

6.6. Aamavata (Rheumatoid Arthritis)

Unit 6.6 — Āmavāta (Rheumatoid Arthritis): Samprāpti, Diagnosis, Samprāpti-vighaṭana, Chikitsā-sūtra & Chikitsā-yojanā (with Rasāyana & Pathya-Apathya)

1) Nirukti and Paribhāṣā

Āma + Vāta = Āmavāta

- **Āma:** Apakva / avipakva āhāra-rasa produced due to *mandāgni* and faulty digestion; it is *guru*, *picchila*, *abhishyandī* and obstructs *srotas*.
- **Vāta:** The mobile driving force; when aggravated, it propels *āma* into channels and joints, producing pain, stiffness and swelling.

Classical definition (Mādhava Nidāna—Āmavātanidāna)

अङ्गमर्दोऽरुचिस्तृष्णा आलस्यं गौरवं ज्वरः ।

अपाकः शूनताऽङ्गानामामवातः स उच्यते ॥५॥

Reference: Mādhava Nidāna, Āmavātanidāna, śloka 5.

English meaning:

Body-ache (myalgia), anorexia, thirst, laziness, heaviness, fever, indigestion and swelling of limbs—this clinical complex is called Āmavāta.

2) Nidāna (Etiological factors) and Early Samprāpti (Pathogenesis)

Nidāna (as described in Mādhava Nidāna)

विरुद्धाहारचेष्टस्य मन्दाग्नेर्निश्चलस्य च ।

स्निग्धं भुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तथा ॥१॥

Reference: Mādhava Nidāna, Āmavātanidāna, śloka 1.

Clinical interpretation (conceptual):

- *Viruddha āhāra-vihāra*, sedentary routine (*niśchalatā*), *mandāgni*
- Exercise immediately after heavy/snigdha food, or incompatible timings and habits
- These create **Āma**, then **Vāta** drives it into susceptible sites.

Core samprāpti (how āma reaches joints)

वायुना प्रेरितो ह्यामः श्लेष्मस्थानं प्रधावति ।

तेनात्यर्थं विदग्धोऽसौ धमनीः प्रतिपद्यते ॥२॥

Reference: Mādhava Nidāna, Āmavātanidāna, śloka 2.

युगपत्कुपितावेतौ त्रिकसन्धिप्रवेशकौ ।

स्तब्धं च कुरुतो गात्रमामवातः स उच्यते ॥४॥

Reference: Mādhava Nidāna, Āmavātanidāna, śloka 4.

English meaning (summary):

Āma, propelled by Vāta, moves into kapha-sites and channels; Vāta and Kapha together lodge in *trika* and joints, causing stiffness and systemic heaviness—manifesting as Āmavāta.

3) Lakṣaṇa (Clinical features): Classical + Clinical framing

Classical lakṣaṇa (already quoted)

- Angamarda, Aruchi, Trishna, Alasya, Gaurava, Jvara, Apāka, Śūnata.

Typical clinical picture (correlation)

- Symmetric pain and swelling of small joints (MCP/PIP), morning stiffness
- Fatigue, heaviness, low-grade fever
- Appetite loss, coated tongue, bloating (when sāmā)

4) Roga-mārga and Doṣa-dūṣya-srotas (Ayurvedic diagnosis grid)

Component	Likely involvement in Āmavāta
Doṣa	Predominantly Vāta-Kapha ; Pitta association may appear (dāha/rāga)
Dūṣya	Rasa, Rakta, Māmsa; later Asthi-Majjā involvement
Srotas	Rasavaha, Raktavaha, Māmsavaha; later Asthivaha
Adhiṣṭhāna	Sandhi (joints), Trika, often peripheral joints
Agni	Mandāgni (root driver)
Āma	Central pathogenic factor, especially in early / acute stage

5) Samprāpti-vighaṭana (Breaking the pathogenesis)

Target sequence to break:

1. Mandāgni → Āma production
2. Āma + Vāta-Kapha → srotorodha
3. Sandhi-sthāna saṁśraya → śūla-stambha-śoṭha
4. Chronicity → dhātu kṣaya / deformity

Therefore, samprāpti-vighaṭana aims:

- Restore **Agni** (Dīpana)
- Digest **Āma** (Pācana)
- Relieve **srotorodha** (Srotoshodhana)
- Pacify **Vāta-Kapha** (Śamana)
- In suitable stage: **Śodhana** (especially Virecana + Basti)
- Long term: **Rasāyana** + **Pathya** to prevent relapse

6) Chikitsā-sūtra (Classical principle statement)

(A) Chikitsā-sūtra for Āmavāta (Cakradatta)

लङ्घनं स्वेदनं तिक्तं दीपनानि कटूनि च ।
विरेचनं स्नेहपानं बस्त्यश्चाममारुते ॥

Reference: Cakradatta, Āmavāta-cikitsā, śloka 1 (commonly cited as 25/1 in many editions).

**English meaning:**

In Āmavāta (āma + vāta), apply: langhana, swedana, tikta dravyas, dīpana-katu dravyas, virechana, snehapāna and basti.

(B) Foundation of “upakrama” used here (Caraka—Ṣaḍ-upakrama)

लङ्घनं बृहणं काले रूक्षणं स्नेहनं तथा ।

स्वेदनं स्तम्भनं चैव जानीते यः स वै भिषक् ॥४॥

Reference: Caraka Saṃhitā, Sūtrasthāna 22, śloka 4.

Relevance: In Āmavāta, **langhana-rūkṣa-swedana** dominate early (*sāma*), followed by **snehana-śodhana-basti** in *nirāma* stage.

7) Staging of Āmavāta and stage-wise management

Stage 1 — Sāma Āmavāta (āma-dominant)

Clues: heaviness, feverishness, anorexia, coated tongue, bloating, generalized body ache, sticky swelling.

Primary line:

- **Langhana** (light diet / fasting as per strength)
- **Dīpana-Pācana** (agni + āma digestion)
- **Rūkṣa-swedana** (dry fomentation to reduce *kapha-āma* stickiness)
- Avoid heavy sneha initially if āma is strong

Classic external:

- **Bāluka-sveda** (sand-bolus / dry fomentation) is classically rational here due to rūkṣa-uṣṇa effect.

Classical internal formulations (examples):

- **Pañcakola cūrṇa** (dīpana-pācana)
- **Śuṅṭhī, Pippalī, Marica** based pachana (as per classical combinations)
- **Rāsnā-daśamūla** type kaṣāya use is common in classical practice traditions for vāta-kapha pain (keep selection consistent with your departmental formulary/edition).

Stage 2 — Nirāma Āmavāta (āma reduced; vāta predominates)

Clues: appetite improves, tongue clears, fever/heaviness reduce; pain/stiffness persist with dryness/crepitus; chronicity begins.

Primary line:

- **Snehana + Swedana** (now indicated), followed by
- **Śodhana** (especially **Virecana** if pitta association / systemic āma remnants)
- **Basti** as prime therapy for vāta-dominant chronic joint disease

Classical support for Basti as vāta-control measure (Suśruta)

सर्वाङ्गगतमेकाङ्गस्थितं वाऽपि समीरणम् ।

रुणद्धि केवलो बस्तिर्वायुवेगमिवाचलः ॥२२॥

Reference: Suśruta Saṃhitā, Cikitsāsthāna 4 (Vātavyādhi-cikitsita), śloka 22.

English meaning:

Whether vāta affects the whole body or a single limb, basti alone can restrain it—like a mountain restrains the wind.



8) Diagnostic approach (Ayurveda + contemporary)

Ayurvedic diagnosis components to record

- Nidāna: diet incompatibility, sedentary lifestyle, post-meal exertion, cold exposure, etc.
- Avasthā: **sāma vs nirāma**
- Doṣa predominance: vāta-kapha / pitta association
- Sandhi: which joints, symmetry, stiffness duration, swelling type

Contemporary confirmation (for completeness)

- CBC, ESR/CRP
- RF / Anti-CCP (if available)
- X-ray/USG joints as needed (baseline)

9) Representative simulated clinical case (de-identified) and choosing “type of chikitsā”

Case summary

A 36-year-old female presents with:

- 4 months history of **pain and swelling in both wrists and MCP/PIP joints**, morning stiffness ~90 minutes
- Low-grade fever episodes, heaviness, fatigue
- Appetite reduced, bloating, sticky stool, tongue coated
- ESR/CRP raised; RF positive (de-identified lab pattern)

Ayurvedic assessment

- **Nidāna:** sedentary work, irregular meals, frequent incompatible combinations, cold exposure, post-meal exertion
- **Avasthā:** clear **sāma** signs (aruchi, gaurava, jvara tendency, apāka, coated tongue)
- **Doṣa:** vāta-kapha with āma predominance
- **Adhiṣṭhāna:** sandhi (small joints), systemic āma

Appropriate “type of chikitsā” for this case (as per stage)

Primary: Langhana + Dīpana-Pācana + Rūkṣa-swedana (sāma stage management)

Then, once nirāma achieved: Snehana-swedana → Virecana (if indicated) → Basti for sustained vāta control and relapse prevention.

10) Chikitsā-yojanā (structured plan)

A) First phase (Sāma stage; 2-4 weeks depending on response)

1. **Langhana**
 - Light, warm, easily digestible diet; avoid guru/snigdha/abhishyandī items.
2. **Dīpana-Pācana (classical)**
 - Pañcakola-based deepana, Āma-pācana kaṣāya selections as per classical availability.
3. **Swedana**
 - **Rūkṣa sweda** (bāluka sweda / rūkṣa nāḍī-sweda as appropriate)



4. Local measures

- Warm, vāta-kapha-hara external application (taila selection only after āma reduces).

B) Second phase (Nirāma stage; chronic control)

1. Snehana + Swedana

- Abhyanga with vāta-hara taila + mridu swedana.

2. Śodhana (as per bala/kāla/doṣa)

- **Virecana** if pitta association / systemic inflammation dominance.

3. Basti

- Yoga-basti / kāla-basti planning (nirūha + anuvasana sequence) based on doṣa and strength.

4. Śamana formulations (classical examples frequently used in vāta-kapha sandhi disorders)

- **Yogarāja Guggulu, Mahāyogarāja Guggulu, Trayodaśāṅga Guggulu** (select based on avasthā)
- **Daśamūla** based preparations where indicated
(Use your department's standard formulary/edition for exact yoga-composition and references.)

11) Rasāyana (after stabilization of agni and āma)

When to start: after clear nirāma signs, improved digestion, reduced swelling/fever tendency.

Rasāyana intent in Āmavāta:

- Dhātu-poshana (especially mamsa/asthi support)
- Vāta-śamana stabilization
- Recurrence reduction

Common classical rasāyana direction (examples):

- **Aśvagandhā rasāyana, Āmalakī rasāyana, Bala-based rasāyana** (choose per doṣa and strength)

12) Pathya-Apathya (Diet & lifestyle)

Pathya (supportive)

- Warm, light, freshly cooked food
- Yūṣa (mudga-yūṣa), thin yāvāgu, warm water
- Mild dīpana spices in appropriate quantity (as tolerated)
- Regular sleep timing; gentle joint mobility once pain reduces

Apathya (to avoid, especially in sāma stage)

- Heavy dairy, curd at night, cold drinks, fried/processed foods
- Day sleep, exposure to cold/damp
- Overexertion or sudden strenuous exercise, especially post-meal

13) Quick clinical differentiation points (conceptual)

Condition	Key distinction
Āmavāta	Systemic āma features + symmetrical inflammatory joint involvement tendency
Sandhivāta (OA-like)	Degenerative, more dryness/crepitus, less systemic āma signs
Vātarakta	Often starts in smaller joints with burning, discoloration; rakta involvement predominates



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