Research Article

STUDY OF AMAVATA VYADHI IN RELATION WITH ASTHIVAH STROTAS DUSHTI

Jyoti V. Meghdambar*

Assistant Professor, Department of Rognidan Vikriti Vidnyan, Government Ayurved College, Nanded, India

*Corresponding Author Email: jyotimeghdambar@gmail.com

Article Received on: 30/01/14 Revised on: 22/02/14 Approved for publication: 12/03/14

DOI: 10.7897/2230-8407.050336

ABSTRACT

The main aim of this special study is to observe the relation between Amavat and Asthivah strotas dushti according to theoretical and practical grounds. In this study 30 patients of diagnosed Amavat Vyadhi are selected according to Hetu causes and lakshnas symptoms described in Samhita Granthas. X-ray of the affected joint is carried out in all the patients. The similarity between etiological factors and symptoms of Amavat vyadhi and Asthivah strotas dushti were studied and the relation between them is observed and noted with the help of X-ray examination. In the age group of 30-60 years 76 % patients of Amavat were found. Out of 30 patients 86 % patients were female and 14 % patients were male. Similarity of etiological factors between Amavat and Asthivah strotas is 83 % and symptoms were noted 100 %. There are more female patients than males. As per texts and samprapti, the disease Amavat belongs to Rasvah strotas but above findings suggests that there is strong involvement of Asthivah strotas and Asthivah strotas should be considered in the management of Amavat to avoid joint deformities and other complications related to bones.

Keywords: Amavata, Rasvah strotas dushti, Asthivah Strotas dushti, Similarity between Amavat and Asthivah strotas dushti.

INTRODUCTION

Amavat is one of the diseases of Vata which has badly captured the large number of population. It is due to the change in life style. One of the attractions is body building. By joining various Gyms, the peoples do many exercises not necessarily in proper way at proper time and for proper period. In today's fast track world it has become necessary to earn money at the cost of ones health and hygiene. So the people do not get proper time to have their meals even and start working immediately. By this entire schedule they unknowingly invite Amavat. Joint pain, swelling and various types of deformities are usually the main complains of the patients of Amavata and relief from them is their basic expectation. This is a chronic disease which can cause the cardiac problem also. The patient is alive but unable to look lively endless pain. The patient has to depend on others for day to day work. The problem has no complete cure till date.

What is Amavat?

In the disease Amavata two important entities are there, one is Aam, and other is Vata. Aam is undigested food material which reflects after certain time and also spread in the body, While Vata is one of the active elements that are dosha, rather Vata is the leader of dosha. It is the one who controls the body movements and help in moving other dosha, dhatu and mala. So two important entities one is toxic and other is movement, when these two comes together and attack on joints the disease formed will be worst one. That's why swelling, severe pain, and restricted movements are the main features of Amavata. Severe pain, difficulty in movements, and swelling on the joints along with fever etc. makes the patient's life miserable¹⁻⁷.

Why to study Amavat in relation with Asthivah Strotas?

Amavata is described always with Aam and Rasvah strotas but practically when the patient came to us with complaining of joint pain, inflammation, and deformities in various types of joints like elbows, wrists, ankle, shoulder and hip joints,

some patients may experience only a mild oligoarticular illness of brief duration whereas others will have a relentless progressive poly arthritis with marked functional impairment. To avoid the permanent joint deformities and other componanats of musculoskeletal system, Rasvah strotas as well as Asthivah strotas should take into consideration in the management of Amavat.

What is Rheumatoid Arthritis?

Rheumatic conditions are among the most prevalent chronic conditions in India and other parts of the world. They include type of Arthritis and autoimmune diseases that affects bones and joints and other components of musculoskeletal system causing morbidity and disability. Rheumatoid arthritis perceived as a disease of the aged but is prevalent both in men and women younger than 65 years. Rheumatic conditions pose a major economic and health burden to society. Rheumatoid Arthritis is a disease of unknown etiology. It is a theory that that RA might be a manifestation of the response to an infectious agent in a genetically susceptible host. It proposed that HLA-DR antigens on the surface of T cells are responsible for RA. The necessary mechanism to trigger the auto immunological reaction of RA is the infectious agents. Other etiological factors are age, gender, and miscellaneous environmental factor. The disease is more dominant in females⁸⁻¹¹.

Epidemiology and Genetics

The Prevalence of RA Is approximately 0.8 % of the population. Women's are affected proximately three times more often than men. The prevalence increases with age and sex differences diminish in the older age group. RA is seen throughout the world and affects all races. The onset is most frequent during the fourth and fifth decades of life with 80 % of all the patients developing the disease between the ages of 35-50. The incidence of RA is more than six times greater in 60-64 year old women compared to 18-29 year old women¹².

Pathology in Bones and Joints

Pain originates predominantly from the joint capsule, which is abundantly supplied with pain fibers and is markedly sensitive to stretching or distension. Joint swelling results from accumulation of synovial fluid, hypertrophy of synovium and thickening of joint capsule. The inflamed joint is usually held in flexion to maximize joint volume and minimize distention of the capsule later¹².

Clinical Manifestation

Characteristically RA is chronic poly arthritis. In approximately in one third of patients, it begins insidiously with fatigue, anorexia, general weakness and vague musculoskeletal symptoms until the appearance of synovitis becomes apparent. In approximately one third of patients symptoms may initially be confined to one or few joints. Although the pattern of joint involvement may remain asymmetric in a few patients, a symmetric pattern is more typical¹³.

Management of Rheumatoid Arthritis

In early phases of the disease, an arthroscopic or open synovectomy may be performed. It consists of the removal of the inflamed synovial and prevents a quick destruction of the affected joints. Severely affected joints may require joint replacement surgery, such as Knee replacement¹⁴⁻¹⁵.

Indian Scenario

As the first step a survey of a rural population of Delhi was conducted. A response rate of 89.5 % was obtained and 3393 persons were listed as possible cases of RA of these 295 were satisfied the revised criteria for the diagnosis of RA giving the prevalence of 0.75 %. Projected to whole population this would give a total of about seven million patients in India. The prevalence of RA in India is quite similar to that reported from the developed countries. It is higher than that reported from China, Indonesia, and Philippines and rural Africa. In all countries, prevalence was higher in females as compared to males and prevalence increase with age¹⁶.

Website references

The Prevalence of RA is more common in women's than in males. Incidence of RA is greater before menopause and remission of RA during pregnancy is well known. Oral contraceptive pill has no effect on RA risk. Overall, however it may postpone onset of the disease¹⁷⁻¹⁹.

Who gets Rheumatoid Arthritis?

It is an Auto immune disease meaning the body's immune system attacks its own healthy tissue. It is more common in women than in men²⁰.

What causes Rheumatoid Arthritis?

Research hasn't found exactly what sole genetics plays in R.A. some people do seem to have a genetics or inherited factor that increases their chance of developing R.A.²⁰.

How R.A. does affect the body?

Once the immune system is triggered, immune cells migrate from the blood into the joints and joint lining tissue called synovium. There the tissue cells make inflammatory substance that cause irritation wearing down of cartilage and swelling and inflammation of the joints. As the cartilage wear down the space between the bones narrows. As it gets worse the bones, could rub against each other²⁰.

How RA diagnosed?

The location and symmetry of painful joints especially the hand joints, joint stiffness in morning, bumps and nodules under the skin; Results of X-ray, Blood tests²⁰, Disability and a recent diagnosis of R.A. are associated with a greater risk for depression according to research funded by a Arthritis foundation studies shows that people with RA who are depressed have worse outcomes including death as compared to people with RA who are not depressed.²¹ Post menopausal women higher mortality linked to RA antibodies. Knee Arthritis impaired by combined diet and exercise.²²

Specific deformities in RA

The specific deformities includes Ulnar deviation, Boutonniere deformity, Swan neck deformity and Z thumb or Z deformity consists of hyperextension of the interphalangeal joints, fixed flexion and subluxation of the metacarpophalangeal joints and gives Z appearance of the thumb. The hammer toe deformity may be seen²³.

MATERIALS AND METHODS

For the present study 30 patients of diagnosed Amavata Vyadhi are selected. The case paper for this special study is prepared.

Methods of Selection of Patients of Amavata Vyadhi

Patients of Amavata are selected according to hetu and lakshnas described in samhita granthas.

Examination Method

Examination of patient is done according to Samhita granthas. First Trividh and Shadvidh exam and second Rog examination is done according to Nidanpanchak. X-Ray examination of all the 30 patients was done.

Inclusion Criteria

- Patients with signs and symptoms of Amavata.
- Age group of 15-30, 30-60 and 60 and above was included in the present study.

Exclusion Criteria

- Age group below 15 years.
- Pregnant female patients.
- Non co-operative patients

RESULT

Table 1: Age wise Distribution

Group	Age	No. of patients	% of patients
1 st group	15-30 years	4	14 %
2 nd group	30-60 years	23	76 %
3 rd group	60 and above	3	10 %

Table 2: Gender wise Distribution

Gender	No. of patients	% of patients
Male	4	14 %
Female	26	86 %

Table 3: Types of Amavata

S. No.	Type of Amavata	No. of patients	% of patients
1.	Vataj Amavata	16	53 %
2.	Pittaj Amavata	02	07 %
3.	Kaphaj Amavata	11	37 %
4.	Sannipatik Amavata	01	03 %

Table 4: Hetu of Amavata

S. No.	Hetu	No. of Patients	% of Patients
A)	Aharaj		
1.	Virruddh Ahar	25	83 %
2.	Snigdha Ahar	10	33 %
B)	Viharaj		
1.	Nishchal	9	30 %
2.	Virruddh Cheshta	11	37 %
3.	Vyayam	13	43 %

Table 5: Asthivah Strotas Dushti Hetu

S. No.	Hetu	No. of Patients	% of Patients
A)	Aharaj		
1.	Virruddh Ahar	25	83 %
B)	Viharaj		
1.	Asthisankshobh	11	10 %
2.	Aghat	3	10 %
3.	Vyayam	15	50 %

Table 6: Similarity of Hetu

S. No.	Hetu	No. of Patients	% of Patients
A)	Aharaj		
1.	Virruddh Ahar	25	83 %
B)	Viharaj		
1.	Virruddh Chesta	12	40 %
2.	Vyayam	8	27 %

Table 7: Lakshana of Amavata

S. No.	Lakshana	No. of Patients	% of Patients
1.	Angmarda	30	100 %
2.	Aruchi	25	83 %
3.	Trishna	30	100 %
4.	Alasya	25	83 %
5.	Gaurav	15	50 %
6.	Jwara	01	3 %
7.	Angshunata	15	50 %
8.	Sandhishula	30	100 %
9.	Sandhishoth	30	100 %
10.	Vrischikdandshvat vedana	28	91 %
11.	Triksandhishula	25	83 %
12.	Garastabdhta	15	50 %
13.	Kukshikathinya	02	7 %
14.	Nidraviparyaya	30	100 %
15.	Utsahhani	20	64 %
16.	Daha	02	7 %
17.	Agnimandya	30	100 %

Table 8: Lakshana of Asthivah Strotas Dushti

S. No.	Lakshna	No. of Patients	% of Patients
1.	Shula	30	100 %
2.	Asthitoda	25	83 %
3.	Vaivarnya	00	00 %
4.	Angamarda	30	100 %

Table 9: Similarity of Lakshana between Amavata and Asthivah Strotas Dushti

S. No.	Lakshna	No. of Patients	% of Patients
1.	Angamarda	30	100 %
2.	Shula	30	100 %
3.	Todvat vedana	28	91 %

Table 10: X- RAY Examination with Respect to All the Patients

S. No.	X- Ray	No. of Patients	% of Patients
1.	Osteoporosis only	10	33 %
2.	Osteoporosis with joint deformities	8	27 %
3.	Within normal limits	12	40 %

Table 11: X-RAY Examination Findings with Respect to Gender

S. No.	X-Ray exa.	Male	Female
1.	Osteoporosis only	2	14
2.	Osteoporosis with joint deformities	4	10

Onset of destruction occurred particularly in metacarpophalangeal joints and at the wrists, suggestive of Rheumatoid arthritis

Erosion of the fifth metatarsals as well as irregularity in the shape of first metatarsal head

Swan neck deformity of the right hand. Note also wasting of the small muscles of the hand due to disuse in this case of Rheumatoid arthritis

Deformities in both feet due to Rheumatoid arthritis

DISCUSSION

In the age group of 30-60 years maximum patients of Amavat 76 % were found. More number of patients was found in the gender female 86 %. The percentage of Amavata is 53 % in Vataj type of Amavat. The Patients of pittaj Amavat are 7 %, The patients of Kaphaj Amavat were 37 %, while The patients of Sannipatik Amavata were 3 %. Viruddh Ahar is very common hetu found in most of the patients 83 %. Similarity of Hetu between Amavat and Asthivah strotas dushti were found in 25 patients. The main symptoms like Angmard, Bodyache, Trishna, Thirst, Nidraviparyaya, Insomnia Sandhishula, Joint pain, Sandhishoth Swelling on the joints were found in all the patients. Angamarda, Bodyache, Sandhishula Pain in joints, Todvat vedana, severe pain these symptoms were found in all the patients 100 %, which are the similar symptoms between Amavat and Asthivah strotas dushti. Asthivah strotas dushti hetu Virruddh Ahar is found in 83 % of the patients of Amavata. From the observation of X-Ray findings it seems that there are more female patients which are 14 in number with osteoporosis and 10 patients of osteoporosis with joint deformities. This type of study is useful to plan the treatment of patients with Rasvah strotas as well as Asthivah strotas so that early management can be done to avoid permanent joint deformities. The problem has no cure till date. Lot of research, investigations, is going all over the world. Many research fellows are working in this field. This condition is named under Rheumatism in modern medicine.

CONCLUSION

The maximum numbers of etiological factors are similar between Amavata and Asthivah strotas dushti so it proves that there is Asthivah strotas dushti. The signs and symptoms are similar between Amavata and Asthivah strotas dushti. The severity of Sign and Symptoms suggests that there is Asthivah strotas dushti. X-Ray findings in the majority of patient suggest that osteoporosis and permanent joint deformities means it affects the bones, this proves that there is Asthivah strotas dushti. There are more female patients of Amavat as compared to males and the incidence of Amavat is predominant in mid age group. As per texts and samprapti, the disease Amavat belongs to Rasvah strotas, But above findings also suggests that in later phase there is involvement of Asthivah strotas. While treating the patients of Amavat, we should consider involvement of bones, and joint deformities. We should plan the treatment with considering Rasvah strotas as well as Asthivah strotas. Chronic patients of Amavat, especially females, should be treated for osteoporosis joint deformities after confirming it by X-ray. Regular exercise is

recommended as both safe and useful to maintain muscles strength and overall physical function.

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Cite this article as:

Jyoti V. Meghdambar. Study of Amavata vyadhi in relation with asthivah strotas dushti. Int. Res. J. Pharm. 2014;5(3):172-175 <http://dx.doi.org/10.7897/2230-8407.050336>

Source of support: Nil, Conflict of interest: None Declared