Nidanapanchakatmak study of Aamvata

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ABSTRACT

In Ayurveda there are various approaches to diagnose a disease; the concept of Nidan Panchak is one such modality of Ayurveda. Nidan Panchak helps to diagnose diseases at various stages. Knowing the definite Nidana (etiological factors), Dosha vitiation, Samprapti (pathogenesis or progress of disease) and to check it at early stage is given prime importance. Nidan Panchaka plays vital role to identify types of disease. It consists of five subtypes which are Nidan (causes), Purvarupa (Prodromal Features), Rupa (Clinical features), Upashaya (Therapeutic methods), and Samprapti (Pathogenesis). These five elements collectively or selectively help in making an accurate diagnosis. Aamvata is a diseased caused by Dushti of Rasavaha Srotas in which there is formation of Ama due to Jatharagni Mandya. The Aamvata condition closely resembles with Rheumatoid arthritis, an autoimmune inflammatory condition characterised by symmetrical polyarthritis. Aamvata disease was first described in Laghutrayee by Acharya Madhava. Before the Acharya Madhava the concept of Aamvata was vague. Aamvata develops due to Dushti or Prakopa of Ama as well as Vata Dosha. As the disease Aamvata is very prevalent in society, it’s important to know the exact diagnosis along with treatment. In our current review we had tried to elaborate about the Nidanapanchaka of Aamvata.

Key words: Aamvata, Nidanapanchaka, Rheumatoid Arthritis

INTRODUCTION

Ayurveda offers a distinctive, all-encompassing method for disease diagnosis. Various contexts and viewpoints have been used to describe various sets of criteria in Ayurvedic literature. The two forms of Ayurvedic diagnostic methods are known as Rogi Pariksha and Roga Pariksha, respectively. Roga Pareeksha is an illness analysis. It is the investigation of Vyadhi and its personalities. Nidanapanchaka and Shata Kriyakala can help with this. Both economically and in the diagnosis and treatment of illness, Ayurveda’s Nidanapanchaka diagnostic method is useful. Nidanapanchaka, an Ayurvedic concept, uses causal factors as its primary method of disease diagnosis.[1] The combination of these five factors or any one of them individually, aids in correct diagnosis. By understanding the notion of Nidanapanchaka, the doctor can identify the illness at an early stage and then arrange the course of therapy effectively, averting further difficulties.

The first Acharya to describe the illness Aamvata was Madhava. Although it seems like an easily treatable illness, the prognosis is not favourable. The concept of Aamvata was very vague before to the Acharya Madhava. Vata Dosha and Ama’s Dushti or Prakopa both contribute to the development of Aamvata. Unique to Ayurvedic science, the concept of Ama is what causes the majority of different illnesses. Ama has no equivalent in contemporary science.[2] Aamvata is comparable to rheumatoid arthritis in terms of its illness. Both diseases share a lot of the same signs and symptoms. An autoimmune condition is rheumatoid arthritis. It is a symmetrical polyarthritis that is chronically inflammatory, destructive, and
deforming. The three main clinical manifestations are arthritis pain, stiffness, and joint swelling.\[3\]

**Aamvata Nidana**\[4\]

1. **Dietary: Viruddha Ahara** (Intake of incompatible combinations of foods., irregular dietary habits.) *Viruddha Ahara* plays important role in causing Ama, *Viruddha Ahara* provokes the Doshas but does not expel them out of the body. Ex. Mixing of milk with fish in a diet.

2. **Lifestyle:**
   - *Viruddha Cheshta* (Improper physical activity): the physical activity performed without following the procedure is called *Viruddha Cheshta*. Ex. Physical exercise or sexual act when an individual is already suffering from Ajeerna
   - *Nischalata* (Lack of physical activity): Lack of physical activity or sedentary life style is the main cause of accumulation of Ama in the body
   - *Snigndham Bhuktavato Vyayaamam*: Performing physical exercise soon after intake of heavy food causes Ama in the body

3. **Psychological**: Negative mental states while taking meals. Stress is a triggering factor for rheumatoid arthritis

4. **Others**: Improper management in pregnancy and post partum period causing aggravation of Vata can lead to Amavata.

**Amvata Samprapti**\[5\]

**Amavata Lakshana**\[7\]

**Samanya Lakshana of Amavata (initial phase)**

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

**Aggravated Lakshana of Amavata:** When the disease aggravates, it causes severe pain associated with swelling especially in joints of upper and lower limbs and in sacral region. Generalized symptoms like loss of appetite, pain or heaviness in abdomen, excessive micturition, burning sensation, sleep disturbances, constipation, abdominal distention, vomiting, giddiness are also seen.

**Pratyatma Lakshana of Amavata**

1. **Sandhi Shotha & Shoola** – Swelling in multiple joints
2. **Sandhi Shoola** – Pain in the joints
3. **Gatra Stabdhata** – Stiffness in the body

**Clinical characteristics of Amavata vs Rheumatoid Arthritis**\[8\]

1. **Hasta Sandhi Shotha & Shoola** - Rheumatoid arthritis is most strongly characterised by inflammation and excruciating pain in the proximal interphalangeal joints and metacarpophalangeal joints.
2. **Paad Sandhi Shotha & Shoola** - The feet are frequently afflicted, particularly the subtalar & metatarsophalangeal joints.
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.
5. Stabdhatu - In R.A., joint stiffness is most common feature often occurs in the morning hours.
6. Jaadhya - R.A. experiences weakness in the grasp or finger triggering due to deformity- results in restricted joint movement.
7. Angavaikalya - Joint deformity.
8. Sankocha - Contractures
9. Vikunchana 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 R.A.

Prognosis of Aamvata

It depends on the participation of doshas, dhatus, number of symptoms and Upadraya manifestations in the patient. Considering its severity, Madhava considers Amavata a terrible disease. Nature of illness to the point that the patient will immediately go into an acute state. Commenting on joint involvement and its complexity, Madhava concludes that the management of Amavata is difficult, if swelling and pain to all the joint involved.[9]

<table>
<thead>
<tr>
<th>Clinical feature</th>
<th>Prognosis</th>
</tr>
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<tbody>
<tr>
<td>If involvement of only one Dosh</td>
<td>Curable</td>
</tr>
<tr>
<td>If involvement of two Dosh</td>
<td>Palliable (Yapya)</td>
</tr>
<tr>
<td>If involvement of all Dosh, Presence of generalized edema</td>
<td>Difficult to treat</td>
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</tbody>
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CONCLUSION

Aamvata is a grave disease caused by Dushti of Rasavaha Srotas. In terms of clinical features Aamvata is comparable to Rheumatoid Arthritis. Viruddha Ahara, Nischolata and Mandagni are the main etiological factors of Aamvata with Ama as a basic pathological component. All the etiological factors of Aamvata results in Agnimandya and as a byproduct Ama is formed as a toxin. When Ama travels in the body through Rasavaha Srotas it results in Angamarda, Aruchi, Trushna along with Sandhishoola and Stamabhadi symptoms.

REFERENCES

8. A thesis work by Dr. Shweta Pandey on Amavata wrs rheumatoid arthritis with Shiva Guggulu and Simhmad Guggulu-2011-KC-GAAC, Ahmedabad, gau, Jamnagar


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