AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Review Article

CRITICAL REVIEW OF THE CONCEPT OF AMA AND ITS ROLE IN PANCHAKARMA THERAPY: A LITERARY REVIEW

Sulfiath KP
Assistant Professor, Department of Panchakarma, SBSJS Ayurveda Medical College& Hospital, Farrukhabad, Utter Pradesh. India.

Article info
Article History:
Received: 19-06-2026
Accepted: 12-07-2026
Published: 10-09-2026
KEYWORDS:
Ama, Panchakarma, Agni, Agnimandya, Shodhana Therapy, Ayurveda.

ABSTRACT
Background
Ama is an integral part of Ayurvedic pathology and is considered one of the main causes of the onset and development of many diseases. Ama is the toxic metabolic waste which develops because of the dysfunction of Digestion fire (*Agnimandya*) in classical Ayurvedic texts. Panchakarma therapy is regarded as the main purification technique for the removal of Ama and the balance of physiological functions.
Objective
The present review is aimed to critically analyze the concept of Ama as mentioned in the leading Ayurvedic Samhitas and to assess its part and management through Panchakarma therapy.
Methodology
The references from classical ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga sangraha etc) were taken to carry out the literary review. As for the definition, etiology, pathogenesis, clinical significance, and management of Ama, the information was compiled, compared and critically analysed.
Findings
The review shows all the major Samhitas acknowledge Ama as one of the basic pathogenic factors that arise due to the derangements of Agni. The descriptions and interpretations of the texts, although slightly different, all link Ama with obstruction of bodily channels (*Srotorodha*), *Doshic* imbalance and disease manifestation. The *Panchakarma* procedures, especially Deepana-Pachana, *Snehana, Swedana, Vamana, Virechana*, and *Basti*, are mentioned to be effective methods to digest, mobilize and eliminate ama, thus to restore health.
Conclusion
According to the classical ayurvedic literature, *Ama* is an important factor in the occurrence of disease pathogenesis and uses *Panchakarma* as one of the important therapeutic modalities to manage *Ama*. The knowledge of *Ama* and its elimination by *Panchakarma* is very relevant for the modern day Ayurvedic treatments and serves as a basis for further scientific research.

INTRODUCTION

Ayurveda, the traditional system of medicine from India, emphasizes the need for maintaining health through balancing of bodily humors (*Doshas*), tissues (*Dhats*), excretions (*Malas*) and digestive-metabolic processes (*Agni*). Ama is considered to be one of the most important etiological factors that leads to the development and progression of disease among the fundamental concepts of Ayurvedic pathology. Ama literally translates as uncooked, undigested or immature meaning it is a toxic substance that is released because it was not digested and metabolism was not completed. According to classical Ayurvedic texts Ama is a thick, sticky, foul-tasting and blocking entity which is deposited in the body when digestive power diminishes. The Charaka Samhita states that Ama is produced when food is not digested well (*Agni* is less active) and pathological metabolites formed in the body are distributed across the system and trigger disease processes (Sharma & Dash, 2014).

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v13i4.2966

Agni is an Ayurvedic term that plays a vital role in Ayurvedic physiological and pathological processes. Agni is responsible to digest, absorb, assimilate and transform the food into energy and body tissues. According to the classical texts, *Agni* is said to be the origin of life, health, strength, complexion, vitality and life span. In a normal state of *Agni* (*Samagni*), the food is digested properly and the body absorbs the nutrients from the food. On the other hand, if there is weakness in *Agni* (*Agnimandya*) then digestion is incomplete and *Ama* is formed. The Charaka Samhita says that *Agni* is the main cause of health or disease and if it is balanced, it will maintain life, and if it is imbalanced, it will cause a lot of diseases (Sharma & Dash, 2014). Likewise, Ashtanga Hridaya emphasizes that maintaining healthy Agni is crucial to maintaining balance in the body and avoiding accumulation of toxic wastes (Murthy, 2012).

Ama is a very important factor in the causation of diseases and is regarded as a basic disease factor in Ayurveda. According to classical literature, Ama can block the bodily channels (*Srotas*), disrupt the doshas and hinder the normal metabolism of tissues. It, therefore, plays a role in the pathogenesis of various disorders of different organ systems. According to Sushruta Samhita, Ama is related to disturbed physiological functions and has been linked to the various chronic and systemic diseases (Bhishagratna, 2016). Moreover, Ayurvedic doctors have concluded Ama to be the root cause of ailments like *Amavata*, gastrointestinal disorders, metabolic diseases, skin diseases and inflammatory conditions. *Ama* and aggravated Doshas create intricate pathological conditions that can be challenging to treat if not addressed. Hence, the identification, digestion and elimination of *Ama* is a very important therapeutic target in Ayurveda.

As *Ama* plays a major role in the pathogenesis of disease, the Ayurvedic treatment protocols are geared towards the rehabilitation of *Agni* and elimination of excess *Ama* in the system. The main detoxification and purification treatment of Ayurveda, known as *Panchakarma*, is highly recommended for this purpose. Panchakarma is a therapeutic technique which involves digestion, mobilization and elimination of *Ama* by using the following procedure, namely *Deepana*, *Pachana, Snehana, Swedana, Vamana, Virechana* and Basti to restore the physiological balance. Therefore, it is essential to have a comprehensive understanding of the concept of Ama and its relation to the *Agni* to appreciate the theoretical foundations and therapeutic applications of Panchakarma therapy in classical and contemporary ayurvedic practice.

Aim and Objectives

Aim

The intent of this present review is to critically analyse the concept of Ama as mentioned in classical Ayurvedic Samhitas and evaluate the significance of Ama in the pathogenesis of disease and its management by Panchakarma therapy.

Objectives

i. To review the concept, definition, and characteristics of *Ama* described in the major Ayurvedic classics.
ii. To analyze the relationship between *Agni*, *Ama*, and disease causation in Ayurvedic literature.
iii. To compare the descriptions of *Ama* in the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*.
iv. To assess the role of Panchakarma therapies in the digestion, mobilization, and elimination of *Ama*.
v. To critically evaluate the clinical significance of the concept of *Ama* in contemporary Ayurvedic practice.

Materials and Methods

The objective of this study was to critically analyse the concept of *Ama* and its significance in *Panchakarma* therapy from the classical literature according to the qualitative literary review. This review aimed to locate, gather and evaluate literary references on *Ama* origin, definition, characteristics, pathogenesis, clinical importance and management.

The major classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha and Madhava Nidana were the primary sources of information. Classical concepts were also interpreted and understood with the help of relevant commentaries and contemporary scientific publications. Special efforts were made on chapters related to *Agni, Ama,* Disease pathogenesis (*Samprapti*) and *Panchakarma* therapies.

The selected texts were systematically reviewed and the data was collected. Literature on Ama and Panchakarma was reviewed, retrieved and compiled on major themes such as definition of Ama, etiological factors, mechanism of Ama formation, Signs and symptoms of Ama and the role of Ama in disease causation, and therapeutic approach. The data obtained were then analyzed descriptively and comparatively. The similarities and differences between classical texts were analyzed and the information critically interpreted to assess the importance of Ama in the classical ayurvedic patho-biology and the role of Panchakarma in its correction.

Discussion

Concept of Ama in Classical Samhitas

- ***Ama* in *Charaka Samhita***

According to the Charaka Samhita, Ama is a basic pathogenic condition that develops from faulty digestive and metabolic processes. When *Jatharagni* is weak, food consumed does not get digested or transformed properly and the produced immature and toxic substance is called as Ama, according to Charaka. This unprocessed material has the characteristics of being heavy, sticky and turbid, and disrupts the normal physiological process. As per Charaka, Ama is not only responsible for the imbalance in gastrointestinal system, it also enters the system and clogs the body channels (*Srotas*), which in turn cause imbalance in Doshas. The text also makes Ama the cause of many ailments and states that maintaining digestive fortitude is the most important key to not creating Ama. The idea of Ama in Charaka Samhita is an advanced understanding of the link between digestion, metabolism and disease formation (Acharya, 2019).

- ***Ama* in *Sushruta Samhita***

In the context of pathological processes and disease progression, the Sushruta Samhita mentions Ama. Sushruta explains that Ama is a poisonous substance which is formed due to incomplete digestion and improper assimilation of food. The text emphasizes the ability of ama to build up in the channels and block the circulation of nourishment, thereby compromising the nourishment of tissues. Particular importance is given to the role of Ama in chronic pathological conditions, caused by the continuous blockage of channels and aggravation of *Doshic*. According to Sushruta, *Ama* is related to inflammation and systemic disorders and it is believed that when Ama remains for long periods of time, the functions of organs and tissues are affected. The description of Ama in the Sushruta Samhita expands the definition of Ama beyond its association with digestive disturbance, and considers it to be one of the primary contributors to the development of higher-order disease states (Acharya, 2018).

- ***Ama* in *Ashtanga Hridaya***

Vagbhata's Ashtanga Hridaya provides a practical, clinically-oriented understanding of Ama. The main cause of the Ama formation is identified as impaired Agni and Ama is described as a toxic intermediate product which can inhibit physiological harmony. Vagbhata is especially interested in the external expression of *Ama* such as anorexia, indigestion, lethargy, body ache, heaviness and decreased vitality. This work of the Ashtanga Hridaya takes a more therapeutic approach in terms of early diagnosis and timely intervention, rather than a strictly theoretical approach, as found in previous books that focus heavily on theoretical explanations. The text promotes actions to increase digestive strength and to ease the way of getting rid of the *Ama* before it can penetrate deeply into tissues. This clinical observation highlights the significance of *Ama* assessment in the process of Ayurvedic diagnosis and treatment planning (Gupta et al., 2022).

- **Comparative Analysis of Classical Views**

When comparing the classical Samhitas, there is a lot of commonality in respect to the basic nature of *Ama*, and variations in emphasis and presentation. The Charaka Samhita centres on the origin, nature and systemic action of Ama and makes it a direct result of the disturbing action of *Ama* on digestion and metabolism. The Sushruta Samhita further emphasizes the part played by Ama in the blockage of channels, impairment of function and in the course of chronic diseases. The Ashtanga Hridaya, on the other hand, has a more clinically focused approach, focusing on symptom recognition and how to practically manage the symptoms. Though these differences exist, the three texts are unanimous that Ama is one of the key pathogenic factors associated with deranged Agni, disturbed Doshas and body functions. Both these classical views give a complete picture of the development of disease and serve as the basis for Ayurvedic therapeutic measures for re-establishing the digestive efficiency and elimination of accumulated toxins (Lad, 2002; Dash & Junius, 1983).

Table 1: Comparative Description of Ama in Major Samhitas

Aspect	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya
Primary Definition	Ama is formed due to incomplete digestion caused by impaired Agni.	Ama is a pathological substance resulting from defective digestion and metabolism.	Ama is an improperly digested toxic intermediate formed due to *Agnimandya*.
Main Focus	Origin, properties, and systemic effects of Ama.	Pathological consequences and disease progression caused by Ama.	Clinical manifestations and therapeutic management of Ama.
Cause of Formation	Weak *Jatharagni* leading to improper digestion of food.	Disturbed digestive and metabolic processes.	Impaired Agni and faulty metabolic transformation.

Characteristics	Heavy, sticky, turbid, foul-smelling, and obstructive.	Morbid, channel-blocking, and disease-producing.	Toxic, metabolically immature, and physiologically disruptive.
Effect on Doshas	Vitiates *Doshas* and initiates disease.	Aggravates *Doshas* and promotes chronic pathology.	Disturbs *Dosha* balance and physiological functions.
Effect on *Srotas*	Causes *Srotorodha* (obstruction of channels).	Impairs transport of nutrients and wastes.	Interferes with normal circulation and tissue metabolism.
Clinical Importance	Fundamental factor in disease initiation.	Important contributor to chronic and systemic diseases.	Essential diagnostic and therapeutic consideration.
Management Principle	Restoration of Agni and elimination of Ama.	Removal of Ama and correction of pathological processes.	Early diagnosis, Ama digestion, and Panchakarma therapy.

Pathogenesis and Clinical Significance of Ama

- ***Agnimandya and Ama Formation***

The first stage of the pathogenesis of Ama is *Agnimandya* (debilitation of Agni). According to Ayurveda, Agni is the energy that breaks down the food, assimilates it and transforms into nutrients to nourish the tissues. If the digestive process is incomplete, which can happen when the body's Agni is weakened by incorrect dietary practices, food combinations, overeating, staying inactive, psychological stress or the changing seasons, the food remains uncooked. Therefore, food is only partially digested and turns into Ama, a toxic and not digestible substance. This Ama first enters the gastrointestinal tract and then travels the body through different channels (*Srotas*). The Ama is heavy and sticky and obstructs the physiological functions, so it creates conditions favourable for disease development. In classical ayurvedic literature, *Agnimandya* is recognized as the foremost cause in the initiation of the pathogenesis of many disorders and hence, maintaining *Agni* in a healthy state is crucial to maintain health and prevent disease (Patwardhan et al., 2005; Lad, 2002).

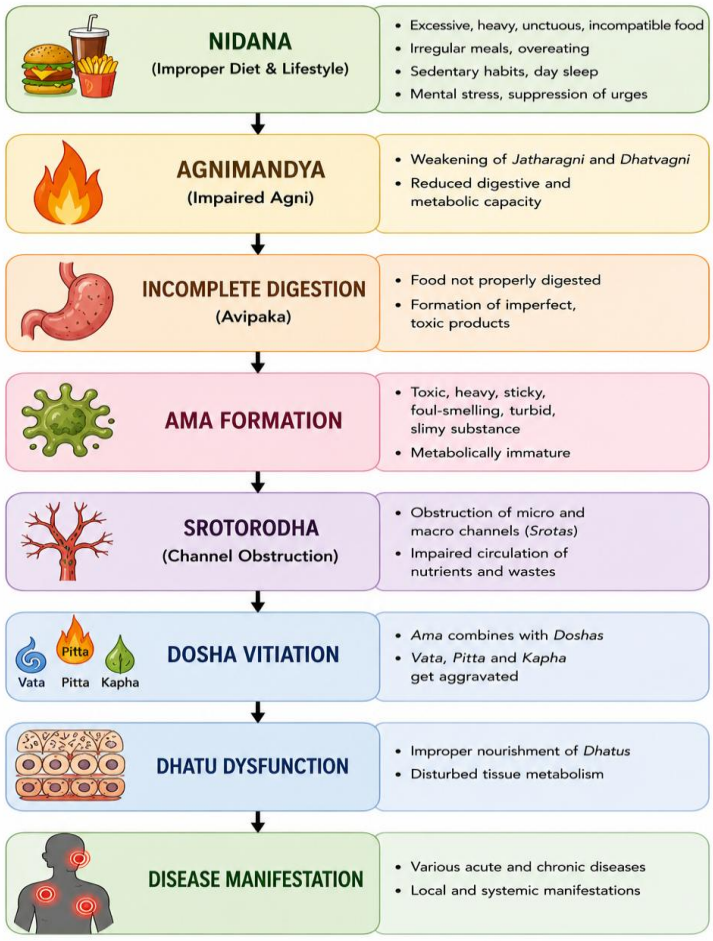

Figure 1: Pathogenesis of Ama According to Ayurveda

- ***Signs and Symptoms of Ama***

Ama is correlated with a distinct pattern of clinical symptoms indicating the digestion and metabolism as well as toxic effects in the body. Loss of appetite (*Aruchi*), indigestion (*Avipaka*), heaviness of body (*Gaurava*), lethargy (*Alasya*), fatigue, salivation, abdominal discomfort, constipation, coated tongue and generalized weakness are described in classical Ayurvedic texts. People suffering with Ama may also develop a dullness of mind, lack of enthusiasm and body stiffness. These symptoms occur due to Ama's blocking of the physiological pathways and disruption of the normal transmission of nutrients and energy in the body. The symptoms may be different in intensity and type depending upon the *Doshas* involved and the amount of Ama accumulation. These signs are thought to be of critical importance in Ayurvedic medicine as early treatment can stop the development of Ama into more serious illness (Frawley, 2000; Svoboda, 1998).

- **Role of *Ama* in Disease Manifestation**

In Ayurveda, Ama is considered as one of the most important pathogenic factors as it plays a key role in initiating and aggravating disease processes. Once created, Ama mixes with the vitiated Doshas and moves around the body, settling in the vulnerable tissues and organs. This interaction causes an imbalance of the bodily channels, the metabolism of tissues, the immune system and other physiological systems. The deposition of Ama has been associated with multiple diseases such as *Amavata* (rheumatoid like diseases), gastrointestinal, metabolic, skin, respiratory and chronic inflammatory diseases. Many diseases are believed to follow Ayurveda's main principle of Ama remaining in the body. Therefore, any therapy that works on digestion, mobilization and elimination of Ama is deemed as essential for prevention of disease and treatment. The concept was very suggestive of the interdependence of digestion, metabolism, immunity and systemic health and the central role played by Ama in Ayurvedic pathology (Pole, 2013; Karunakaran, 2004).

Role of *Panchakarma* in Ama Management

- ***Purvakarma* (*Deepana, Pachana, Snehana, Swedana*)**

The preparatory stage of Panchakarma is called Purvakarma and this is very important in the management of Ama. Prior to the main purification steps, therapies are used to improve digestion and metabolism, loosen up stored toxins and open up the body to help it eliminate efficiently. Deepana therapies act on weak *Agni* and increase digestive capacity, while *Pachana* stimulates digestion and transformation of Ama without any increase of digestive load. After Ama has been reduced, *Snehana* (oleation therapy) is given as an internal or external application to loosen and mobilize the morbid substances stuck in the tissues. Then, using the sudation therapy, known as *Subedana*, the body is made to sweat, opening up the channels of the body, the toxins are carried from the periphery towards the gastrointestinal tract. These preliminary measures in combination provide a conducive environment for the successful purification and hence optimal therapeutic effect in Ama-related disorders (Sharma, 2004; Rao R. V., 2018).

Vamana* and *Virechana

Two therapeutic cleanses that are major for eliminating the accumulated *Doshas* and *Ama* are *Vamana* (therapeutic emesis) and *Virechana* (therapeutic purgation). Vamana is mainly used in conditions where there is predominance of Kapha and *Ama*, such as respiratory and gastrointestinal disorders. It is expelled from the upper gastrointestinal tract through vomiting, which removes the toxins and morbid *Kapha* that have been accumulated and restores the physiological balance. However, the aim of *Virechana* is to eliminate the toxins and Ama accumulated in the lower part of the gastrointestinal tract which is associated with Pitta dosha. It is commonly used in liver diseases, skin cancer, metabolic diseases and inflammatory conditions. These purification processes not only eliminate the pathological substances that are accumulated in the body but also re-establish digestive efficiency and normalize the functioning of Doshas, which helps in long-term disease management (Rastogi et al., 2013; Puri et al., 2022).

- ***Basti and Nasya***

Basti and Nasya are significant Panchakarma procedures for the treatment of Ama related disorders. Basti therapy is considered as the best remedy for Vata disorders and chronic diseases with deep-seated Ama, is given by means of medicated enema. Medicinal oils and decoctions taken rectally help to detoxify the body, nourish tissues, control and balance physiological processes and remove stagnant toxins. The process of Nasya means giving medicated oils, powders or herbal preparations through the nostrils and it is especially beneficial for disorders related to the head, neck and respiratory system. Nasya eliminates the accumulated Doshas and Ama from the upper body and benefits sensory and neurological activity as well as overall health. Both therapies are known to be useful in panchakarma as they have multiple properties to treat disease both at local and systemic level (Gabhane et al., 2020; Patel et al., 2025).

- **Therapeutic Significance of Panchakarma in Ama Disorders**

The therapeutic significance of Panchakarma in Ama disorders must be understood in the context of the classical Ayurvedic principle that major purification procedures are generally not administered during the acute *Sama* stage, when Ama is abundant and the Doshas remain immature (*Apakva*). In such conditions, Ama is firmly associated with the Doshas and bodily tissues, making direct elimination difficult and potentially ineffective. Therefore, Ayurveda emphasizes that Ama should first be digested and metabolized through *Deepana* and *Pachana* therapies, which restore Agni and reduce the pathological burden. Subsequently, *Snehana* and *Swedana* are employed to loosen, liquefy, and mobilize the Doshas and residual Ama from peripheral tissues toward the gastrointestinal tract. Only after the Doshas attain a mature (*Pakva*) and movable state are the principal Panchakarma procedures considered appropriate. Thus, the presence and extent of Ama play a decisive role in determining the timing, selection, and success of Panchakarma therapy.

Once the body has been adequately prepared, Panchakarma serves as a comprehensive therapeutic approach for the elimination of residual Ama and vitiated Doshas. Procedures such as *Vamana*, *Virechana*, *Basti*, and *Nasya* facilitate the systematic expulsion of accumulated pathological substances through their respective routes. By removing these morbid factors, Panchakarma helps restore the patency of bodily channels (*Srotas*), normalize Dosha functions, and improve tissue metabolism. The therapy therefore addresses the underlying pathological processes rather than merely alleviating clinical symptoms.

Another important therapeutic benefit of Panchakarma is the restoration of Agni, which is regarded as the foundation of health in Ayurveda. Since impaired Agni is the primary cause of Ama formation, successful Panchakarma not only removes existing Ama but also corrects the metabolic dysfunction responsible for its production. This contributes to improved digestion, enhanced nutrient assimilation, better tissue nourishment, and strengthened physiological resilience. Consequently, Panchakarma plays a preventive as well as curative role by reducing the likelihood of recurrent Ama accumulation.

The clinical importance of Panchakarma is particularly evident in chronic and recurrent disorders where Ama is considered a significant pathogenic factor. Conditions involving metabolic dysfunction, musculoskeletal disorders, gastrointestinal disturbances, inflammatory diseases, and lifestyle-related ailments may benefit from appropriately planned Panchakarma interventions. Therefore, the significance of Ama in Panchakarma therapy lies not merely in its elimination but also in guiding the entire therapeutic strategy, from patient assessment and preparatory measures to the selection and successful execution of purification procedures. This close relationship between Ama and Panchakarma highlights the importance of individualized treatment planning in classical Ayurvedic practice (Sharma, 2004; Rastogi et al., 2013; Rele, 2019).

Table 2: Panchakarma Procedures and Their Role in Ama Elimination

Panchakarma Procedure	Therapeutic Action	Role in Ama Elimination
Deepana	Stimulates digestive fire (Agni)	Enhances digestion and prevents further Ama formation
Pachana	Digests existing Ama	Converts toxic Ama into a form suitable for elimination
Snehana	Internal and external oleation	Loosens and mobilizes Ama from tissues toward the gastrointestinal tract
Swedana	Induction of sweating	Liquefies toxins and facilitates movement of Ama through body channels
Vamana	Therapeutic emesis	Eliminates Kapha-associated Ama from the upper gastrointestinal tract
Virechana	Therapeutic purgation	Removes Pitta-associated Ama and toxins through the lower gastrointestinal tract
Basti	Medicated enema therapy	Eliminates deep-seated Ama, regulates Vata, and detoxifies the body
Nasya	Nasal administration of medicines	Removes Ama and Doshas from the head and neck region
Combined Panchakarma	Sequential purification approach	Restores Agni, clears Srotas, balances Doshas, and prevents recurrence of Ama-related disorders

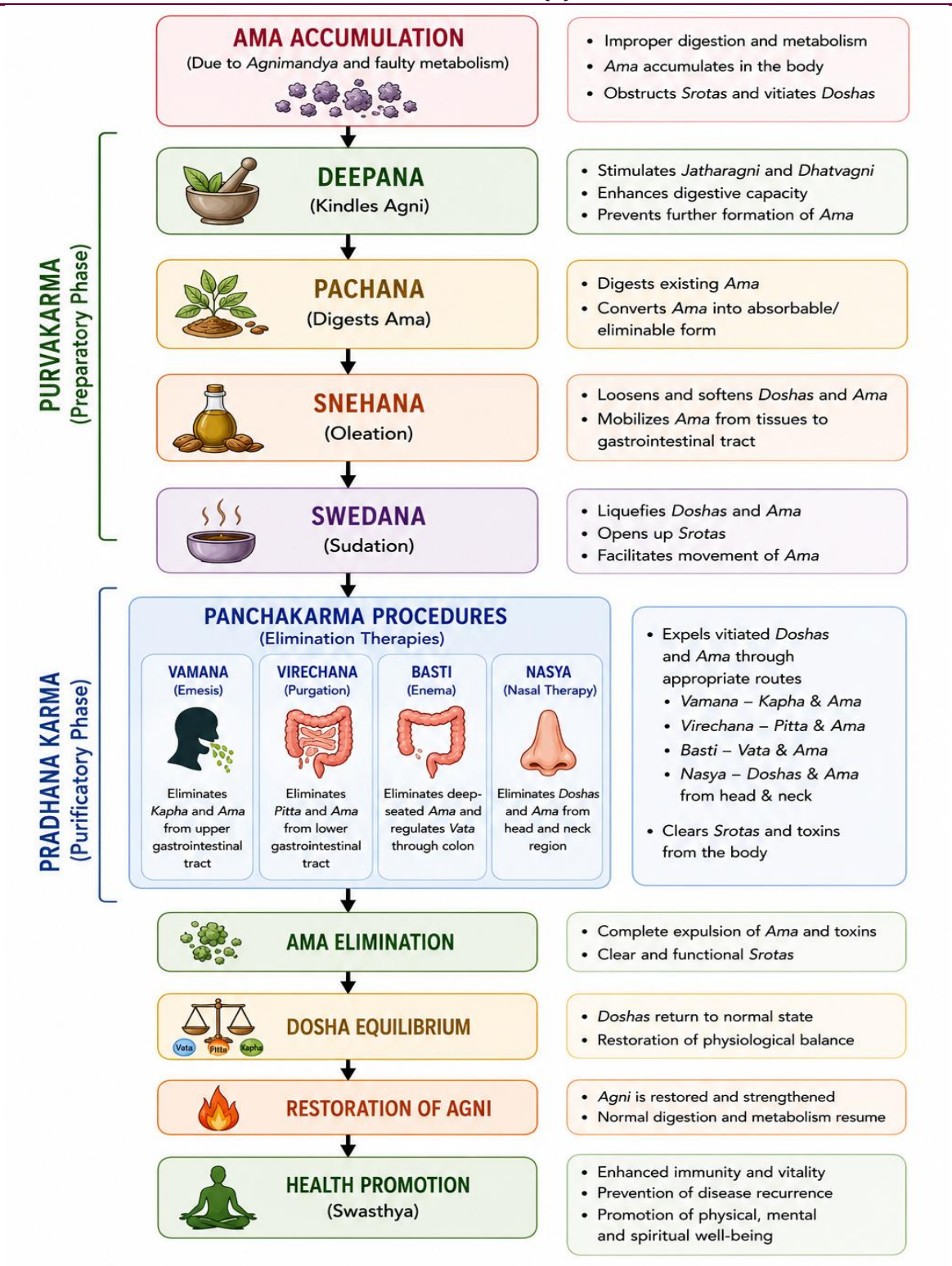

Figure 2: Mechanism of Panchakarma in Ama Management

Observations and Findings

Classical Ama concept is an important contribution to the pathogenesis of disease from an Ayurvedic point of view. Classical Samhitas refer to Ama as an un-digested and poorly metabolized material because of the weakness of the digestive fire, Agni. On a critical evaluation, it can be noted that Ama is not only gastrointestinal indigestion but it is a pathological condition of the whole body as reflected from digestion, metabolism and disturbed channel and *Doshic* imbalance. The classical texts always stress that disease is to be understood not just in terms of the external manifestations, but in terms of disturbances in the function, particularly of Agni and buildup of *Ama*.

The clinical significance of Ama is apparent in the various associations, such as, heaviness, lethargy, loss of appetite, indigestion, coated tongue, body ache and generalized discomfort. These symptoms help Ayurvedic doctors to distinguish between *Ama* and *Nirama* condition. This difference is significant since the treatment for Ama differs depending on the presence or absence of Ama. In Ama-dominant disorders, nourishing or strengthening therapies can worsen the condition, so *Deepana* and *Pachana* should be carried out initially and followed by appropriate *Panchakarma* therapies. *Panchakarma* is clinically important because it not only alleviates symptoms but also aims at digestion, mobilization and elimination of the accumulated Ama from the body.

In the modern world, the understanding of Ama can be linked with various parameters such as metabolic waste, poor digestion, by-products of inflammation, gut dysbiosis, endotoxins, and immune-metabolic dysfunction. Ama cannot be directly compared to any specific biomedical entity but its functional description is similar to that of poor metabolism, systemic inflammation and toxic accumulation. Panchakarma can thus be interpreted as a traditional method of detoxification and metabolic correction which helps to improve digestion, elimination and re-establishes physiological balance. Classical claims and Ama standardisation, however, must be tested clinically and experimentally, and the mechanisms of action of Panchakarma therapy in Ama disorders must be scientifically validated.

Recommendation

Based on the findings of the present review, greater emphasis should be placed on the assessment of Agni and Ama during Ayurvedic diagnosis and treatment planning. Standardized guidelines for the identification and evaluation of Ama are needed to improve consistency in both clinical practice and research. Since classical Ayurvedic texts emphasize the importance of *Deepana* and *Pachana* before major purification procedures, these preparatory measures should be appropriately implemented in Ama-dominant conditions to enhance the effectiveness and safety of Panchakarma therapy. Further clinical and experimental studies are required to scientifically validate the concept of Ama and to investigate the mechanisms and therapeutic outcomes of Panchakarma interventions. Additionally, integrating classical Ayurvedic principles with contemporary biomedical research may provide a better understanding of disease pathogenesis and support the development of evidence-based Panchakarma protocols for Ama-related disorders.

CONCLUSION

The present review points out the pivotal role of Ama in Ayurveda theory and practice. The classical ayurvedic texts always mentioned Ama as a pathological substance which is formed because of impaired Agni or incomplete digestion and then Ama causes *Doshic* imbalance, obstruction of bodily channels and development of disease. The review shows that the Charaka Samhita and Sushruta Samhita and the Ashtanga Hridaya discuss the concept, from different angles but they all agree that the Ama is one of the major determinants in the pathogenesis of many diseases. The analysis also shows that Panchakarma is a very important component in the treatment of Ama as it systematically digests, mobilizes and expels deposited Ama. The preparatory measure (*Deepana*, *Pachana, Snehana, Swedana*), purification therapy (*Vamana, Virechana, Basti, Nasya*) play a role in bringing out the restoration of Agni and physiological balance. These therapies continue to be clinically used, affirming their importance in Ayurvedic medicine.

To conclude, the concept of Ama is still the most relevant to comprehend the pathogenesis and therapeutic intervention of disease in Ayurveda. The incorporation of classical knowledge with modern scientific research could also yield a better understanding of the mechanism of Ama and Panchakarma and help to build the evidence base for Ayurvedic medicine, thus contributing to its wider use in traditional and alternative medicine.

Acknowledgment

The authors express their sincere gratitude to the scholars, commentators, and classical Ayurvedic texts, particularly the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, and *Madhava Nidana*, which served as the primary sources for this review. The authors also acknowledge the contributions of contemporary researchers whose work has helped bridge classical Ayurvedic concepts with modern scientific understanding.

References

1. Bhishagratna, K.K.L. (2016). Sushruta Samhita (Vols. 1–3). Varanasi, India: Chaukhambha Sanskrit Series Office.
2. Murthy, K. R. S. (2012). Ashtanga Hridayam of Vagbhata (Vols. 1–3). Varanasi, India: Chaukhambha Krishnadas Academy.
3. Sharma, P. V., & Dash, B. (2014). Charaka Samhita (Vols. 1–4). Varanasi, India: Chowkhamba Sanskrit Series Office.
4. Acharya, Y. T. (2018). Sushruta Samhita with Nibandha Sangraha Commentary of Dalhana. Varanasi, India: Chaukhambha Sanskrit Sansthan.

5. Acharya, Y.T. (2019). Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta. Varanasi, India: Chaukhambha Surbharati Prakashan.
6. Dash, B., & Junius, M. (1983). A Handbook of Ayurveda. New Delhi, India: Concept Publishing Company.
7. Gupta, Kaviraj & Upadhyaya, Vaidya & Prakashan, Chaukhambha. (2022). Ashtang Hridyam/ Astanga hridyam of Vagbhata Edited with the Vidyotini Hindi Commentary.
8. Lad, V. (2002). Textbook of Ayurveda: Fundamental Principles (Vol. 1). Albuquerque, NM: The Ayurvedic Press.
9. Frawley, D. (2000). Ayurvedic Healing: A Comprehensive Guide. Twin Lakes, WI: Lotus Press.
10. Karunakaran, Gauthaman. (2004). Scientific Basis for Ayurvedic Therapies. CRC PRESS
11. Patwardhan, B., Warude, D., Pushpangadan, P., & Bhatt, N. (2005). Ayurveda and traditional Chinese medicine: a comparative overview. Evidence-based complementary and alternative medicine: eCAM 2(4),465–473.https://doi.org/10.1093/ ecam / neh140.
12. Pole, S. (2013). Ayurveda: The Science of Self-Healing. London, England: Singing Dragon.
13. Svoboda, R. E. (1998). Prakriti: Your Ayurvedic Constitution. Albuquerque, NM: The Ayurvedic Press.
14. Goyal, Gaurav & Sharma, Ravi. (2026). Role of Panchakarma in the Management of Anxiety and Depression a Kayachikitsa and Manas Roga Perspective. International Journal of Ayurveda and Pharma Research. 202-207. 10.47070/ijapr.v14i4.4111.
15. Gabhane, Shilpa & Sathavane, Geeta & Zade, Dheeraj & Wankhede, Arun & Chakole, Swarupa. (2020). Basti Chikitsa for Healthy Life in Present Scenario: A Review. International Journal of Current Research and Review. 12. 142-148. 10.31782/IJCRR.2020.121820.
16. Rastogi, Sanjeev & Chiappelli, F. & Ramchandani, M.H. & Singh, R.H. (2013). Evidence-Based Practice in Complementary and Alternative Medicine: Perspectives, Protocols, Problems and Potential in Ayurveda. 10.1007/978-3-642-24565-7.
17. Rele, A. (2019). Panchakarma: The Ayurvedic science of detoxification and rejuvenation. Ancient Science of Life, 38(2), 65–72.
18. Sharma, H. (2004). Fundamentals of Panchakarma. New Delhi, India: Chaukhambha Publishers.
19. Puri, V., Nagpal, M., Singh, I., Singh, M., Dhingra, G. A., Huanbutta, K., Dheer, D., Sharma, A., & Sangnim, T. (2022). A Comprehensive Review on Nutraceuticals: Therapy Support and Formulation Challenges. Nutrients, 14(21),4637. https://doi.org /10.3390/nu14214637
20. Rao R. V. (2018). Ayurveda and the science of aging. Journal of Ayurveda and integrative medicine, 9(3), 225–232. https://doi.org/10.1016/ j.jaim.2017.10.002
21. Patel, Keya & Jadhav, Dr & Patel, Dr. (2025). Therapeutic Role of Udumbara Phala Nasya in Asrigdara: A Case Series on Hemostasis And Neuroendocrine Regulation. The Bioscan. 20. 14-18. 10.63001/tbs.2025.v20.i04.pp14-18.

Cite this article as:
Sulfiath KP. Critical Review of the Concept of Ama and its Role in Panchakarma Therapy: A Literary Review. AYUSHDHARA, 2026;13(4):628-636.
https://doi.org/10.47070/ayushdhara.v13i4.2966
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Sulfiath KP
Assistant Professor,
Department of Panchakarma,
SBSJS Ayurveda Medical College & Hospital, Farrukhabad, Utter Pradesh. India.
Email: dr.sulfiathsameer@gmail.com