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A CRITICAL REVIEW OF NIDANA PANCHAKA OF AMAVATA

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ABSTRACT

The illness *Amavata* may be compared to Rheumatoid arthritis (RA) in contemporary medicine; today, it is a common issue due to changes in lifestyle, eating habits, and physical inactivity. It's a connective tissue disease that causes chronic degeneration and mostly affects your joints. It is the most prevalent, incapacitating disorder. inside of the planet. It is a *Rasavahasrotasa* illness brought on by *hetu*. When *Ama* and excessive *Vata* combine, the pathophysiology of *sevana Amavata* happens. *Ama* (food that has not been digested) and *Vata* (one of the three *Dosha*) both play an equal role in the development of the disease, joint pain), and *Sandhishotha* (joint stiffness) mostly *Gaurava* (heaviness), *Jwara* (fever), and edoema. the condition of *Agnimandya Amoutpatti's Amavata* causes *Sandhivikriti* and *Amavata* to occur.

People who have the condition and its repercussions are affected by a lifelong joint deformity as a result of a lack of awareness in society. With the spread of Ayurveda over the world, everyone is hopeful that we may overcome this obstacle at this time. Several herbal or *Rasa* formulations that work well as *Amavata* treatments are mentioned in our classic scriptures. But it is very necessary to understand the *nidan panchaka* (*Hetu, Purvarupa, Rupa, Upshaya and Samprapti*) of a disease for proper treatment and management.

KEYWORDS: Amavata, Rheumatoid arthritis (RA), Ama, nidan panchaka.

INTRODUCTION

Dushit Ama and prakupit Vata unite to become Amavata. Ayurvedic medicine is the only science that uses the term "Ama," and this Ama is the primary cause of many diseases. Rheumatism may be a debilitating symmetrical polyarthritis-related chronic autoimmune joint disease with systemic involvement. When the condition worsens over time and the

patient begins to experience joint deformities like Sandhisankoch (joint stiffness), Akarmanyata (restricted movement), etc. It's been likened by several authors to various stages of gouty arthritis. One effect of this alteration is the widespread presence of *Amavata*. Ama can cause a variety of diseases, including acute disorders like Visuchika, Alsaka, and Vilambika, as well as chronic diseases like Amavata, Grahani, and Amaatisara. When mandagni is present, the consumption of Viruddha Ahara and Viruddha Vihara causes the sickness to manifest. The Madhyam Roga Marga illness and having chirkari swabhav are the main causes. The rheumatological disorder may be a set of illnesses without a particular medical treatment or therapeutic approach beginning in the fourth and fifth decade of life, between the ages of 30 and 50. Simultaneous Vataprakopa (Vata vitiation), one of the frequent Agni Vikara in Amavata, is equally significant. produces Sandhi Shoola, Sandhishotha, Gaurava, and Jwara, which are mostly joint discomfort, heaviness, and fever. Approximately 0.8% of people in the population have RA, with a range of 0.3 to 2.1%. There are several formulations are mentioned in Ayurvedic texts for the management of *Amavata*. Amavata is consists of unique Doshadushyasammurchhana, Samprapti (Pathogenesis), Doshagnata, Vyadhiavashta (State of disease), etc.

Ama: "Am" with the suffix "ninj" is the root of the term "AMA." It implies that digestion of food, whether complete or inadequate, causes ama. Ama symptoms are those associated with uneaten meals. Some people accept Ama as food that hasn't been properly digested. Ama is the name for partially digested food that has been turned sour. AmaVisha is the name for undigested food that causes discomfort in srotas. Agni adhyarasa becomes an immature, inadequately metabolised material called Ama, which manifests in amasaya, as a result of agni's weakness.

AmaSvarupa- The following categories can be used to group the aforementioned properties:

- A. Qualities that can be felt through touch: *Pichchilata Dravata*.
- B. Visually perceivable properties *Tantumata*, *Avipakvata*, *Asamyuktata*, *Anekavarnayuktata* are the first four.
- C. Qualities that can be detected through smell One. Durgandhata
- D. Qualities that can be ascertained by inquiry Avipakvata and Guruta Dosha Sama.

Amavata: The word *Ama* and Vata unite to form the term *Ama*vata. *Ama* is produced due to indigestion and along with *Vata* it is a well-known disease entity. *Ama* and *Vata* were vitiated simultaneously when they entered the *Trika-Sandh*, causing that body portion to become stiff.

The first academic to provide an accurate definition of *Ama*vata was *Acharya Madhav*. *Vata* and *Ama* are both vitiated at the same time as they enter the *kostha trika* and *sandhi pradesha*, which results in the *gatra stabdhata* and *trika sandhi vedana*. The name of this condition is *Ama*vata. The name "*yugapat*" refers to the main pathogenic component of the condition, which is the simultaneous vitiation of the *Vata* and *Kapha doshas*. The *Atanka Darpana* commentary states that the pathophysiology of the sickness is caused (simultaneously) by both *Vata* and *Ama*. This is interchangeable since *lakshna* and *Chikitsa* of *Ama* or Vitiated *Vata* are similar.

Hetu

Nidana is defined as any factor that worsens the disease by upsetting the active state of *doshic* balance. This *nidana* helps us not only to choose the course of therapy and the prognosis of the disease, but also to manage the sickness. *Ama*vata *nidana* has several facets, and many *acharyas* have expressed their own perspectives on how *ama* is produced in *ama*vata. According to *Madhavakara*, a different *nidana* is stated below.

- 1. Viruddha Ahara (Incompatible food)
- 2. Viruddha Chestha (Incompatible actions)
- 3. *Mandagni* (Hypo functioning of *agni*)
- 4. *Nischala* (Lack of exercise)
- 5. *Snigdha Ahara* followed by immediate exercise.

Madhava Nidana cites the following specific etiological reasons for Amavata: Viruddhahara (Incompatible Food) -Viruddha Ahara plays a significant part in producing Ama, which incites Dosha but which the body is unable to expel. Viruddhachesta (Inappropriate physical activity) - Amavata is produced by Mandagni when the body's regular physiology is interrupted, which results in the vitiation of Agni. Nishchalata (Lack of Physical movement): Ama builds up in the body as a result of sedentary lifestyles and a lack of physical movement in daily life. Snigndham bhuktavato Annam vyayaamam: Vyayama acts as kha-vaigunya after eating, producing Nidana, which when combined with Snigdha Bhojana creates a special Nidana for Amavata.

A diet that is unwholesome is one that "aggravates the body humours but does not expel them from the body." Some of the 18 varieties of unwholesome diets (*viruddha ahara*) that *Charaka* mentions are listed below.

1. Milk with kulatha

- 2. followed by *panasa* fruit with *Matsya*.
- 3. Equal parts *ghee* and honey mixtures
- 4. Boiling the curd.
- 5. Viruddha chesta, or bad habits, were largely the alternate use of cold and heat, repression of natural impulses, resting during the day and wandering at night, excessive work, etc.

Purvarupa: Amavata is not distinctly mentioned in *Brihattayi*. Only *Vangasena Samhita* has given *Sira ruja* (Cephalgia) and *Gatraruja* (Bodyache) as *Purvarupa* of *Ama*vata.

Samprapti: The ama condition is brought on by agni dysfunction. Agnimandya mostly influences digestion first, then metabolism. As a result, the rasadhatu is not properly created in this condition of agni and is regarded as ama. Through hridaya and dhamanis, this "ama," along with vyana vayu and its vishakari guna, swiftly travels to all kapha sthanas. Due to the atipichhilata, this vidhagada ama in the kapha sthana is further tainted by the doshas and takes on numerous colours. Ama circulates throughout the body, propelled by vitiated vata with a preference for sleshma sthana, if it becomes blocked in channels and encourages more vitiation of the vata dosha. It facilitates srotoabhisyanda and srotorodha on the dhamanies with the other doshas, leading to sthanasmsraya manifested symptoms of amavata such as stiffness, joint pain, swelling, body aches, indigestion, fever, anga gourava (heaviness of body), alasya (laoghess), and others. The commentators on Madhava Nidana claim that the samprapti of the amavata can be distilled via shatkriyakal.

The signs of amavata: Amavata is a disorder that causes the affected joints to lose their ability to move and exhibit symptoms like discomfort, edoema, stiffness, and soreness. It is caused by the development of ama, which is linked to the dosha that creates the sama state and is triggered by vatadosha. Later, it makes its way into the kaphasthana and causes the illness. Its clinical symptoms are similar to those of rheumatoid arthritis (RA). Ayurvedic acharyas categorise the several stages of amavata into three groups based on the disease's symptoms, state, and complications.

Sr. No.	Nava Amavata	Pravrudha Amavata	Jeerna Amavata
1.	Aruchi	Involvement of hasta, pada	Destruction of Articular
1.		siro, gulpha, trika etc	cartilage
2.	Alasya	Shotha	Stabdhata Osteoporosis
3.	Gourava	Extreme pain	Deformities
4.	Jwara	Praseka, aruchi	Poly arthritis
5.	Hrillasa -	Hridaya gourava and	-

		hritgraha	
6	Apakthi	Chardi, bhrama moorcha	-
6.		anaham	

Joints are predominantly affected by the chronic auto immune disease known as rheumatoid arthritis (RA). Inflammation of the joints is one of the main issues with RA. The cartilage lining the ends of the bones in the joints suffers damage as the joints enlarge. A symmetrical pattern of tiny arthrodial joints in the hands and feet are largely affected by rheumatoid arthritis (RA), a chronic systemic inflammatory polyarthritis. It is a diverse illness with a varying degree of severity, an unexpected trajectory, and a variable reaction to medication. Approximately 0.8% (0.3% to 2.1%) of the world's population is disease-prevalent. The prevalence of RA ranges from 0.5% to 0.75 % in India. Between the ages of 30 and 50, the disease strikes more than 75% of individuals. Women are found to be affected with RA 2 to 4 times more often than men.

Some characteristics of rheumatoid arthritis are mentioned here under.

- 1. It commonly affects women between 24-40 years age.
- 2. Characteristically it is bilaterally symmetrical affecting the small joints of the hand or foot and may spread to large joints.
- 3. Periodic painful swelling of the joints with stiffness and deformity. (e.g. ulnar deviation of the hand, flexion deformity etc.) may occur.
- a. The closest joint to the fingertip is permanently bent towards the palm, while the joint closest to the palm is curved away from it (DIP flexion with PIP hyperextension), resulting in a distorted position of the finger known as the swan neck.
- b. Boutonniere's deformity: a fixed finger deformity characterised by PIP joint flexion and DIP joint extension.
- c. A mallet finger is a deformity of the finger caused when the tendon that straightens our finger (the extensor tendon) is damaged.
- d. Ulnar deviation, also known as ulnar drift, is a hand malformation where the fingers drift towards the little finger due to the swollen metacarpophalangeal joints. Its name refers to the displacement in the direction of the ulna.
- e. Z deformity: This thumb deformity is characterised by permanent flexion and subluxation of the metacarpophalangeal joint, as well as hyperextension of the interphalangeal joint.
- 4. Muscle spasm and muscle wasting may be present.
- 5. Restriction of movement is common

6. X-ray: Decalcification and diminished joint space may be seen.

DISCUSSION

Amavata affects people of all ages, genders, races, and geographical regions of the world. They compare it to rheumatoid arthritis. Amadosha and vatadosha are the causes of amavata. Metabolic diseases are brought on by ama. Amavisha has a significant role in the aetiology of the majority of disorders. Due to nidanasevan and agnimandya, ama and prakupitavatadosha combined to form amavata. The stage of vata aggravation and ama vitiation should be properly evaluated. Upon fermentation, amadosha becomes into amavisha. Due to its sukshma, laghu, and tikshana qualities, this amavisha is absorbed into the body through the gastrointestinal tract. Amavisha then spreads throughout the body and causes a variety of illnesses. Before beginning treatment, we should be aware of whether a patient has ama or not because the course of action differs significantly depending on whether ama is present (samavastha) or not (niramavastha).

CONCLUSION

Amavata is a vatavyadhi disease as well, and based on parallels in symptoms found in both traditional Ayurvedic literature and contemporary medical science literature, it may be related to rheumatoid arthritis. It is an unidentified auto-immune illness that is distinguished by chronic persistent symmetrical polyarthritis and joint erosion and destruction problem. These symptoms call for an early diagnosis and prompt treatment to stop the disease's further progression. Neglecting an illness may result in acute conditions and permanent joint abnormalities. As a result, people with *amavata* must receive appropriate therapy in order to halt the disease's progression as soon as possible. In conclusion, it can be said that the mandagni-causing diet and lifestyle that lead to ama production and vata vitiation are to blame for the illness Amavata. The chronic nature of the disease, the acute stage's severe pain and swelling, and the advanced stages' crippling nature that results in decreased quality of life make treating amavisha/rheumatoid arthritis (RA) challenging for medical professionals. The main course of treatment entails the use of shothahara, vednathapana, shulaprashaman dravyas, and langhan, deepana, and pachana chikitsa for the digestion of ama. To relieve the symptoms. Due to its ingredients, hingwadi churna and rasnadashmula kwatha will be helpful in reducing amavata.

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