



Review Article

ROLE OF AGNIMANDYA AND AMA IN THE NIDANA AND SAMPRAPTI OF AMAVATA: AN AYURVEDIC PATHOPHYSIOLOGICAL APPROACH

Rushabh Dhabaliya^{1*}, Manan Gajera¹, Nikhila Ranjan Nayak², Harindra Mohan Shukla³

*1PG Scholar, ²HOD & Professor, Dept. of Roga Nidana Evam Vikriti Vijnana, ³HOD & Professor, Dept. of Panchkarma, Govt. Ayurveda College, Raipur, India.

Article info

Article History:

Received: 12-01-2026

Accepted: 19-02-2026

Published: 15-03-2026

KEYWORDS:

Amavata, Agnimandya, Ama, Agni-Ama Axis, Samprapti of Amavata, Srotorodha, Rasavaha Srotas.

ABSTRACT

Amavata, a chronic inflammatory disorder described in Ayurveda, arises from the combined pathological involvement of *Agnimandya* (impaired digestive/metabolic fire) and *Ama* (immature, toxic metabolic by-product) along with vitiated *Vata Dosha*. These factors collectively initiate a systemic inflammatory cascade that manifests predominantly in the joints. The disease closely resembles Rheumatoid Arthritis in contemporary science in terms of chronic synovitis, systemic inflammation, and elevated inflammatory markers. This article critically examines the etiological role of *Agnimandya* and *Ama* in the development of *Amavata*, describes the classical *Nidanas* and *Samprapti* in depth, and correlates these concepts with contemporary inflammatory and metabolic mechanisms. A deeper understanding of the *Agni-Ama* axis enhances diagnostic precision, early identification, and personalized management strategies in *Amavata*.

INTRODUCTION

Amavata is one of the crippling diseases which is not merely a locomotor disorder but a systemic disease. The classical description of *Amavata* is mentioned in *Madhava Nidana* which highlights that when because of *Agnimandya* the *Ama* is produced, it associates itself with *Vata Dosha* and circulates throughout the body under the influence of aggravated *Vata*, it further localizes in the various parts of body especially joints, resulting in the cardinal features of *Sandhi-shula* (pain), *Sandhi-sotha* (swelling), *Staimitya* (stiffness) and many other systematic features. This unique pathophysiological sequence defines the essence of *Amavata*.^[1]


The concept of *Agni* is fundamental in Ayurveda, governing digestion, absorption, transformation, and cellular metabolism.

When *Agni* becomes deranged due to improper dietary habits, lifestyle factors, psychological stressors, or seasonal influences, the body fails to process food appropriately, leading to the generation of *Ama* - an undigested substance with *Guru, Picchila, and Srotorodhakara gunas*.^[2]

In Ayurveda texts, '*Ama*' is described as undigested and vitiated *Adhya Rasa Dhatu* which is due to hypo functionality of *Pachaka Agni* i.e., *Mandagni* in the *Amashaya*. This undigested food material remains as the intermediate product in the *Amashaya*. This *Ama* when combined with *Vata*, initiates a cascade of inflammation, obstructed microchannels (*Srotorodha*), and tissue dysfunction, ultimately manifesting as the full-blown clinical picture of *Amavata*.

MATERIALS AND METHODS

Since the present work is a review article, information has been systematically compiled from various classical Ayurvedic texts and contemporary scientific sources. The study involved an extensive review of the *Bṛuhattrayi, Laghuttrayi*, and other relevant Ayurvedic texts along with their authoritative commentaries. In addition, peer-reviewed research journals and electronic databases

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Quick Response Code	
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such as PubMed, Scopus, and Google Scholar to identify relevant classical references and contemporary research articles pertaining to *Agnimandya*, *Ama*, and *Amavata*.

Concept of Agni

Agni in Ayurveda is reflected in the concept of *Pitta* of the body system, further *Pitta* has been described as *Agni* since it performs fire-like actions i.e., *Paka*, which refers to *Pachana* (digestion), *Dahana* (burning), including *Bhinna-sanghata* (splitting), *Tapana* (heat production), *Parinama* (conversion) and *Paravritti* (transformation).^[3]

Agni and *Pitta* are differentiated as the concept of *Agni* (*Jatharagni*) not only includes the *Pittas* but also the *Dhatvagnis* and *Bhutagnis*. Hence, *Agni* is of three types;

1. Jatharagni: Central digestive fire responsible for the breakdown of food

2. Dhatvagni: Tissue-level metabolic enzymes

3. Bhutagni: Elemental transformative forces that produces the food's *Mahabhuta* qualities.^[4]

The equilibrium states of these *Agnis* leads to health, while their disturbed state leads to various abnormal conditions. *Jatharagni* is the chief among all *Agnis*, aggravation or diminution of *Jatharagni* results in aggravation and diminution of *Bhutagni* and *Dhatvagni*. When *Agni* becomes sluggish, it results in incomplete digestion and formation of *Ama*.

The protection of *Jatharagni* by means of wholesome dietetics and behaviour leads to longevity and strength. On contrary one who consumes unwholesome diet due to any reason, succumbs to disease caused by vitiation of *Agni*. Thus, in ayurveda *Agnimandya* is one of the main factors for causation of diseases.

Concept of Ama

In Ayurveda texts, *Ama* is defined as partially digested *Ahara rasa* due to hypo-functioning of *Agni*. *Acharya Vagbhata* states the *Adhya Rasa Dhatu* which is not formed properly due to hypofunctioning of *Usma* (*Agni*), being retained in *Amashaya* and undergoing fermentation and putrefaction (*Dushti*). This state of *Rasa* is called *Ama*.^[5]

Ama formation takes place broadly at three levels, namely *Jatharagni*, *Bhutagni* and *Dhatvagni* due to their hypofunctioning state. There are multiple factors in the production of *Ama*, yet the most inevitable factor is *Mandagni*, hence *Ama* formation takes place at all *Trayodashagni* levels.

Further, in all *Samarogas Mandagni* causes more and more *Ama* formation. This *Ama* produced again become the *Nidana* of *Samarogas*. This is vicious cycle with feedback mechanism between *Ama* and *Samarogas* in the pathogenesis of such diseases. *Amavata* is one of such disease.

Nidanas of Amavata Vyadhi

"*Amavata*" word is self-explanatory, named after its main causative factors i.e., *Ama* and *Vata*. Hence the causative factors for *Amotpatti* and the *Vata Prakopaka Hetus* are equally important in the establishment of the disease.

The etiological factors of *Amavata* described in the classical texts can be classified into two broad categories:

1. Indirect (Non-specific) causes: These include the factors that independently lead to the formation of *Ama* and the aggravation of *Vata*. The combined effect of *Amotpatti* and *Vataprakopa* subsequently results in the manifestation of *Amavata*.

2. Direct (Specific) causes: These consist of those etiological factors that are directly responsible for the development of *Amavata*, as specifically mentioned in the Ayurvedic treatises and observed in clinical practice.

These causes can be explained as:

1. Indirect (Non-Specific) Causes

Causes of *Amotpatti* can be given as:

- *Mandagni* causing factors like *Anashana*, *Adhyasana*, *Atijaladravyasevana*, *Pittaldravyas*, *Adhika Sneha Sevana*, *Apakwa Ahara Sevana*.
- Mental tensions, stress, strain.
- Emotional instabilities like *Kama*, *Krodha*, *Lobha*, *Moha*, *Irshya*, *Bhaya*.
- *Dhatu Kshaya*.
- Adverse effect of *Shodhana* therapies specially *Vamana*, *Virechana* and *Sneha Bastis*.
- *Vega Sandharana*
- *Kapha-Pitta Vardhaka Ahara Vihara*
- Any disorders leading to *Agnimandya* at various levels of *Agni*.

Vata-Dosha Prakopaka Hetus can be given as:

- *Aharaja Hetus* like *Atiruksha* (excessively dry), *Atisheeta* (excessively cold), *Atilaghu* (very light) *Ahara sevana*, *Vishmashana*, *Ajirne bhojana*, *Katu-Tikta-Kashaya Rasa Atisevana*, *Shushka Shaka sevana* etc.

- *Viharaja Hetus* like *Ratrijagrana* (night awakening), *Ativyayama* (excessive physical exercise), *Vegavidharana* (suppression of urges), *Abhighata* (injury) etc.
- *Mansika Hetus* like *Bhaya*, *Shoka* etc.
- Also, *Kalaja Hetu* like *Vriddhavastha* and *Varsha Ritu*.^[6]

2. Direct (Specific) Causes

As mentioned in ancient Ayurveda texts,

- *Viruddha Ahara* (incompatible foods)
- *Viruddha Chestha* (incompatible habits)
- *Mandagni*
- *Nishchalatwa* (lack of physical activity)
- *Vyayama* after *Snigdha Ahara* ^[7]
- Diet saturated with *Kanda Sakas* ^[8]
- *Ajirne Vyayama*, *Vyavaya*, *Jala Pratarana*

Some practically seen factors in present times which along with the direct causes play an important role in manifestation of disease are;

- Low Socio-economic conditions
- Prolonged Malnutrition
- Long term exposure to cold and damp workplaces.^[9]
- Higher prevalence among middle-aged females.
- Smoking ^[10]

Samprapti

As described by *Acharya Vagbhata*, the root cause of every disease is *Agnimandya*.^[11] The process of *Ama* formation starts only when the *Agni* is impaired. In *Amavata*, due to the above mentioned *Nidanas* the *Agni* of the person is disturbed leading to incomplete digestion and formation of *Amarasa*.

The initiation of *Amavata* begins with the entry of this *Sukṣma Amarasa* into the systemic circulation. Once this subtle form of *Ama* gains access to the *Dhamanis* (circulatory channels), the

chief regulator of circulation, *Vyana Vata*, gets vitiated. Under the influence of this disturbed *Vyana Vata*, the *Sukṣma Amarasa* is forcefully disseminated throughout the body. Because *Ama* possesses qualities such as *Guru* (heaviness), *Abhishyandi* (channel-obstructing), and *Picchila* (stickiness), its movement through the *Rasavaha Srotas* leads to *Rasavaha Strotodushti*, and creates excessive burden on the *Rasavaha Srotomoola* - the *Hridaya*. Further as *Hridaya* is also seat of *Vyana Vayu*, it gets more vitiated and spreads *Ama* fastly through *Dhamanis* searching for *Khavaigunya*.

The *Ama* in circulation is carried throughout the body and comes in contact with all the tissues. However, due to *Guṇatulyata* (similarity of qualities), *Ama* shows a special affinity towards *Sleşma-sthanas* (*Kapha*-dominant sites). Since *Ama* itself possesses *Guru*, *Snigdha*, *Manda*, *Picchila*, and *Abhishyandi gunas*, it further enhances these very qualities in the existing *Kapha Sthanas* of the body. Consequently, the *Prakrita Kapha* located in various parts gets *Dusta* and vitiated by the morbid attributes of *Ama*. This qualitative similarity causes *Ama* to accumulate preferentially in *Slesma-sthanas*, thereby intensifying the pathological process of *Amavata*.

This process further leads to more and more *Rasavaha Srotas Dusti* resulting in symptoms like *Angamarda*, *Alasya*, *Hrda-daurbalya* and also due further *Agni-mandya* more and more *Ama* is produced which keeps getting accumulated in the *Parvas* (phalangeal joints) leading to symptoms like *Shunata* (swelling), *Stabdhatata* (stiffness) etc.

This process creates a vicious cycle, as *Ama* continues to accumulate until *Agni* is restored to its normal state; if this cycle persists and the condition becomes chronic, it may give rise to multiple systemic manifestations.^[12]

Samprapti Chakra

**Nidana Sevana
Sanchaya**

*Guru-Snigdha-Abhishyandi
Ahara Sevana*

*Vyayamadi Vata Prakopaka
Hetu Sevana*

Agnimandhya

Hetu Sevana

Prakopa

Ama Dosha Utpatti

*Vata Dosha Prakopa
Chala Guna Vriddhi)*

Ama + Vata Dosha

Prasara

*Ama Dosha is Disseminated Throughout the Body
by Dhamanis Due to Yogavahi Effects of Vriddha Vata*

*Due to Guna Tulyata Sthanika Dosha Dushti
Ati-Vriddhi of Ama, Ati-Picchila*

**Sthana
Samshraya**

*Stana Samshraya of Dushita Ama in Sleshma Sthanas
(Sandhi, Trika, Urah, Hriday, Amashaya)*

Rasavaha Strotosanga

Vyakta

*Angamarda, Alasya, Hrda-Daurbalyata
Lakshanas*

*Due to Agnimandhya Further Ama Accumulation In
Parvas (Phalanges)*

*Sandhi Shoola, Sandhi Sthabdhta
Like Lakshanas*

Amavata Vyadhi

Samprapti Ghataka

- **Dosha:** *Vata-Kapha* predominant *Tridosha*,
- **Dushya:** *Rasa, Rakta, Mamsa, Snayu, Asthi, Sandhi, Kandara*
- **Srotas:** *Rasavaha Srotas*
- **Srotodushti Prakara:** *Sanga* (Obstruction)
- **Adhithana:** *All Sandhis* (Joints)
- **Udbhava Sthana:** *Amashayotha* (Originating from *Amashaya*)
- **Rogamarga:** *Madhyama Rogamarga*
- **Vyadhi Svabhava:** *Ashukari, Kashta Prada* (Rapid in onset, causing severe suffering)
- **Agni:** *Jatharagnimandya, Dhatvagnimandya*
- **Sadhyasadhyata**
 - *Nava Roga*, Single *Dosha* involvement - *Sadhya* (Curable in new stage)
 - *Dvidosaja - Yapy* (Manageable)
 - *Tridosaja - Kricchrasadhya*.¹³

DISCUSSION

Amavata represents a systemic pathological condition in which *Agnimandya* and *Ama* formation constitute the primary etiological and pathogenic factors, while *Vata* acts as the driving force for disease dissemination and localization. The present review highlights the importance of the *Agni-Ama* axis in understanding the pathophysiology of *Amavata* from Classical perspective.

Amavata illustrates the clinical significance of *Agni* as the central regulatory principle in *Ayurvedic* physiology and pathology. While *Agnimandya* is described as the initiating factor for *Ama* formation, its importance in *Amavata* lies not merely in digestion but in the disturbance of systemic metabolic coordination, which ultimately affects *Dosha-Dhatu-Srotas* equilibrium.

The pathological role of *Ama* in *Amavata* extends beyond its origin in the *Amashaya*. Once formed, *Ama* behaves as a circulating pathological entity capable of interacting with *Doshas* and *Dushyas*, thereby altering tissue metabolism and transport mechanisms. This explains why *Amavata* presents with both systemic prodromal symptoms and localized joint manifestations, reflecting progressive involvement of *Rasavaha Srotas* and *Sandhi* structures.

The involvement of *Vata* as a *Yogavahi* factor is particularly important in understanding disease propagation. *Vata* facilitates the movement of *Ama* from its site of origin to sites of structural vulnerability (*Khavaigunya*), especially in *Kapha-*

pradhana Sthanas. This interaction demonstrates how *Dosha* cooperation rather than isolated *Dosha* vitiation plays a decisive role in the pathogenesis of *Amavata*.

CONCLUSION

Amavata represents a complex systemic disorder in which *Agnimandya* and *Ama* act as the fundamental pathogenic drivers, with *Vata* functioning as the chief propagator of disease. The present review clearly demonstrates that impairment of *Agni* initiates the formation of *Ama*, which subsequently enters systemic circulation, vitiates *Vata*, obstructs microchannels, and preferentially localizes in *Kapha*-dominant sites especially the joints producing the classical clinical features of *Amavata*.

The self-perpetuating cycle of *Agnimandya-Ama-Srotorodha* forms the core of the disease process, explaining its chronicity, progression, and multi-system involvement. Understanding this *Agni-Ama* axis not only enhances diagnostic precision but also provides a rational basis for early intervention and individualized therapeutic strategies in clinical practice.

Effective management of *Amavata*, therefore, demands a comprehensive therapeutic strategy aimed at restoration of *Agni*, elimination of *Ama*, pacification of *Vata*, and protection of *Srotas* rather than mere suppression of symptoms. Such an approach holds significant promise for achieving sustained remission, improving quality of life, and preventing disease progression.

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Cite this article as:

Rushabh Dhabaliya, Manan Gajera, Nikhila Ranjan Nayak, Harindra Mohan Shukla. Role of Agnimandya and Ama in the Nidana and Samprapti of Amavata: An Ayurvedic Pathophysiological Approach. AYUSHDHARA, 2026;13(1):416-421.
<https://doi.org/10.47070/ayushdhara.v13i1.2495>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Rushabh Dhabaliya

PG Scholar,

Dept. of Roga Nidana Evam Vikriti Vijnana, Govt. Ayurveda College, Raipur, India.

Email: rushabh.d1234@gmail.com

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