



Review Article

A COMPREHENSIVE ANALYSIS OF AVARANA IN AYURVEDA: THEORETICAL FOUNDATIONS, CLINICAL SIGNIFICANCE, AND THERAPEUTIC PERSPECTIVES

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Article info

Article History:

Received: 05-01-2025

Accepted: 18-02-2025

Published: 07-03-2025

KEYWORDS:

Ayurveda, Avarana, Avaraka, Avritha.

ABSTRACT

In Ayurvedic literature, diseases associated with *Vatha* are considered particularly serious, with *Avarana* being identified as a crucial pathological process in their progression. In the current social scenario, where sedentary lifestyles prevail, a majority of *Vatha* disorders can be linked to *Avarana*, though the underlying mechanisms of this association remain inadequately explored. *Avarana* refers to the disturbed movement of *Vatha*, due to the obstruction or by other *Doshas*, *Dhatus* (tissues), *Malas* (waste products), etc. Detailed analyses of the pathogenetics of *Avarana* suggest that diverse pathological pathways contribute to the development of *Avarana* across various conditions, with clinical manifestations often dominated by the encroaching factor rather than the entrapped *Vatha*, albeit with certain exceptions. Diagnosis is achieved through meticulous symptom observation and iterative treatment trials. The general therapeutic approach for *Avarana* involves pacifying *Vatha*, cleansing the bodily channels, and addressing the encroaching *dosha*. If left untreated, *Avarana* can precipitate the progression to serious disease states. Redefining *Samprapti* through the perspective of *Avarana* paves the way for crafting more refined and effective treatment strategies, ultimately nurturing better patient well-being.

INTRODUCTION

In Ayurveda, the uninterrupted and balanced movement of *Vatha* is considered essential for maintaining health and longevity. A person with unimpaired *Vatha* function is believed to live beyond a hundred years without disease^[1]. According to Ayurvedic principles, diseases result from the vitiation of the three *Doshas* *Vatha*, *Pitha*, and *Kapha*, with *Vatha*-related disorders being considered particularly severe^[2].

The pathogenesis of *Vatha* vitiation is broadly classified into two types: *Dhathukshaya* and *Avarana*^[3]. *Dhathukshaya* refers to the depletion of tissue elements (*Dhathus*), while *Avarana* involves the obstruction of *Vatha* *Dosha* movement by various internal factors. Excessive exposure to factors that vitiate *Kapha* (the anabolic factor), *Pitha* (the transformation factor), tissue elements

(*Dhathu*), and waste products (*Mala*) leads to their accumulation, which in turn obstructs the normal flow of *Vatha*, resulting in *Avarana*.

In the current social scenario, characterized by prosperity and a sedentary lifestyle, the likelihood of *Kapha*, *Pitha*, *Dhathu*, and *Mala* vitiation is significantly higher. Consequently, the majority of *Vatha*-related diseases today arise from *Avarana* rather than from *Dhathukshaya*, which was historically more common due to poverty and undernourishment. Understanding *Avarana* pathology in greater depth can facilitate more accurate diagnosis and the development of improved treatment protocols for *Vatha*-induced disorders.

What is Avarana?

Chakrapanidatta defines *Avarana* as the obstruction to the spontaneous stimulation required for movement^[4]. *Avarana* can also be understood as *Sanga* (obstruction), *Samsarga* (the combination of two doshas), and *Vimargagamana* (the process of altering the direction of flow). The factor that obstructs the pathway of *Vatha* is referred to as *Avaraka*, while the *Dosha* (in general, *Vatha* or its components) that becomes entrapped by the *Avaraka* is called *Avritha*. In naming *Avarana*, the name of the obstructing factor (*Avaraka*) is used as a prefix, and the name of the

Access this article online	
Quick Response Code	https://doi.org/10.47070/ijapr.v13i2.3564
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entrapped dosha (*Avritha*) is used as a suffix. For example, in *Kapha Avritha Vatha*, *Kapha* is the encroaching factor, and *Vatha* is the entrapped *Dosha*.

The Aetiological Considerations

Analyzing the etiological factors of *Avarana* reveals that the *Avaraka* (obstructing) factor must be aggravated first. Since *Avarana* can occur due to *Pitta*, *Kapha*, *Rakta*, various *Dhatu*s (tissues), *Sarva Dhatu* (all tissues), *Anna* (food), *Malas* (waste products), or mutual obstruction among *Vatha* subtypes^[5], the causative factors will be those responsible for the vitiation of these elements.

Examining these causative factors, it can be inferred that the predominant *Rasas* (tastes) of *Ahara* (diet) contributing to *Avarana* are *Madhura* (sweet), *Amla* (sour), and *Lavana* (salty). The relevant *Gun*as (qualities) of *Ahara* include *Snigdha* (unctuous), *Guru* (heavy), *Vidahi* (causing burning sensation), *Abhishyandi* (causing obstruction), and *Sheeta* (cold). Dietary habits such as *Atyashana* (excessive eating), *Adhyashana* (eating before previous food is digested), and *Viruddhashana* (incompatible food combinations) also contribute to *Avarana*.

Lifestyle factors (*Vihara*) responsible for the vitiation of *Avaraka* factors include *Avyayama* (lack of exercise), *Avyavaya* (lack of sexual activity), and *Divaswapna* (daytime sleep). Psychological factors (*Vichara*) such as *Achintana* (without mental stress), *Harsha Nitya* (constant excitement), and *Krodha* (anger) also play a role.

In contrast, etiological factors specifically causing *Vatha* vitiation (*Swanidana*), such as *Tikta*, *Ushna*, and *Kashaya Rasas* (bitter, hot, and astringent tastes) and *Ruksha* (dry) *Guna*, do not lead to *Avarana* but rather contribute to *Dhatu Kshaya* (tissue depletion)^[6].

Importance of *Srothas* in *Avarana*

The vitiating factors (*Nidan*as) and symptoms of *Srothas* dysfunction are extensively detailed in classical texts. Factors such as *Guru* (heavy), *Seetha* (cold), and *Athisnigdha* (excessively unctuous) qualities in food, along with excessive quantity (*Athimatra*) and mental stress (*Athichintana*), vitiate *Rasavaha Srothas* and *Rasa Dhatu*^[7]. Similarly, *Vidahi* (causing burning sensation), *Snigdha* (unctuous), *Ushna* (hot), and *Drava* (liquid) foods, along with excessive sun and fire exposure (*Athapa*, *Anala Seva*), lead to *Raktavaha Srothas* and *Rakta Dhatu* vitiation^[8]. The *Nidan*as for different *Srothas* often overlap, with the majority being *Santharpana* (nourishing) in nature, such as *Atyashana* (overeating), *Guru Ahara* (heavy food), and *Snigdha Ahara* (unctuous food), leading to *Sanga* (obstruction) type *Srothodushti*, primarily increasing *Kapha* and *Saumya Bhavas*. A smaller subset of *Nidan*as also vitiates *Pitta*, such as *Vidahi Anna*,

Viruddhahara (incompatible food), and excessive heat exposure.

In the current era of affluence and sedentary lifestyles, *Santharpanjanya* disorders are increasingly prevalent, making *Srothodushti* a key factor in *Avarana*- related diseases. The obstruction (*Sanga*) of *Srothas* plays a crucial role in *Avarana*, rather than direct vitiation of *Vatha* through its classical *Swanidanas* (e.g., *Ruksha*, *Seetha*). Thus, from both Ayurvedic and modern pathological perspectives, *Srothas* emerges as the primary *Vyadhi Ghataka* (pathological component) in *Avarana*- induced disorders.

Avarana in Different Pathway of Diseases (*Rogamarga*)

Ayurvedic classics classify diseases into three pathways (*Rogamarga*): peripheral (*Bahya*), central (*Madhya*), and internal (*Abhyanthara*). Each pathway is associated with specific anatomical structures and disease manifestations, influencing prognosis (*Sadhyasadyatha*).^[9] Understanding *Rogamarga* is essential for accurate diagnosis and effective treatment in Ayurveda.

Rogamarga refers to the pathways (*Srothas*) that enable the movement of vitiated *Doshas*, leading to disease. In the pathogenesis process, these morbid *Doshas* travel through compromised channels, localize in affected areas, and trigger disease manifestation. Since many channels are interconnected or share common origins, the disease can spread in multiple directions. In a healthy state, these pathways do not exist for the travel of morbid *Doshas*.

An example of *Avarana* in the external pathway of diseases is edema (*Sopha*). Factors like heavy, sour, unctuous, and saline foods vitiate *Pitta*, *Raktha*, and *Kapha*, obstructing *Vatha*. The obstructed *Vatha*, being stronger, captures the vitiated *Doshas* and deposits them in the peripheral channels (*Bahisira*), leading to edema in the skin (*Twak*) and muscles (*Mamsa*)^[10].

Stroke (*Pakshaghatha*) exemplifies *Avarana* of *Vatha* in the central pathway (*Madhyama roga marga*). It is marked by the loss of function (*Akarmanyatha*) and sensation (*Vichethanatha*) in half of the body, reflecting diminished *Vatha*. Vitiating *Kapha* and *Pitha* impair the channels (*Srothovagunya*), obstructing *Vatha*'s normal movement and producing the symptoms of diminution of *Vatha* and thus the disease^[11].

Dyspnoea (*Swasa*) illustrates *Avarana* in the internal pathway (*Abhyanthara roga marga*), where factors like dust, smoke, and wind vitiate the *Prana*, *Udaka*, and *Annavaha srothas*, leading to *Kapha*-induced obstruction. This blockage diverts *Vatha* from its normal path (*Anuloma gathi*) to a faulty direction (*Prathiloma gathi*), causing symptoms such as cough and pain in the head, neck, and flanks. Temporary

relief often follows sputum expectoration, which removes the obstruction and allows *Vatha* to resume its normal movement^[12].

Why the Diversity of Symptoms?

While analyzing the symptomatology of various *Avaranas*, it is observed that some symptoms correspond to the aggravated (*Avaraka*) factor, while others arise due to the entrapped *Vatha*. Generally, the symptoms of the encroaching (*Avaraka*) factor tend to be more predominant than those of the entrapped *Vatha*^[13]. For instance, in *Kapha Avarana* of *Vatha*, the clinical presentation is primarily characterized by *Kapha* symptoms such as coldness, heaviness, significant relief with pungent food, and a preference for fasting, exercise, and unctuous and hot substances. In contrast, the manifestation of *Vatha* disturbance is limited to colic pain^[14].

In certain cases, there is a diminution of function in the encroaching (*Avaraka*) *Dosha*, which appears contrary to the general principle. For example, when *Prana Vatha* is obstructed by *Udana Vatha*, the clinical manifestations include loss of function in various body parts, depletion of *Ojas* (vital essence), reduction in strength and complexion, and, in severe cases, even death^[15]. Here, instead of exhibiting predominant symptoms, the encroaching *Udana Vatha* shows functional diminution. The underlying pathophysiology involves the provocation of the entrapped *Prana Vata* due to obstruction by the encroaching *Udana Vatha*.

This suggests that within the *Vatha* subtypes, whether in an encroached or entrapped state, the more dominant and forceful subdivision exhibits symptoms of aggravation, while the relatively weaker subtype demonstrates functional diminution. Furthermore, most of the etiological factors described in Ayurvedic classics for the vitiation of bodily channels (*Srothas*) are predominantly nourishing (*Santharpana*) in nature. This leads to obstruction (*Sanga*), a primary type of *Srothodushti*, which in turn results in the entrapment of *Vatha* as it attempts to move through these channels.

How It Can Be Diagnosed?

Classical Ayurvedic texts describe 42 distinct types of *Avarana*, categorized based on the obstructing (*Avaraka*) and obstructed (*Avritha*) factors^[16]. These include *Dosha Avarana*, where *Vata* is obstructed by *Pitta* or *Kapha*; *Dhatu Avarana*, caused by *Rakta* and the six other *Dhatus*, including *Sarva Dhatu*; *Anna Avarana*, due to food; and *Mala Avarana*, resulting from obstruction by *Mutra* (urine) and *Pureesha* (feces). Additionally, each of the five subtypes of *Vata* can be obstructed by *Pitta* or *Kapha*, and 20 types of *Anyonya Avarana* occur due to mutual obstruction among *Vata* subtypes. In addition to these, *Mishra Avarana*- involving multiple *Doshas* in varying

proportions- has also been described, with innumerable possible variations. The pathophysiology of *Avarana* is complex, making its diagnosis challenging. Identifying the specific *Avarana* involved in a disease requires careful analysis of the site of symptom manifestation and the characteristic symptoms of both the *Avaraka* and *Avritha* components. A learned physician can accurately diagnose the type of *Avarana* through keen observation of the site, variations in symptoms, and the application of a trial-and-error approach^[17].

The Management Strategies

In managing *Avarana*, immediate pacification of *Vatha* is essential using unctuous substances that cleanse rather than obstruct the channels. Therapies should restore normal *Vatha* movement while maintaining the balance of *Kapha* and *Pitta*. *Vasti* therapy- particularly *Yapana Vasti* and *Anuvasana*- is considered optimal for *Vatha* alleviation. Additionally, combining *Guggulu* and *Shilajathu* with milk is recommended for their *Rasayana* properties, which help cleanse the channels (*Srothas*) and rejuvenate tissues. *Chyavanaprasa* prepared with 1100 *Pala* of sugar and administered with milk is also indicated^[18]. *Lasuna* used in a rejuvenative regimen effectively treats most types of *avarana* except those related to *Pitta* and *Rakta*^[19].

Analysis reveals that *Srotas* play a crucial role in *Avarana* management. By cleansing the *Srotas* and rejuvenating the *Dhatus*, *Sthana samshraya* can be prevented, thereby averting disease manifestation. *Rasayanas* like *Guggulu* and *Shilajatu* are not *Brimhana Rasayanas* but enhance *Srotas* and *Dhatu* integrity, ultimately strengthening *Bala*, which is essential for *Arogya*.

The treatment suggested in *Dosha*, *Dhatu* and *Malavarana* are

Pithavritha- Alternate *Seethe & Ushna* therapy

Kaphavritha- *Theekshna sweda*, *Nirooha*, *Vamana*, *virechana*

Rakthavritha- *Vathasonitha chikitsa*

Mamsavritha- *Swedam*, *Abhyangam*

Medavritha- *Prameha*, *Medo vathagham*

Asthimajjastham- *Mahasneham*

Sukravritham- *Virechanam*, *Bala suklakaram*

Annavritham- *Pachanam*, *Vamanam*, *Deepanam*

Moothravritham- *Moothralam*, *Sweda*, *Utharavasthi*

Pureeshavritha- *Erandathailam*, *Vasthi*, *Sneham*^[20]

Treatment of Anyonyavarana

In *Anyonyavarana*, the obstructed *Vatha* subtypes may deviate from their normal pathways, necessitating their redirection to their respective sites. Treatment includes *Vyayama* (exercise), *Deepana* (digestive stimulants), *Anulomana* (carminatives),

Sangrahana (strengthening measures), *Aswasana* (reassurance), *Pathyahara* (wholesome diet), *Abhyanga* (oil massage), *Snehapana* (oleation), *Vamana* (emesis), *Virechana* (purgation), and *Yapana vasti* (enema). Alternating *Ushna* (hot) and *Anushna* (mild) therapies can help pacify *Anyonyavritha vatha*^[21].

A targeted approach should be adopted based on the subtype involved, its location, and functional changes. *Prana Vayu* is crucial for sustaining life and should be prioritized. *Udana* should be directed upwards, *Apana* downwards, and *Samana* should be managed palliatively. In *Vyana Vayu* morbidity, all three therapeutic approaches *Brimhana* (nourishing), *Langhana* (lightening), and *Samana* (palliative therapy)- should be applied strategically^[22].

Role of Panchakarma and Rasayana

Panchakarma, a key Ayurvedic detoxification therapy, plays a crucial role in disease prevention, treatment, and rejuvenation. It includes *Vamana*, *Virechana*, *Nirooha Vasti*, *Nasya*, and *Raktamokshana*, which help purify the body and enhance the efficacy of *Rasayana* therapy. By cleansing the *Dhatu*s and *Srotas*, *Panchakarma* prevents disease formation (*Sthana samshraya*) and promotes overall health and longevity.

Importance of Vasthi

Vasthi is considered one of the most effective treatments for *Avarana* and is often referred to as *Chikitsardha* (half the treatment). It primarily targets *Apana Vayu*, which plays a key role in vitiating other *Vatha* subtypes through *Anyonyavarana* pathology. By restoring normal function to *Apana*, *Vasthi* helps balance other *Vatha* subtypes and prevents diseases. Additionally, by regulating *Vatha*, it can prevent the abnormal movement of *Kapha* and *Pitha*, thereby helping to prevent diseases caused by all three *Doshas*.

Rasayana Therapy

It focuses on nourishing and rejuvenating tissues, slowing down aging, and promoting longevity. It involves a combination of drugs, diet, and lifestyle interventions to enhance the nutritional status and improve the quality of *Dhatu*s (tissues). *Rasayana* drugs work at the level of *Dhatu*s, *Agni*, *Srotas*, and *Ojas*, boosting immunity, vitality, complexion, and mental faculties. While *Rasayana* drugs can be tailored to specific conditions, *Shilajatu*, *Guggulu*, *Lasuna*, and *Chyavanaprasa* are particularly emphasized for their rejuvenating benefits.

If Left Untreated

Complications of *Avarana* are explained in case of improper diagnosis and delayed treatment like *Hridroga*, *Vidradhi*, *Pleeha*, *Gulma*, *Agnisadana* etc^[23]. In *Hridroga*, the morbid *Doshas* vitiates *Rasa dhathu* and changes its quality. This vitiated *rasa* reaches *Hridaya* and causes *Hridroga*. If the condition persists for more

than one year, the *Rasavaha srothas* will get vitiated according to the type of *Dushti* of *Rasa dhathu*. If *Kapha* is the vitiated *Dosha*, *Lepana* of the *Srothas* happens, resulting in atherosclerosis as evidenced in coronary artery disease. If *Pitha* is the morbid *Dosha* inflammatory changes like vasculitis will happen. If *Vatha* is the morbid *Dosha*, *Soshana* of the *Srothases* will take place resulting in arteriosclerosis of the coronary vessels. All these pathologies, if not treated properly will lead to different types of *Hridroga*.

Vidradhi, explained as one of the type of *Prameha pidaka*, in *Prameha*, micro angiopathy happens and circulation towards the site is reduced leading to the development of *Vidradhi*.

Pleeha vridhi can happen as a complication of liver diseases as jaundice, since the obstruction of portal circulation happens in jaundice and it in turn causes *Pleeha vridhi* in due course of time.

Gulma can be the result of intestinal obstruction or dysperistalsis. Intestinal obstruction can be considered as *Avarana* due to *Sanga* type of pathology. Dysperistalsis can be considered as *Avarana* due to *Vimargagamana* type of pathology.

Agnisadana can be the result of derangement of function of *Samaana*. Because of the inter-dependant nature of subtypes of *Vatha*, *Avarana* of any subtype in due course of time will lead to derangement in *Samaana*. The result will be *Jataragni mandya* and *Dhatwagni mandya* leading to different diseases

CONCLUSION

The immense power of *Vatha* is beyond precise quantification (*Achintya Virya*), as it governs other *Doshas* and contributes to numerous diseases. In the modern social scenario, most *Vatha Vyadhi* arise not from *Dhatu Kshaya* but from *Avarana*, largely influenced by lifestyle changes. Thus *Avarana* emerges as a key pathological mechanism in *Vatha* vitiation. A deeper analysis of disease etiopathogenesis reveals its role not only in *Vatha Vyadhis* but across various conditions. Redefining *Samprapti* based on *Avarana* can lead to more effective treatment strategies, ultimately benefiting patient care.

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Cite this article as:

Priya. S. A Comprehensive Analysis of Avarana in Ayurveda: Theoretical Foundations, Clinical Significance, and Therapeutic Perspectives. International Journal of Ayurveda and Pharma Research. 2025;13(2):185-189.

<https://doi.org/10.47070/ijapr.v13i2.3564>

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

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