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Review article

Ama with Special reference to Nidanpanchakatmak view of Amavata (Rheumatoid Arthritis) and Rheumatoid Factor

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Abstract

The primary aim and objective of Ayurveda is to maintain the health of healthy person and to eradicate the disease of a diseased person is the secondary one. Today the era of modernization and fast life, everybody is busy and living stressful life. A change of lifestyle of modern human being has created several disharmonies in his biological system. Due to Agnimandya, Adhya Rasa becomes immature and improperly metabolized substance called Ama, present in Amasaya. Ama which is manifested due to derangement of Agni gets lodged in kapha-sthanas with the help of vitiated Vyan Vayu producing stiffness, swelling, and tenderness, in the joint. Derangement of kapha Dosha especially shleshaka kapha in Amavata produces joint pain and swelling with tenderness which can be correlated with Rheumatoid Arthritis. The rheumatoid factor (RF) test is primarily used to help diagnose rheumatoid arthritis (RA) and to help distinguish RA from other forms of arthritis or other conditions that cause similar symptoms

Key words: Ama, Agni, Amawata, Rheumatoid Arthritis, Rheumatoid factor.

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1. Introduction

Today the era of modernization and fast life, change in dietary habits and emotional stress lead to hypo secretion of digestive juice and diminished gastro intestinal motility. Ama originates from improperly digested toxic particles that clog the channels in our body .some of these channels are physical and included the intestine, lymphatic system, arteries and veins, capillaries and genitourinary tract. Ajirna, Aruchi, Amalpitta, Anaha, Alasaka are Ayurvedic metabolic disorders or gastrointestinal disorders. Most of diseases of GIT tract occur due to abnormal functioning of digestive and tissue fire. Tissue fire plays an important role in the process of formation of tissues from the nutrient substances (of the particular dhatu). Agni is the energy responsible for transformation of food

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substances into body tissues in the first stage it produces nutritious substances, which is converted to tissues in the second phase of digestion, which is called secondary or tissues digestion. Here the action of tissue fire takes place on nutrient food substances, and different tissue are produced. This is the anabolic activity of tissue fire.

Agni Either Kayaagni or Jatharagni, Dhatwagni or Bhutagni plays a major role in digestion food. Sharir Agni is responsible for strength, health, vital breath. Food, which is factor that nourished Deha, Dhatus, and Ojas and contributes to Bala, Varna etc. itself, depends, for performance of its function of Agni, as rasadi dhatus cannot be formed from a food which has not been digested. If Agni is improperly processed during digestion and metabolism as a result undigested food substance evolves in the form of Ama. The normal process that should take place in the body is as follows. all the food we eat should be fully digested half of it is absorbed into the body as nutrients and the rest of it expelled out of the body as waste product. Amavata is mostly the disease of Madhyama Rogmarga. Asthi and Sandhi is main site of the presentation of cardinal symptoms like sandhishoola, sandhigraha, and sandhishotha. Though all the Doshas take part in the causation of the disease, yet as clear from of the term 'Amavata', Ama and vitiated vata play [1-7].

Biophysical Properties of Ama

- Liquid
- Sticky in nature
- Foul smell
- Different colors
- Heavy
- Increased sourness

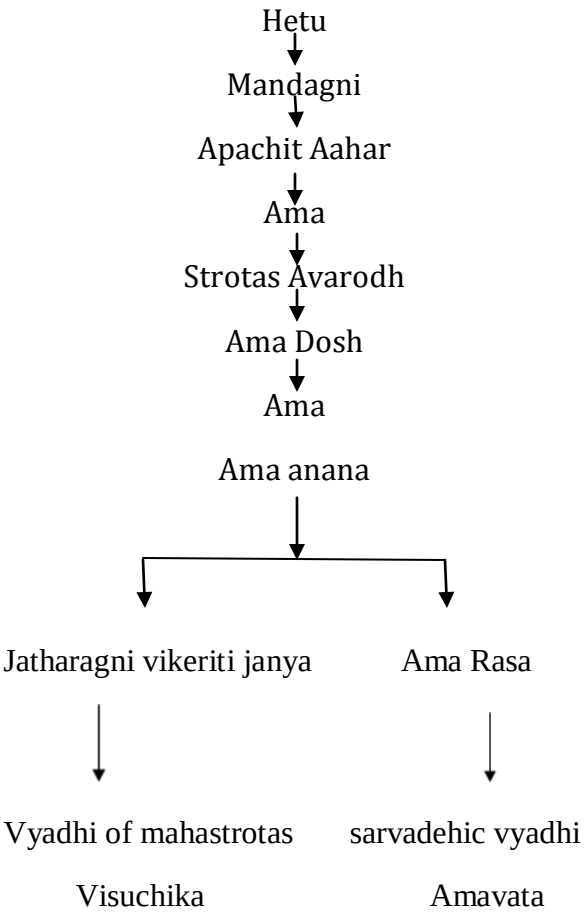
Prodermal Features of Ama (Poorvaroop)

- Anorexia
- Excessive sleep
- Stiffness
- Dullness
- Continuous aversion from play, food, sleeps.

General Symptoms of Ama (Roop)

- Obstructions of strotas
- Diminution of strength
- Indigestion
- Excessive secretion from oral cavity
- Disturbance in movement of vata
- Obstruction for urine and stool

Samprapti of Ama



Ama's Relation with Disease Amavata (Rheumatoid Arthritis)

Ama is responsible for manifestation of almost all the disease like Apaka, Alsaka, Amawata, and Anaha. In which Amavata is most common chronic joint disease which is spreading now days and correlated with Rheumatoid Arthritis. In Amavata as Ama gets accumulated in the joint leads to restriction in movement of joint, pain, tenderness, swelling in affected site or joint. Causative factors like drinks, hindered activities or behavior. Sedentary habits, consumption of sticky food followed by exercise Distrub the normal function of Agni. Food not properly digested, immature rasa in the Amashaya and this undergoes fermentation and putrefaction because of its retention for longer duration, manifests Ama. then it absorbed in the system and it taken up by the aggravated and vitiated vayu specially to the kaphasthanas mainly Amasaya, sandhi, uras, kantha etc. and the same undergoes in the above mentioned sites and enters the Dhamani by circulation with the help of vata. So both Ama and Vata aggravates simultaneously and enters kostha, trika and sandhi and ultimately leads to stabdhata in the body, this is called "Amavata".

Hetu
↓
Agnimandya
↓
(Ama+Vata)Vikruti
↓
Strotas prasar
↓
Shleshma sthan sandhi, hriday
↓
Heaviness, inflammation
↓
Amavata
↓

According to modern
↓
Antigens of GIT origin (Ama)
↓
Circulation in blood
↓
Antibodies formation
↓
Antigen-Antibodies reaction
↓
Immune complex formation
↓
Immune –inflammation in connective tissue system
↓
Rheumatoid Arthritis

Amavata correlation to Rheumatoid Arthritis

- Chronic multisystem disease
- Genetic disease
- Systemic connective joint disorder
- Age group 16-70
- Pain, Swelling, Tenderness, Stiffness.

Diagnostic criteria of Rheumatoid Arthritis

- Morning stiffness more than 1-2 hours
- More joints involvement
- Arthritis of hand
- Rheumatoid factor
- Radiological changes
- Duration of week or more
- Synovial swelling at the wrist

Rheumatoid Factor

- The test for RF may be ordered when a person has signs and symptoms of RA. Symptoms may include pain, warmth, swelling, and morning stiffness in the joints, nodules under the skin, and, if the disease has progressed, evidence on X-rays of swollen joint capsules and loss of cartilage and bone. An RF test may be repeated when the first test is negative and symptoms persist.

- A cyclic citrullinated peptide (CCP) antibody test can help diagnose RA in someone who has joint inflammation with symptoms that suggest but do not yet meet the criteria of RA and may be ordered along with RF or if the RF result is negative.
- The RF test may also be ordered along with other autoimmune-related tests, such as an antinuclear antibody (ANA), and other markers of inflammation, such as a C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR), as well as a complete to evaluate blood cells.

Conclusion

Ama means undigested food which stays inside our body and cause many disease. It is the root cause of nearly all the diseases. It is produced mainly because of mandagni (decreased digestive and tissue fire). Due to poor functioning of Agni proper digestion of food doesn't takes place leading formation of Ama. Which is responsible for the manifestation of almost all diseases specially Amavata.

Amadosha and Amavisha plays and vital role in the pathogenesis as well as prognosis of disease like Amavata. In Ayurveda 13 types of Agni are describe. Jatharagni is the predominant which performs mainly digestion of food thereby provides nutrient for the body and some sort of wastes in the form of mala which are excreted out from the body.

The factors helping in the production of Ama involves heavy intake, Dry foods, and excess amount of food with some psychological factors like anger, fear, greed, and excitement.

Amadosha is a condition in which Tridoshas, seven Dhatus as well as three malas becomes permeated with Ama produced in the Amasaya and this Ama dosha leads to the production of disease. In the chronic joint disorders, this Ama resides in the joints either in the form of synovial fluid as per modern science and leads to the inflammation, pain and tenderness.

In those with symptoms and signs of rheumatoid arthritis, the presence of significant concentrations of RF indicates that it is likely that they have RA. Higher levels of RF generally correlate with more severe disease and a poorer prognosis.

A negative RF test does not rule out RA. About 20% of people with RA will have very low levels of or no detectable RF. In these cases, a CCP antibody test may be positive and used to confirm RA.

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