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A Systemic Review of *Amavata* & Its Management

Review Article

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Abstract

In the present era *Amavata* is the most common disease affecting a large aged population. *Amavata* term derived from words as “Ama” & “Vata”. The word *Ama* is the condition in which various ailments in system creates toxic effect. The *Ama* when combines with *Vatadosha* occupies *shleshmasthana* (*Asthisandhi*) results in painful disease “*Amavata*”. The clinical presentation of *Amavata* closely mimics with the special variety of Rheumatological disorders called Rheumatoid Arthritis in accordance with their similarities on clinical features like pain, swelling, stiffness, fever, redness, general debility, fatigue are almost identical to that of *Amavata*. The Rheumatological disorder is such a group of disease which has no specific medical management in any type of therapeutics. *Amavata* is the particular type of disease which is mentioned in *Ayurveda* since the period of *Madhavkara* (16 th century A.D.) under the category of *VataKaphaja* disorders. *Nidanasof Amavata* narrated by *Madhavkaraare Viruddhahara*, *Mandagni*, Exercise after heavy meal etc. *Amvata* is one of the challenging disease for the clinicians due to its chronicity, incurability, complications and morbidity. The allopathic treatment provides the symptomatic relief but the underlined pathology remain untreated due to absence of effective therapy and also giving rise to many side effects, toxic symptoms and adverse reactions also more serious complications like organic lesions. The treatment procedure described are *Langhan, Swedan, Tikta-katudipan, Virechan, Basti* etc. So the present study deals with systemic review of *Amavata* from all the classics of Ayurveda and its management.

Key Words: *Amavata*, *Ama*, *Langhan*, *Swedan*, *Virechan*, *Basti*.

Introduction

*AYURVEDA – THE SCIENCE & ART OF LIFE.*

An immense knowledge of Ayurveda includes explanations about *Dinachraya* and *Rutucharya*. The crucial homeostasis of the body is maintained by trailing these principles. It explains about selection of food, the procedures to be adapted to the food, time of consumption, the way of intake, in accordance with the season the changes to be adapted both in food and the way of living. The physical activities are to be altered according the season, age and in relation to the provisions. Not only are these but also the
righteous ways in the form of Sadvrutta elaborated.

The changing life style of human being by means of dietetic and behaviour pattern plays a major role in the manifestation of several disorders. Thus, this type of pattern may also lead to the development of the disease Amavata. The spectrum of disease that results due to Ama ranges from acute conditions like Visuchika, Alsaka, Vilambika etc. to the chronic disorders like Amavata, Grahani and Amatisara etc. In Amavata, Vata as a Dosha and Ama as chief pathogenic factors. They are contradictory in nature and thus possesses difficulty in planning the line of treatment. The Ama when combines with Vata Dosha and occupies in Shleshma Sthana (Asthi&Sandhi) results painful disease “Amavata” The disease is characterized by various features like Sandhisshoola in the nature of Toda,swelling in ability of joints movements etc.It is mostly the disease of Madhyama Roga Marga and having Chirkari Swabhava. Sometime it can also be manifested as the acute case.

There are so many dreadful diseases prevalent in medical science. The scopes of therapeutic measures are limited even extreme advancement of modern biomedical sciences. The rheumatological disorder is such a group of diseases which has no specific medical management in any type of therapeutics.

Amavata is the particular type of disease which is the mentioned in Ayurveda since the period of Madhavakara (16th century A.D.) under the category of Vata-Kaphajadisorders.

The clinical presentation of Amavata closely mimics with the special variety of rheumatological disorders called rheumatoid arthritis (R.A.), in accordance with their similaritis on clinical features, like pain, swelling, stiffness, fever, redness, general debility are almost identical. The disease R.A. is chronic in nature and affects mostly the middle aged group. It is one of the common debilitating disease by the virtue of its chronicity and implications. The onset of disease is frequent during 4th and 5th decade of life with 80% of patients developing the disease between 30-65 years of age. Community prevalence study shows that female are more sufferers than male and the ratio of occurrence between them is 3:1. A disease in future makes man to depend on others by afflicting the joints, altering the appearance, affecting the other systems makes the life miserable.

Due to their similar mode of presentation, the disease rheumatoid arthritis can be broadly grouped under the heading Amavata.

The Ayurvedic approach toward the treatment of Amavata is the need of our as no system is successful in providing the complete cure to this disease, so Amavata is a challenging and a burning problem of medical science. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicine, the disease had been chosen for the study.

**Historical review**

The entity Amavata is available since the period of Charaka as a reference in the context of various treatments. However, Amavata as a separate disease entity was described for the first time in detail by Madhavakara (900 AD) who devoted a full chapter (25th) of Amavata in his famous treatise Madhava Nidanam dealing with the etiopathogenesis of the disease in a systematic manner besides the signs, symptoms, complications and prognosis.

**Etymology**

Ayurvedic literature following etymological derivation are found-

- Vatadosha along with Ama is termed as Amavata. It indicates the propulsion of Ama by vitiated Vata in the entire body and gets
lodged in Sandhishthana producing Amavata. (1)

- The word Ama and Vata unite to form the term Amavata. This signifies the role of pathogenesis of Ama and Vata in the disease. (2)

- The improperly formed Annarasa is Ama and it causes vitiation of vata, which is known as Amavata.

- Áma is produced due to indigestion and along with Vata it is a well-known disease entity.

**Definition of Amavata:**

Amavata is a condition where Stabdhata of the body occurs due to lodging of vitiated Ama and Vata in the TrikaSandhi and Commenting on the word “Yugapat” Madhukoshakara explains it as simultaneously Vata and Kapha while in Atanka Darpana, it is explained as Ama and Vata as both are held responsible for its pathogenesis.

**Classification of Amavata:**

Madhavakara has classified Amavata according to predominance of doshas 32 which are as follows:

1. **EkDoshaja:**
   - (a) Vataja
   - (b) Pittaja
   - (c) Kaphaja

2. **DwiDoshaja :**
   - (a) Vata-pittaja
   - (b) Pitta-kaphaja
   - (c) Kapha-vataja

3. **TriDoshaja :**
   These varieties of Amavata can be differentiated on the basis of characteristic symptoms of Dosha involved.

   Acharya Harita has classified Amavata into following four types on the basis of clinical manifestation.

   1. **Vishtambhi**– In Vishtambhi type of Amavata Gatra-gaurava, Adhamana and Bastishoola are present.
   2. **Gulmi**– In this type Jathargarjana (Bowel sounds), Gulmavatapeeda and Katijadata are present.
   3. **Snehi**– Gatrasnidghata, Jadya, Mandagni and Excretion of Vijjala and Snigdha
   Ama are present in such type of Amavata.
   4. **Sarvangi**– Excretion of Peeta, Shyama, Vijjala and Pakva Ama, Shrama and Klama are present in this type. Again it can be classified according to:

   (A) **Severity:**
   - 1. Samanya Amavata
   - 2. Pravriddha Amavata
   In Samanya Amavata, the symptoms are more or less general, less severe and not associated with Upadravaín comparison to Pravriddha Amavata.

   (B) **Chronicity:**
   - 1. Navina Amavata
   - 2. Jeerna Amavata
   Up to one year of onset it is said to be Navina and more than one year it is Called Jeerna Amavata.

**Nidana:**

The word ‘Nidana’ is used in Ayurvedic classics in a broad sense. This word is derived from the Sanskrit Dhatu ‘Ni’ which carries the meaning to determine (Ni –Nishchaya deeyate Jnanam). This word either refers to aetiopathogenesis 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 factor forms the first and foremost line of treatment.

**Madhavakara has described –**

1. **Viruddhahara ( Unwholesome Diet)**
2. Virudderchashta (Erroneous Habits)
3. Mandagni (Diminished Agni)
4. Nishchalata (Sedentary Life)
5. Exertion immediately after taking Snigdha Ahara is the causative factors for disease. Amavata

1. ViruddhaAhara :-

Factors, which provoke doshas but do not eliminate them out of the body, are called Viruddha.

In today’s life, our food habits have changed with change of time and epochi. Man has little time to cook and eat. Fast food has replaced the staple diet in several corners of the world. These fast foods generally fall in viruddha Ahara or Mithya Ahara. According to Ayurveda to Ayurveda, improper food habit is another major causative factor of Ama. These are certain codes for healthy eating, non-observance of the codes is called Mithya Ahara (Vijayarakshita). The codes of healthy diets which includes Prakriti, Karana, Sanyoga etc. Mithya Ahara deranges the digestive power (Jatharagni) and also causes Dushti in Grahan. Thus the food doesn’t get digested properly leading to production of Ama. As the Grahan is also Dushta, A,a undergoes further degradation and turn to AmaVisha. Mithya Ahara has become the today’s mode of life. Everyone is taking Mithya Ahara daily. A few example of Mithya Ahara in our daily life are cited below as-

- Canned food
- Preservative in food
- Beverages
- Fast food, packed food, street food like panopuri, Belpuri etc.
- Sweets, chewing gum, panmasala & so on.

There is general trend of tea, Pan Masala, Cigarette & Soda. It is common that patient had habits of taking tea more than 10 cups per day. School going children & even elders are queing the Panipuri vender, eating such chats is another form of Adhyasana.

There are 18 types of Viruddhaaharas (both drug & diet) mentioned by Charaka:

2. Viruddha Cheshta.

The habits, which exert unfavorable effect on body humors, are considered as Viruddha Cheshta. In our classics Viruddhaahara has been described extensively but Viruddha Cheshta is not mentioned clearly. In Viruddha Cheshta following factors can be considered, which are responsible of Dosha Utklesha.

1. Vega vidharana
2. Vega udirana
3. Diwaswapa
4. Ratrijagarana
5. Ativyayama
6. Vishamshayyashayana
7. Ativyavaya

Acharya Charaka has very clearly mentioned that suppression of urge of vomiting causes diseases. An urge of vomiting is only present when the Doshas are dislodged from their site & are ready to expelled from the nearest outlet i.e. mouth. But when the urge is suppressed the outlet is not open & dislodged Doshas can not be expelled out. If the Doshas termed as Ama & they are able to start the etiopathogenesis for the diseases.

Sudden changes from cold to hot & vice versa without judiciously following the rules of gradual changes. This causes Dushti in Swedavahasrotasa. Sudden diving in cold water or drinking of water after fear, exhaustion on sunlight is causing the same effect. Swedavaha Srotasa also vitiates due to Krodha, Shoka, & Bhaya.

Day sleep after having Meals, Cereals, Abhisyandi & Gurubhojana in lunch causes Dushti of Mamsavaha & Medovaha Srotasa, which causes in later hamper the Agni & as a consequence Ama takes places in the body. Asthis (bones) & Sandhis (joints) are the most affected parts
in Amavata. Root source of these are Majjavaha srotas & it is directly afflicted with Viruddha Sevana. So we can say that Viruddha Cheshta both contribute as Nidanas in pathogenesis of Amavata.

3. Mandagni:-

As it is said that Mandagni is the root cause of all diseases. It includes hypofunctioning of various forms of dehagni (i.e. Jatharagni, Bhutagni & Dhatvagni). The ingested food is digested by all these types of Agni to form Poshaka & Vardhakadhatus in the body. Mandagni leads to formation of Ama, which causes Srotorodha & results in reduced Dhatuposhana in turn causing Dhatukshaya. This Dhatukshaya leads to vataprakopa.

Acharajanya (Adrishtahetu) is a very important factor has been mentioned by all the Acharyas. Behavioral misconducts, antisocial activities sinful activities & other activities punishable by court are considered under this heading. This Acharajanya factors bring about psychogenic stress, which hampers the Agni & creates Ama.

4. Nishchalatwa:-

Nishchalatwa causes kaphavridhi ultimately leading to Agnimandya. In today's life, our habits have changed with change of time & epochi. People taking guru-snigdhaahara & due to computerization of whole works & business is main source of income they spend whole time sitting in a place in stressful situation i.e. sedentary life style by which low circulation of blood & low secretion of digestive enzymes Agni is hampered by which Ama formation occurs after that Amavata like disease occurs.

Sedentary life & day sleep after having meals cereals Abhishyandi & Gurubhojanain lunch causes Dushti of Mamsavaha & Medovahasrotasa.

A person who is lazy & less active by his nature, in such person continuous consumption of nutritious or even normal diet produces accumulation of Kapha dominant Dhatus. Also due to sedentary habits, Agni gets vitiated which in turn leads to iillation of doshas & production of Ama, it along with Ama causes pathogenesis of Amavata.

5. Snigdham Bhuktavato Hiannam Vyayamam :-

After consumption of food, normally most of blood circulation is supplied to the digestive system. If a person starts exercise or exertion immediately after taking food especially rich in Snigdha guna, circulation of blood will be turned to skeletal muscles, resulting in hampered digestion & absorption which leads to Ama formation. Also exercise after taking food causes vataprakopa which affects the metabolism & assimilation of Ahara.

So from the above description it clearly seems that Ama Dosha generally by unwholesome food habits like Viruddhasana Adhyasana, Ajirnasana is known as Amavisha. It is very difficult to treat due to its Ashukriya (prompt action) & opposite natures of treatment of Ama & Visha.

ViprakrishtaNidana:-

1. Pragyapradha
2. Agantuja
3. Kulaja

Purva Rupa:-

Charaka has described that where the Purvarupas are not mentioned, early clinical manifestation of the sign/symptoms can be considered as Purvarupa of the disease. When the prakupita Ama via Rasavaha srotas endures sthanasanshraya in Hridaya, Sandhi etc. before getting fully manifested as disease Amavata, in the early stage produces mild symptoms like Apaka, Aruchi etc. which can be considered as Purva Rupa of Amavata. Vangasena has given Shiroruja &
Gatraruja as Purvarupa of Amavata. Hence, the following Lakshana could be considered as Purvarupa of Amavata. 

1. Agnimandya:- It is a results of hampered function of Agni due to consumption of Nidana.
2. Apaka :- It is due to Agnimandya because proper digestion & metabolism does not take place.
3. Daurbalya:- It is a result of improper digestion of Dhatu & deprived of sufficient nourishment.
4. Angamarda :- All type of nourishment of Dhatu presence a form of Ama, so body feeling ache , that is called Angamarda.
5. Aruchi:- When the function of Rasanendriya is impaired by vitiated RasaDhatu & Bodhaka Kapha, they produced Aruchi.
6. Gaurava:- It is result of vitiated Kapha & Ama which produce heaviness in the body.
7. Gatrastabdhata:-Guna of Ama like Picchila, Guru, &Sheeta circulate in the body with the help of Vyanavayu, it gives rise to Gatrastabhdhta.

Rupa of Amavata:-
Madhavakara, Bhava Mishra, & other have described the rupas of Amavata clearly. They can be classified under following headings.

Pratyatma Lakshana:- (Cardinal sign & symptoms)
A) Sandhishoola
B) Sandhishotha
C) Stabdhata
D) Sparshasahyata

Samanya Lakshana:- (General /Associated Features)
A) Angamarda
B) Aruchi
C) Trishna
D) Alasya
E) Gaurava
F) Jwara
G) Apaka

H) Angashoonata

Doshanubandha Lakshsna:-
A) Vatanubandha - Ruka
B) Pittanubandha – Daha, Raga
C) Kaphanubandha – Staimitya, Guruta, Kandu
D) Vatatpitanubandha – Ruka, Daha, Raga
E) Vatakaphanubandha –Ruka, Staimitya, Guruta, Kandu
F) Kaphapitanubandha –Staimitya, Guruta,Kandu, Daha, Raga
G) Sannipataja – Symptoms of all doshas

PRAVRIDDHA LAKSHANA:-
A) Agnidaurbalya
B) Praseka
C) Aruchi
D) Gaurava
E) Vairasya
F) Ruja&shotha in Hasta, Pada, Shiro, Guipha, Trika, Janu, Uru Sandhi
G) Vrishchikadanshavatavedana
H) Kukshikathinyav
I) Kukshishoola
J) Vibandha
K) Antrakujana
L) Anaha
M) Chhardi
N) Hritgraha
O) Jadya
P) Bhrama
Q) Murchaha
R) Nidra-viparyaya
S) Daha
T) Bahumutrata

Upashaya – Anupashaya:
Use of medicaments, dietary regimens and viharas which bring lasting relief are known as Upashaya. On the contrary, anupashaya aggravates the disease.
Upashaya of Amavata Anupashaya of Amavata

Katu, Tikta, Ruksa drugs Amla Rasa, Deepan, Panchan drugs Santarpansa, Langhan, RuksaSwedaAbhyanga, SnehyuktaSweda, UshnaKaal etc. SheetaKaal, MeghodayaKaal, PratahaKaal

Samprapti of Amavata:-

The manner of Doshic vitiation and the course they follow, culminating in the development of specific clinical manifestation is known by the name SampraptiJaati and Aagati are its synonyms. A proper understanding of Samprapti is vital in the planning of the treatment of any disease, since Chikitsa as enunciated in Ayurvedic texts is nothing but Samprapti Vighatana. Conventionally the Samprapti can be categorized in two types.

1) Samanya(General) Samprapti: this is a common pathogenesis among various types of a single disease.
2) Vishishta(specific) samprapti: this is a specific pathogenesis for a particular sub type of disease. The samprapti of Amavata described in MadhavaNidana and by some other commentators can be summarized as-

Sanchaya:

When a person exposed to etiological factors Viruddha Ahara, does Vyayama after intake of Snigdha Ahara, Chinta, Shoka ,Bhaya etc. they cause Dushti of Agni, Dosha prakopa and Dushya Daurbalya.

Prakopa:

Due to Dushti of Agni, Mandagni occurs. Mandangni cause Ama formation. Then due to fermentation of Ama gets suktatva (Vidagdhatva) and it converts in Amavisha. With the help of vitiated Vayu it goes to Prasaravastha. Now it is SAmavata.

Prasaravastha:

SAmavata goes to Dhamani (RasavahaSrotasa). Then Dushti of Amavisha occurs due to Tridosha. So it becomes Nanavarna (various colours) and Atipichchhila (viscid unctuous and heavy) Ama. Now it is AtidarunaAma.

SthanaSanshraya:-

Yugpat Kupita of Vata and Ama (kapha) with the help of Dushya Daurbalya gets SthanaSanshraya in Rasavaha Srotasa, SleshmaSthana and TrikaSandhi.

Vyakti:

As it reaches Vyakti stage, most of the symptoms of Amavata are manifested like Daurbalya ,Hridgaurava, Gatrastabdha, Sandhishula, Sandhishithoha, Sandhigraha, Sparshasahyata etc.

Bheda:

In chronic stage of it, the disease is left.

Sampraptighataka:-

<table>
<thead>
<tr>
<th>Dosha</th>
<th>Tridosha mainly Vata and Kapha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dushya</td>
<td>Rasa, Mamsa, Asthi, Majja, Snayu and kandara</td>
</tr>
<tr>
<td>Srotas</td>
<td>Rasavaha, Mamsavaha, Asthivaha, Majjavaha</td>
</tr>
<tr>
<td>Srotodushiti</td>
<td>Sanga and Vimarggamana</td>
</tr>
<tr>
<td>Agni</td>
<td>Jatharagnimandya&amp;Dhatvagnimandya</td>
</tr>
<tr>
<td>Udbhavathan</td>
<td>AmaPakvashayoththa</td>
</tr>
<tr>
<td>Rogamarga</td>
<td>Madhyama</td>
</tr>
<tr>
<td>Vyaktisthana</td>
<td>Whole body mainly sandhisthana</td>
</tr>
<tr>
<td>Vyadhiswabhava</td>
<td>Chirkari</td>
</tr>
</tbody>
</table>
Upadrava of Amavata

It is a state (a disorder itself), which is manifested in the later period of the main disease and is of the same nature (dosha) as that of the disease. Various updravas of Amavata as mentioned by Acharyas are tabulated as follows:

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Acharya</th>
<th>Updravas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Madhavakara</td>
<td>Mentioned it with Pravridhamanalaks hanaas Anyaniupdravani</td>
</tr>
<tr>
<td>2.</td>
<td>Vijay Rakshita</td>
<td>Sankocha &amp;Khanja</td>
</tr>
<tr>
<td>3.</td>
<td>Vachaspati</td>
<td>Various Vatika disorders</td>
</tr>
<tr>
<td>4.</td>
<td>Harita</td>
<td>Angavaikalya</td>
</tr>
</tbody>
</table>

ChikitsaSidhanta:-

Chakradatta was first inventor, who describing the principles of treatment for this disease, which are langhana, swedana, drugs having Tikta, Rasa and Deepana action, virechana, snehapana and Auvasana as well as ksharabasti, and yogaratnakara have added upanaha without sneha, to these therapeutic measures. The details are as follows:

1) Langhana:-

It is the first measure that has been advised for the management of Amavata, which is considered to be an Amasayotha vyadhi and also Rasaja Vikara, langhana is th first line of treatment in such conditions. (4), (5) In yogaratnakara langhana has been mentioned to be the best measure for the treatment of Ama. It has been described that sama dosa cannot be eliminated from the body until and unless ama attains the pakva from and for this purpose Inghana is the best therapy (6). Langhana is contraindicated in Vatavridhi, but is indicated in sAmavata. Hence care should be taken to stop the Langhana as soon as nirama vata condition is achieved. Langhana in addition, creates hunger reflex in the patients resulting in enhanced production of internal corticosteroid which provide relief through the reduction of inflammation.

2) Swedana:-

The role of swedana therapy in Amavata and in other rheumatic diseases is well recognized. In the management of Amavata, Rukshasweda has been advocated in the form of Balukapottali, owing to the presence of Ama. In Chronic stage of the disease when Rukshata is increased, snigdha Sweda can be employed.

Swedana have been specially indicated in the presence of stambha, gaurava and shula (7), this constitutes the predominant features of Amavata. In this disease ushna jalapan, a kind of internal swedana is also indicated which is Deepana, pachana, jwaraghna, srotoshodhaka etc. (8). Swedana also helps in liquefying Doshas and aids in their transportation from shakha to kostha so that they can be eliminated by shodhana therapy.

Swedana helps in cleansing the srotas and thus aids in the transportation of Dosa from the sakha to kostha. In addition it has been specially indicated in presence of stambha,Gaurava, jadya, sitaanda and sula which constitutes the predominant features of Amavata (7)

3) Tikta katu Dipana Dravya:-

Through Tikta katu rasa drugs are supposed to increase Vata dosa,yet these are of proven value in this disease because of their dipana and pachana properties. These drugs have agnivardhaka property due to their Laghu, ushna, and tikshnaguna and due to these gunas they possess Amapachana, so kaphahara and vatahara karma. Thus these drugs Increase Agni, digest Ama, removes excessive kledaka kapha, prevent further production of Ama, clear srotavardhaka and transport pakva dosha from Sakha tokostha for
removal form the body. And increased salivary and gastric secretions by the use of katu rasa are well known. Apart from this, they also improve the intestinal motility acting as Vatanulomka.

4) Virechana:

Virechana has been described to be the best remedy for pitta dosha, yet it is effective in the vitiated kapha and Vatadosha also to some extent. So in this way it appears to be the most appropriate therapeutic measure in this condition.

After langhana, swedana and Tika, Deepana dravyas, doshas Attain nirama avastha and may require elimination from the body by shodhana. Generally vamana precedes virechana but in Amavata, the patients should be subjected to virechana therapy because of the following possible reasons:

a) Production of Ama is the result of Avarana of pitta sthana by kledaka kapha, thus hampering the digestive activity of the pachaka pitta. virechana helps in this condition through two ways,
   • It removes the Avarana produced by kledakakapha,
   • It is the most suited therapy for the sthanikadosha pitta.

b) Symptoms of Amavata like Anaha, vibandha, Antrakujana, kukshishula etc. are indicated of pratiloma gati of vata. This is best conquered by virechana, while vamana is likely to aggravate these features.

5) Snehapana:

After giving the above mentioned therapies, the patient should be subjected to samanasnehan which is justified on the basis of following points.

The therapeutic measure employed so far are likely to produce rukṣata in the dhātu of the patient which may provoke the vata dosha and further aggravates the disease process. This is best prevented by snehapana.

□ Reduction in bala of the patient is the resultant of the shodhana therapeutic measures employed and the nature of the disease itself. This is also effectively controlled by the administration of sneha, as the latter is described to be the best Balavardhaka regimen (9).

□ Snehapana has also been described in the cases of Ashtimajagata vata as the involvements of these dhātus are quite evident in Amavata (11) Since snehana pacifies the vitiated vata due to its inherent vatanulomana aeffect, it is strongly indicated in Amavata, when there is predominance of vatadosha in its nirama stage. However the patients of Amavata are liable to develop derangement of digestion. Sneha is best administered medicated with Deepana and Pachana Dravyas.

6) Basti:

Basti therapy has its scope in all kinds of ailments implicating different types of Dosha, Dusyas and Adhisthans, Basti is supposed to be the principal (specific) treatment for vatic diseases (12). The relative importance of vatais already known as it has predominant influence on the three principal routes of disease namely the sakha, kostha and the marma. More over vayu is responsible for the formation, communication and spread of sweda, mala, mutra, kapha and other biological substances in the body. This way Basti is the half of the whole treatment. In Amavata, both Anuvasana as well as Niruha Basti have been advocated. Anuvasana basti removes the dryness of the body caused by the Amahara treatment, alleviates vata dosha, maintains the function of Agni and nourishes the body. Niruhabasti eliminates Doshas brought in to the kostha by langanas and allied therapeutics. In addition to the generalized effects, Basti produces local beneficial effects also by removing Anaha, Antrakujana, vibandha etc. sandhavadi
tails has been advocated for anuvasa and ksarabasti for asthapan.

**Conclusion:**

Amavata is a condition where stabdhata of the body occurs due to lodging of vitiated Ama & Vata in Trika Sandhi. It is caused due to Virrudhahara, Virrudhhachesta, Mandagni, Snigdham Bhuktvat annam Vyayamam etc.

Amavata is Amashayothha Vyadhi so treatment given in Amavata is 1st Langhana then Swedana, Tikta Katu Dipana dravyas, Virechana, Snehapana & Basti. Which has ultimate goal to achieve Amapachana, Vatashamana & Strotoposhodhana, Sthana balya chikitsa.

**References:**


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