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An assessment on the relation between *Prakruti* and *Amavata* disease

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ABSTRACT

Prakruti is said to be the basic component of a human being. It has been explained in classics that *Prakruti* provides susceptibility for certain diseases based on *Dosha*. It is the time of the hour to explore and prove the concept clinically. A total of 362 diagnosed cases of *Amavata* were taken for the study and were assessed for the *Prakruti* dominant among them. Sampling was cross sectional simple random method. The observation made during were recorded and analyzed. It was also observed about predominant *Rasas* consumed as well as the dominant *Guna* they consumed. Analyzing *Rasa* and *Guna* added more value to the study. The observations were applied with descriptive as well as inferential statistics. Dominance of *Vata-Pitta Prakruti* was found with 42% of cases and *Pitta Prakruti* alone stood last with only 5% cases developing *Amavata*.

Key words: *Prakruti, Amavata,* Rheumatism, Rheumatoid arthritis.

INTRODUCTION

Since the day when research works took its troll over Ayurveda, the most appealing was the word, *Prakruti*. There were many research works undertaken over *Prakruti* and its relation over disease manifestation. The various types of *Prakruti* and their characteristics have been critically analyzed; the different modern protocols have been implemented to understand the nature of man. It was linked with the genomics and different observational studies also have been undertaken.

The disease *Amavata* which is a common phenomenon during clinical practice characterized by body ache, tastelessness, excessive thirst, lethargy, heaviness all over the body, raise in body temperature, indigestion and edema over body parts. There are explanations in classical texts of Ayurveda regarding the relationship between *Prakruti* and any disease. It has been said that, persons with certain *Prakruti* are liable/prone for certain diseases. The probability of disease manifestation in relation with a specific *Prakruti* needed to be practically observed and understood.

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Statement of the problem

The concepts explained in classics needed to be practically applied and understood. The purpose of practical implementation is not to question the authenticity of the explanation, is just to understand with a clear mandate over practicality. Unless it is clinically applied and understood, one cannot achieve a command over the subject. In order to understand the relation between *Prakruti* and any disease, a common illness named *Amavata* has been chosen.

Literary review

Prakruti is said to be the basic component of a living being. Ayurveda explains three *Doshas* being the reason for *Prakruti*. There are *Shareerika* (physical) as

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well as *Manasika* (mental) *Prakruti*. They influence on each other.

Tridoshas named as *Vata*, *Pitta* and *Kapha* decides the *Shareerika Prakruti*. There can be a participation of one or two or all the three *Doshas* in the formation of *Prakruti*.[1]

Doshas whichever is dominant on the *Shukra* and *Shonita* and when they combine, together lead to the formation of *Prakruti*.

Person with those respective *Prakruti* have their own characteristics with respect to their bodily content and their susceptibility to certain disease is prominent.

Vata Prakruti person have the higher susceptibility to develop *Vata* related diseases compared to the persons with other type of *Prakruti* and so on.

Tatra vatalasya vataprakopanaani aasevamanasya kshipram vatah prakopamapadyate na tathetarau doshau || (cha.vi.6/16)

When persons with *Vata Pradhana (Prakruti)* consume reasons for *Vata* aggravation, *Vata* aggravates faster in him compared to any other *Dosha*. This principle is applicable in case of other types of *Prakruti* as well.[2]

This phenomenon is directly proportional to the *Dosha* dominant in their *Prakruti* as well as the *Dosha* dominance in the disease.

Development of any disease has a specific causative factor as well as a specific series of events for its formation.

Kaala dushya prakrutibirdoshastulyo hi santatam | nishpratyaneekah kurute tasmaajjneyah sudussahah || (cha.chi.3/55,56)

Due to similarity between *Roga* and *Kaala* and *Prakruti* makes the disease difficult to cure.[3]

Nidaana of *Amavata*

The consumption of *Viruddha Ahaara*, *Viruddha Cheshta* (*Vihaara*), *Mandagni*, *Nishchala* (immobility), and doing *Vyayama* after consuming *Snigdha Ahaara*. These are the reasons for the *Amavata* disease. By the contribution of above mentioned causative factors, *Samprapti* of *Amavata* can be explained.

Samprapti of *Amavata*

Ama which is propelled/provoked by *Vata Dosha* rushes towards *Shleshma Sthana*, getting too much of *Vidagdha* in *Shleshma Sthana*, gets propelled towards *Dhamani's*, well influenced and affected by the *Vata*, *Pitta* and *Kapha*, the *Anna Rasa* attains *Picchila Guna* and creates the obstruction in the *Srotas*. Produces *Daurbalya* (weakness), *Gurutva* (heavyness) in *Hridaya* rapidly. Such *Ama* is a shelter/pre-condition for multiple diseases. By getting aggravated all together (*Ama*, *Doshas*) enters in to *Trika Sandhi* and produces the *Stabda* (stiffness) all over the body. This condition is called as *Amavata*.[4]

Symptoms of *Amavata*

Angamarda (bodyache), *Aruchi* (loss of taste), *Trishna* (thirst), *Aalasya* (lazyness), *Gaurava* (heavyness), *Jwara* (raise in temperature), *Apaaka* (indigestion), *Shoonata* of *Anga* (swelling of the body parts) are the symptoms seen in *Amavata*.[5]

Objective of the Study

To study the relation between *Prakruti* and *Amavata* disease.

Materials and Methods

Materials

Literary: literary sources for the present study have been taken from the Ayurveda classics, its reputed commentaries, published journals and reputed Sanskrit- English dictionaries.

Observational: A total of 362 cases which are fulfilling the inclusion and exclusion criteria from IPD and OPD of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, are taken for the study.

Methodology

Type of Study

- Literary study
- Observational study

Literary study

Literary study was conducted by collection of various data from classical texts of Ayurveda, darshanas, grammer and translations.

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Observational study

Observational study was conducted by collection of various diagnosed cases of *Amavata* from different OPD's and IPD's of SSCASR Hospital, Bangalore. Data thus collected was analyzed for *Prakruti*.

Research design

The present study was a *retrospective cross sectional study*. Diagnosed cases of *Amavata* of either sex were collected for the study between the age group of 20 to 50 years by a non randomized method. The causative factors in each case were collected and compared with the symptom produced.

Source of data

The patients form OPD and IPD of Sri Sri College of Ayurvedic Science and Research, Bangalore were collected for the study.

Method of collection of data

The diagnosed cases of *Amavata* were taken by cross sectional random method of either sex between the age group 20-50 years.

The data were collected in a detailed Case Record Form (CRF) prepared for the study.

Inclusion Criteria

1. Patients with classical signs and symptoms of *Amavata*.
2. Both sexes.
3. Age group: 20- 50 yrs.

Exclusion Criteria

1. Cases involving other systemic disorders.
2. Age - less than 20 years and above 50 years.

Sample size - A total of 362 patients.

Sampling method - Cross sectional simple random method.

OBSERVATIONS

The observations made were classified according to the frequency of the *Prakruti* involved, development of the pathogenesis according to the classical texts and the symptoms developed.

Statistical analysis

Following descriptive and inferential statistics were employed in the present study.

Descriptive statistics

The Descriptive procedure displays univariate summary statistics for several variables in a single table and calculates standardized values (z scores). Variables can be ordered by the size of their means (in ascending or descending order), alphabetically, or by the order in which the researcher specifies.

Following are the descriptive statistics employed - Mean, S.D, frequency and percentage

Inferential statistics

Cramer's V Test (Cross tabulations)

The Crosstabs procedure forms two-way and multiway tables and provides a variety of tests and measures of association for two-way tables. The structure of the table and whether categories are ordered determine what test or measure to use. Cramer's V test was employed in the present study.

Cramer's V is a measure of association between two nominal variables, giving a value between 0 and +1 (inclusive). It is based on Pearson's chi-squared statistic. In the present study Cramer's V test was applied to find out the association between grades and duration for various parameters selected.

Chi-square test

The Chi-Square Test procedure tabulates a variable into categories and computes a chi-square statistic. This goodness-of-fit test compares the observed and expected frequencies in each category to test either that all categories contain the same proportion of values or that each category contains a user-specified proportion of values.

All the statistical methods were carried out through the SPSS for Windows (version 23.0).

OBSERVATION AND RESULTS

A total of 362 cases diagnosed with classical signs and symptoms of *Amavata* have been taken into study and observed for various *Prakruti* found among them. There are general information collected along with *Nidana* and *Lakshana* based on Case Record Proforma

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(CRF) specially prepared for the purpose. The selection of sample was cross sectional and study was retrospective. The selected sample was distributed based on various factors and analyzed as below.

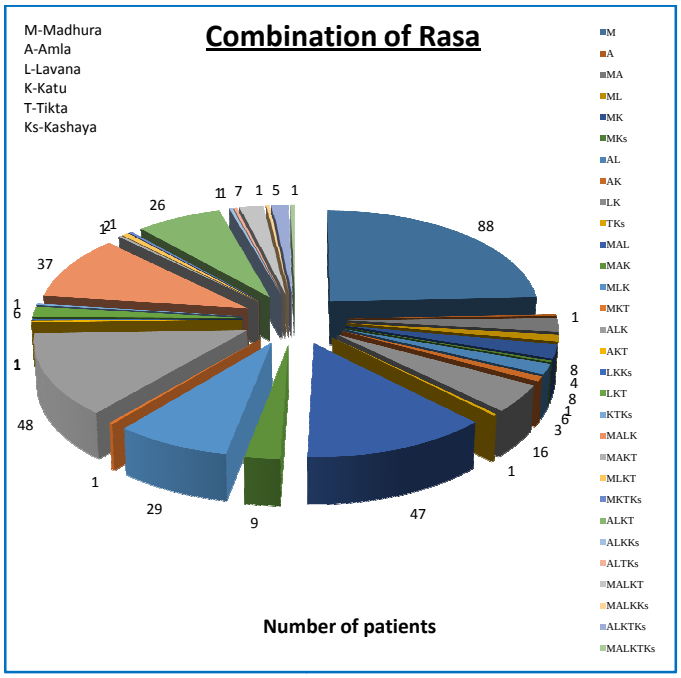
The samples were observed for the dominant *Rasa* they consumed, the food with dominant quality as well as the *Prakruti* they had.

Table 1: Frequency distribution table of the selected sample by *Rasa* and test statistics.

Combination of *Rasa*	Frequency	Percent
M	**88**	**24.3**
A	1	0.3
MA	8	2.2
ML	4	1.1
MK	8	2.2
MKs	1	0.3
AL	6	1.7
AK	3	0.8
LK	16	4.4
TKs	1	0.3
MAL	47	13.0
MAK	9	2.5
MLK	29	8.0
MKT	1	0.3
ALK	48	13.3
AKT	1	0.3
LKKs	1	0.3
LKT	6	1.7
KTKs	1	0.3
MALK	37	10.2
MAKT	1	0.3
MLKT	2	0.6
MKTKs	1	0.3
ALKT	26	7.2
ALKKs	1	0.3
ALTKs	1	0.3
MALKT	7	1.9
MALKKs	1	0.3
ALKTKs	5	1.4
MALKTKs	1	0.3
Total	362	100.0
Test statistics	**X^2 =947.061; p= .001**	

M - Madhura, A - Amla, L - Lavana, K - Katu, T - Tikta and Ks - Kashaya

Graph 1: Frequency distribution of the selected sample by *Rasa*.



Among 362 cases taken, the dominance of *Rasa* consumed by them was assessed. Major share of 88 cases was taken up by *Madhura* Rasa with 24.3% followed by *Amla*, *Lavana* and *Katu Rasa* consumers with 48 cases compounding upto 13.3% then by consumers of *Madhura*, *Amla* and *Lavana* with 47 cases compounding up to 13%. This is followed by the consumers of *Madhura*, *Amla*, *Lavana* and *Katu Rasa* with 37 cases leading to 10.2%, then by the consumers of *Madhura*, *Lavana* and *Katu Rasa* with 29 cases contributing 8% of total cases taken. This is followed by the consumers of *Amla*, *Lavana*, *Katu* and *Tikta Rasa* with 26 cases sharing 7.2% of total cases then by the consumers of *Lavana* and *Katu Rasa* with

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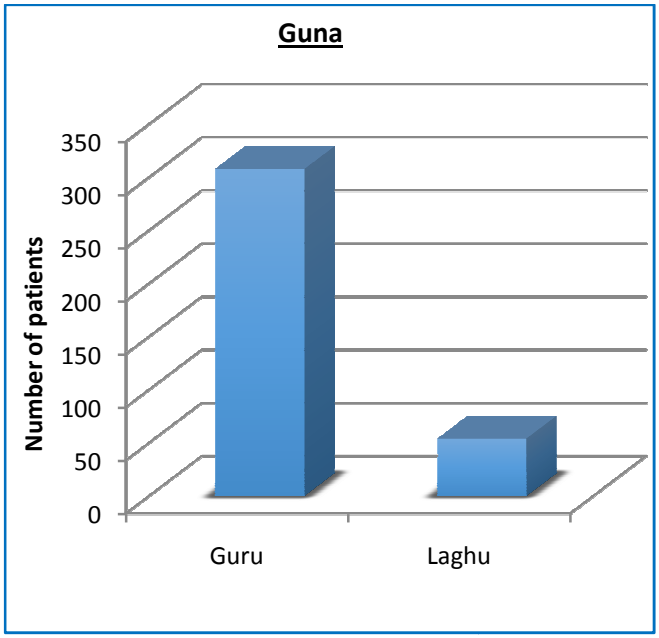
16 cases sharing 4.4% of total cases. Remaining consumers have varied consumptions of *Rasa*. Chi-Square test (947.061) revealed that there is a highly significant (.001) difference between *Madhura Rasa* and *Amavata* compared to other types of *Rasa*. It can also be observed that there are only one case each with that of *Amla Rasa*, and other combination of *Rasas* which are also highly significant for not leading to *Amavata* compared with that of other *Rasas* and their combinations.

Table 2: Frequency distribution table of the selected sample by *Guna* and test statistics.

Guna			
Category	Frequency	Percent	Test statistics
Guru	**308**	**85.1**	X^2 =178.221
Laghu	54	14.9	p- .001

Graph 2: Frequency distribution of the selected sample by *Guna*.



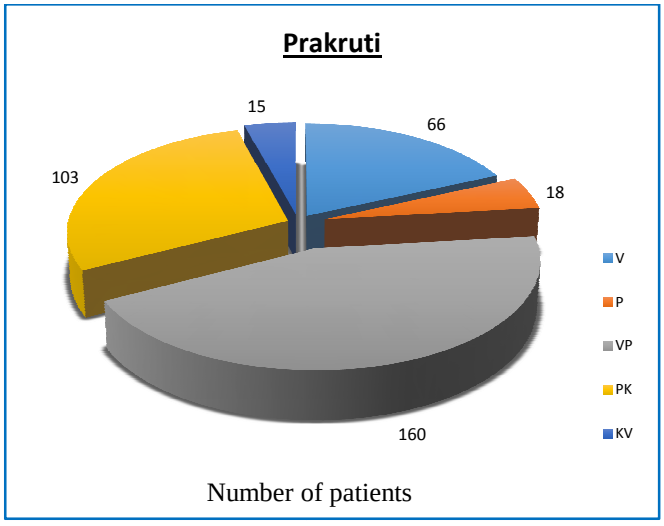
Total of 308 cases were found to be having *Guru Guna* in their *Ahara* with 85.1% and the ones who were the consumers of food with *Laghu Guna* were 54 with 14.9%. Chi-Square test (178.221) revealed a highly significant difference (.001) between *Guru Guna* and *Amavata* with that of *Laghu Guna*.

Table 3: Frequency distribution table of the selected sample by *Prakruti* and test statistics.

Prakruti			
Dosha	Frequency	Percent	Test statistics
Vataja	66	18.2	X^2 =469.602
Pittaja	18	5.0	p= .001
Vata-Pittaja	**160**	**44.2**	
Pitta-Kaphaja	103	28.5	
Kapha-Vataja	15	4.1	

The selected 362 cases were distributed based on the *Prakruti* and analyzed. It was found that 160 cases had *Vata-Pitta Prakruti* contributing 44.2% followed by 103 cases with *Pitta -Kapha Prakruti* contributing 28.5%, 66 cases of *Vata Prakruti* contributing 18.2%, 18 cases with *Pitta Prakruti* contributing 5% and 15 cases of *Kapha-Vata Prakruti* contributing 4.1%. Chi-square test (469.602) revealed that there is a highly significant difference (p=.001) between *Vata-Pitta Prakruti* and *Amavata* compared to that of other types of *Prakruti*.

Graph 3: Frequency distribution of the selected sample by *Prakruti*.



Discussion

Tendency of the aggravated *Doshas* to lodge and affect specific organ or area depends on the natural location of the *Doshas* as well as the areas and organ where they are compelled to locate.

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Discussion on *Amavata*

It has been explained that *Viruddha Ahara* and *Viruddha Vihara* and a physical activity combined are the reasons for *Amavata*. It is indicated that individually neither *Viruddha Ahara Vihara* nor activity can cause it. There are many diseases explained in our classics which quote *Ahara Vihara* are the factors play a role of *Nidana*. *Ahara* and *Vihara* can be reasons for any disease? When consumed, can it lead to any disease?

Amavata disease is a resultant of exposure of the person to causative factors as explained earlier. The frequent consumption of specific *Rasa* and qualities dominant in the food and the activities thus involved in lead to the *Amavata* disease were analyzed.

It can be said that *Prakruti* of a person lays a basic infrastructure for the susceptibility for any disease. *Vata* dominant *Prakruti* person will always have a tendency to get *Vata* dominant disease compared to any other *Prakruti* and any other *Dosha* dominant disease.

Vata and *Pitta Pradhana Prakruti* persons were found to be more susceptible for the production of *Amavata* disease. Perhaps, *Vata* is the main *Dosha* involved in the *Amavata* disease and *Pitta Dosha* precipitated the production of *Ama*.

Along with this, the food consumption dominant with *Guru Guna* and *Madhura Rasa* perhaps acted as catalyst for *Amavata* disease. This also indicated that those respective *Prakruti* persons had craving for food with *Madhura Rasa* and *Guru Guna*.

Discussion on observation and results

Among all cases in general, consumption of first three *Rasas* like *Madhura*, *Amla* and *Lavana* were seen to be involved. Consumption of next three *Rasas* like *Katu*, *Tikta* and *Kashaya* (without any of first three *Rasas*) contributed only 0.3% which is negligible.

For developing *Amavata*, *Guru Guna* played its role for 85.1% and *Laghu Guna* 14.9% only. As per the expectation, *Guru Guna* must involve in developing *Amavata* and *Laghu Guna* when taken in excess would result in *Gurutva* only in developing *Amavata*.

Prakruti Pareeksha showed that 42% of cases were found to be having *Vata-Pitta Prakruti*, *Pitta -Kapha Prakruti* stands next with 27.1% and last being *Vata-Kapha Prakruti* with 0.8%.

CONCLUSION

Specific type of *Prakruti* makes a person susceptible for specific *Dosha* dominant disease. *Vata-Pitta Prakruti* persons are found to be more susceptible (42%) for *Amavata*. *Pitta Prakruti* persons were found to be less susceptible for *Amavata* disease with only 5% of incidence. Along with *Prakruti*, consumption of food with *Madhura Rasa* and *Guru Guna* also contributed for the onset of *Amavata*.

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