

## AN OBSERVATIONAL OUTLOOK ON THE NIDANAS OF AMAVATA

Sasane P U\*1

Deshmukh PN 2

Joshi RK 3

\*1.Dr.Prashant U Sasane, Ph.D. Scholar, Department of Kayachikitsa, NIA Jaipur, Rajasthan.

2.Dr. Prashant N.Deshmukh, Ph.D. Scholar, Department of Rog nidan evam Vikriti vigyan, NIA Jaipur, Rajasthan.

3.Prof.Ram Kishor Joshi, M.D.(Ay.),Ph.D.(Ay.),Professor & HOD, Department of Kayachikitsa, NIA Jaipur, (Raj)

### ABSTRACT :

*Amavata* (Rheumatoid Arthritis) is a most common inflammatory joint disorder throughout the world. The modern treatments available for Rheumatoid Arthritis are not very satisfactory and have many adverse effects. Present day modern medical doctors prescribe different types of anti-inflammatory medicines and steroids for its management. So now it became a necessity to find out a safe, economic and effective treatment for Rheumatoid Arthritis. In *Madhavanidana* specific aetiological factors (*Nidana*) responsible to cause *Amavata* has been mentioned. *Nidana* plays an important role in causation of disease and responsible for disease aggravation as long as patient gets exposed to *Nidana*. There are many *Aharaja*, *Viharaja* and *Mansika nidanas* explained as causative factors for manifestation of *Amavata*. With this background an observational study was conducted on the patients of *Amavata* in Jaipur city which is considered as *sadharana desha*. After the observation it was found that, among all *Nidanas* *Ati guru,singdha* (Heavy fat rich diet), *Dadhi sevana* , *Vishamashana* ,*Adhyashana* , *Divasapa* (Sleep in day time) was found to be consume by most of the patients followed by stress as second major cause.

*Acharya Sushruta* has emphasized that the simple baseline of treatment is to exclude the *Nidana*. It is rightly said 'Prevention is better than cure'. Hence as a part of *Nidana Parivarjana Chikitsa* the physician can concentrate on advising the patient to avoid these *Nidanas* as far as possible to prevent and manage the condition effectively.

**Key words:** *Amavata,Nidana, Nidana parivarjana chikitsa, Rheumatoid arthritis.*

**INTRODUCTION:** The term *Nidana* is related to both etiology as well diagnosis of the disease. In the present context term *Nidana* refer to the causative factors. In modern medical science also, causative factors of any disease are the great point of interest. Our ancient scholars knew the importance of causative factor completely and they described it thoroughly in their texts. *Acharya Charaka* has described *Nidanapanchaka* and kept first place for *Nidana* or *Karana*<sup>[1]</sup>.

*Amavata* (Rheumatoid Arthritis) is a most common inflammatory joint disorder throughout the world. *Amavata* was rec-

ognized as a separate disease only in late 9th century A.D. when *Madhavakara* described the distinct etiopathogenesis and sympatmatology for it and coined the term *Amavata*. It has been described with a distinct etiopathogenesis, having *Ama*, the result of faulty digestion as sole culprit for its genesis. As far as *Nidana* of *Amavata* is concerned *Ama* and *Vata*,which are two major factors responsible for *Amavata*,get vitiated by their own respective *Nidana*. Therefore the causative factors (*Nidana*) of these both i.e. of *Ama* and *Vata* may also be considered to be the aetiological factor of the *Amavata*. In *Madhava Nidana* spe-

cific aetiological factors responsible to cause *Amavata* has been mentioned [2].

According To modern RA is a Chronic, Multisystem disease of unknown etiology. Although there is a variety of systemic manifestation, the characteristic features of RA are persistent inflammatory synovitis usually involving peripheral joints in symmetric distribution. The potential of synovial inflammation to cause cartilage destruction is the hallmark of the disease. The modern treatments available for Rheumatoid Arthritis are not very satisfactory and have many adverse effects. Present day modern medical doctors prescribe different types of anti-inflammatory medicines and steroids for its management [3].

Ayurveda gives details of *Panchalakshana nidana*. Knowledge of *Panchanidana* is very important to diagnosis of any kind of disease. If *hetu* of disease is found then line of treatment can be decided easily. *Hetu* can be *Aharaj*, *viharaj* and *Mansik*. Through this paper we have made an attempt to reevaluate the relation between *Amavata* and its *Nidanas*.

#### **MATERIAL & METHODS:**

1. Patients of *Amavata* attending OPD and IPD of Arogyashala National Institute of Ayurveda, Jaipur, Rajasthan were selected for observation.

2. Patients of either sex between age group 16 to 70 years were observed.

#### **OBSERVATION & RESULTS:**

An observation was made on 250 patients of *Amavata*. Detail history was taken such

as *Nidana* to which they were exposed such as *Aharaja*, *Viharaja* and *Mansika nidanas*, smoking history alcoholic history, family history of Rheumatoid Arthritis, allergic disorders, nature of work, etc.

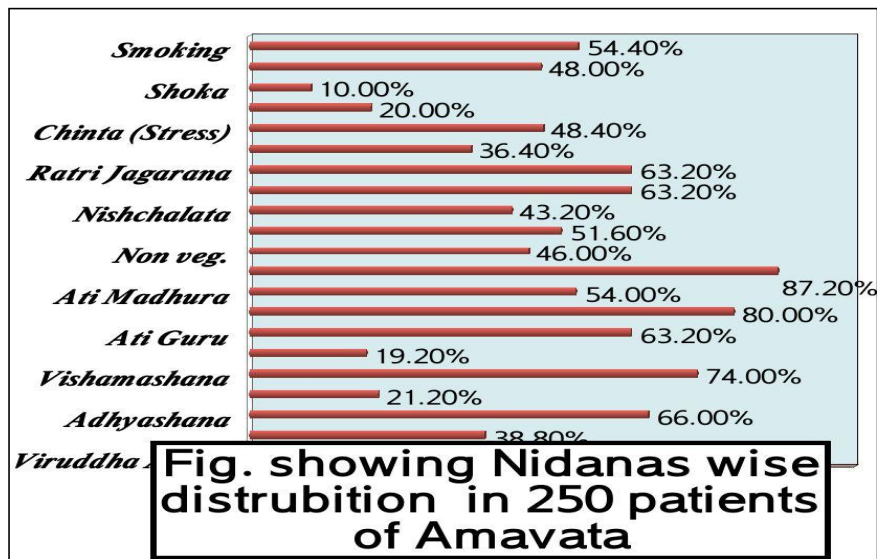
The following observation were made maximum 184 patients (73.60%) were reported to be female and 66 patients (26.40%) were males, the highest incidence was seen in age group of 31 – 50 years which was in 155 patient (62%), & 96 patients ( 38.40%) had positive family history.

Among the 250 patients of *Amavata* maximum 218 patients (87.20%) were found to take *Dadhi sevana*, followed by 200 patients (80%) *Singdha Ahara.*, 185 patients (74%) *Vishamashana*, 158 patients (63.20%) were found to take *Ati guru ahara sevana* 165 patients (66%) *Adhyashana*, 158 patients (63.20%) *Bhojanottara Vyayama & Ratri Jagarana*, 143 patients (57.20 %) were found to take Non veg. (*Mamsa, Matsya*), 140 patients (54%) *Ati Madhura*, 129 patients (51.60%) *Divasvapna*, 121 patients (48.40%) *Chinta-* stress, 115 patients (46%) *Viruddha ahara sevana*, 108 patients (43.20%) *Nishchalata*, 97 patients (38.80%) *Ajirashana*, 53 patients (21.20%) *Atyashana*, 48 patients (19.20%) *Samashana*, 91 patients (36.40%) *Vishama Shayya*, 50 patients (20%) *Bhaya*, 25 patients (10%) *Shoka*.

136 patients (54.40 %) were expose to smoking actively, 120 patients (48%) were having habit of consuming alcohol.

Table No. OR- 1: *Nidana wise distribution of 250 patients of Amavata*

<i>Nidana</i>	Total number of patients	%
<i>Aharaja</i>		
<i>Dadhi sevana</i>	218	87.20%
<i>Ati Snigdha</i>	200	80%
<i>Vishamashana</i>	185	74%
<i>Adhyashana</i>	165	66%
<i>Ati Guru</i>	158	63.20%
<i>Ati Madhura</i>	140	54%
<i>Viruddha Ahara sevana</i>	115	46%
<i>Non veg. (Mamsa, Matsya)</i>		46%
<i>Ajirhashana</i>	97	38.80%
<i>Atyashana</i>	53	21.20%
<i>Samashana</i>	48	19.20 %
<i>Viharaja</i>		
<i>Bhojanottara Vyayama</i>	158	63.20%
<i>Ratri Jagarana</i>	158	63.20%
<i>Divaswapna</i>	129	51.60%
<i>Nishchalata</i>	108	43.20%
<i>Vishama Shayya</i>	91	36.40%
<i>Mansika</i>		
<i>Chinta (Stress)</i>	121	48.40%
<i>Bhaya</i>	50	20 %
<i>Shoka</i>	25	10%
<i>Others</i>		
<i>Smoking</i>	136	54.40 %
<i>Alcohol consumption</i>	120	48%



From the above results & observation, most of the patients were having habit of consuming of **Dadhi sevana** *Ati guru Singdha ahara sevana*, *Ajirhashana*, *Adhyashana*, *Vishamashana*, *Divasvapna*, *Nishchalata*, *Bhojanottara Vyayama* & *Ratri Jagarana*, *Chinta*- stress & expose to smoking actively habit of consuming alcohol and other *nidanas* as mention in diagram.

## DISCUSSION:

**1. Viruddha Ahara:** *Viruddha* is term for incompatible or antagonist. Such substances are unwholesome for normal *dhatu* and *dosha* of the body are in fact opposed to the proper growth of such tissue element and doshas. *Acharya Charak* has described 18 types of *Viruddha ahara* [4] e.g: *Desha Virrudha* (Habitat), *Kala Virrudha* (Time or Season), *Agni Viruddha* (Power of Digestion), *Matra Viruddha* (Quantity), *Satmya Viruddha* (Homologation), *Dosha Viruddha* (Against Vata), *Sanskara Viruddha* (Mode of preparation), *Virya Viruddha* (Potency), *Kostha Viruddha* (Bowel tendency), *Avastha Viruddha* (State of the patient), *Krama Viruddha* (Order), *Parihara Viruddha* (Things to be avoided), *Upachara Viruddha* (Prescription), *Paka Viruddha* (Cooking), *Samyoga Viruddha* (Combination), *Hrita Viruddha* (Palatability), *Sampata Viruddha* (Richness of quality), *Vidhi Viruddha* (Rules of eating). Excessive indulgence of any of these *Viruddhahara* leads to production of *Ama* and Vitiating of *Vata*, ultimately leading to *Amavata*.

In addition to these *Ahara* taken against the *Ashta-vidha Ahara Visheshayatana* may also be considered as unwholesome diet. These have been described in details in *Charaka Samhita-Prakriti* (Nature of the food articles), *Karana* (Method of processing), *Samyoga* (Combination), *Rashi*

(Quantity), *Desha* (Habitat), *Kala* (Stage of individual season), *Upyoga Sanstha* (Rule governing intake of meals), *Upyokta* (Wholesome to one who consumes it) [5].

**2. Ajirhashana:** Taking food even there is indigestion. This produces *Ama* causing *dushti* in *grahani* and *strotorodha*.

**3. Adhyashana:** Taking food before digestion of previous meal. This decreases secretion of digestive enzyme and disturbs digestion of food, produces *Ama*.

**4. Atyashana:** Taking excessive amount of diet is known as *Atyashana* which is best known to produce *dushti* of *Agni* and *Ama* leading *Annava* *strotas* *dushti*.

**5. Vishamashana-** Either excessive or less quantity of food consumed by patient or diet taken at improper time, leads to vitiation of *Agni* resulting into formation of *Ama*. And it is explained that *ama* is one of the major factors in pathogenesis of many disease and *Amavata* is one of among them.

**6. Samashana-** Intake of wholesome (*pathya*) diet and unwholesome (*Apathya*) diet at the same time, this leads to *Tridoshdushti* and *Ama* formation occur.

**7. Excessive Guru, Snigdha and Drava-Guru Agnimandyakara, Ajirnakara; Snigdha Abhishyandi, Agnimandyakara, Kaphakara Dravanna Kledakara, Agnimandyakara.** Taking excessive *Guru, Snidgha Ahara* produces *dushti* in *Rasava* *Srotas*.

**8. Dadhi sevana-** The *gunas* of *Dadhi* are *guru, grahi* and *abhishyandi* due to these properties it lead to *Ama* formation which causes aggravation in symptoms of *Amavata* In *samhitas* though *dadhi* is mentioned to cure many diseases it is also mentioned that excessive consumption should be avoided and it should not be taken in all seasons.

**9. Non vegaterian-** The following food

items were considered under the category of non veg such as *mastyamamsa*. *Mastyamamsa* vitiates *kapha dosha*, *mamsa* is *guru* and *snigdha* which when consumed excessively cause vitiation of *kapha dosha*, these food items when consumed by a person with poor digestive power leads to formation of *Ama* which leads to information of diseases.

**10. *Viruddha Chesta***<sup>[6]</sup> - *Viruddha Chesta* is not clearly mentioned in the *Ayurvedic* classics. Following should be considered as *Viruddha Chesta*. Exertion soon after taking unctuous meal, Taking *Ushana* and *Sheeta* substances immediately after one another, Suppression of natural urges (*Vegavidharana*), Daytime sleeping (*Divasvapa*) Awakening at night (*Ratrijagarana*), Performing such acts which are beyond one's capacity (*Sahasa*) Excessive indulgence in sexual act. (*Ativyavaya*), Any type of physical involvement just after taking meal viz exercise, sexual act, horse riding etc., Cold water bath (*Sheetodaka Snana*), Exposure to eastern wind, Sleeping on an uneven bed. etc.

**11. *Nishchalata*** - Any type of physical inactivity is responsible for *Kapha Vriddhi*, which results in *Agnimandya* and consequently helps in the formation of *Ama*.

**12. *Bhojanottara Vyayama* –(*Snigdham Bhuktavato Hiannam Vyayamam*)** Though exercise just after any type of meal is unhealthy, but exercise after taking unctuous meal (*Snigdha Ahara*) has been specially mentioned in causation of *Amavata*. Here exercise means any type of physical activity. Normally a good blood supply is very essentials in gastro-intestinal tract for the digestion of heavy meal, but when a person indulges in any type of physical activity just after consuming meal. Blood circulation to the skeletal muscle increases

resulting in decrease of blood supply to the gastro-intestinal tract comparatively. This act seriously hampers the process of digestion and absorption. Therefore improper digestion leads to formation of *Ama*, which is the foremost pathological factor of *Amavata*.

**13. *Vegadharana***- suppression of natural urges which lead to many diseases. Natural urges are governed by the neuro endocrine system and in many instances, the nervous system alone. Nothing will happen once or twice, if one suppresses this as habitually a curious feedback mechanism is set alert in body which may be against the homeostasis and many precipitate a series of disease.

**14. *Manasik factors***-

***Chinta /Stress***- Although there have been many clinical psychological and biological studies suggesting that stress and psychosocial factors may affect the incidence and symptomatology of RA, their roles in the genesis remain controversial because the mechanisms are not well understood. The possible mechanisms are discussed from the view point of psychoneuro immunology for example, stress-induced enhancement of IgE production, stress induce susceptibility to infection.

In state of *Atichinta*, *Atishoka*, *Krodha*, *Bhaya*, if a person take meal then proper digestion will not take place because of improper secretion of intestinal juice.

**CONCLUSION:** This article is based on an observational study on the patient of *Amavata*. Detailed history was taken to which *Nidanas* these patients were exposed. In this observational study it was found that maximum number of patients were exposed to consumption of *Dadhi sevana* , *Singdha aahar sevana*, *Vishamashana* ,*Ati guru, singdha* (Heavy fat rich diet), *Divasapa* (Sleep in day time)

followed by stress. These nidanas worsen the condition especially in *Sadharana Desha* –where the climate is extremely cold and extremely hot periodically with dry condition where the study carried out. These *Nidanas* are mainly responsible for vitiation of *Vata*, *Kapha Dosha* & *Ama* which are major culprits in causing *Amavata*. Hence as a part of *Nidana Parivarjana Chikitsa* the physician of this particular locality can focus on advising the patients to avoid these nidanas as far as possible to prevent and manage the condition effectively. A large scale studies can be conducted to enlighten on the extent of relation between the cause and the manifestation of *Amavata*.

#### REFERENCES:

1. Tripathi Bramhanand; Agnivesh, Charak. Dridhabala, *Charak Samhita*, Nidanasthana adhyaya 1/6, Charak chandrika Hindi Commentry ; Chaukhamba Subharati Prakashana Vanarasi, . Edition, 2013; page no. 580.
2. Ayurvedacharya Sri Shastri Sudarshana ;Madhavakara; *Madhava Nidana* with *Madhukosha Amavatanidanam Adhyaya*

25/1 Sanskrit commentry by Vijayarakhita and Srikanthadatta, Vidyotini hindi commentary; 29<sup>th</sup> edition, Chaukhambha Sanskrit Samsthan, Varanasi, 1999; page no.508.

3. Harrison T.R. et al; Harrison's principles of Internal Medicine; Vol. II, chapter 314, 17<sup>th</sup> International edition, published by McGraw-Hill Book Co. Singapore; 2007; page no 2083.

4. Ibidem *Charak Samhita*, Sutrasthana adhyaya 26/87-89 ;Page no.496.

5. Ibidem *Charak Samhita*, Vimansthana adhyaya 1/21;Page no. 662.

6. Ibidem *Madhava Nidana* with *Madhukosha Amavatanidanam Adhyaya* 25/1;Page no.508.

---

#### Corresponding Author:

Dr. Prashant Sasane, Ph.D. Scholar, Deptt. Of Kayachikitsa, National institute of Ayurveda Jaipur, Rajasthan  
Email ID – drprash86@gmail.com

---

Source of support: Nil  
Conflict of interest: None  
Declared