



A LITERARY REVIEW ON THE AYURVEDIC LINE OF MANAGEMENT OF AMAVATA

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ABSTRACT

The term Amavata is self explanatory (Ama + Vata) indicate the prime components of disease. Amavata is a clinical condition where in Ama is stimulated by the aggravated vata dosha, settles in trika sandhi and is characterized by immense pain in joints with inflammation, fever and ultimately stiffness of the joints, causing the temporary or permanent disability of Joints and it hampers daily life activities. The samprapti of this disease is originated from Annavaha srotas it is of Madhyama Rogamarga, occurring in sandhi Sleshma sthana. Ama dosha has an affinity for various joints spaces as it resembles physical properties of Shleshaka Kapha, present in joint spaces and tries to settle down there. Involvements of Sleshmasthana in pathology offer a diverse group of clinical manifestation. Rasa, Asthi and Majja are primary involved Dushyas. Mamsa and Snayu are affected in the later stage.

INTRODUCTION

The concept of Ama is deep-rooted in all the segments of Ayurveda like Nidana, Kayachikitsa and Shalya chikitsa etc, and in fact Ama is considered as one of the vital vyadhi ghataka responsible for the initiation of disease process in the body. Its role in certain disease entities is as significant as that of dosha, Amavata is the classical example. The 'Rheuma' is a Greek word which means 'a flux'. It was based upon the concept that the disease is of 'moist' nature with morbid discharge of fluid in the joints. Amavata is also of similar nature which affects the synovial joints. Rheumatic diseases are condition affecting some part of the musculoskeletal system. Clinically the important manifestations are pain, stiffness and swelling. The term Amavata is self explanatory Ama + Vata indicate the prime component of disease. Amavata is a clinical condition where in Ama is stimulated by the aggravated vata dosha and Ama settles in trika sandhis and is characterized by immense pain in joints with inflammation, fever and ultimately stiffness of the joints, causing the temporary or permanent disability of Joints and it hampers daily life activities.

Regarding the treatment aspect of disease, there is no specific line of treatment in contemporary science which brings solace to the patients. Allopathic system can manage this with its various potent remedies like analgesic, anti-inflammatory and steroids etc which in

long run may cause serious side effect and complications. Hence the preferred line of treatment in Ayurveda is shodhana and shaman. Amavata is having Tridosha involvement with predominance of Vata and Kapha and vitiation of Rasa, Rakta, Asthi and Majja as dushya. Shodhana is meant for elimination of vitiated doshas, whereas shaman maintains the equipoise state of doshas. Acharya Chakradatta has given emphasis that the Virechan karma as shodhana followed by shaman chikitsa is best line of treatment.

Historical review

History of Amavata is scattered in Ayurvedic texts and being updated.

Veda kala (2500 BC - 1000 B.C): During this time yagurved, samveda, Brugveda, Atharvaveda, 4 veda's are considered among them Ayurveda is considered as upaveda of Atharvaveda. There is no reference of this disease in Vedic literature. But scattered description of pathological factor Vata, Pitta, Balasa and Visha are mentioned. Some recent scholars tried to attribute the Visha mentioned in Vedic literature as Ama.^[1] there are some references saying that "I shall remove the Visha causing debility in majja and sandhies".^[2] Purana's there are collections of matters pertaining to sharer. Agni Purana narrates the total number of joints and explained the pathyas for Vata ragas concerned to joints.^[3]

Samhita kala (1000 BC - 100 A.D.) : During this period many great sages has given there contribution in the manner of Samhitas. Brihatrayee constitute of Charaka Samhita, Sushruta samhita, and Astangsamgraha. In Charaka samhita 1000 B.C, Amavata has been mention in 28th chapter while illustrating the Avarana chikitsa, to denote the Avarana of Vata by Ama.^[4] So it can be consider first relation of ama and Vata, not as disease but as a situation described in Charaka. In addition to this, a good deal of description regarding aetiology, pathology, clinical manifestation and effective treatment for amapradosha is found⁵. The treatment of sharingat Ama explained in Grahani chikitsa is similar to Amavata chikitsa i.e. Langhana, pachana oral administration of Pancakole decoction, snehpan basti virechan as described by Bhavamishra,^[6] The term Amavata is included in some of the therapeutic indication of drug compounds, Kamsahareetaki,^[7] of svayathu chikitsa and Vishaladi phanta of Pandu chikitsa,^[8] are described to be effective in Amavata. In Sushruta Samhita (1000 B.C) only the description of ama is found. In Astanga Sangraha (400 A.D) and Astanga Hridaya (500 A.D) there is no description about Amavata but the description about ama is available.

The word Amashayagata Vata is described by Bhela samhita (800-700 B.C) but Amavata is not found. And both of these entities are entirely different from each other. In Harita Samhita (800-700 B.C) an entire chapter is devoted to the Amavata roga regarding etiology, pathology, clinical manifestation, prognosis effective treatment, dietetics in detail. He explained angavaikalya' as lakshana and 'khandashaka' as Nidana and also done the classification which is not found in any other treatise.^[9] Point to be considered is that ancestry of Harita samhita is questionable in present era by many historians.

Sangraha kala (100 A.D - 800 A.D): Then came the important turning point when Amavata is specially described First time as disease in Madhava Nidana (800 A.D) by Madhavakara.^[10] The clear explanation of Nidana, samprapti, roopa, upadrava and Sadhyasadhyata is available. Later Chakradatta has done an outstanding work pertaining to the treatment and effective drug remedies in Amavata.^[11]

Nighantu kala (800 A.D. - 1700 A.D): Gada Nigraha (1200 A.D) in this treatise 'Vikunchana' is explained as lakshana of Amavata along with its treatment. Vanga Sena (1300 A.D) in this text specially mentioned that "Bahumootra" is lakshana in Amavata along with the treatment.^[12] Vijayarakshitha (1300 A.D) in his Madhukosha commentary on Madhava Nidana, has mentioned sankocha, khanjatwa etc as the upadras of Amavata.

Rasa Ratna Sammuchaya (1300 A.D) Author Rasa Vagbhata has mentioned different yoga's for Amavata.^[13] In Sarangadhara samhita (1300 A.D)

description of Amavata.^[14] and its classification. Basavarajeeya (1400 A.D) Author has specially explained Jap, hom, puja in the chikitsa of Amavata.^[15] Bhavaprakasha (1500 A.D) Author Bhavamishra has described Amavata in detail. Indication of 'eranda tail' is mentioned in this text.^[16]

Yogaratanakara (1600 A.D) in this text the complete description of Amavata is available. Auoshdhi yoga's are also mentioned in this treatise.^[17]

Bhaishajya Ratnavali (1800 A.D.) Author Govindadasa explained Nidana and elaborately discussed about verities of chikitsa also.^[18]

Adhunika kala (1700 A.D. onwards) in modern period Mahopadhyaya Gananath sen (1900 A.D) compiled all the joint disease with some new noimenclature. He coined the word rasavata for Amavata.^[19]

AIMS AND OBJECTIVES

1. To study and understand the pathology of the disease.
2. To analyze the Ayurvedic line of management on the basis of samprapti vighatana of the disease.

MATERIALS AND METHODS

As this study is a review type of study, we have collected information from the available Ayurvedic samhitas and few elementary text books to get comprehensive knowledge about the disease Amavata as well its line of management.

Nirukti of Amavata

Clinical condition where in Vata is vitiated by Ama is known as Amavata.

Paribhasha

Amavata is a disease where in Ama vitiates Vata and settles in lodged in trika sandhi area causing stabdata.

Nidana panchaka of Amavata

Nidana: - The Nidana of Amavata is multifaceted. Various Acharyas mentioned their different views on the production of Ama in Amavata pathogenesis.

Nidana of Amavata is grouped here as under

1. Dosh prakopaka hetu (Sannikrista):- a) Amotpadaka b) Vata prakopaka
2. Vyadhi prakopaka hetu (Viprakrusta):- a) Prajnaparadha b) Kulaja c) Agantuja Vikara.
 - a) **Amotpadaka:** - Viruddhahara viruddha Chesta etc leads to formation of ama and disease production.
 - b) **Vata prakopaka** – Due to provocation of Vata dosha equilibrium status of doshas, sapta dhatu and malas get disturbed. This leads to the disease condition.
 - c) **Prajnaparadha** – Prajnaparadha leads to Ahita Ahara vihar etc, which lastly produce the disease.

- d) **Kulaja vikara** – From the birth, there is ‘kha-vaigunya’ in sandhis, when it is excited by proper environment, manifestation of the disease occurs.
- e) **Agantuka** – It includes age, sex, environment (Seeta, Anupa) and various situations like seeta Vata sevana at the time of sweating, sleeping on a wet or damp ground etc.
- f) According to Madhava Nidana^[20]
- g) Viruddha Ahara
- Viruddha cestha
 - Mandagni
 - Avyayama

And exertion immediately after the intake of Snigdha ahara (unctuous food) is the etiological factors of Amavata.

The author of Vangasena viewed that pathogen ama and Vata get provoked due to their own respective causes to promote the disease.²¹ So amotpatti karana and vatapropokapa karana also be considered as etiological factors of Amavata.

• Purva Rupa

Symptoms which manifest themselves before the appearance of the disease (premonitory symptoms) are known as ‘purvey rupa’. Before the manifestation of Amavata formation of ama and vitiation of Vata dosa is important. So before the lakshana of Amavata is manifested we will see the lakshanas pertaining to the ama uthpatti and getting involved with Vata is seen. These may be considered as Purvarupa. The ama lakshanas like srotarodha, bala bramsha, gourava, anila moodhata, alasya, apakti, nisteeva, aruchi are seen.^[22]

Vangasena mentioned lakshanas like Ajirna, siroruja, gatraruja as Purva rupa of Amavata.^[23]

Avyakta lakshana of the vyadhi is also considered as Purva rupa as per Charaka.^[24]

• Rupa

In case of Amavata rupa can be classified under 4 headings

1. Pratyatma lakshana: - sandhi sula, sandhi shotha, sparsasahetva, gatrastabdhata
2. Samanya lakshana: - Angamarda, Aruchi, Trishna, Alasya, Gurava, Jwara, Apaka, Anga sunyata
3. Doshanuband lakshana: - Doshanusara shotha, daha, kandu
4. Pravrudda Amavata lakshana: - vrischikadamsa vedana, Antrakujana, Amatisara etc.
5. Gatra stabdhata is considered as the pratyatma lakshanas of Amavata.^[25]

• Samprapti of Amavata

Acharya Madhava first described the samprapti of Amavata in a very clear cut manner keeping in view, the chief pathological factor i.e. Ama and vata.

In short we can describe the samprapti here as under

- Amavata is an acute type of disease, where in vitiation of Vata Dosh and production of Ama (dosha) take place at the same time. Due to vata karaka nidana and agni mandya.
- Mandagni the Hypo-Functional ‘Agni’ produces Ama or toxins in the digestive tract.
- Thus the formed Ama circulates in the entire body due to propulsive (yogavahi) effects of vrudha Vata/vitiated Vata from the heart and blood vessels and then-
- Spreads in to the various sites of Kapha dosa like-Joints, Head, Heart and Stomach.
- This settlement of Ama causes Jwara, Hrud gourava and Sandhi shool.
- This Amavata process Starts in the Amashaya, and manifests in the Sandhi and the heart.^[26]

Samapraprti Ghataka of Amavata

1. Dosha

Pradhana dosha – Vata

Madhya dosha – Kapha

Gauna dosha - pitta – pachaka pitta

Specific dosha & its specific karma

Apana vata – Mala baddhata, Bahumootrata

Vyana vata – Angamarda

Samana vata – Amotpatti

Avalambaka Kapha – Hrud gourava, hrud vikruti.

Shleshaka & Kledaka Kapha – Ama nirmana

2. Dushya

Dhatu – mainly-‘Rasa’- Angamarda, Aruchi, Alasya (Adya & dustya)

Rakta- Daha, Raga

Others – Mamsa – Mamsa kshaya, bala kshaya

Asthi & majja – Sandhi sula, sandhi shotha

Upadhatu – Snayu, kandara, sira

Mala – Mutra, purisha

3. Srotas

Mainly – Rasvaha – Aruchi, Angamarda, Alasya.

Others – Asthivaha – Asthi shool

Majjavaha – Bhrama, Murccha, Sandhi bheda.

Udakavaha – Trishna

Mutravaha – Bahumootrata

Purisha vaha – Vibandha, Amatisara

4. Sroto Dusti

Sanga – by Ama

Vimargagamana – of prakupita vata/tridosha

5. Agni – Mandagni by

Jatharagni

Bhutagni

Dhatwagni

6. Ama

(i) Jatharagnimandyajanita

(ii) Bhutagnimandya janita

(iii) Dhatvagnimandya janita

7. Udbhava Sthana – Amapakvashayottha

- (i) Amashaya – chief site of production of Ama
- (ii) Pakvashaya – chief site of vata

8. Sanchara Sthana –Sarvashareera.**9. Vyakti Sthana** – (Where clinical feature appears)

- (i) Sarvashareera – Angamard etc.
- (ii) Sarvasandhi – Sandhi sula, Shotha etc.

10 Adhithana – (place where dosha get lodged)

- (i) Particularly sandhi sthana
- (ii) Generally shleshma sthana

11. Rogamarga

- Madhyama rogamarga (Vyakti sthana)
- Bahya rogamarga
- Abhyantara rogamarga – (may affected later)

12. Vyadhi Swabhava

- (i) Asukari (Sudden onset)
- (ii) Chirakari (Chronic nature)
- (iii) Punah punh Akramanaseela (recurrence)
- (iv) Tivrata
- (v) Samcharana shila vedana

Sandhyasadhya (Prognosis)

Regarding the sadhyasadhata of Amavata all the authors have considered only the number of doshas involved and the extension of shotha to all the sandhis. If the disease Amavata involves only one dosha, it can be considered as sadhya. It becomes yapya if it involves two doshas. If all the sandhis are affected by shotha and all the three doshas are involved in Amavata, with its upadrava, then it is said to be Asadhya.

If Amavata is of recent onset, it is curable with minimum efforts. If it becomes chronic, it becomes krichrasadhya or yapya probably due to extensive damage or irreversible structural changes. Such condition may either disable the patient or lead to be accompanied with some complications.

The disease Amavata is considered as krichrasadhya only because sandhis are considered as adhithana and vyaktasthana. As the disease Amavata progresses, there is a tendency for it to spread to the sandhis of hasta, pada, Shiras, gulpha, trika, janu and ooru. Amavata is difficult to manage in its advanced stage.

Upasaya – Anupashaya of the Disease Amavata**Upashaya in Amavata**

- 1. Auoshdhi** – All the drugs which are having katu, tikta rasa, ushana guna and deepana and pachana proper ties. Karma– Langhana, Rukshana, Swedana, Upavasa, Pipasa.
- 2. Anna** – Generally ahara dravyas which possesses katu tikta rasa and laghu guna (easy to digest) ushana ahara dravya, ushnodaka pana.

3. Vihar – Ushnodaka snana, Bhojanottaravisrama etc. kala – ushana kala.

- **Ruksha Sweda** has been said to cure Ama by its Ruksha guna.
- **Langhana** has been advocated in Amavata because it potentiates Agni and helps in digesting the Ama, Kleda and mala. From a research study, it is found that cortico steroid are formed by langhana karma which have the main pain reducing effect.
- **Ushana ahara dravya** pacifies the vata and provides easy digestion
- **Ushana kala**, by virtue of its ushana vishada guna, cures srotomukha vishodhan, digest Ama as well as it possess vatanulomana prabhava.

Anupashaya in Amavata

1. Auoshdhi – Generally all auoshdhis having amla rasa, santarpana affect, seta guna, srotavisyanda karma. Karma – Snigdha sweda, Abhyanga (with sneha) Santarpana karma etc.

2. Anna – Generally all Ahara dravyas having Amla rasa (exception is there), srotavisyanda effect (ex. dadhi), seeta, snigdha guru guna.- Puti anna, Viruddahara, Adhyasana etc.

3. Vihar - Vegdharana, Diva nidra, Sheetodaka snana in every season, Vishama shayya shayana. Sleeping in damp place/ground, Sheet vayu sevan. Kala – Meghodaya kala, Ratri Kala, Pratahkala, Kapha kala sthana – Anupa pradesa.

- **Singdha sweda** by its snigdha guna aggravates the sajatiya Ama and leads to srotabhisyanda which aggravate the diseased condition.
- **Santarpana** has same effect to aggravate the condition by enhancing Ama formation.
- **Kapha-seeta kala** enhance the situation by producing sandhi graham etc. Excessive working and hard work also aggravates pain as a result of strain.

Chikitsa of Amavata

Cakradatta was the first to describe the principles and management of Amavata.^[27]

Following these guidelines the later authors advocated further effective remedies.^[28]

(1) Langhana

The drug or procedure that generates a sense of Laghavakara (lightness) in the body is known as Langhana.^[91] Charaka has mentioned ten types of Langhana viz. four types of Suddhi, Pipasa, Atapa, Pachana, Upavasa and Vyayama. Whereas Vagbhata has recasted Langhana in to broad headings of Shodhana and Samana which are further divided into five and seven types respectively. In the treatment of Amavata, Upavasa form of Langhana is preferred in the initial stage that is a kind of Shamana Chikitsa.

Langhana brings following changes in the body

1. Dosh Pachana /Dosh Kshaya: The Sama Dosh is stagnant (Stimta and baddha) in the body. Due to starvation, these are metabolized.
2. Agni Sandhukshana: The unprocessed materials undergo digestion and no fuel from outside is provided to the hypo functioning Jatharagni. So the Agni is excited gradually.
3. Vijvaratva: Due to cleaning of Srotomagra, Vatanulomana occurs and Ushma is restored to its normal function.
4. Laghuta: Due to Pachana of Guru and Picchila Ama.
5. Kshut: Due to Pachana of Apakva factors.
6. Ruchi: Due to Pachana of Sama Rasa followed by proper functioning of Bhodhaka Kapha and Rasanendriya.
7. Vata- Mutra- Purisha Visarga: The Agnibala promotes the Bala of Grahani, and due to Mala Pachana, Sara Kitta Vibhajana and Vatanulomana excretory functions are also normalized.
8. Hridaya-Udgara-Kantha-Asya Suddhi: Due to Ama Pachana and clearing of Srotas.
9. Tandra and Klama: Produced due to vikruta Kapha perish due to Kapha Samana.
10. Sweda Pravritti: Due to Sara Kitta Vibhajana proper Sweda Ghatakas are formed and Langhana causes Romkupa Sothana. Langhana and Pachana are advised in Sarva Sariragata Ama. Apatarpana is preferred to be the Adya upakrama (treatment of choice) for the Sopha as it is Samanya i.e. good in all Sopha conditions and Pradhanatama due to immediate action. Langhana should be advocated carefully to avoid Bala Kshaya. Though Langhana is contraindicated for vitiated Vata, for Ama pachana it can be prescribed in Sama Vata through cautiously.

(2) Swedana

The procedure which alleviates Stambha, Gourava, Sula and Seeta and which is Sweda kara is Swedana. It is having Ushana, Tikshna, Sara, Snigdha, Ruksha, Sukshma, Drava, Sthira and Guru properties. The Swedana brings about Pachana, clears and dilates the channels. Ruksha Sweda that is given by means of sand is considered best for Amavata. Taking of hot water (Usna Jala Pana) is also a kind of internal Swedana. It is Deepana, Pachana, Jwaraghna, SrotoSothana, Balya, Ruchi kara and Swedana.

(3) Tikta Katu Rasa

Tikta and Katu Rasa have the dominance of Vayu, Akash Mahabhuta and Vayu Tejas respectively. They bring about Deepana, Pachana, Rochana and Laghuta in the body. Katu Rasa is Baddha, Chedaka, and Margavivaraka and Kapha Samaka. Tikta Rasa is Vishaghna and Lekhana. Both are Kleda and Meda nasaka e.g. Chitraka, Guduchi, Sunti etc. These drugs are Agnivardhaka and antagonist to Ama and Kapha.

(4) Virechan

Virechan is the best samsodhana karma in amarogas among all other, since virechan has got direct impact and control on maintenance of agni. Agni is under control of two primary factors which are Pachaka pitta and Samana vata. These two prime factors are manageable only by virechan karma- As virechan eliminate excessive pitta and mala but also keeps samana vata in prakrutavasta by regulating intestinal movements. When Agni is under control of prakrut pachaka pitta and samana vata, there is no question of amotpathi, hence role of virechan in sama condition is indispensable. So after langhana and pachana when dosha are processed and loosened (Nirama) Virechan is to be administered to eliminate them out of the body. Because the Dosh may again vitiate after Langhana and Pachana treatment but once virechan eliminates them, the disease does not reoccur, as there remains no root cause to induce the disease.

(5) Snehapana

In rare cases snehpan with Bruhatsaindhavadi tail, Nagaraghrtta etc is indicated by Chakradatta.

(6) Basti

Basti is the best treatment of vitiated Vata. As the disease attains chronicity, Rukshata increases in the body leading to vitiation of Vata. Niruha Basti in addition acts as a Sothana measure. It is also locally effective for the symptoms like Anaha, Vibandha etc. Anuvasana Basti is Vata hara and Rukshata hara. Due to intermittent remissions the disease Amavata is neglected most of the time by patients. Thus, it attains chronicity and becomes deep rooted (Gambhira). Basti due to its Virya acts the whole body to alleviate the disease. Chakrapani has recommended Saindhavadi Taila for Anuvasana and Kshara Basti as Niruha Basti. It acts on the subtle levels to remove Dosh from the body, clearing the channels and normalizing the body functions.

Pathyapathya**Pathya**

Annava - Yava, Kulattha, Raktasali, Syamaka, Kodru Saka - Vastuka, Sigru, Karavellaka, Patola
Dugdha Vikara - Ardraka / Lasuna siddha takra
Mamsa - Jangala Mamsa
Paniya - Tapta Nira Bhallataka, Gokshura, Vriddha Daru, Ardraka, Gomutra and Katu, Tikta and Dipana
Dravya are beneficial for Amavata.

Apathya

Dadhi, Mastu, Guda, Kshira, Masha, Viruddha bhojana, Asatmya bhojana, Vishamasana, Anupa Mamsa, Abhishyandi, Guru, Picchila Dravya.
Vihara - Vegavarodha, Jagarana

DISCUSSION AND CONCLUSION

The word Amavata is self explanatory, Ama and Vata indicate the prime component of disease, which mainly affect Sandhi. Samhita granthas explained the role of Ama in disease manifestation and their management.

Madhavakara was the first to refer this disease as a separate entity. Subsequently Chakradatta, Bhavaprakasha, Anjana Nidana and Basavarajeeya gave a good deal of description regarding this disease and its management. Amavata occurs throughout the globe irrespective of geographical considerations, but it is more prevalent in urban communities.

Amavata is manifested due to the unwholesome diet and regimen. It is more prevalent in the present era because of sedentary life style, faulty diet which cause Mandagni / Vishamagni. Though Ama and Vata are the chief pathogenic factor, Kapha and Pitta are also invariably involved in the pathogenesis of Amavata.

The samprapti of this disease is originated from Annava srotas it is of Madhyama rogamarga, occurring in sandhi Sleshma sthana. Ama dosha has an affinity for various joints spaces as it resembles physical properties of Shleshaka Kapha, present in joint spaces and tries to settle down there. Involvements of Sleshmasthana in pathology offer a diverse group of clinical manifestation. Rasa, Asthi and Majja are primary involved Dushyas. Mamsa and Snayu are affected in the later stage.

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