

## 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 *sāma*)

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

Component	Likely involvement in Āmavāta
<b>Doṣa</b>	Predominantly <b>Vāta-Kapha</b> ; Pitta association may appear (dāha/rāga)
<b>Dūṣya</b>	Rasa, Rakta, Māmsa; later Asthi-Majjā involvement
<b>Srotas</b>	Rasavaha, Raktavaha, Māmsavaha; later Asthivaha
<b>Adhiṣṭhāna</b>	Sandhi (joints), Trika, often peripheral joints
<b>Agni</b>	Mandāgni (root driver)
<b>Āma</b>	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
<b>Āmavāta</b>	Systemic āma features + symmetrical inflammatory joint involvement tendency
<b>Sandhivāta (OA-like)</b>	Degenerative, more dryness/crepitus, less systemic āma signs
<b>Vātarakta</b>	Often starts in smaller joints with burning, discoloration; rakta involvement predominates



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