

Assesment of Aharaj and Viharaj Nidana of Patient of Amavaat: An Analysis

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Abstract

Determination of *aaharaj nidana* and *viharaja nidana* in patients of *amavata* helps in diagnosis, prognosis, prevention and management of a disease, *acharya Madhavakar* explained about it. *Amavata* is one of the commonly occurring clinical conditions in an *ayurvedic* line of management. Today, the incidence shows the increasing tendency because of life style and food habit. Among those non *veg* food and *divaswapna* should be consider prime cause of *amavata*. The cardinal features of *amavata* is divided into two constituents, one *sthanika lakshana* and *sarvdaiik lakshana*. In *sthanika lakshana* mainly seen are *shool*, *stabdhta* and *ushnata* locally along with *raagata* over the *twacha* of *sandhi*. The pain where so severe like *vrishchik damsava* and there will be morning stiffness. To be consider as *sarvadaiik lakshana* are *aruchi*, *alsya*, *manda jwara*, *anga gaurawta* etc.

Keywords: *Aharaj; Viharaj Nidana; Amavata.*

Introduction

Rheumatoid arthritis is a multisystem inflammatory disease primarily affecting the synovial and adjacent tissues.

The immunogenic factor is the main cause for it along with the hormonal factor, low economic status, obesity etc. It presents as acute polyarthritis developing over few days or weeks to months.

As per the- ARA criteria(1988) diagnosis :

- 1- Morning stiffness (>1 hours)
- 2- Arthritis three or more joints
- 3- Symmetrical arthritis
- 4- Rheumatoid nodules
- 5- Presence of rheumatoid factor
- 6- Radiological changes

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7- Arthritis of hand joints

(Patients have at least 4 among 7 for 6 weeks)

In this NSAID's are the more common drugs used in the management of Rheumatoid arthritis. It is nearly correlated in the Ayurved with Amavata.

Acharya Madhava was the first physician to introduce the disease Amavat. It is one of the varieties of joint disorder.

Ama is the main cause of Amavata as well as many disorders. In nidana of Amavata are viruddha ahara, viruddha chesta, mandagni, nischalata and snigdha bhuktawata vyayam karma -these are Indirectly produce the Ama to be taken.

The real cause for mandagni and Ama are diwaswapna, dadhisevan, ati mamsa sevan along with the sedentary life style in present era. It is kriksha sadhya, but uniquely managed by ayurvedic line of treatment very effectively. such as valluka sweda, vaitaran basti, prayoga of katu and tikta dravya as oral medication.

Materials and Method

In this observational clinical study of 20 patients with signs and symptoms of *amavata* were selected from KC opd/ipd of KLE Ayurvedic hospital belgaum. The patient were categorized according to disease as

per clinical and labarotical findings, their *aharaja*, *viharaja nidana* was assist on Performa special prepared.

Inclusion Criteria

Patient with *pratyatm lakshana* of *amavata* irrespective of sex.

Exclusion Criteria

Patient less than 15 years and more than 70 years. Cases of systemic disorder like tuberculosis, hepatitis, HIV complaint of joint pain.

Observation and Results

The labarotical findings predominantly *amavata*. 30% of patients were under the age of 40 to 50 years followed by 25% 50 to 60 years, 20% of 30 to 40 years, 25% of 60 to 70 years. 60% were female with *kapha vata prakrati* and 40% were male of *kapha pitta prakrati*.

As per classics it comes under *vriddhakya janita ama sahita vataja vyadhi* were it requires specific *nidana* to be developed. In this to be consider *aharaja* as well as *viharaja nidana* equally. As *acharya Madhavakar* says *snigdha bhukta vata annam hi vyayayam* and *nicchchal* were the main cause for *amavata* even *bhakshan* of *ksheer* and *mamsa* were consider as *viruddha ahara* it is also contributes for it with same findings of *nidan* as we got in patients as shown in Table 1.

Table 1:

Sr.num	Nidana	Number of patients	Percentage
1-	Mamsa ahar (only)	6	30%
2-	Mamsa ahar + milk	6	30%
3-	Shakahar+ divaswapna	4	20%
4-	Mamsa ahar + divaswapna	2	10%
5-	Atishrama nidana	2	10%

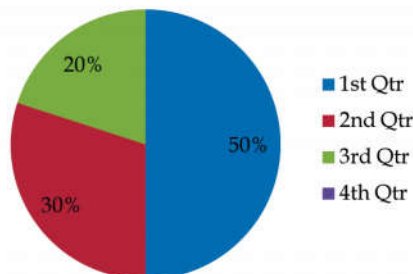
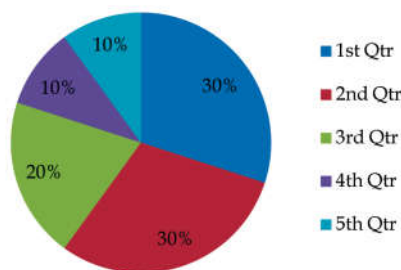


Table 2:

Sr. num	Nidana	Number of patients	Percentage
1-	Kukkut mamsa	10	50%
2-	Matsya	6	30%
3-	Others	4	20%

Table 3:

Sr. Num	Mamsa bhakshanam in a days	Number of patients	Percentage
1-	Daily once	6	30%
2-	Weekly twice	6	30%
3-	Weekly once	4	20%
4-	Monthly once	2	10%
5-	Occasionally	2	10%

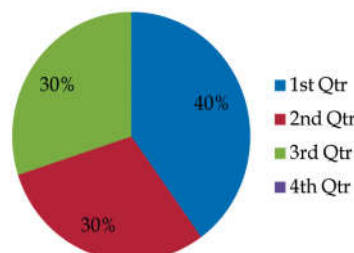
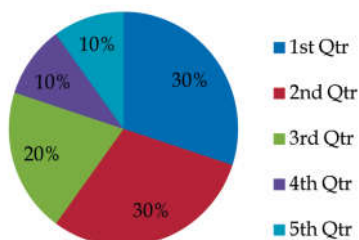


Table 4:

Sr. Num	<i>Divaswapna</i> in a days	Number of patients	Percentage
1-	Daily	8	40%
2-	Weekly(mostly on Sunday)	6	30%
3-	Occasionally	6	30%

Table 1 shows grossly about the *nidana* and Table 2 shows again specification in *nidana* of non vegetarians.

Again to be considering days to be consumed *mamsa ahara* per weekly.

Table 3 shows consumption of *mamsa ahara* as per their contribution to producing *amavata* in a same manner *divaswapna* should be consider equal contribution for it. Table 4 shows *divaswapna* persons in a day.

These are the two prime *nidana* to be considered for producing *amavata* in present era.

By indulging these *nidana* leads to the *agni mandya* then *ama*, which were moves to the *sandhi* by different *dhamanis* and *sira* and produces the *amavata* in *sandhi* including *sarva dahika ama lakshana*.

Even some short of *ati shrama janya nidanas* were found in a patient which is to be consider for the producing of *amavata* by vitiation of *vata* which helps of movement of *ama* towards *sandhi* from *amashaya*.

Conclusion

The maximum number of patients considerably indicates that *amavata* predispose to *mamsa bhakshana priya* and *divaswapna priya* persons and that occurs in middle to old age of life where *jihva laulupya* is more towards the these *nidana* (middle age), and *divaswapna* (old age). Hence it may be concluded that *divaswapna* and *mamsa bhakshana* are responsible for production of not only *ama (sarvadahik)* and even an *amavata* to be consider as *sthanika*. Both responsible for the precipitation of disease rheumatoid arthritis.

Reffrences

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