A CONCEPTUAL STUDY OF AMA VATA AND SANDHI VATA

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ABSTRACT
Ama vata is a disease caused by vitiation or aggravation of vayu associated with Ama. Aggravated vayu circulates with Ama through dhmanies all over the body, takes place in the shleshma sthana (Amashaya,sandhi,etc) producing symptoms such as stiffness, swelling and tenderness in small and big joints. The symptoms of Ama vata are similar to rheumatism included rheumatoid arthritis and rheumatic fever. Sandhi vata is described under vata vyadhi in all ayurvedic text. Charak was described separately “sandhigata anila” but it was not included under 80 types of nanatmaja vata vyadhi. The symptoms of sandhi vata are similar to osteoarthritis which is the most common degenerative joints disease in older people.

KEYWORDS: Ama vata, Sandhi vata, Rheumatic fever, Osteoarthritis, Panchkarma Yoga.

INTRODUCTION
Ama vata is one of the crippling diseases claiming the maximum loss of human power. It is not only a disorder of the locomoter system, but is also a systemic disease and is named after its chief pathogenic constituents which are Ama and vata. In vriddhavastha all dhatus undergo kshaya thus leading to vata prakopa and making individual prone to many disease.
Among them sandhigata vata stands top in the list. The incidence of OA in India is as high as 12%. It is estimated that approximately four out of 100 people are affected by it. OA is the most common articular disorder begins asymptomatically in the 2nd and 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathological change in weight bearing joints 25% females & 16% male have symptomatic osteoarthritis.

- **NIDAN (ETIOLOGICAL FACTORS)**
  - Reduced digestive power
  - Person who is not doing regular exercise takes a diet of opposite qualities and does opposite activities.

- **Activities**
  - Doing an exercise immediately after taking oily food
  - Use of food and drink which are heavy to digest
  - Use of food which is rough, cold, dry, unclean, antagonistic in nature

- **SAMPRAPTI**

  Diet of opposite qualities and opposite activity
  
  Reduced digestive power
  
  Production of undigested toxic product (AMA)
  
  Due to action of vayu it gets circulated to all over the body
  
  It produces obstruction in the various channels or system
  
  Sthansansarya in joints of sama kapha & vata
  
  Ama vata

- **CARDINAL SYMPTOMS**
  - Moving pain severe in nature (vriscik dansha vata vedana)
  - Shifting pain (sanchari vedana)
  - Stiffness of joints (stambha)
  - Increase temperature (jwara)
  - Loss of movement (karma hani)
- Joint deformity (sandhi vikruti)
- Loss of appetite (kshudha mandya)

**NIDAN EVAM SAMPRAPTI (ETIPATHOGENESIS) OF SANDHI VATA**

Due to vata provocating factor

- Vata dosha is provoked
- Provoked vata gets logged in the joints
- Produces this disease

**SYMPTOMS**

- Joints appear to be filled with air
- Severe pain and swelling in the joints
- Deformity & stiffness
- Due to pain movement get restricted

**MODERN VIEW OF AMA VATA AND SANDHI VATA**

Ama vata described by ayurveda can be taken as Rheumatic fever and Rheumatoid arthritis according to symptoms and sandhi vata described by ayurveda can be taken as osteoarthritis.

**Rheumatic fever**

Rheumatic heart disease is a potential complication of a more generalized condition called rheumatic fever. This is an inflammatory disease that affects a variety of tissues in widespread sites in the body. Painful joints are the major complaint in probably three quarters of the patients but the heart, skin, serosa, blood vessels, and lungs are commonly affected as well. Rheumatic fever is related with group A beta hemolytic streptococci. The great majority have suffered a streptococcal pharyngitis one to four weeks before the emergence of rheumatic fever. The name rheumatic fever is derived from the joint pain that often accompanies the disease. The symptoms of rheumatic fever may be sudden and intense, with fever, sore or swollen joints and tachycardia, or they may be mild, with low grade fever and malaise.
Rheumatoid arthritis

RA is a systemic disease with prominent involvement of the joints. It initially affects the synovium, with later effects in articular cartilage and bone.

It is an inflammatory condition that primarily affects the joints of the hand, wrists, ankles, and feet, with systemic effects involving the heart, lungs, skin, and other organs.

RA is an essentially idiopathic disease that is characterized by immune-mediated destruction of joints. It appears that a genetic predisposition is in some way involved.

The antigens are introduced by an infection. Other evidence suggests that RA may be an autoimmune disorder. An autoimmune role is also indicated by the presence of rheumatoid factor (RF) in most cases of RA. RF is an antibody against immunoglobulin G (IgG) which plays a role in the pathogenesis of RA.

In the synovium, early changes involve cellular proliferation and damage to its microcirculation, perhaps due to an immune mechanism, synovial cells, T and B lymphocytes, and fibroblasts contribute to the increased cellularity in the synovium.

The thickening synovium becomes irregular, with its surface thrown in to fingerlike projections that extend in to the joint space. Its extension and covering of adjacent joint surfaces resembles a cloth, so the term pannus, from the Latin for cloth, is used to describe it.

Osteoarthritis

OA is the most commonly encountered joint disease. This disease has only a minimal inflammatory component and so is often called degenerative joint disease (DJD)
It is OA that is responsible for much of the pain and loss of mobility associated with the aging process. Its incidence is low in the young, but increasing age yields increasing evidence of joint damage. By age 65, over 85% of people have some degree of joint degeneration that is detectable in x-ray, only about 30% of these suffer pain or restricted joint function.

The underlying process begins in the articular cartilage, which becomes thin, irregular, and frayed, cracks or fissures then develop in the articular cartilage, and with progression they fill with synovial fluid and penetrate to the underlying bone.

The response of these changes is mitosis of chondrocytes and a new vascular supply to the damaged region which leads to the formation of fibrocartilage repair plugs. These plugs may be loosened and stripped away, exposing the bone’s surface.

The synovial membrane is indirectly affected by these changes. Fragments of fibrocartilage, dislodged from their site of formation, can react at the synovial membrane’s surface, inducing an inflammatory response. This may be a factor in the pain of osteoarthritis. Fibrous repair in the damaged, adjacent joint capsule may also restrict joint motion.

To further complicate the problem, cells from the synovial membrane adjacent to the articular cartilage can develop into osteoblasts in response to the damage. The result is the formation of bony projections, called osteophytes or bone spurs.

Management of Amavata & Sandhivata

The disease associated with bones should be treated with purification procedures

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<th>Amavata</th>
<th>Sandhivata</th>
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<tr>
<td>Fasting</td>
<td>Medicated enema is useful</td>
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<tr>
<td>Fomentation</td>
<td>Clarified butter fortified with bitter substances is used</td>
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<tr>
<td>Use of Pungent bitter herbs which will increased digestive power and improve digestion</td>
<td>Milk with bitter substances is used for drinking and enema</td>
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<td>Luxatives drugs</td>
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<td>Oleation &amp; enema of medicated oil</td>
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Yogic management

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| Special            | Yoganidhati           | Dhayan       |

**DISCUSSION**

The main causative factor Ama is caused by malfunctioning of the digestive and metabolic mechanisms. The disease is initiated by the consumption of viruddha ahara and viruddha vihara and mandagni. Although ama and vata are pathogenic factors, kapha and pitta are also invariably involved in its samprapti. Ama and vata being contradictory in their characteristics, there is difficulty in planning the line of treatment. Derangement of the kapha dosha, especially shleshak kapha in the ama vata which produces joints pain and swelling with tenderness, can be correlated with RA and derangement of the pitta dosha along with ama taking shelter in the avalambak kapha sthana which can be correlated with rheumatic fever because of the cardiac involvement, due to repeated fever, resulting in rheumatic heart disease. OA is a degenerative inflammatory disorder, where joints inflammation initially causes pain (sandhi shula) and later swelling (sandhi shota). Due to pain and swelling, the mobility of joints is restricted (stambha) and on movement results in excruciating pain (prasarana akunchanayoho vedana), and tenderness (sparsha asahyata). The degenerative changes later result in manifestation of crepitus (sandhi sphutana). sandhi gata vata and OA are quite similar disease found in clinical practice in which the etiopathogenesis and symptoms overlaps. Baluka (Ruksha) Swedan should be given in Amavata (Upsaya) and Snehan Karma should be given in Sandhivata (Upsaya).

**CONCLUSION**

The disease Ama vata and sandhi vata is well documented in vedic literature and is described in about all ayurvedic classics. These have changed equidistantly with the change in human life style, human value, environmental condition, food and occupational habit. The disease Ama vata is produced due to Avaranjanya vataprakope while sandhi vata is produced due to Dhatukhayajanya vataprakope. Now a days erroneous dietary habits, life style and environment have led to various autoimmune disorder. Amavisajanya vikaara and Ama vata
is one among them. RA can be correlated with Ama vata in view of its clinical feature. Sushruta has described sandhi vata in vata vyadhi chapter the heading of sandhi gata vata while charak has described sandhigata vata under the vata vyadhi as sandhigata anila. The disease produced by morbid vata dosha are more common in jaravastha (old age).

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