

Joint Pain Survey Study to Create Agnidushti Assessment Criteria in Amavata

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Abstract

Due to Agni dusti Nidana Sevana, when Agni is vitiated, it is unable to properly digest the food it has just consumed, which results in the production of Ama. As Ama builds up in the joints during Amavata, it restricts the movement of the joints and causes discomfort, soreness, and swelling in the affected area or joints. A scale will be developed based on the Ayurvedic concept of Amavata in order to evaluate the Agnidusti in Amavata, to provide uniform metrics for the main Agnidusti state in Amavata patients. In order to determine the cause of Agni dusti in Amavata, a survey research involving 500 patients with joint pain was conducted. In the study, we evaluated Agni using two different ways. Result Method 1 used six parameters to evaluate the impact of Agni. Ayu, Vara, Bala, Svasthya, Utsaha, and Upacaya were used in Method 2 for scoring Jaranashakti, whereas Utsah, Laghuta, Udgashuddhi, Kshut, and Trishnopravritti Yathochitmalotsarga were used for Utsah, Laghuta, Udgashuddhi, Kshut, and In the first technique, 41.4% of patients had Grading 2 and 40.8% had Grading 3 of Ayu, Varna, Bala, Utshaha, Upchaya, and Swasthaya, whereas in the second way, 38.4% had Grading 1 and 23.1% had Grading 2 of Jaran Shakti, Abhayavaharan Shakti, Ruchi, and Vata Mutra Purisha Retasam Mukti. The outcomes of both approaches demonstrated that the vast majority of people participated in Agni dusti nidana, which indicates Agniduti and further Ama creation.

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Introduction

पृष्ठभूमि अग्निदुष्टि के कारण जिस समय निदान सेवन करा जाता है तो अग्नि के विकृत होने के कारण ग्रहण करा गया भोजन भी पचने में असमर्थ हो जाता है यदि जिससे आम की उत्पत्ति होती है आमवात में आम आम के रूप में जोड़ों में जमा हो जाता है जिससे जोड़ों में दर्द, स्पर्श अस्थिता, प्रभावित संधियों में सूजन द्यलक्ष्य आमवात में अग्निदुष्टि का आंकलन करने के लिए आमवात के आयुर्वेद कंसेप्ट के आधार पर स्केल तैयार किया गया आमवात के रोगियों में अग्निदुष्टि की प्रमुख स्थिति के लिए सार्वभौमिक मापदंडों को बनाने के लिए विधियाँ विधि-1 अग्नि के प्रभाव का मूल्यांकन छह मापदंडों का उपयोग करके किया गया थाय आयु, वर्ण, बल, उत्साह, उपचय, स्वास्थ्य विधि-2 जरणशक्ति के

आधार पर स्कोरिंग की गई उत्साह, लघुता, उदगारशुद्धि, क्षुत तृष्णाप्रवृत्ति, यथोचितमलोत्सर्गद्य परिणाम विधि-1-41.4: मरीजों के ग्रेडिंग 2 रही 40.8: मरीजों की ग्रेडिंग 3 रही आयु, वर्ण, बल, उत्साह, उपचय, स्वास्थ्य विधि-2 दृ 38: मरीजों की ग्रेडिंग 1 रहे और 23.1: मरीज ग्रेडिंग 2 के थेद्य जरणशक्ति, अभ्यवहरणशक्ति, रुचि, वातमूत्रपुरीषरेतसाममुक्तिद्य निष्कर्ष दोनों विधियाँ के परिणाम से पता चला है कि अधिकांश आबादी अग्निदुष्टि निदान में शामिल थी जो अग्निदुष्टि और आगे आम गठन का संकेत देती है।

The initial Dhatu Rasa is improperly created and is held in the Amashaya, which is known as Ama, as a result of Agni's hypofunctioning. As Ama builds up in the joints during Amavata, this results in joint limitation, pain, tenderness, and swelling at the affected location or joints. Ama plays a significant role in the creation of Amavata. By creating a

scale to measure Agnidushti, it will be possible to choose the best regimen to destroy Amavata's pathogenesis.

Modern Concept of *Ama*

Ama is a byproduct of the metabolism of proteins, lipids, and carbohydrates. Lactic acid is created when carbohydrates are not properly metabolised. Protein metabolism errors result in the production of lactic acid, which builds up in joints.

Free radicals *Ama*

An atom or molecule that has one or more unpaired electrons is referred to as a free radical and has to be neutralised by free radical scavengers. The cell is killed when free radicals attack the cell membrane.

Material Methods

This study is approved by Ethical committee IEC No is IEC/ACA/2018/43

Aims and Objectives

- To carry out a joint pain epidemiology survey.
- To establish common standards for measuring the major state of Agnidushti in Amavata patients.
- To create Agnidushti assessment standards for Amavata patients.

Need of Study

- To determine whether Agnidushti and Amavata are correlated. Amavata patients will be chosen on the basis of a questionnaire with the aid of a survey among joint pain patients. The American College of Rheumatology and Amavata's Ayurvedic symptoms will be used to create the questionnaire. An effort will be made to establish a link between dietary practises and Amavata with the aid of a survey.

Inclusion Criteria

- Patients must be 16 years of age or older,
- Appear with joint discomfort,
- Be of either sex, and be prepared to sign a consent form.

Exclusion Criteria

- Patients with Asthimajagat Vata diagnoses.
- Women who are pregnant and nursing mothers.
- Psoriatic arthritis and any serious illness.

In order to determine the origin of the Agni dusti in Amavata and create the Agni parameter, a survey study of 500 people with joint pain was conducted. Subjects were gathered from the NIA hospital and several NIA-run camps.

- **Age:** Maximum patients in the current study included 28.6% (143) people in the 41–50 age range, 27.6% (138) people in the 31–40 age range, and 21.6% people in the 51–60 age range.

Discussion: The likely reason why there are more patients in this age range is that middle-aged people are more likely to engage in excessive activity, eat irregularly, suffer from Virudha Ahara-Vihara because of their work obligations, and experience mental stress and sadness. Thus, a mental element along with changing climatic conditions will make the Amavata sickness worse.

- **Sex:** 48.2% (241) of patients were male and 51.8% (259) were female.

Discussion: According to a survey study, women are more likely to develop this disease due to their propensity for consuming hot, sour, irregular meals, and Virudha Ahara rather than a balanced diet.

- **Religion:** 84.8% (424) patients were from Hindu religion, 14.4% (72) patients were from Muslim religion.

Discussion: There is no relation between religion and disease.

- **Occupation:** Maximum patients were House wife. 43.2% (216), 10.4% (52) was government Job, 13% (13) was privet job, 8.8% (44) was labor work, 7.8% (39) was agriculture work.

Discussion: As we know that this disease is more prevalent in females

- **Socio-Economic Status:** 62.4% (312) patient's socio-economic status was middle class and 37.6% (188) patient's socio-economic status was poor.

Discussion: The inability of lower middle class individuals to purchase the many dietary items that the body need to function properly leads them to consume unsuitable food in the wrong combinations and develop the bad habit of skipping breakfast and meals as a result of their hectic lifestyles. Patients from lower socioeconomic classes are unable to buy pricey healthful diets.

- **Desh:** Maximum 79% of patients (395) belonged to Jangalpradesha, 17% to Sadharana Pradesha (85), and 4% to Anooppradesha (20).

Discussion: There is no significant relationship found this disease and *Desh*.

- **Appetite:** 66.2% (331) patients having normal appetite, 31.6% (158) patients having reduced appetite, 2.2% (11) patients having increased appetite.

Discussion: *Ama* and vitiated *Vata* are the causes of *Ama* development, which is why *Mandagani* and *Virudhaahara* develop this condition.

- **Bowel:** 53.6% (268) patients having regular bowel habits and 46.4% (232) patients having irregular bowel habits.

Discussion: *Mandagani* leads to faulty digestion resulting in *Ama* formation.

- **Micturition Frequency:** Micturition Frequency is 6T/D, 2T/N, 46.6% (233) patient's Micturition Frequency is 4T/D, 2T/N and 31.6% (158) patient's Micturition Frequency is 2T/D, 1T/N.
- **Sleep:** 46% (230) patients sleep frequency 2H/D, 6H/N, 43.4% (217) patients sleep frequency 7H/N and 10.6% (53) patients sleep frequency 6H/N.
- **Addiction:** Maximum 28.8% (144) patients addict of tea, 24% (120) patients were addict of smoking, pan, tea, 19.8% (99) patients were addict of smoking, alcohol, tea, 16.2% (81) patients were addict of mobile, tea, 7.8% (39) patients were addict of pan, gutaka, tea and 3.4% (17) patients were addict of alcohol, smoking, coffee.

Discussion: Most patients are typically addicted to tea. These primarily have a Kashaya Rasa preponderance, which vitiates Pitta and Vata Dosha, disrupts the digestive system, and results in Ama. Modern thinking holds that tea causes the body to produce more free radicals, which could be the primary cause of Amavata.

- **Menstruation Cycle:** In the current study, 241 of the participants were female. Of these, 24.8% (124) of the patients had menopausal symptoms, 20.8% (104) had normal menstruation, and 2.6% (13) had irregular menstruation.
- **Present Illness History:** 84.6% (423) of the patients have many joints that are painful and inflamed, 8.4% (42) have B/L knee and wrist joints that are painful, 4.6% (23) have lower back and knee joints that are painful, and 2.4% (12) have lower limb and knee joints that are painful.

Discussion: Most patients have discomfort and inflammation in numerous joints as a result of Ama formation and vitiated Vatadosha. These are the primary Amavata signs and symptoms.

Conclusion

- The pathogenesis of Amaprado-ajavikara is caused by Mandagni and Avvaraagnibala. Ama creates complicated unpleasant reactions when it interacts with Dosha, Dhatus, and Mala, and these reactions are the root cause of sickness.
- A new tool with 17 questions was created in accordance with Ayurvedic principles and validated in a sample size of 500 people. The results showed that the observations matched the core ideas of Agni, and the tool can be further investigated in bigger sample groups.
- The majority of people participated in Mansikanidana, cinta, oka, bhaya, and krodha, which imply the establishment of Agniduti and further Ama.

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