



UNDERSTANDING OF AVARANA W.S.R TO KAPHAVRUTA AND MEDHASAVRUTHA VATA IN THE PATHOGENESIS OF PAKSHAGATHA

Sushmitha

Assistant Professor, Dept. of Roga Nidana & Vikruthi Vijnana, Sharada Ayurveda Medical College and Hospital, Talapady, Mangalore.

Corresponding Author: sushmiammi287@gmail.com

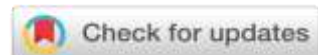
<https://doi.org/10.46607/iamj0712032024>

(Published Online: March 2024)

Open Access

© International Ayurvedic Medical Journal, India 2024

Article Received: 07/02/2024 - Peer Reviewed: 04/03/2024 - Accepted for Publication: 11/03/2024.



ABSTRACT

Avarana is a unique concept in *Ayurveda*. *Avarana* is the path along which the pathogenesis of many diseases' proceeds. There are many conditions which mimic *Avarana*. It is either unnamed or least diagnosed due to lack of knowledge. *Pakshagatha*, one among the *Vatajananatmaja vikara*, is considered *Vatavyadhi* or *Mahavatavyadhi*. It can either be due to *kevala vataja*, *dosha samsrusta/margavarana* or *datukshayajanya*. As the treatment principle is different for different types of *pakshagatha*, it is essential to understand the various types of *pakshagatha*. *Pakshagatha* can be correlated to monoplegia, hemiplegia, paraplegia, and quadriplegia, which result after stroke or CVA. Many kinds of *Avarana vata* are mentioned in Ayurvedic treatises based on *Avruta* and *Avaraka*. The present article attempts to understand the role of *kaphavruta* and *medasavruta vata* in the pathogenesis of *pakshagatha*.

Keywords: *Avarana*, *Kaphavruta vata*, *Medasavruta vata*, *Pakshagatha*.

INTRODUCTION

Ayurveda admits that the vitiation of the *Srotas* (body channel) is essential to manifest every disease. In any disease, the *nidana* (aetiology) will lead to vitiation

of *dosha*; vitiated *dosha* accumulated, particularly in *Srotas*, leads to the manifestation of disease². In the context of *Vatavyadhi*, Charaka emphasises the ne-

cessity of knowing the status of *dosha* before coining appropriate treatment, where he describes four statuses of *dosha*, namely *kshaya*, *vruddi*, *sama* and *avarana*³. Various abnormal statuses of *doshas* can generate innumerable types of disease, and *avarana* is one among them. *Avarana* is one of the most complicated basic fundamental concepts of Ayurveda. *Avarana* is very beneficial in discussing the pathogenesis of numerous diseases. *Pakshagatha* is one such disease where one can notice the *avarana* in its pathogenesis. *Pakshagatha* is *chesta nivrutti* (loss of function) in either the right or left side of the body⁴. Acharya Charaka describes *pakshaghata* under *vataja nanatmaja vikara*⁵ and *vatavyadhi* (diseases caused only by the vitiation of *vata dosha*). Acharya Sushruta mentions it is one among the *mahavavyadhi* or *vatavyadhi* and mentioned it under *asta Maha gadas* (eight grave diseases). The condition of *pakshagatha* matches with monoplegia, hemiplegia, paraplegia or quadriplegia, which results after a stroke or CVA. From the Ayurveda point of view, *pakshagatha* occurs mainly due to the vitiation of *vata dosha* or in association with *kapha* or *pitta*⁷. In the present article, efforts are made to understand the *kaphavruta* and *medasavruta avarana* in *pakshagatha*.

AVARANA

According to Shabdakalpa Druma, the word *avarana* is derived from *Aa (upasarga) + Vru (dhatu) + Lyut (pratyatmaka)*, which means to be covered, encircled, concealed. There are different synonyms for *avarana*. They are *vega pratibhandanam*⁸ (obstruction to movement), as per *Ayyurvedia shabdakosha*, *avarodha gati nirodha* (resistance to normal movement of *vata*), as stated in *Shabdakalpa Druma*, *achhadhanam* (encapsulation).

COMPONENTS OF AVARANA

There are two factors involved in any *avarana*. They are *avaraka* (covering element) and *avarya*⁹ (covered element). The factor being obstructed is *avruta*, while the one which obstructs *avruta* is *avaraka*. In most situations, *the avruta factor is vata, since vata dosha is gatyatmaka dravya because of its Chala guna*¹⁰. Hence, when its normal *gati* (movement) is ham-

pered, the *vata* becomes *avruta*. The *avaraka* factor may be *dosha*, *dhatu*, *mala* or *vata* types.

AVARANA IN THE PATHOGENESIS OF DISEASE

*Avyahata gati*¹¹ (moves uninterrupted) explains the normalcy of *vata dosha*. The *svabhava* (nature) of *avarana* is *pratibhandana* (counteraction) of the function of *vayu*; the movement of *vayu* is obstructed. The expression of symptoms is either *vruddi* (increased) or *hani* (decreased) depending on the *avaraka* and its relative nature to the element that gets covered¹². In *avarana*, *vata* gets vitiated by the occlusion of other *dosha*, *dhatu*, and *mala*. Hence, the speed of movement gets demolished. The *doshas* traverse throughout the body channels, in which *vayu* takes the lead position due to its *Sukshma* (subtle) nature. The obstruction of *vata* in those channels by *dosha*, *dhatu*, and *mala* impedes the function of *vayu* in the affected area and, over time, diminishes the *rasadi dhatus* and leads to the formation of different diseases¹³. Hence, *avarana* is essential in discussing the pathogenesis of several diseases and thereby helps in designing the treatment protocol for the disease.

TYPES OF AVARANA

The *avarana* of *Vayu* has two types. One is *anya avarana*, also called *Samanya avarana*, where *Vayu* is encircled by other *dosha*, *dhatu*, or *malas*. This is one of 22 types. The other one is *anyonya avarana*, also called *paraspara avarana*, where another type covers one kind of *Vayu*. This is one of 20 types.

ANYA AVRANA

- *Avarana* by *dosha* - 2 - *pittavruta vayu*, *kaphavruta vayu*.
- *Pittavruta pancha vayu*- 5
- *Kaphavruta pancha vayu*- 5
- *Dhatuavruta vayu*- 6 - *raktavruta vayu*, *mamsavruta vayu*, *medavruta vayu*, *astiavruta*, *majjavruta vayu*, *shukravruta vayu*.
- *Malavruta avarana*- 2- *mootravruta vayu*, *pu-reeshavruta vayu*.
- *Annavruta avarana*- 1
- *Sarvadatvavruta vata*- 1

ANNONYA AVARANA

<i>Pranavruta udana</i>	<i>Udanavruta prana</i>	<i>Samanavruta prana</i>	<i>Vyanavruta prana</i>	<i>Apanavruta prana</i>
<i>Pranavruta samana</i>	<i>Udanavruta samana</i>	<i>Samanavruta udana</i>	<i>Vyanavruta udana</i>	<i>Apanavruta udana</i>
<i>Pranavruta vyana</i>	<i>Udanavruta vyana</i>	<i>Samanavruta vyana</i>	<i>Vyanavruta samana</i>	<i>Apanavruta samana</i>
<i>Pranavruta apana</i>	<i>Udanavruta apana</i>	<i>Samanavruta apana</i>	<i>Vyanavruta apana</i>	<i>Apanavruta vyana</i>

In the context of the pathogenesis of *pakshagatha*, types of *avarana* that could be involved are *kaphavruta vata*, to be more specific, *kaphavruta vyana vata* and *medasavruta vata*. Also, one can observe the symptoms of *udanavruta vyana vata*, *samanavruta vyana vata*, *kaphavruta udana vata* in *pakshagata*.

SYMPTOMS OF KAPHA VRUTA VATA

When *vata* is obstructed by *kapha dosha*, *kapavruta vata* arises. Symptoms include *Shaityata* (rigidity), *gourava* (heaviness), and *shoola* (pain). *Katu rasa* (pungent food article), *ayasa* (physical activities), *rooksha* (dry), and *ushna* (hot) measurements¹⁴ relieve symptoms.

SYMPTOMS OF MEDASAVRUTA VATA

Chala (abnormal movements), *snigdha* (unctuousness), *mrudu* (softness/flaccidity), *sheeta* (rigid) in the body parts and *Aruchi* (loss of taste)¹⁵.

SYMPTOMS OF KAPHA VRUTA VYANA VATA

Heaviness in the body, pain all over the joints, *gatisangha* (unable to move the body parts)¹⁶.

SYMPTOMS OF UDANAVRUTA VYANA VATA

Stiffness, loss of function of *agni* (digestive fire), reduced sweating, lack of effort and closure of the eyes¹⁷.

SYMPTOMS OF SAMANVRUTA VYANA VATA

Moorcha (loss of consciousness), *tandra* (drowsy), *pralapa* (incoherent speech), debility, diminished function of *agni*, diminished *ojas* and strength¹⁸.

SYMPTOMS OF KAPHA VRUTA UDANA VATA

Discoloration, *vakswara graha* (dysarthria), debility, heaviness in the body, loss of taste¹⁹.

PAKSHAGATA

Charaka mentions two variants of *ardita* manifestation: that expressed in the face and one-half of the body²⁰. Sushruta has described *pakshagata* as afflictions of one-half of the body. So, *pakshagata* can be considered a variant of *ardita* in which there will be a

loss of function in one-half of the body²¹. *Sarvangavata* is a variant of *pakshagata* in which weakness can be observed in all four limbs²².

NIRUKTI

As mentioned in *Shabdakalpa Druma*, *pakshagata* means *vinashana* (loss of function) in *deha ardha* (one part of the body). To understand it more, *shareera Ardha* is compared to *ardanaarishwaravath* or *Narasimha aakarena*²³. *Ardanaarishwaravath* involves either the right or left side of the body. In this, *pakshagata* is presented in the vertical plane. *Narasimha aakarena* is when either the upper part or lower part of the body is involved. Here, *pakshagata* can be defined on a horizontal plane.

PARYAYA(SYNONYMS)

Paksha vada (non-functioning of the limbs), *paksha hata* (loss of function of the limbs), *ekanga vikara* referred to as *vayu* affecting one part of the body²⁴.

NIDANA²⁵(ETIOLOGY)

Food such as dry, cold in potency, light in nature or consumption of minimal quantities habitually, those who are afflicted by emotional instabilities such as depression, anger, fright, and misery. Wrongful activities include excessive fasting, swimming, walking, physical activities, faulty sitting and sleeping posture, habituated day sleep, suppressing natural urges, and riding speedily in vehicles. Iatrogenic causes such as improper administration of therapies like emesis, purgation and bloodletting. Nearly all of these are causative factors for *kevala vataja pakshagata*. Injury to vital organs specific to *kakshadara* and *lohitaksha marmabigatha*²⁶ leads to excessive elimination of blood and thereby evolves in *datukshayajanya pakshagata*. *Ama* is *meda roopi ama*, i.e., excess of vitiated *medas* (atherosclerosis) or *kapha roopi ama*, which denotes *margavarana* (obstructive cause) for *pakshagata*. Therefore, this *margavarana* cause can be considered *santarpanokta* (overnutrition). *Santarpanokta* causes such as physical inactivity and a diet

high in saturated or trans-fat, where many diseases like diabetes mellitus (madumeha), hypertension, dyslipidemia, thrombosis, and atherosclerosis will come into the picture. All these diseases are major risk factors for stroke.

SAMPRAPTI (PATHOGENESIS)

Pathogenesis of *pakshagata* depends on the cause of the disease. Commonly, *vata* is the main culprit. The aggravated *vata dosha* enters the *Urdhva* (upwards), *adha* (downwards), *tiryak* (lateral), and *Damani* (blood vessels). *Damani* can also be presumed as *sira* (blood vessel) and *Snayu* (tendon). Aggravated *vata* due to its *rooksha* (dry) and *khara* (rough) properties do the *vishoshana* (dries up) of the *sira* and *Snayu*, and it ends in *vimokshana* of *sandibandha* (slackens the joints and its bindings). The outcome is loss of function in the right or left side of the body. Thus, manifests *pakshagata*²⁷.

LAKSHANA

Chesta nivrutti (loss of activities, i.e., motor and sensory loss) in any parts of the body, especially in the right or left side of the body, *vaak stamba* (dysarthria), *shoola* (pain), *toda shola* (pricking type of pain) in *pada* (upper limbs) and *hasta* (lower limbs), *hasta pada sankocha* (decreased muscular tone or rigidity) in *pada* or *hasta*²⁷. *Pitta-associated vata* in *pakshagata* has symptoms like *daha* (burning sensation), *santapa* and *moorcha* (fainting). *Kapha-associated vata* has symptoms like *stiffness* and *heaviness* in the body²⁸.

SADYA ASDYATA (PROGNOSIS)

The *pakshagata* caused by *kevala vataja* (*vata* alone) is challenging to cure and can be compared to cerebral atrophy caused due to stroke. *Dhatu kshaya janya pakshagatha* is *asadya* (incurable), where depletion of *dhatu* is due to *ati raka Srava* (hemorrhagic stroke) and *dosha samsrusta pakshagatha* (in association with *pitta, kapha* etc..) which can be co-related to ischemic stroke is curable²⁹. The *pakshagatha* cannot be treated in pregnant women, postpartum period, children, very elderly persons, very emaciated persons, those caused by loss of blood and *pakshagata*, which are not associated with pain³⁰.

STROKE/CVA³¹

Stroke is the most common clinical manifestation of cerebrovascular disease and results in episodes of brain dysfunction due to focal ischemia or haemorrhage. The incidence rises steeply with age in many lower- and middle-income countries. It is increasing due to the rise in unhealthy lifestyles. Of the 180-300 patients per 1,00,000 population presenting with stroke annually, 85 % of the strokes are due to cerebral ischemia/infraction because of inadequate blood flow to part of the brain. And most of the remainder, 15%, is a result of intracerebral haemorrhage. Cerebral infarction is caused mainly by thromboembolic disease, secondary to atherosclerosis in the significant extracranial arteries, such as the carotid artery. About 20% of the patients die within a month of the event. However, half of those who survive are left with physical disability. The clinical presentation of stroke depends on which arterial territory is involved and the size of the lesion. Most common clinical presentations are hemiplegia (weakness in the right or left side of the body) or weakness in any part of the body; reflexes are initially reduced but then become increased with increased rigidity or spasticity, upper motor neuron weakness of the face (7th cranial nerve), speech disturbance such as dysphasia and dysarthria. Other uncommon symptoms are ataxia, headache, delirium, visual deficit, seizure and coma.

DISCUSSION

Acharya Charaka mentions *pakshagata* as a *vata-jananatamaja vikara*, explained under *vata vyadhi*, where *vata dosha* alone is involved in the pathogenesis and upshots in weakness in the right or left side of the body. Sushruta has given a much more detailed description of *pakshagatha*, which has to be understood more precisely by understanding the *sadya asadyata* of the disease. Though it deals with the curability or incurability of the disease using *yukthi*, it shall be understood as the disease classification. As per this, *pakshagata* has three types: *suddha vatahata pakshagata*, *anya dosha samsrusta pakshagatha* and *dhatu kshaya janya pakshagata*. Among these, *dosha samsrusta pakshagata* can be compared to *margavarajananya pakshagatha*. In *margavarajananya*

pakshagatha, *vata* is associated with *pitta*, *kapha* or *dhatu*. *Vata* gets *avarana* (obstructed) by *kapha dosha* and *meda dhatu*. In this type of *pakshagatha*, *kaphavruta* or *medavruta avarana* takes place. In *margavarana janya pakshagatha*, obstruction in the *dhamani* (extracranial arteries) is due to *ati vruddi* of *kapha* or *medas*. This vitiated *kapha* and *medas*, due to its *sneha* (unctuous) property³², get accumulated in extracranial arteries, specifically in the carotid artery. Excessive *sneha guna* of *kapha* and *medas* results in obstruction to the flow of blood; here, blood flow is generally influenced by *vata dosha*, specifically *vyanavata*. Therefore, *gatiprasarana* (movements of the body) gets obstructed, affecting the body's motor and sensory functions. This results in loss of function in the right or left side of the body (vertical presentation of *pakshagata*), one part of the body (*ekanga vata*), upper or lower parts of the body (horizontal presentation of *pakshagata*) or all parts of the body (*sarvanga vata*).

Pakshagata is most likely to be co-related to hemiplegia, monoplegia, paraplegia, or quadriplegia, which CVA or Stroke causes. Various pathological processes commonly implicated in cerebrovascular diseases are thrombosis, embolism, atherosclerosis, rupture of blood vessels, arteritis, aneurysm, trauma and developmental malformation³³. Among these, atherosclerosis causes the *margavarana janya pakshagatha*, which results in ischemic brain damage and thereby causes the neurologic deficit. The term atherosclerosis is derived from 'athero' referring to soft lipid-rich material, and 'sclerosis' referring to scarring, i.e., plaques. Atherosclerosis is the thickening and hardening of large and medium-sized muscular arteries, primarily due to the involvement of the tunica intima layer and is characterised by fibrofatty plaques or atheromas. Though large and medium-sized arteries may be involved in atherosclerosis, the aorta, coronary arteries, and cerebral arterial system are most affected. Clinical effects of cerebral or extracranial artery atherosclerosis result from slow luminal narrowing, sudden luminal occlusion, or propagation of plaques by forming thrombi or emboli, which induces transient cerebral ischemia, cerebral

infarcts or strokes³⁴. Ischemic brain damage is caused by considerable reduction or complete interruption of blood supply to neural tissue, which is insufficient to meet metabolic demands. Clinical presentation depends on the site, onset, and part of the brain affected by the loss of blood supply due to atherosclerosis. The most common presentation is hemiplegia.

Risk factors in atherosclerosis are dyslipidemia (high LDL cholesterol), hypertension, diabetes mellitus, obesity, and physical inactivity. These risk factors can also be considered risk factors for accumulating *kapharooopi ama* or *meda roopi ama*. Excessive unctuous properties of *kapha* and *medas* can be regarded as lipid-rich material of atherosclerosis, which acts as an *avaraka*. The flow of blood is influenced by *vata* and is obstructed by *amarooopi kapa*, *medas*, or atherosclerosis. In this condition, *vata* acts as an *avarya* due to the obstruction caused by *amarooopi kapha*, *medas* or atherosclerosis. Thus, atherosclerosis may be presumed to be *kaphavruta* or *medasa avruta vayu* involved in the pathogenesis of *margavarana janya pakshagatha*. *Lakshana* of *kaphavruta vata* and *medasavruta vata* are almost conformable to *kapha samsrusta pakshagata*, which shows symptoms such as stiffness or rigidity and heaviness in the affected area. During the disease, in *pakshagata*, one can also observe the symptoms of *kaphavruta vyana vata*, *kaphavruta udana vata*, *udanavruta vyana vata* and *samanavruta vyana vata*. *Kaphavruta vyana vata* symptoms include pain in the affected limb and inability to move the affected part where motor function is affected. *Kaphavruta udana vata* shows symptoms in *pakshagata* such as dysarthria, debility in a single or group of muscles, heaviness in the body, and loss of taste. *Udanavruta vyana vata* displays symptoms in *pakshagata* like stiffness, loss of function of *agni* (digestive fire), lack of effort and closure of the eyes. *Samanavruta vyana vata* shows symptoms such as loss of consciousness, drowsiness, debility, diminished function of *agni*, and diminished strength, which can also be seen in stroke. Treatment also varies depending on whether it is *kevala vataja Pakshagata* or *margavarana janya pakshagata*. In *margavarana janya pakshagata* adhered *amarooopi*

kapha, and *medas* are treated with *amapachana* (metabolisers of undigested toxins) and *agni deepana* (neutralises of the impaired metabolic fire). After treating the adhered *kapha* and *medas*, the *vatahara line of treatment is adopted*, such as *snehana*³⁵, *Basti*.

CONCLUSION

When *avarana* is involved in the disease manifestation, observation of symptoms of *avaraka* and *avruta* is mandatory for diagnosing the disease and its successful treatment. *Pakshagata* is one among the *vataja nanatmaja vikara* having *avarana samparapti*. *Kaphavruta* or *medasa avruta vayu* involved in the pathogenesis of *margavaranajanya pakshagatha*. *Lakshana* of *kaphavruta vata* and *medasavruta vata* are almost conformable to *kapha samsrusta pakshagata*. During the disease, *pakshagata* can also display the symptoms of *kapavruta vyana vata*, *kapavruta udana vata*, *udanavrurta vyana vata* and *samanavruta vyana vata*. In *margavaranajanya pakshagatha*, one has to treat the *kapha* and *meda* first. After removing the *avarana*, *kevala vatahara chikitsa* is to be adopted.

REFERENCES

1. Vagbhata, Sastri Sadasiva Hari. *AstangaHridya* with *sarvangasundari* commentary of Arunadutta and *Ayurvedarasayana* commentary of Hemadri on *AstangaHridya* of Vagbhata. Sutra sthana; Ayushkamiyam adhyaya; Chapter1, Verse 6-7. Reprint ed. Varanasi: Chaukhamba Publications. 2017. p.7.
2. Vagbhata, Sastri Sadasiva Hari. *AstangaHridya* with *sarvangasundari* commentary of Arunadutta and *Ayurvedarasayana* commentary of Hemadri on *AstangaHridya* of Vagbhata. Sutra sthana; Ayushkamiyam adhyaya; Chapter1, Verse 12. Reprint ed. Varanasi: Chaukhamba Publications. 2017. p. 445.
3. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Chikitsasthana*; *Vata vyadhiChikitsa*: Chapter 28, Verse 248. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 627.
4. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Chikitsasthana*; *Vata vyadhiChikitsa*: Chapter 28, Verse 619. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 627.
5. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Sutra sthana*; *Maharoga adhyaya*: Chapter 20, Verse 11. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 133.
6. Susruta, Acharya YT. *Susruta Samhita*. With *Nibandhasangraha* commentary by Dalhana and *Nyayachandrika Panjika* of Gayadasa Acharya on *Susruta samhita* of Susruta. *Sutrasthana*; *avarneeyam adhyaya*: Chapter 33, Verse 4. reprint ed. Varanasi: Chaukhamba Publications: 2014. p. 709.
7. Madhavakara. *Vatavyadhi nidanam Nidanam 22/42*. In, *Yadavasharma* (ed). *Madhava Nidanam* with *Madhukosha* commentary by Vijayarakshitha and Srikanthadatta and *Atankadarpana* by Vachaspati Vaidya, Reprint edition 2017. Varanasi, Chaukhamba Orientalia: 2017. p. 172.
8. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Chikitsa sthana*; *Vata vyadhi Chikitsa*: Chapter 28, Verse 59. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 619.
9. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Chikitsa sthana*; *Vata vyadhi Chikitsa*: Chapter 28, Verse 216. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 626.
10. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Sutrasthana*; *Deernganjeevitiya adhyaya*: Chapter 1, Verse 59. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 16.
11. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Chikitsa sthana*; *Vata vyadhi Chikitsa*: Chapter 28, Verse 4. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 616.
12. Agnivesha, Charaka, Dridhabala, YT Acharya. *Charaka Samhita* with *Ayurveda Deepika* commentary by Chakrapanidatta on *Charaka Samhita* of Agnivesha. *Sutrasthana*; *Deernganjeevitiya adhyaya*: Chapter 28,

- Verse 216. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 626.
13. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 59-60. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 619.
 14. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 62. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 619.
 15. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 65. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 619.
 16. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 228-229. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 626.
 17. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 214. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 626.
 18. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 213. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 626.
 19. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 224-225. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 626.
 20. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 38-42. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 618.
 21. Susruta, Acharya YT. Susruta Samhita. With Nibandhasangraha commentary by Dalhana and Nyayachandrika Panjika of Gayadasa Acharya on Susruta samhita of Susruta. Nidanasthana; Vatavyadhi nidana: Chapter 1, Verse 60. reprint ed. Varanasi: Chaukhamba Publications: 2014. p. 266.
 22. Vagbhata, Sastri Sadasiva Hari. Astanga Hridya with sarvangasundari commentary of Arunadutta and Ayurvedarasayana commentary of Hemadri on Astanga Hridaya of Vagbhata. Nidana sthana; Vatavyadhi nidana; Chapter 15, Verse 41. reprint ed. Varanasi: Chaukhamba Publications. 2017. p.533.
 23. Madhavakara. Jwara nidanam Nidanam 2/42. In, Yadavasharma (ed). Madhava Nidanam with Madhukosha commentary by Vijayarakshitha and Srikanthadatta and Atankadarpana by Vachaspati Vaidya, Reprint edition 2017. Varanasi, Chaukhamba Orientalia: 2017. p. 47.
 24. Susruta, Acharya YT. Susruta Samhita. This is followed by commentary by Dalhana and Nyayachandrika Panjika of Gayadasa Acharya on Susruta samhita of Susruta. Sutrasthana; Shonithavarniya adhyaya: Chapter 14, Verse 30. reprint ed. Varanasi: Chaukhamba Publications: 2014. p. 65.
 25. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 15-17. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 617.
 26. Susruta, Acharya YT. Susruta Samhita. With Nibandhasangraha commentary by Dalhana and Nyayachandrika Panjika of Gayadasa Acharya on Susruta Samhita of Susruta. Sharirasthana; Pratyeka marmanirdesha sharira upakrama: Chapter 6, Verse 24. Reprint ed. Varanasi: Chaukhamba Publications: 2014. p. 65.
 27. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Sutrasthana; Deernganjeevitiya adhyaya: Chapter 28, Verse 53-55. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 619.
 28. Madhavakara. Vatavyadhi nidanam Nidanam 22/42. In, Yadava sharma (ed). Madhava Nidanam with Madhukosha commentary by Vijayarakshitha and Srikanthadatta and Atankadarpana by Vachaspati Vaidya,

- Reprint edition 2017. Varanasi, Chaukhamba Orientalia: 2017. p. 172.
29. Susruta, Acharya YT. Susruta Samhita. With Nibandhasangraha commentary by Dalhana and Nyayachandrika Panjika of Gayadasa Acharya on Susruta Samhita of Susruta. Nidanasthana; Vatavyadhi nidana: Chapter 1, Verse 63. reprint ed. Varanasi: Chaukhamba Publications: 2014. p. 266.
30. Madhavakara. Vatavyadhi nidanam Nidanam 22/43. In, Yadavasharma (ed). Madhava Nidanam with Madhukosha commentary by Vijayarakhitha and Srikanthadatta and Atankadarpana by Vachaspati Vaidya, Reprint edition 2017. Varanasi, Chaukhamba Orientalia: 2017. p. 173.
31. David Son's Principal Practice of Medicine, Stroke Medicines 26, edited by Stuart H Ralston, Ian D. Penman, Mark W.J, Richard P. Hobson, 2018, 23rd edition. p.1150
32. Susruta, Acharya YT. Susruta Samhita. With Nibandhasangraha commentary by Dalhana and Nyayachandrika Panjika of Gayadasa Acharya on Susruta Samhita of Susruta. Sutrasthana; Dosha dhatu mala kshayavruddi vijnanam adhyaya: Chapter 15, Verse 4. reprint ed. Varanasi: Chaukhamba Publications: 2014. p. 67.
33. Harsh Mohan, Textbook of Pathology, Nervous SYSTEM 30. Jaypee Brothers Medical Publishers, New Delhi,2019, edition 8th, p.926
34. Harsh Mohan, Textbook of Pathology, Blood Vessels, and Lymphatics 15. Jaypee Brothers Medical Publishers, New Delhi,2019, edition 8th, p.414
35. Agnivesha, Charaka, Dridhabala, YT Acharya. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta on Charaka Samhita of Agnivesha. Cikitsasthana; Vata vyadhi Chikitsa: Chapter 28, Verse 75. reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan: 2017. p. 620.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Sushmitha: An Ayurvedic View on Guda Shareeram- A Review Article. International Ayurvedic Medical Journal {online} 2024 {cited March 2024} Available from:

http://www.iamj.in/posts/images/upload/512_519.pdf