

A CRITICAL INTERPRETATION ON AMAVATA TREATMENT: A REVIEW STUDY

Krishna Kumar Sahu^{1*} and S. D. Khichariya²

¹PG Scholar, Department of Kaya Chikitsa, Shri N.P.A. Govt. Ayurvedic College, Raipur
(C.G.)

²Guide, Department of Kaya Chikitsa, Shri N.P.A. Govt. Ayurvedic College, Raipur (C.G.)

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*Corresponding Author

Dr. Krishna Kumar Sahu

PG Scholar, Department of
Kaya Chikitsa, Shri N.P.A.
Govt. Ayurvedic College,
Raipur (C.G.).

ABSTRACT

Amavata is the most prevalent disorder caused by the regular formation of *Ama* in the human body. The large-scale incidence of *Amavata* is one of the results of this so-called progression. It is the most common of chronic inflammatory joint diseases in which the joints are sore, painful and stiff. Owing to its chronicity and complications, it has taken the leading spot in the joint condition. It seems to look a medical problem due to extreme illness and debilitating nature. There is little question that the current treatment system plays an important part in resolving the agony of suffering, limited mobility and weakness caused by the disease. Concurrently repeated application of modern drugs not

only causes many side effects, inflammatory signs and allergic reactions, but many organic diseases.

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

INTRODUCTION

Amavata is a pathological disease where *Ama* is stimulated by exacerbated *vata dosha* and *Ama* settles in *trika sandhi* and is characterized by immense pain in the joints with inflammation, *Jwara* and, eventually, weakness of the joints, causing transient or permanent impairment of the joints and hindering everyday activities. The two major causative factors '*ama*' and '*vata*' are similarly critical for pathogenesis. The causes of the development of *Ama* and its role in the indication of the disease phase need a special analysis. The incorrect digestive process that is the root cause of the disease is *Ahara Rasa* or *Ama*.

This functions as a *visha* in the body and induces various forms of illnesses, of which *Amavata* is a very serious illness. In the early stages, only joint involvement can be seen with cardinal features such as *angamarda*, *aruchi*, *alasya*, *jwara* and *angashoonata*, etc., but if not treated with systemic therapy, the *madhyam rogamarga* can lead to heart injury and further complications such as gastrointestinal, coronary, nervous, urinary and respiratory system involvement. In its chronic process, it is concluded that the frequent aggravation of its institutions is debilitating for human beings. *Vedas* also lists the numerous conditions that contribute to impaired movement. But *Amavata*, as a disease entity, is not even present in *Brihatrayees*.

METHOD AND MATERIALS

Materials related to *Amavata* have been gathered from various publications & journals, Ayurvedic and Modern texts, authentic websites (PubMed, Medicinal Plants, etc.), Authentic Magazines, Literature, Manuscripts, Sanskrit Dictionary, Shabdakosha, etc.

Historical Review

History, the methodological archive of past *Ayurveda* events, begins with the *Vedas*, which are known to be the oldest available texts. Before moving into the main theme of *Amavata* and its management, it seems important to briefly discuss its historical analysis. For simplicity, the time of *Ayurveda's* existence may be separated into various periods.

- *Veda kalina*
- *Samhita kalina*
- *Sangraha kalina*
- *Nighantukalina*
- *Adhunikakalina*

Vedas

Ayurveda is known to be an *upaveda* of *Atharvaveda*. There are no clear references to *Amavata* in *Vedas*. There are some references in *Atharvaveda* to traditional diseases, even in the name of *vishakhanda*, which means disorganized joints. It is mentioned that the destruction of the *balasa* seated in the organs and joints responsible for loosening the joints".^[1]

Puranas

There are lists of *Sharira*-related matters in *Puranas*. *Agni Purana* narrates the complete number of joints and describes the *pathyas* for the *vatarogas* involved to the joints.^[2]

Brihatrayee

The word *Amavata* has been recorded in *Charaka Samhita*, which may date back to 1000 B.C., probably to indicate the relationship between *Ama* and *Vata*. However the word *Amavata* is used in some of the therapeutic indications of the drug compounds, *Kamsahareetaki*,^[3] *Vishaladiphanta of Pandu chikitsa* is identified as being successful in *Amavata*.

Nirukti and Paribhasha of amavata

The nirukti of amavata

- “*Amenasahita vata iti Amavata*” “*Amaschavataschaiti Amavata*”(As per *Shabdhakalpadruma*,)
- “*The Amavata indicates its samprapti*”.

Nidana

Nidana is defined as a specific component with a potential or tendency to cause disease.^[4] In other words, *nidana* is the same etiology as the epidemic. *Nidana* has been classified into different views under different headings. One of them is *Bahya Hetu and Abhyantara Hetu*. Factors such as *ahara*, *vihara* and *kala* are considered to be *bahyahetus*, while *abyantarahetu* or the underlying aspect is mainly *dosha* and *dooshya*.

Concept of ama

- *Eshadpakwe, asiddhe, pakarahite Ama + karane. Rogamatre*^[5]
- Raw, uncooked, unbaked, unannealed, unripe, immature, undigested^[6]
- *Ama* is a portion of *Asatmya* in the body. In general, the term *ama* means unripe, uncooked, unripe, undigested.

Causes of ama

Ama is mainly administered by *agnimandhya*. Though there is *agnimandya*, even a small amount of light food cannot be digested. *Shuktatwa* (fermentation) reaches the unground food, which results in the onset of toxic conditions, namely *ama*. The causative factors for *Agnimandhya* can be described as:

1. *Aharaja*
2. *Viharaja*
3. *Manasika*

a) *Aharaja*

***Aharajaagnimandhya* is caused by a variety of factors**

- a) *Abhojanam*
- b) *BhojanamAjeerna*
- c) *Athibhojanam*
- d) *Vishamasanam*
- e) *Asatmyaharam*
- f) *Gurubhojanam*

g) *Viharaja*

- a) *Desa kala rituvaishamyam*
- b) *Vega vidaranam*
- c) *Swapnaviparyayam*

h) *Manasika*

- a. ***Shokam***:-grief
- b. ***Krodham***:-wrath.
- c. ***Chinta***:-I'm concerned
- d. ***Dukhasayya***:-Unsuitable sleeping bed.

Properties of ama

In his commentary on *Ashtanga Hridaya*, *Arunadutta* defines the properties of *Ama* as

1. *Dravatvam*
2. *Gurutvam*
3. *Snigdhatvam*
4. *Pichilatvam*
5. *Nanavarnam*

Pathological symptoms

Generally speaking, this *ama* induces certain effects in the body

- *Srotorodha*
- *General deficiency or lack of power*

- *Balabramsha*
- *sense of heaviness*
- *Gourava*
- *manda*
- *Anilamoodata*

Causes of *vataprakopa*

Aharaja

1. *Roksha, ushnasheeta and laghu* food products are frequently eaten.
2. Inadequate consumption of food in *alpha bhojanam*.
3. *AtisheegrhaAbhojanam*.
4. Intake of mainly *tikta, katu and kashayarasas* food.

Viharaja

1. *Jagaranam*
2. *Vegadharana-*
3. *Vegodheerana*
4. *Ativyavaya*

Manasika

Bhaya, krodha, chinta and other emotional influences are also linked to *vata prakopa*. When the *vata* becomes abnormal, the body is affected by different forms of diseases. It impairs the power, the complexion, the satisfaction and the life span. It disturbs the subconscious, it stimulates all the senses. It kills, deforms the embryo or prolongs the gestation cycle. This gives rise to terror, sorrow, stupefaction, modesty and delirium. It hinders essential function.^[7]

General *samprapti*

Samprapti is nothing but the detailed description of all the morbid process that takes place in different stages of the disease. It is the period of pathogenesis taking place in the body from the period of *nidana sevana* to the period of *vyadhiviyaktavastha*. In some specific condition, the *nidana* factor vitiates doshas. Such vitiated *doshas* continue to accumulate in their respective regions and the accumulated *doshas* migrate by *srotas* and get lodged by persistent indulgence in *nidana sevana*, where there is a *khavaigunya* and hence the manifestation of disease takes place. Under *samprapti*, this dynamic phase that includes *sanchayadhiavasthas*

is clarified. All the writers who have dealt with it have given the same opinion with respect to the *samprapti* of *Amavata*. In the development of the disease *Amavata*, *Ama* plays a significant role. *Samprapti* is again categorized into five groups, according to *vagbhata*. *Sankhya*, *Vikalpa*, *pradhanya*, *Bala*, and *Kala samprapti* are all of them.

Shatkriya kala

Sanchayavasta

The *mandagni* is caused by the etiological conditions of *Ama*. This state contributes to the spirit. The *ama* is being collected in *amashaya*. In the other hand, *Vata* is also vitiated by her own causes. This stage can be called '*sanchayavasta*.' In *Amavatanidana*, the development of *ama* takes place not only in *amashaya*, but also in all *shleshmastanas* such as *ura*, *kanta*, *sandhis* at the same time owing to the continuous indulgence of *nidana*.

Prakopavasta

The *ama* that is accumulated in *shleshmasthana* is instigated and becomes the *vidagdha* by the vitiated *tridosha*. Accumulation of more and more *Vidgdhaama* in *amashaya* and all other *shleshma stanas* that say '*swasthanevruddhi*' leads to *prakopavasta*. Since *mandagni* occurs in *amashaya*, mostly *rasadhatwagni* followed by all *dhatwagnis*, *mandavasta* and *tridoshaprakopa* also take place here, *ama* begins to produce and accumulate in *rasadhatu*.

Prasaravastha

It is noted in classics that *ama* continues to *shleshma sthanas*. *Uras is in uras*, a *shleshmasthana&hridaya*. Based on this, it can be understood that the *ama* also comes into contact with the *hridaya*. As *ama* and *rasa* combine in *hridaya*, the vitiated *vata* brought from the *hridayaama* along with vitiated *rasa* through all the *srotas* of the body. This step is known as '*prasaravastha*.'

Sthanasamshraya

Due to the *khavaigunya* in *sandhiesama* along with the vitiated *rasa and vata*, it settles in *sandhies*. *Madhavakara* says the vitiated doshas join into *trikasandhi* along with *ama*.^[8]

Vyaktavasta

The accumulated *kapha* would not be reabsorbed into *srotas* due to *avarodha*, and hence activates *shotha* and *shoola*, followed by all *Amavata's lakshanas*. This may be known as "*Vyaktavasta*."

Bhedavasta

If it is not handled in any of these five phases, the stage called "*Bhedavasta*" will begin. This includes all of the *upadravas*. This point, too is difficult to handle. It's a *Samanyasamprapti*.

Vishistasamprapti

The presence of a specific *dosha* will take place in the *amavatavishistasamprapti*. *Dosha* predominance creates its own *lakshana*. *Vata* predominance induces serious *shoola* in *sandhi*. *Daha* and *raga* are observed in sandstones owing to the predominance of *pitta*. The predominance of *kapha* creates *sthaimitya*, *gaurava* and *kandu*.^[9]

Sampraptighatakas**1. *Dosha***

- a) ***Vata***: In *Amavata* due to *vata prakopakaahara* and *vihara* *vata* gets vitiated and spreads all over the body. It carries the *Ama* from *Amashaya* to *kapha sthana* like *Sandhi*, *Shira*, and *Hridaya* etc.
- b) ***Pitta***: Among five types of *pitta*, *pachaka pittas* are involved. The functions of *pachakapitta* are impaired.
- c) ***Kapha***: *Kledakakapha* and *sleshakakapha* are involved. *Kledakakapha* moistens, breaks the food and produces *dravata*. These functions are impaired in *Amavata*. *Shleshaka kapha* gets vitiated and accumulated by the influence of *ama*. This results in *sandhishotha* and *shoola*.

2. *Dushya*

Dushya is *rasa*. By the contact of *ama*, *rasa* gets vitiated. Vitiated *rasa* and *ama* circulates throughout the body and produces *amalakshanas*. Because of affinity and *khavaigunya* in *sandhi*'s the vitiated *rasa* and *ama* settles in *sandhies* and produce *shotha* and *shola*.

3. ***Agni***: *Mandata* of *jataragni* and *rasadhatwagni* is observed in *Amavata*.
4. ***Ama***: *Ama* is produced by *mandata* of *jataragni* and *rasadhatwagni*.
5. ***Srotas***: *Rasavahasrotas* is affected in *Amavata*. The *ama* circulates through the *rasavahasrotas*.
6. ***Dushtiprakara***: Due to the impaired function of *rasadhatwagni*, the *rasa* is not formed properly. This is attributed to *sanga*.
7. ***Udbhavasthana***: *Udbhavasthana* is *amashaya*. *Ama* is an important factor in the causation of disease. The production of *ama* occurs in *amashaya*.
8. ***Sancharasthana***: *Ama* along with vitiated *rasa* travel through *srotas* and get lodged in

sandhis.

9. **Rogamarga:** Roga marga is madhyamarogamarga. The ama and vitiated rasa goes to hridaya. From hridaya, ama and vitiated rasa goes to asthisandhis. As a result of this condition, shotha and shoola occurs in sandhis. Hridaya and sandhis comes under madhyamarogamarga.
10. **Adhishtana:** Ama settles in sandhis because of affinity and khavaigunya in sandhis. This condition leads to shotha and shoola. Hence sandhis can be considered as adhishtana for Amavata.
11. **Vyaktastha:** In Amavata shotha and shoola occurs in sandhis due to ama. Hence sandhis can be considered as vyaktasthana.

Poorva roopa

The vitiated doshas at the level of *sthanasamshraya* would produce the effects of a potential illness. Such signs are referred to as *poorvaroopas* or premonitory symptoms. These are signs of an inevitable illness.^[10] One more quotation from *Madhavakara* about *poorvaroopas* is, these are the feebly manifested symptoms of forthcoming disease. *The poorvaroopas* of *Amavata* has not been mentioned in texts. Some of the symptoms like *dourbalya*, *aruchi*, *alasya*, *gaurava*, *trishna*, *angamarda* if present minutely, may be considered as *poorvaroopas*. In addition to these the other symptoms of *Amavata* which are incompletely manifested may be considered as *poorvaroopas*.

Roopa

Roopa can be graded as follows, according to the signs and symptoms.^[11]

1. *Pratyatma* (Cardinal signs & symptoms)
2. *Samanya* (General signs & symptoms)
3. *Vishishtha* (Distinguishing features of doshanubandha)
4. *Pravridha Amavata*

Pratyatmalakshanas

a) Sandhi shotha

Generally the shothas are in symmetrical shape. There will not be any pitting on pressure. There will be ushnasparsha and the shotha increases in sheeta kala i.e. during night and early morning.

b) Sandhi shoola

Usually shoola is felt in sandhis all the times. It increases during night and early morning

owing to sheeta nature of night and early morning. Character of shoola in pravridhaavastha is described as “Vruschikadamsha vata vedana” (like scorpion bite). Shotha and shoola shift from one joint to another. In classics the phrase “Karotisarujamshothamyatradoshahaprapadhyate” has been used. This means where the vitiated doshas and ama travels, there shotha and shoola takes place. As the disease progresses, there is tendency for it spread to the sandhies of hastha, pada, shiras, gulpha, trika, janu and ooru. Shotha and shoola gets decreased in ushna kala.

- c) **Gatrasthabdhata:** This means stiffness of the body. As sandhies are restricted then normal movements of the body also gets restricted.

Samanya lakshanas

- a) **Angamarda-** Angamarda means feeling of mardanavatpeeda (crushing type of pain). This occurs due to rasa dhusti caused by Ama.
- b) **Aruchi-** The bodhaka kapha, which is situated in jihwa, gets vitiated by the ama and leads to condition of aruchi, where the patient does not find food palatable.
- c) **Trishna-** Ama produces srotorodha of stoats and increases cleda formation in to the body. So that Mutra also increase in the body because “Mutrasya cledavahanam” is the karma of Mutra. As a result of this patient craves for water and trushna occurs in to the body.
- d) **Gaurava-** It is the feeling of heaviness. Guru and picchilagunas of ama, which have prithvi and jala mahabhootas, leads to rasa dhusti and produce gaurava.
- e) **Alasya-** It means inactiveness. Due to gaurava and srotovarodha, patient becomes unenthusiastic.
- f) **Jwara-** Ama and vitiated doshas expel the agni from its normal place resulting in santapa.
- g) **Apaka-** Hypo functioning of rasadhatwagni arises as a consequence of impaired function of jataragni. This condition leads to apaka.
- h) **Shoonatanga-** This is nothing but sandhishotha.

Classification of amavata

The disease *Amavata* has been classified on the basis of *anubandha* of

- a) *Dosha*
 b) Severity
 c) Mode of manifestation of the disease.

Classification according to *anubandhaofdosha*^[12]

On the basis of *anubandha* of *dosha* it has been classified into the following varieties;

1. *Anubandhaof onedosha*

- a) *Vatanuga*
- b) *Pittanuga*
- c) *Kaphanuga*

2. *Anubandhaof two dosha*

- a) *Vata-pittanuga*
- b) *Vata-Kaphanuga*
- c) *pitta-kaphanuga*

3. Involvement of all the three *doshas*

- a. *Tridoshaja*

A) Classification according to the severity of the disease

1. *Samanya amavata(prarambavasta)*
2. *Pravridha Amavata.(Pravrudhavasta)*

B) Classification according to the clinical appearance

1. *Vistambi*
2. *Gulmee*
3. *Snehi*
4. *Pakvama*
5. *Sarvanga*^[13]

Upadrava

The illness that seems to be a continuation of and after the full manifestation of the initial disease is called "*upadrava*." Or in other words, another illness is found after the main disease known as '*upadrava*' a complication^[14]

1. *Sankocha*
2. *Khanjata*
3. *Vataroga: Hridaya vikruti*

Sadhya – Asadhyata

As with the *sadhyasadhata* of *Amavata*, all the writers found just the number of *doshas* concerned and the expansion of the *shotha* to all the *sandhies*. If *Amavata* disorder requires

only one *dosha*, it can be called *sadhya*. It becomes *yapya* if there are two *doshas* involved. If all the *sandhies* are influenced by the *shotha*, and all three of the *doshas* are active in the *upadrava* of *Amavata*, so it is said to be *Asadhya*.^[15]

Amavata chikithsa^[16,17]

Management

Simple medicines

1. Powder of Shuṅṭhi (dried ginger) – 2 g., to be taken with 50 ml. warm water twice a day.
2. 12 to 24 g. leaf of Aragvadha (cassia) fried in ghee or Sarṣapa Taila (mustard oil), to be taken twice a day.

Simple preparations

1. Decoction of equal part of Shuṅṭhī (dried ginger) and stem of Guḍuchi – 14 to 28 ml. is to be taken with 6 g. powder of fruit rind of Haritakī (chebulicmyrobalan) twice a day.

Formulations

1. **Ajmodadi churna:** 1 to 3 g., to be taken with 50 ml. warm water twice a day.
2. **Vaishvanara churna:** 3 to 6 g. is to be taken with 50 ml. warm water twice a day.
3. **Guduchyadi kvatha:** 14 to 28 ml., to be taken twice a day.
4. **Rāsna-Dashamula kvatha:** 14 to 28 ml., to be taken with Eraṇḍa Taila (castor oil) – 7 to 14ml. once a day early in the morning.
5. **Rasnadi kvatha:** 14 to 28 ml., to be taken twice a day.
6. **Hiṅgulesvara rasa:** 1 to 2 pills, to be taken with 50 ml. warm water twice a day.
7. **Yogaraja guggulu:** 1 to 2 pills, to be taken with 50 ml. warm water thrice a day.
8. **Simhanada guggulu:** 1 to 2 pills, to be taken with 50 ml. warm water thrice a day.
9. **Vishamushtika vaṭi:** 1 to 2 pills, to be taken with 50 ml. warm water twice a day.

Local applications

Following local applications are useful for relieving the pain and inflammation.

1. Fomentation of the affected joint with BalukaPottalika (sand bag).
2. Fomentation of the joint with luke warm decoction of root of Eraṇḍa (castor) twice a day.
3. Hot Lepa (poultice) prepared from the seed of Maṣa (black phaseolus) – 250 g., leaves of Rasna – 125 g. and Gandhaprasaraṇi – 125 g., root of Eraṇḍa (castor) – 125 g. and Atibala – 125 g. is to be applied on the affected part.

4. Flour of Godhuma (wheat) and powdered seed of Eranda (castor) in equal parts, mix in sufficient quantity of goat' milk or old ghee and boil to make a Lepa (poultice). It is to be applied while hot on the affected joint.

Pathya

Rakta Shali (a red variety of rice), seeds of Kodrava (a type of cereal (Paspalumscrobiculatum Linn) Kodo in hindi, Syamaka (a type of cereal – Panicum Frumentaceum), Yava (barley) and Kulattha (dolichos bean); warm water; Ārdraka (ginger), bulb of Rasona (garlic), leaf and fruit of Paṭola (a variety of small cucumber), root of Punarnavā (pigweed), leaves of Shigru (horse-radish) and Vastuka (a variety of chenopodium, white goose-foot) and fruit of Karavellaka (bitter gourd) are the useful articles of diet for the patient of Amavata.

Apathya

Guru, Abhiṣyandi Anna; seed of Maṣa (black phaseolus bean); milk, curd, Guḍa (jaggery); incompatible and unrelished foods, fish, excessive eating, nonpotable water; sitting up at night; suppression of calls of nature and exposure to eastern winds are harmful for the patient of Amavata.

Langhana chikitsa

In the management of *Amavata*, *Langhana* is approved first. The following principles are based on the utility of *langhana* in *Amavata*. Both forms of *langhana* are effective in *rasajavikaras*^[16] *Rasadhatu* is primarily active in *Amavata*. *Langhana* therapy is prescribed in *amashayottavyadhi*.^[18] *Ama* in *Amavata* has its root in *amashaya*. *Langhana* also pacifies the *amavikaras*.

Swedana chikitsa

The therapy that performs *nigraha*, *gauravanigraha*, *sheetanigraha* is named "*swedana*" along with the development of *sweda*. In *Amavata*, *ruksha sweda* was advocated in the form of *valukaputaka*, which can be substantiated by the vision of *Charaka* that if vitiated *vata* sits in *kapha sthana*, it should be done first *rookshasweda*.^[19]

Tikta, Katu and Deepana drugs chikitsa

The rationality *behind tikta, katu, and deepana* drug use is as follows: there are *rooksha* and *laghu gunas* in *Tikta rasa*. It does both *lekhana* as well as *pachana* and *deepana*. In

conditions like *aruchi*, *thrushna*, *moorcha* and *jwara*, it is helpful. The *kleda* and *shleshma*²⁰ ingest it. *Katu rasa* has *gunas*, *laghu*, *ushna* and *rooksha*. It also has features such as *deepana*, *Pachana* and *rochana*, since the *srotases* are dilated.^[21]

Virechana chikitsa

The patient should be subjected to *virechana* therapy after the administration of *langhana*, *swedana* and *tikta*, *katu* and *deepana* medicines, because the *doshas* formed *nirama* by these therapeutic steps enable *shodhana*²² to be extracted from the body.

Snehapana chikitsa

The patient should be subjected to *snehapana* after *langanadhi* therapies to pacify the *vata*, but *Snehapana* was only recorded to increase the *agni* after achieving *niramaavastha*,^[23] as it affects digestion by softening the food and stimulating the *agni*^[24] which is the primary necessity in *Amavata*.

Basti chikitsa

Both *anuvasana* and *niruhabasti* have been touted in *Amavata*. *Saindhavadhitaila* for *anuvasana* and *ksharabasti* for *niruha* were told by *Chakradatta*. *Anuvasanabasti* administration, followed by *niruhabasti* by numerous *snehas*, has strong influence over *Amavata*. *Shodhana bastis* in *ama* condition are found to be supportive.^[25]

DISCUSSION

The role of *Ama* in the manifestation and control of disease was clarified by *Samhita* textbooks. This condition was first referred to by *Madhavakara* as a distinct individual. *Chakradatta*, *Bhavaprakash*, *AnjanNidan* and *Basavarajiya* subsequently offered a fair deal of explanation of this disease and its treatment. Regardless of spatial factors, *Amavata* exists around the world, but in urban areas it is more widespread.

Due to the intake of the etiological element and the practice of sedentary life style, it rises in the modern century. The role of *Mandagni/Vishamagni* in initiating the disease process is important. While the primary pathogenic component is *Ama* and *Vata*, *Kapha* and *Pitta* are also inevitably involved in *Amavata* pathogenesis. The *samprapti* of this disease originates from *Madhyamarogamarga*, which arises in *Sandhi Sleshmasthana*, *Annavaha srotas*. As it resembles *ShleshakaKapha's* physical properties, present in joint spaces and seeking to settle down there, *Amadosha* has an affinity for different joint spaces. *Sleshmasthana's* presence in

pathology provides a wide variety of clinical manifestations. The *Dushyas* are mainly active in *Rasa, Asthi and Majja*. In the later step.^[25] *Mamsa* and *Snayu* are affected.

CONCLUSION

The *Ama* and *Vata* are the two principal prevalent factors responsible for this disease's pathogenesis. As vitiated *vata* and *Ama* join the *kostha* concurrently, *trika* and *sandhi* contribute to body stiffness and *trikasandhi shoola* is known as *amavata*. In Ayurvedic classics, the *Nidana* responsible for the pathogenesis of *Amavata* are as- *Viruddhahara, Viruddhachesta, Mandagni, Snigdha bhuktavatovyayama, Nischalata, Guru Ahara, drinking Kandashaka and Vyavaya etc.*

Langhana, Svedana, Dipana, Pachana, Virechana, Snehapana, Basti and the different medicines that could be effective for *Amavata* with *Tikta-katu rasa* are the fundamental concepts of treatment for *amavata*.

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