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An Observational Study To Assess Sama And Nirama Avastha In Patients Of Amavata

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Abstract

Introduction:

Amavata, a debilitating disease described in Ayurveda, can be correlated clinically with Rheumatoid Arthritis (RA) in modern medicine. It arises from the pathological combination of *Ama* and *Vata dosha*, leading to painful inflammation of joints. Though the concept of *Sama* (presence of Ama) and *Nirama* (absence of Ama) avastha is central to treatment, its practical clinical identification remains under-researched.

Materials and Methods:

This observational clinical study was conducted on **45 patients** diagnosed with Amavata, registered under **CTRI**. Patients were evaluated for specific *Sama* and *Nirama* lakshanas (clinical signs and symptoms), both subjectively and with the aid of laboratory diagnostics. The study was conducted at Seth Tarachand Ramnath Charitable Hospital, Pune over a defined period. Patients already diagnosed with Amvata were analysed and sama and Nirama avasta was accessed on basis on specially designed case record format. Inclusion and exclusion criteria ensured homogeneity.

Results:

Out of the 45 patients, **32 were identified in Sama Avastha**, while **13 presented in Nirama Avastha**. Key symptoms like *Angamarda*, *Gaurava*, *Aruchi*, *Agnimandya*, and *Jwara* were predominantly observed in Sama Avastha. Nirama avastha showed symptoms such as *Sandhishula* without systemic features. Laboratory data supported elevated ESR and CRP during Sama phase, correlating with inflammatory activity. Most common predisposing factors included improper dietary habits (*Viruddhahara*, *Ajirna*) and sedentary lifestyle.

Discussion:

The findings emphasize the diagnostic clarity provided by systematically assessing *Sama* and *Nirama Avastha* in Amavata patients. The study focused on identifying *avastha-specific lakshanas* as defined in Ayurvedic texts and validated their presence through clinical patterns and modern inflammatory markers (e.g., ESR, CRP). The research reveals a consistent clinical correlation: systemic symptoms like *Gaurava*, *Angamarda*, *Jwaraa*, and *Agnimandya* were significantly associated with the *Sama Avastha*, while localized joint symptoms without systemic involvement indicated the *Nirama Avastha*. This stage-wise identification provides a practical diagnostic framework that can be used to precisely categorize patients, aiding in case documentation, prognosis, cross-disciplinary communication and precise treatment.

Conclusion:

This study validates the clinical differentiation between Sama and Nirama Avastha in Amavata and underscores its importance in personalized Ayurvedic treatment. Integrating classical diagnostics with modern markers offers a comprehensive model for disease staging and management. Further multicentric studies with larger sample sizes are warranted.

Keywords: Amavata, Sama Avastha, Nirama Avastha, Ama, Vata, Rheumatoid Arthritis, Ayurveda, Dosha, Integrative Medicine, Mandagni

INTRODUCTION

Amavata, a debilitating disease grounded in Ayurvedic teachings, continues to afflict individuals by robbing them of vitality. The disease arises from the accumulation of *Ama* (undigested food toxins) due to weakened digestive fire (*Agni*), which combines with vitiated *Vata* and settles in the joints, causing pain, swelling, and fatigue [1,2]. Despite centuries of study, Amavata remains a challenge for both Ayurvedic and modern medicine, often compared to Rheumatoid Arthritis (RA) for its similar symptoms and progression [3]. RA, a chronic inflammatory joint disease affecting approximately 0.8% of the global population, especially women, shares features like joint inflammation, bone erosion, and compromised joint function [4]. Ayurvedic treatment of Amavata focuses on digesting and eliminating *Ama*, unlike modern approaches that rely on immunosuppressive and anti-inflammatory drugs with potential side effects [5,6]. This study seeks to refine diagnosis and integrate Ayurvedic and modern medical practices [7]. By recognizing the impact of digestive dysfunction and chronic inflammation in Amavata, this study aims to offer stage-specific diagnosis, improving patient care and outcomes [8]. Understanding the root causes of Amavata can lead to compassionate care models, honoring the contributions of ancient scholars while exploring new ways to alleviate suffering [9]. A holistic approach that combines traditional wisdom and modern medicine may help restore hope to those affected by this relentless condition [10].

AIM/PRIMARY OBJECTIVE

To study lakshanas of Sama Avastha and Nirama Avastha in patients of Amavata

SECONDARY OBJECTIVES

1. To study predominant lakshanas of Sama dosha in patients of Amavata.
2. To study predominant lakshana of Nirama dosha in patients of Amavata
3. To study the lakshanas of Sama dushya and Sama mala in patients of Amavata.
4. To study the lakshanas of Nirama dushya and Nirama mala in patients of Amavata.
5. To see whether there is any association of Sama Avastha lakshana with samanya lakshana of Amavata.
6. To study the predisposing factors for aggravation of Sama Avastha of Amavata.
7. To study the relation of Amavata and Rheumatoid Arthritis
8. To study the Ayurvedic and Modern Parameters in diagnosing/differentiating Sama and Nirama avastha in Amavata.

REVIEW OF LITERATURE

Data was collected in depth from different *Samhitas*, reference books, research papers and journals, websites, etc. Topics like the conceptual study of *Agni*, *Ama*, *Vata*, *Amavata* with its *Nidan Panchaka*, *Sama* and *Nirama Avastha*, and Rheumatoid Arthritis were discussed in detail with proper scientific references [11–13].

Amavata is a disease caused by the predominance of *Ama* and *Vata Dosha* in Ayurveda. When *Vata* combines with *Ama*, it accumulates in the joints and other parts of the body, causing stiffness, pain, swelling, and heaviness [14]. In its advanced stages, *Amavata* becomes extremely difficult to treat. Symptoms include severe joint pain and swelling, especially in the ankles, knees, sacrum, and thighs [15]. *Amavata* was first thoroughly described by Madhavkara in the 16th century as a *Vata Kaphaja* disorder. He attributed the disease to causes like improper diet, weak digestion, and exercising after eating fatty foods [16]. The disease was later classified based on its *Doshic* predominance and clinical manifestations by scholars like Bhavamishra and Sharangdhara [17].

In modern times, *Amavata* is compared to Rheumatoid Arthritis (RA), a chronic and debilitating joint disease. RA, linked to factors like infections, genetics, and autoimmune responses, is characterized by joint pain, swelling, and stiffness, with symmetrical joint involvement [18]. Modern medicine offers only symptomatic relief for RA, with no permanent cure [19]. In Ayurveda, effective treatment for *Amavata* requires transitioning the disease from a *Sama* (toxic) state to a *Nirama* (non-toxic) state [20]. Despite extensive descriptions, specific guidelines for diagnosing these states remain limited, necessitating further research for better patient outcomes [21].

MATERIAL AND METHODOLOGY

Study design- Observational study

Material- 45 patients diagnosed with Amavata were selected for the study.

Inclusion criteria:

- Patients diagnosed with Amavata were selected as per case record format specially designed for study.
- Patients were selected irrespective of age, gender, sex, marital status and socioeconomic status.

Exclusion criteria:

- Patients suffering from major illness who need intensive care.

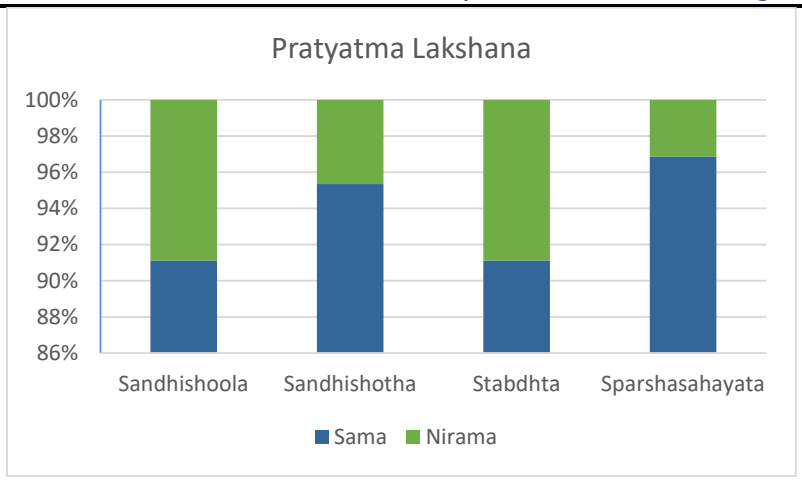
METHODOLOGY

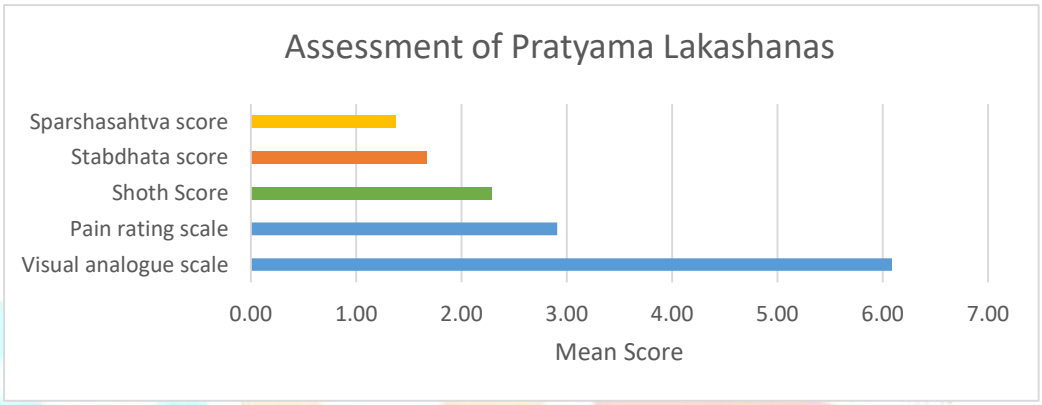
The study was registered under the Clinical Trials Registry of India (**CTRI/2021/04/032918**), and permission for conducting the trial was obtained in writing from the affiliated hospital. Patients diagnosed with Amavata were screened based on specific inclusion criteria, and information about the project was provided to them. Informed written consent was obtained from each participant before proceeding. A clinical examination was performed using a specially designed case record format, where clinical observations, including Sama Avastha and Nirama Avastha lakshanas, were documented. Instructions for necessary investigations were given, and on the following day, each patient underwent laboratory tests, including RA factor (quantitative), CRP (quantitative), hemogram, and ESR.

OBSERVATIONS AND DISCUSSION

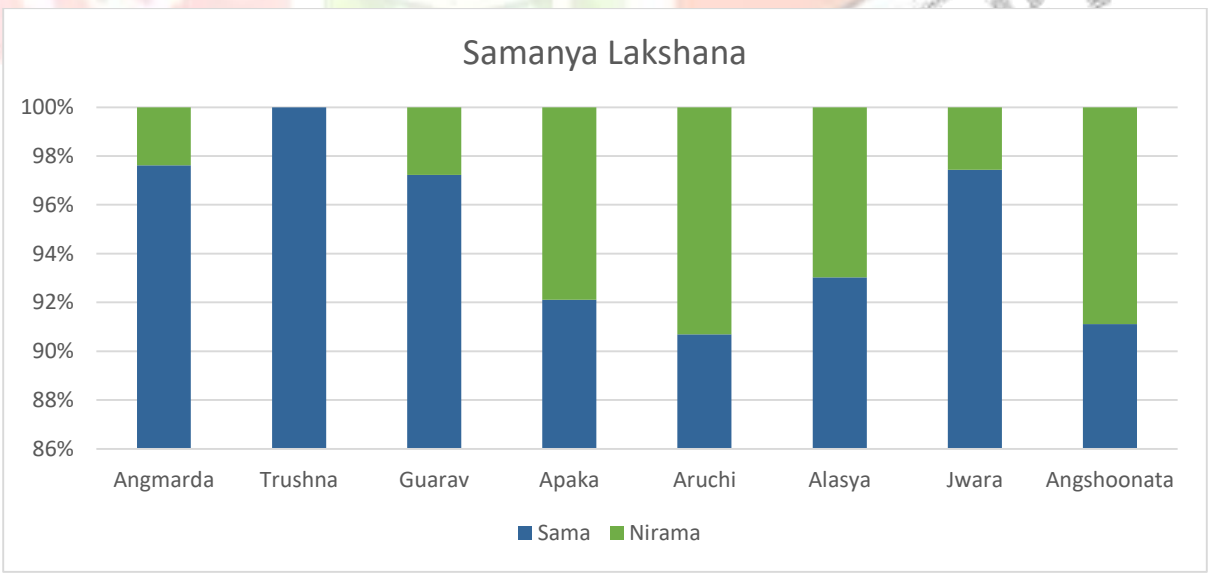
Patient Demographics and Risk Factors: In a study of 45 patients with Amavata (Rheumatoid Arthritis), key demographic patterns emerged. The majority of patients were middle-aged, with 44.4% between 41-50 years, suggesting that aging and lifestyle factors play a role in joint health. Women constituted 86.7% of the patients, highlighting a significant gender predisposition, possibly due to hormonal or genetic factors. Occupation also played a role, with housewives making up 60% of the sample, implying a connection between domestic labor and joint strain. Most patients (73.3%) came from middle-class backgrounds, and a mixed diet was common (62.2%).

Symptoms in Relation to Disease Stages (Sama and Nirama Avastha): The study divided symptoms based on disease stages: Sama Avastha (acute phase with toxins) and Nirama Avastha (chronic, toxin-free phase). Joint pain (Sandhishoola) was observed in all patients, more severe in the Sama stage due to inflammation. Swelling (Sandhishotha) was present in 95.35% of Sama Avastha patients, but reduced in Nirama Avastha. Stiffness (Stabdhata) and tenderness were more severe in Sama Avastha, reflecting active inflammation and ama obstruction.





General and Advanced Symptoms: In the acute Sama Avastha, general symptoms like body aches, thirst, heaviness, and indigestion were prevalent, driven by ama (toxins). As the disease progressed, advanced symptoms, including severe joint pain, excessive salivation, and digestive issues, became prominent, signifying chronic inflammation and metabolic disruption.

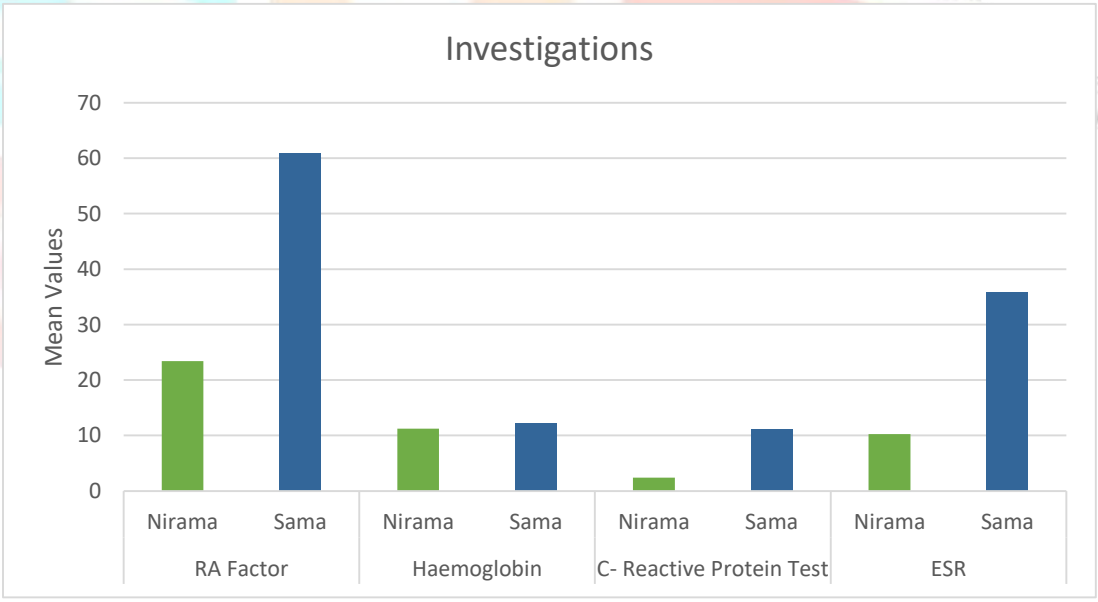


Symptom Classification by Type of Amavata: The study categorized symptoms based on specific types of Amavata described in classical texts. Gulmi Amavata involved abdominal pain, Snehi Amavata showed stiffness, and Vishtambhi Amavata was marked by severe constipation. Each subtype had distinct symptom clusters linked to both joint and systemic involvement.

Dosha-Specific Symptoms: Symptoms varied according to the doshic involvement. In Sama Vata, intense pain, stiffness, and digestive issues dominated due to disrupted Vata functions. In the Nirama Vata stage, symptoms were milder, with some residual stiffness and dryness. Sama Pitta caused burning sensations and sour tastes, while Nirama Pitta symptoms were milder, such as increased warmth. Kapha involvement led to heaviness and sluggishness in the Sama stage, with mild congestion in Nirama Kapha.

Effects on Body Tissues (Dushyas) and Waste Products (Mala): In the Sama Dushya state, patients experienced significant strength loss, sluggishness, and digestive inefficiencies, all due to the presence of ama in body tissues. Conversely, in the Nirama Dushya state, patients regained strength and lightness, indicating improved tissue health. In the Sama Mala stage, stools were heavy and foul-smelling, reflecting poor digestion, whereas well-formed stools and clear urine were observed in the Nirama Mala state, suggesting restored digestive health.

Blood Investigations: Blood markers reflected the inflammatory nature of Amavata, with higher RA Factor and C-Reactive Protein (CRP) levels in the Sama stage compared to the Nirama stage. These results align with both Ayurvedic and modern medical understandings of the disease, where inflammation decreases as toxins are eliminated.



CONCLUSIONS

This study on Amavata has revealed significant findings regarding the interplay between dosha imbalances, the presence of ama, and their impact on patient symptoms. Key conclusions include:

1. **Age and Gender Influence:** Amavata primarily affects middle-aged women, indicating the need for gender-sensitive, age-specific Ayurvedic interventions.
2. **Impact of Lifestyle:** High instances of Viruddha Ahar (incompatible foods) and Mandagni (impaired digestion) suggest dietary habits and digestive health significantly contribute to Amavata progression.
3. **Occupational Factors:** The prevalence among housewives implies that repetitive joint strain and domestic stress are crucial in developing Amavata.

4. **Family History Relevance:** Some patients had familial autoimmune conditions, highlighting the importance of genetic predisposition in Ayurvedic management of Amavata.
5. **Early Symptoms Recognition:** Identifying prodromal symptoms like Jwara (fever) is essential for early intervention to mitigate Amavata progression.
6. **Prominence of Ama in Acute Stage:** In the Sama avastha, ama significantly worsens symptoms such as joint pain, swelling, and stiffness by obstructing vata dosha and increasing inflammation.
7. **Residual Symptoms in Chronic Stage:** Persistent symptoms like joint pain and stiffness in the Nirama avastha are due to prior inflammation and ongoing vata dosha imbalance.
8. **Systemic Involvement:** The swelling (shotha) distribution, especially in smaller joints, reflects the systemic nature of Amavata and localized ama accumulation.
9. **Diverse Symptom Presentation:** Acute symptoms, like excessive thirst and body ache, are more prominent in the Sama avastha, while advanced stages show loss of appetite and abdominal discomfort.
10. **Dosha Interplay in Pathogenesis:** The interaction of ama with vata, pitta, and kapha doshas is crucial in understanding Amavata's pathogenesis, each dosha uniquely contributing to clinical manifestations.
11. **Role of Ama in Pathology:** Ama accumulation is critical in Amavata's pathogenesis, with symptom severity directly proportional to Sama Avastha.
12. **Sama vs. Nirama States:** Symptoms in the Sama state are more intense and linked to increased inflammation, while the Nirama state shows milder symptoms and improved metabolic function.
13. **Interconnectedness of Symptoms:** Symptoms reflect the interconnectedness among doshas, dhatus, and malas, emphasizing the holistic nature of Ayurvedic pathology.
14. **Diagnostic Integration Potential:** Laboratory findings and Ayurvedic assessments can be integrated to develop comprehensive diagnostic tools, enhancing diagnosis and treatment strategies.

Scope for further study

This study highlights several promising avenues for future research on Amavata by advocating for the integration of Ayurvedic principles with modern medical approaches. The higher prevalence among middle-aged women points to the need for gender-sensitive diagnostic protocols that consider hormonal, genetic, and lifestyle influences. Key factors such as *Viruddha Ahar* (incompatible foods), *Mandagni* (impaired digestion), and occupational stress call for focused investigations into dietary and lifestyle interventions. The presence of familial autoimmune conditions suggests a genetic predisposition, warranting personalized diagnostics. Emphasis on early symptoms like *Jwara* supports the development of early detection tools. Research should also focus on correlating *Sama* and *Nirama* stages with modern markers like RF, CRP, and ESR. Future studies should explore integrated diagnostic frameworks combining Ayurvedic assessment with imaging, lab tests, and genetic profiling. Expanding sample sizes and validating these parameters may lead to more effective, stage-specific diagnosis and management strategies for Amavata

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