in an autoimmune condition like RA.

2) Swedana (Sudation Therapy)

Swedana Karma is the second principal modality. In *Amavata*, since *Ama* itself has *Snigdha* (unctuous) properties, *Snigdha Swedana* (oil-based sudation) is contraindicated as it aggravates *Ama*. Instead, *Ruksha Swedana* (dry sudation) is recommended.[10] The dry heat, with its *Ushna* and *Ruksha Guna*, digests *Ama* and clears obstructed channels. Specific forms include *Valuka Swedana* (sand bolus fomentation), *Ishtika Swedana* (brick sudation), and *Upnaha Swedana* (poultice-based therapy). In chronic stages, where inflammation has subsided but pain persists, a combination of *Ruksha* and *Snigdha Swedana* may be employed. Kalal P et al. (2024) document the efficacy of *Kayaseka* (a form of *Bahyaparimarjana Chikitsa*) with *Dashamoola kashaya* and *Dhanyamla* in a clinical case study. *Dhanyamla*, being *Amla Pradhana*, pacifies both *Vata*and *Kapha Dosha*, while *Dashamoola kashaya* exerts *Ama Pachaka* and *Tridoshahara* properties, achieving a 60% reduction in pain, swelling, and stiffness over 14 days.[11]

3) Deepana-Pachana (Digestive and Carminative Therapy)

Drugs possessing *Katu* (pungent) and *Tikta* (bitter) Rasa are recommended in *Amavata* as they possess properties opposite to those of *Ama* (*Ruksha, Laghu, Ushna*). These agents stimulate digestive fire, metabolize *Ama*, and restore channel patency.[12] Classical formulations widely used include *Nagara Churna* (dry ginger powder), *Panchakoladī Kwatha*, *Maharasnadi Kwatha*, and *Amritadi Churna*. In the documented case study, *Kottamachukkadi Lepa* was used as a topical application to bilateral knee joints, yielding 30% reduction in pain and swelling within 7 days, exploiting its *Vatakaphahara, Lekhana, Shothahara,* and *Shoolahara* properties.

4) Virechana (Therapeutic Purgation)

Virechana Karma is a purificatory procedure in which excess *Doshas* and metabolic wastes are expelled through the anal route using purgative drugs. It enhances *Jatharagni*, clears *Sroto-Shodhana* (channel purification), and directly antagonizes *Amavata* pathology [13] The drug of choice is *Eranda* (castor oil; *Ricinus communis*), which possesses *Ushna, Vatahara, Kaphashamaka, Shophahara,* and *Shoolghna* properties. In *Amavata*, *Virechana* can be administered directly without prior oleation, as oleation may augment the *Ama*. *Haritaki* combined with *Eranda Taila* is another well-established combination.

5) Basti (Medicated Enema)

Basti is regarded as the most beneficial intervention for *VataRogas* and is designated 'Ardha Chikitsa' (half of all treatment) in Ayurvedic therapeutics [14] It directly corrects *VataDosha*, improves *Agni*, and aids in digesting *Ama*. Three principal *Basti* formulations are indicated in *Amavata*:

(i) *Vaitarana Basti*: Specifically described by Chakradatta in the *Niruha Adhikara* [15], this is the paradigmatic *Basti* for *Amavata*. Its ingredients — *amlika, Guda, Saindhava, Brihatsaindhavadi Taila, Triphala Kashaya,* and *Gomutra* — collectively exert *Vatakaphahara* and *Agnivardhana* actions, facilitating *Ama* digestion and removal of *Srotorodha* (channel obstruction)

(ii) *Kshara Basti*: Comprising *Saindhava, Guda, Chincha, Shatahva,* and *Gomutra*, this *Basti* exerts *Lekhana* (scraping) and *Vishoshana* effects antagonistic to *Ama* [16 (iii) *Saindhavadi Anuvasana Basti*: A nourishing *Basti* acting as *Deepana-Pachana*, containing *Saindhava, araka Mula, Maricha, Chitrakmula, Bhringaraja,* and *Haldi* (*Chakradatta 71/5*). Additional options include *Rasnapanchaka Niruha Basti, Dashmooladi Niruha Basti,* and *Panchkoladi Niruha Basti*, each documented in *Chakradatta Chapter 25* (Rana R et al., 2022).

In a clinical case study by Kalal P et al. (2024), a modified seven-day *Basti* protocol alternating *Vaitarana Basti* with *Guduchyadi Kashaya Basti* demonstrated marked reduction in pain, swelling, and stiffness, with RA factor declining from 114.60 IU/ml to 61.0 IU/ml, and CRP from 52.8 mg/dl to 5.3 mg/dl post-treatment.

6) Rasayana and Shamana Formulations

Following *Shodhana*, *Rasayana* (rejuvenative) therapy is administered to consolidate treatment gains and restore tissue integrity. *Vardhamana Pippali Rasayana* — an escalating dose regimen of *Pippali* (*Piper longum*) with *Mudga Yusha*, yielded 90% relief in overall symptoms in a documented case (Kalal P et al., 2024). Key *Shamana* formulations include: *Simhanada Guggulu*.[17] which is the premier classical compound for *Amavata*; *Maharasnadi Kwatha*,[18] which addresses both *Vata*and *Ama*; *Alambushadi Churna;*[19] and *Shunthi Ghritam, Amrita Ghritam*, and *Hingvadi Ghritam* in chronic presentations with *Dhatu Kshaya.*[20]

7) Pathya-Apathya (Diet and Lifestyle Recommendations)

Dietary guidelines (*Pathya ahara*) include warm water intake, old rice (*Purana Shali*), barley (*Yava*), horse gram (*Kulattha*), drumstick (*Shigru*), ginger (*ardraka*), garlic (*Rasona*), bitter

gourd (*Karavellaka*), and sunbathing (*atapa Sevana*). Proscribed items (*Apathya*) include heavy foods (*Guru ahara*), curd (*Dadhi*), incompatible foods, black gram (*Masha*), fish, contaminated water, night wakefulness, and suppression of natural urges.

6. DISCUSSION

The Ayurvedic framework of *Amavata* presents a holistic, root-cause–oriented understanding of a disease that modern medicine manages primarily through symptom suppression. The centrality of *Agni* in Ayurvedic physiology provides a unifying principle: when digestive fire is impaired — due to incompatible diet, sedentary habits, or erroneous lifestyle — *Ama* is generated. This *Ama*, with properties analogous to antigens or toxic metabolites in modern parlance, triggers the inflammatory cascade that manifests as polyarthritis. The Ayurvedic insistence that *Snehana* (oleation) is contraindicated in active *Amavata* — because *Ama* is already unctuous — parallels the clinical caution against anti-inflammatory steroids in certain acute presentations of RA that may worsen with immune modulation.

A critical analytical comparison of classical sources reveals nuances: Madhavakara's *Madhava Nidana* is the foundational text for disease description, while *Chakradatta* and *Yogaratnakara* provide the most detailed therapeutic algorithms. The *Brihattrayi* texts, while not describing *Amavata* as an independent chapter, provide the conceptual foundations — the doctrines of *Ama, Agni, Srotas, Dosha, Dhatu* — without which *Amavata* pathophysiology cannot be understood. This stratified textual dependence underscores the importance of studying Ayurveda holistically rather than in isolation.

The modern epidemiological context adds urgency to this review. Post-COVID-19 autoimmune disorders, including RA-like presentations, have been increasingly reported (Rana R et al., 2022). The rising prevalence of metabolic disorders associated with sedentary urban lifestyles, processed-food diets, and disrupted sleep cycles corresponds directly to the *Nidana* of *Amavata* described over a millennium ago. Ayurvedic preventive strategies — avoidance of *Viruddhahara*, seasonal regimens, and maintenance of *Agni* — offer integrative public health value.

Clinical evidence increasingly validates classical Ayurvedic treatments. In the case reported by Kalal P et al. (2024), comprehensive *Panchakarma* — including *Kottamachukkadi Lepa, Kayaseka, Vaitarana* and *Guduchyadi Basti*, and *Vardhamana Pippali Rasayana* — achieved

90% symptomatic relief with marked reduction in objective markers (RA factor, CRP), demonstrating the disease-modifying potential of Ayurvedic therapy beyond mere analgesia.

7. CONCLUSION

Amavata is a complex, chronic inflammatory disorder with deep roots in metabolic dysfunction (*Agnimandya*) and the formation of a pathological endotoxin-like substance (*Ama*). Classical Ayurvedic literature provides a comprehensive framework encompassing etiology, pathogenesis, clinical features, and a structured therapeutic protocol that addresses the root cause rather than symptomatic palliation. The integration of *Shodhana* (purificatory) and *Shamana* (palliative) approaches — calibrated to disease stage, patient strength, and dominant *Dosha* — constitutes a patient-centered, evidence-informed therapeutic model. Contemporary research increasingly corroborates the efficacy of Ayurvedic interventions in reducing inflammatory biomarkers and improving functional outcomes. Future direction should include large-scale randomized controlled trials to generate high-quality evidence supporting integration of *Amavata* treatment into mainstream rheumatological practice.

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