

## DHAMANI PRATICHAYA (ATHEROSCLEROSIS) EVENTUATING VATA VYADHI (DISORDERS CAUSED DUE TO VATA)

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### ABSTRACT

Knowingly or unknowingly indulging in Erroneous food and habits proved to be the major cause of ill health. Over nourishment with positive energy balance leading to the state of *santarpana* is well known to cause plethora of diseases categorized as *santarpanotha vyadhi*. Variety of dietary, behavioral and psychological factors contribute to the morbid accumulation of *kapha* and *medas* leading to *shonitabhishyandana*. Further the morbid state of *shonitabhishyandana* by the *upalepa* of the *dhamani* culminates in the development of *dhamani pratichaya*. Eventually by way of *sirajagranthi* the *dhamani pratichaya* ends up in *margavarana* and is the major cause of *vata vyadhi*.

**Key words:** *Shonitabhishyandana, dhamani pratichaya, margavarana, vata vyadhi.*

### INTRODUCTION:

*Margavarana* (*Encapsulation*) and *dhatu kshaya* (*Depletion of dhatu*) are the two major causative comorbidities of *vata vyadhi*<sup>1</sup>. Either due to the effect of *nidana* or due to the comorbidities of *margavarana* and *dhatu kshaya*, the patient may suffer from variety of *vata vyadhi* and may be categorized as *kevala vataja vata vyadhi*, *samsrishta doshaja vatavyadhi*, and *avarana vata vyadhi*. *Margavarana* is formed by the component terms *marga* and *avarana*. *Marga* refers to channels in general. In the Sanskrit literature the word *avarana* is meant as *avarodha* and is translated as obstruction. The distinct form of the channelopathy characterized by obstruction, affecting the circulation of physiological entities within it and is popularly known as *margavarana*. *Vata dosha* gets obliterated within this channel affected with *margavarana*. Due to the obstruction, the momentum of the

*vata dosha* gets affected and is known as *vegapratibandha*. Due to impairment in the momentum of circulation *vata dosha* leads to its agitated phase and eventually results in morbidity of *vata dosha*. To be clearer, the accumulation of morbid *kapha* and *pitta dosha* within the channels or *marga* causes obliteration and is known as *avarana*. Due to this the momentum of the *vata dosha* circulating in these channels are affected and this impairment of momentum is also termed as *avarana*<sup>2</sup>. To be more precise, this morbidity of *vata dosha* occurs proximal to the obstruction. The influence of *margavarana* is not limited proximal to the obstruction but distal to the obstruction, the circulation of the nutrients are affected and hence the body part distal to the obstruction is deprived of nutrition and hence suffers from pathology of *dhatu kshaya*. The pathogenesis of *avarana* is not restricted to

this *margavarana*, rather any type of morbid *vata dosha* suppressing the activity of other type of *vata dosha* is also known as *avarana*. Characteristically this is known as *anyonyavarana*<sup>3</sup>. In this context the term *avarana* refers to either suppression of encapsulation. Further the clinical manifestation of the *anyonyavarana* is very unique. The sub type of *vata dosha* encapsulating the other subtype of *vata dosha* and exhibits the symptoms of aggravation. Contrary to this, the subtype of *vata dosha* getting encircled shows symptoms of suppression. Or else to say, obliteration or passage, obstruction to the circulation, inhibition of momentum of *vata dosha*, encapsulation of sub type of *vata dosha*, suppression of the activity of a sub type of *vata dosha* and masking the functioning of the sub type of *vata dosha* all are said by the term *avarana*.

*Margavarana* as etiology of *vata vyadhi* :

Balance between the consumption of food and its utilization in the form of physical exercise establishes the health. If the consumption of food is excess in comparison to its utilization in the form of physical activity, then the excess of nutrition acts as an etiology of the illness and is referred as *samtarpana*(*excessive nourishing*) *nidana*. Consumption of excessive food in the form of sweets and greasy foods, in conjunction with lack of physical activity and day sleep causes accumulation of *kapha* and *medas* in abnormal amounts in the initial *rasa dhatu*. The accumulation of the *kapha* and *medas* within the channels of *rasa* and *rakta dhatu* predisposes to narrowing and obliteration of the same. This obliteration causes agitation and morbidity of *vata dosha*. Thus vitiated *vata dosha* manifests as *vata vyadhi*, and the resulting illness may involve the morbid *vata dosha* alone, or

may be associated with *pitta* and *kapha dosha*, or else the *vata vyadhi* may establish with the pathophysiology of *avarana*.

The *margavarana* is one among the major cause of vitiation of *vata dosha*. the component terms *marga* and *avarana* together forms *margavarana*. The word *marga* in general refers to any channels within the body, but contextually it refers to the vessels carrying the *rasa* and *rakta dhatu*. Excessive consumption of sweets and greasy foods in conjunction with lack of physical activities causes morbid accumulation of the *kapha* and *medas* in the *rasa dhatu*. This morbid accumulation tends to get adhered to the vessel wall causing its thickening, tortuosity, stiffness as well as narrowing. This change in the vessel wall is referred as *dhamani pratichaya*(*atherosclerosis*). The event of *siraja granti* finally culminates in more serious *margavarana*. Since the channels of circulating *rasa* and *rakta dhatu* are ubiquitously distributed in the body, event of *margavarana* can happen in any part of the body. Accordingly the symptoms of *margavarana* may vary and hence manifests as different diseases in different part of the body. Corroborating the same it is said in the text that *hrudroga*, *unmada*, *vatarakta*, *gulma*, *mutraukasada* are all said to be caused by the pathology of *margavarana*.

*Shonitabhishyandana* is the initial event of *margavarana*. Excessive consumption of food against lack of physical activities forms the *samtarpana nidana*. This etiology results in accumulation of *kapha* and *medas* within the vessels of *rasa dhatu* and *rakta dhatu*. Consuming combination of foods having mutual contradictory qualities also results in morbid accumulation of *kapha* and

*medas*. Dish prepared with milk and fish is just an example of unhealthy combination 4. It is worth mentioning here that this morbid accumulation of *kapha* and *medas* with the vessels of *rasa* and *raktadhatu* is termed as *shonitabhishyandana*(*dyslipidaemia*). It is said that *dhamani pratichaya* and *margavarana* are the sequel of this *shonitabhishyandana*.

*Dhamani pratichaya* is enlisted as one among the 20 *nanatmaja* diseases of *kapha dosha*<sup>5</sup>. The pathogenesis begins with the morbid accumulation of *kapha* and *medas* in the blood. This excess of *kapha* and *medas* in the blood is referred as *shonitabhishyandana*. Thus morbid *shonita* circulating in the *dhamani* predisposes to *upalepa* or adherence of *kapha* and *medas* within the wall of the *dhamani*<sup>6</sup>. Due to the abnormal accumulation of the *kapha* and *medas* within the wall of the *dhamani* leads to remodeling of the *dhamani*. Narrowing, thickening, tortuosity and lack of *distensibility* is the change that occurs in the *dhamani* due to pathological remodeling mediated by the adherence of *kapha* and *medas*. This pathological change in the *dhamani* is known as *dhamani pratichaya*. Eventually these changes in the *dhamani* precipitate the organization of the blood within the *dhamani* and are the events of *sirajagranthi*<sup>7</sup>. The formation of the *sirajagranthi* leads to *margavarana* or obliteration of the *dhamani*. This *margavarana* is regarded as the root cause of many diseases including *vata vyadhi*.

In the realm of conventional medicine it is said that sedentary life style is the major cause of morbid accumulation of fat in the body leading to metabolic syndrome. It is characterized by *dyslipidemia* which in

long run leads to atherosclerosis. Again the atherosclerosis predisposes the thromboembolism and complete obliteration of the blood circulation within a vessel. Sedentary life style leading to *dyslipidemia* is characterized by abnormal levels of serum lipids. Elevation of LDL and total cholesterol as well as decrease of HDL levels in the serum characterize *dyslipidemia* and are comparable to the *shonitabhishyandana*. *Dyslipidemia* leading to atherosclerosis with endothelial dysfunction parallels with the description of *dhamani pratichaya*<sup>8</sup>. To be clearer, the initial step is infiltration & entrapment of low density lipoprotein in blood vessel resulting atheroma formation. This is referred as *dhamaniupalepa*. There is compensatory enlargement of blood vessels with increased diameter as well as reduced elasticity and thereby narrowing of the lumen. *Dhamani pushtata, vistara abhava* indicates vessel remodeling. Such *atheromatous* plaques are vulnerable to spontaneous rupture leading to acute thrombosis, occlusion & infarction. Total event is indicated by *siraja granthi* & eventual *margavarana*.

The anatomical structure *dhamani* meant for circulation of *rasa rakta dhatu* is ubiquitously distributed in the body. Hence the *dhamani pratichaya* is regarded as a generalized pathology. The final event of *margavarana* can therefore happen in any part of the body. The clinical presentation of the *margavarana* thus is in accordance with the site involved<sup>9</sup>. In general, *margavarana* hinders the movement of *vata dosha* within the *dhamani* leading to its vitiation. This morbidity is likely to happen proximal to the site of *margavarana*. Thus vitiated *vata dosha*, tend to disturb the *pitta* and *kapha dosha* normally present at the site of

*margavarana*. Secondly due to obstruction, the circulation of *rasa* and *rakta* distal to the *margavarana* is also affected. Hence the body parts distal to the *margavarana* are deprived of essential nutrition leading to their decay. More to add, the event of *margavarana* is spontaneous and the clinical symptoms develop dramatically with no any apparent cause. This nature of the consequence of *margavarana* is referred as *animitta darshana*. It is worth mentioning here that, though the *dhamani pratichaya* is slow process, the final event of *margavarana* is spontaneous and hence the dramatic establishment of clinical presentation. It is also accepted that the illness due to *margavarana* is more serious, difficult to cure and may prove fatal at times. In any event of *margavarana* it is rational to add the treatment targeted at the *kapha* and *medas* along with the medication of illness due to *margavarana*. In case of *vata vyadhi* due to *margavarana*, *vata vyadhi* requires *snigdha* treatment and *margavarana* demands *ruksha* treatment thus posing contradiction in planning the treatment. Hence a balanced approach of oleation that does not cause *kapha* and *medas* i.e. *anabhishtyandi snigdha chikitsa* is advocated in the text as treatment of *vata vyadhi* due to *margavarana*.

Schematic representation of *vata vyadhi* due to *margavarana*:

The progressive events of eventuating *vata vyadhi* includes:

*Samtarpana Nidana* – sedentary life style  
*shonitabhishtyandana* – Excess *kapha* & *medas* in blood

*Dhamani upalepana* – adherence of *kapha* & *medas* within the *dhamani*

*Dhamani pushtata* – Enlargement & tortuosity of *dhamani*

*Dhamaneenam vistarabhava*: - Reduced distensibility of *dhamani*

*Siraja granthi* : -formed elements within the *dhamani*

*Margoparodha* – obliteration of *dhamani*

*Dhatu upashoshana* – deprivation of nutrition distal to *margoparodha*

*Dhatukshya* leading to *vata vyadhi*

*Samtarpana nidana* leading to *kapha*

*dosha prakopa* – causes *medovridhi* –

*sthana samshraya in shonita vaha srotas*

*in shiras resulting in shonitabhishtyandana*

– *rasa rakta marga upalepana* – *dhamani pratichaya* – *margavarana* – *vata vyadhi*.

Disorders of *margavarana*:

Scanning the literatures unravels the plethora of diseases caused by *margavarana*. *margavarana* affecting the *shiomarma* leads to *shiomarmabhighata* and *unmada*. *Hridaya marma* when affected by the *margavarana* patient suffers from *hritsula*. *Mutraukasada* is one among the *mutraghata* and is the result of *margavarana*. The event of *margavarana* predominantly involving the legs leads to *vatarakta*. In general over weight and obesity leads to *margavarana* and in turn more serious, fatal diseases including *vata vyadhi*. In all these conditions it is said that rectifying the *kapha* and *medas* which is the root cause of all these diseases and thereby preventing the event of *margavarana* is most rational approach in this condition.

***Margavaranajanya vata vyadhi*:**

In the context of therapeutic indications of *eranda taila* (*Ricinus communis* Linn), the relation between the *vata vyadhi* and *margavarana* due to *kapha* and *medas* is ascertained. It is said that, *pakshaghata* is an illness caused by *margavarana* due to morbid accumulation of *kapha* and *medas*. More to add, injury to the *marma* is a major etiological factor to *vata vyadhi*.

Injury may be exogenous like trauma or endogenous. Endogenous injury to the *marma* refers to incriminatory effect of *marma* by the morbid *dosha*. Morbidity of *margavarana* when involves the Shiras causes multiple *vata vyadhi*. Emprosthotonos, facial paralysis, distortion of the eyes, confusion, head ache, paresis / paralysis, Cough, breathlessness, dislocation of temporo-mandibular joint / lock jaw , aphasia, stammering, ptosis, twitching in the maxillary region, flexion of the body parts, excessive salivation, aphonia, dysphonia and distortion of mouth are the clinical manifestation of *shiromarmabhighata*. This description of *margavarana* causing *shiromarmabhighata* reminds the events of stroke syndrome. Even the events of *margavarana* may lead to episodes of *vata vyadhi* as in *ardita*. Adding to the list, *margavarana* involving the *kati* leads to the clinical manifestations of *khanja* and *pangu*. In all these clinical states it is required to plan the balanced treatment to rectify the *margavarana* and to alleviate the morbidity of *vata dosha*. Further it is said that if the treatment of *margavarana* is ignored this may lead to occurrence of several serious diseases like *hridroga* (ischemic heart disease), *pliha* (splenomegaly), *vidhradhi* (abscess), *gulma* (mesenteric ischemia) and *atisara* (ischemic colitis).

Treatment of *vata vyadhi* due to *margavarana*:

*Margavarana* is an ongoing pathology. One event of *margavarana* does not end the pathophysiology. Hence it is important to identify and treat the *shonitabhishyandana* which is the root cause of *margavarana*. At the same time the treatment of *vata vyadhi* should be advocated. *Apatarpana* line of treatment is ideal to

arrest the progress of *shonitabhishyandana* leading to *margavarana*. Contrary to this *samtarpana* line of treatment is required to rectify the morbidity of *vata dosha*. Thus a balanced approach of *samtarpana* and *apatarpana* treatment is the crux of managing *vata vyadhi* due to *margavarana*. The same is listed in the following paragraphs.

#### 1. *Nidana parivarjana*:

Excessive accumulation of *kapha* and *medas* is the root cause of the illness; hence the patients are persuaded to avoid heavy, nutritious, greasy foods and sweets. Patient is also encouraged to increase the physical exercise to match the food intake. Dishes prepared from the *yava* should be preferred in the diet. These are the procedures of *shamana langhana* and are effective in reducing the risk of *shonitabhishyandana*<sup>10</sup>.

#### 2. *Shonitabhishyandanahara chikitsa*:

*Shonitabhishyandana* can be treated by oral medication with *shilajathu loharasayana*, *guggulu*, *gomutra*, *triphala*, *rasanjana* and *madhu*. *Virechana* and *lekhanabasti* are ideal *shodhana* procedures in this condition<sup>11</sup>

#### 3. *Anabhishyandhi snigdha chikitsa*:

While *snehana* is indicated in *vata vyadhi*, the same is incriminatory in states of *shonitabhishyandana* and *margavarana*. Hence the *snehana* that does not cause *shonitabhishyandana* is preferred in *vata vyadhi*. The medicated ghee processed with drugs that alleviate the *kapha* and *medas* like *guggulu* is referred as *anabhishyandi sneha*. Such medicated ghee should be used for the purpose of *shodhana* and *shamana* treatment.

#### 4. *Srotas shuddikaraka chikitsa*:



Obliteration to the *rasa rakta marga* is the pathology and hence every attempt should be made to rectify this blocked *srotas*. This may be achieved by measures like *shodhana chikitsa* ( *mridu sransana chikitsa*) *anulomana chikitsa* and *niruha basti* including *yapana basti*

#### 5. *Kaphapitta avirudda chikitsa*:

At the site of *margavarana*, morbidity of *kapha* and *pitta dosha* secondary to vitiated *vata dosha* is invariable. Needless to say any attempt of treating *vata dosha* should not worsen the morbidity of *kapha* and *pitta dosha*. In this regard measures like oral medication with *eranda taila* added with milk or meat soup, *yapana basti*, *ubhayarthakari basti* and *anuvasana basti* are effective<sup>12</sup>.

#### 6. *Rasayana chikitsa*:

*Dhamani praticahaya* and *margavarana* is a slow progressive lingering disease. Hence it is ideal to plan *vyadhi hara rasayana* to prevent the sequels of *shonitabhishyandana* and *margavarana*. added to this partial recovery is the rule of *margavarana ja vata vyadhi*, therefore addition of *rasayana* is always beneficial in such lingering clinical conditions. *Shilajathu loha rasayana*, *bhargava prokta rasayana*, *abhaya amalaki rasayana* are the *vyadhi hara rasayana* in *margavarana* as well as *vata vyadhi* with proven efficacy<sup>13</sup>.

#### CONCLUSION:

Sedentary habits predisposes to *shonita abhishyandana*. This in turn causes *dhamani praticahaya* and eventually causes *margavarana*. Thus evolved *margavarana* is basically a disease of morbid *kapha dosha*. This *margavarana* may lead to plethora of illness depending upon the site and include *vata rakta*, *gulma*, *atisara*, *mutraukasada*, *hritshula*, *unmada* and *shiro marmabhighata*. Dual approach of

rectifying both the *margavarana* and *vata vyadhi* is the rational approach. Accordingly the *margavarana* is best treated with *mridu virechana*, *lekhana basti*, *anuvasana basti*, and *rasayana chikitsa*.

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