



BEYOND THE SURFACE: UNDERSTANDING DOSHA AVARANA FOR ENHANCED CLINICAL PRACTICE

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ABSTRACT

Avaranaja Vatavyadhi represents a distinct category of *Vata vyadhi*, fundamentally defined by *avarana* (*avarodha* or obstruction). Within this framework, *Dosha Avarana* explicitly refers to conditions in which morbid *pitta* and *kapha doshas* create an *avarana* of a subtype of *Vata dosha*. Ayurveda identifies ten distinct types of *dosha avarana*, each associated with unique clinical manifestations. A thorough review indicates that most disorders categorised under *dosha avarana* primarily originate from dysfunction within the nervous system, including significant imbalances in the sympathetic and parasympathetic systems. Mastering the concept of *Dosha avarana* is crucial for ensuring accurate diagnosis and effective treatment.

Keywords: *Avarana, Dosha avarana, Avruta vata, Pancha vata*

INTRODUCTION

Avarana is a complex pathological process that causes a broad spectrum of diseases. In a more expansive context, *avarana* represents a critical mechanism involved in developing various pathological conditions, playing a significant role in the onset and progression of diseases.

While disorders of *kapha* and *pitta dosha* may present with *avarana*, this pathology is considered distinct in the causation of *vata vyadhi*. The term *avarana* encompasses the obstruction of bodily elements, the inhibition of *vata dosha* movement, the suppression

sion of vata dosha's physiological activity, and the encapsulation of the *dosha*.

Vatavyadhi is classified as *kevala vatavyadhi*, *samsrishta vatavyadhi*, and *Avaranaja vata vyadhi* based on the *nidana* and *samprapti*. The presence of morbidity exclusively related to *vata dosha*, without any involvement of *pitta* and *kapha dosha* in the clinical manifestations, indicates a condition known as *kevala vatavyadhi*. Conversely, when *pitta* and *kapha dosha* are involved in the pathogenesis of *vata vyadhi*, it suggests a condition termed *samsrishta vatavyadhi*. The unique *vatavyadhi* in which the pathology of *avarana* is involved is referred to as *Avaranaja vata vyadhi*. Further, *Avaranaja vatavyadhi* are classified into three categories: *margavarana*, *dosha avarana*, and *anonya avarana*. The class of *vatavyadhi* initiated by *margavarana* is known as *Margavarana vata vyadhi*. *Dosha avarana* involves the presentation of morbid *dosha* that creates an *avarana* of the subtypes of *vata dosha* while *Anonya avarana* refers to *avarana* among the subtypes of *vata dosha*. Additionally, *Mishravarana* describes the coexistence of different types of *avarana* in a single patient.

MATERIALS & METHODS

Pancha Vata

Dosha avarana is the *avarana* involving different types of *vata dosha*. Etiopathogenesis is best understood by understanding the physiological activities of 5 subtypes of *vata dosha* in the neurology background.

The *vata dosha* primarily governs the body's mechanisms. When in its natural state, the *vata dosha* moves continuously and possesses distinctive characteristics that promote a healthy life. The five subdivisions of *vata dosha* that support normal bodily functions are *prana*, *udana*, *samana*, *vyana*, and *apana*. The activities of these *Pancha vata* are better understood through the functions of the different nervous system branches.

Prana Vata

The *prana vata* is centred in the chest and moves upwards to the head. It controls the vital activities of

respiration and feeding. *Sthana: Murdha, Urah, Kanta, Jihva, Aasya, Nasika*

Functions: Respiration, sneezing, salivation, belching, feeding, and supporting the activities of *Agni* and *Hridaya*, *Budhi dharana*, *Dhamani dharana*, and the *dharana* of *Indriya* and *Manas*.

The autonomic nervous system's sympathetic part controls respiration, deglutition, salivation, nociceptive reflex, and belching. To be more precise, a sympathetic division of the nervous system consisting of the hypothalamus, medulla oblongata, sympathetic ganglia and visceral nerves controls these activities. Speech is the vocalised form of human conversation. Speech perception and the motor component are two distinct aspects of speech. The speech's motor component controls the speech's phonation, articulation, respiration, and resonance. The function of the *prana vata* accomplishes it.

Udana vata

Udana vata is located in the upper trunk, head and neck.

Sthana: Nabhi, Urah, Kanta

Functions: Speech production, Initiation of the activities, Enthusiasm, Intellectual ability to distinguish between *hita* and *ahita*, Memory, Arousal, Strength, Complexion, etc.

The brain's frontal lobe is crucial in higher mental functions, including motivation, planning, social behaviour and speech production. It consists of three main areas: the Precentral cortex, the Prefrontal cortex and the Orbitofrontal cortex. These areas exist in both the left and right cerebral hemispheres. The precentral cortex, also known as the primary motor cortex, is responsible for planning, initiating and controlling physical movement. The prefrontal cortex in the left hemisphere supports verbal memory, while the right hemisphere's prefrontal cortex is associated with spatial memory. Broca's area is responsible for expressive language, which includes language production. The orbitofrontal cortex is integral to response inhibition, impulse control, and the regulation of social behaviour. Overall, these cognitive and conative activities are mediated through the *udana vata*.

Samana vata

Samana vata works alongside the *Jathargni*, ensuring that ingested food is digested properly and, as a result, separates nutrients from waste.

Sthana: Ama pakvashaya, Svedavaha, Ambuvaha and Dosha vaha srotas

Functions: Strengthens the *agni*, Aids the digestion, Separation of *sara* and *kitta бага* from the *ahara*⁷.

The sympathetic, parasympathetic, and enteric nervous systems regulate digestion and assimilation. The sympathetic nervous system originates from the thoracic and lumbar spinal cord, utilising paravertebral ganglia and spinal nerves to innervate the gastrointestinal tract. The vagus nerve, part of the parasympathetic system, also innervates this region. The enteric nervous system, located within the gut wall from the oesophagus to the anus, consists of Auerbach's plexus, which controls gastrointestinal movements, and Meissner's plexus, which manages gastrointestinal secretion and blood flow. While the enteric system can function independently, it is influenced by the sympathetic and parasympathetic systems, which can enhance or inhibit digestive functions.

The balanced function of the sympathetic, parasympathetic, and enteric nervous systems ensures proper digestion and absorption of food, similar to the role of *samana vata*.

Vyana vata

Vyana vata is distributed throughout the body. It moves in all directions and governs all kinds of movements and ambulation.

Sthana: Sarva sharira

Functions: Circulation of *rasa* and *rakta*, *Gati* (movement), various body movements such as flexion, extension, elevation, depression, bending, eye opening and closure. It also encompasses *sroto shudhi*, movement of *shukra* and the perfusion of *dhatu* with nutrition⁸. The integrated functions of the pyramidal system, extrapyramidal system, cerebellum and somatic nerves govern motor activity. Voluntary movements mainly rely on the pyramidal system, while the extrapyramidal and cerebellum control non-volitional movements. Different cerebrum areas manage movements of specific body parts, with each

hemisphere coordinating voluntary movements for the opposite side of the body. The cardiac conduction system controls the heart's pumping activity, also attributed to *vyana vata*. The physiological process of sweating is also linked to *vyana vata*.

Apana vata

Apana vata is residing in the lower part of the trunk.

Sthana: Pakvadhana, Vrishana, Basti, Medhra, Nabhi, Uru, Gudam and Shroni

Functions: Micturition, Faecal excretion, Ejaculation, Menstruation, Labour, Holding the urge of micturition and excretion.⁹ Defecation, micturition, faecal continence, and sexual behaviour are regulated by a combination of the intrinsic enteric nervous system, parasympathetic sacral outflow, and sympathetic lumbar outflow. The autonomic nervous system influences uterine activities, which are all linked to the *apana vata*.

In summary, the nervous system's organisation reflects five distinct responses related to five subtypes of *vata dosha*.

Dosha Avarana

The subdivisions of the *vata dosha* have clearly defined locations within the body. *Prana vata* and *udana vata* are firmly established in the chest and head. *Samana vata* is directly associated with the *jatharagni* in the trunk, while *apana vata* resides in the lower trunk. *Vyana vata*, encompassing the entire body, actively demonstrates its functions throughout. It is essential to recognise that the *pitta* and *kapha doshas* are also present in these regions. When they disrupt the functioning of the *vata dosha*, individually or collectively, this is called *Dosha avarana*. Ten conditions of *Dosha Avarana* are described here, with an appropriate explanation based on current conventional knowledge provided for each type of *avarana*, although there may be many more interpretations.

Pittavruta Prana (*Prana Vata* suppressed by the vitiated *pitta dosha*)

Effective digestion of food depends on the proper functioning of *prana vata*. An imbalance in the *pitta dosha* can disrupt this process. As a result, individu-

als may experience clinical symptoms associated with vitiated *pitta* and *vata dosha*¹⁰. Clinical manifestations are as follows.

- *Daha*: Burning sensation
- *Shula*: Abdominal pain
- *Sheeta Kamita*: Inclination to consume cold food articles
- *Vidagdha Chardhi*: Vomiting and vomitus with a burning sensation
- *Murcha*: Transient loss of consciousness

Gastroparesis is a form of dysautonomia affecting the vagus nerve and is observed in various medical conditions, such as diabetes mellitus and Parkinson's disease. The primary issue is the loss of nerve supply to the smooth muscles of the oesophagus and stomach. This condition is chronic and intermittent, marked by delayed stomach emptying without mechanical obstruction, often accompanied by gastroesophageal reflux. Symptoms vary and may include loss of appetite, feeling of fullness, nausea, acid reflux causing heartburn, vomiting of undigested food, abdominal bloating and abdominal muscle spasms¹¹.

Prana vata governs the movement of food through the oesophagus. When gastric emptying is delayed, along with acid reflux, it indicates a disruption in this fundamental function of receiving food in the stomach and oesophagus. The backflow of acid into the oesophagus signifies an imbalance in *pitta dosha*, aligning with the concept of *Pittavruta prana*.

Kaphavruta Prana (*Prana Vata* suppressed by the vitiated *kapha dosha*)

Respiration and feeding are the primary functions of *prana vata*. When the *kapha dosha* is vitiated, it obstructs the normal pathway of *prana vata* in the head and upper trunk, leading to symptoms of *Kaphavruta prana*¹².

- *Kshtivana*: Excessive salivation
- *Kshavathu*: Sneezing
- *Udgara*: Belching
- *Nishwasa uchwasa sangraha*: Disturbed inspiration and expiration
- *Aruchi*: Tastelessness in the mouth

- *Chardhi*: Vomiting
- *Dourbalya*: Debility
- *Sadana*: Tiredness
- *Tandra*: Drowsiness
- *Vaivarnya*: Discoloration

Achalasia is a rare oesophagus disorder that affects the oesophageal smooth muscle motility due to a failure to relax the lower oesophageal sphincter, which may be due to dysautonomia. Several conditions, including Parkinson's disease and multiple system atrophy, can increase the risk of developing this condition. Its clinical presentation typically includes a gradual onset of difficulty swallowing (dysphagia), regurgitation, chest pain, weight loss and aspiration pneumonia. Although difficulty swallowing solid foods is a hallmark symptom, varying degrees of trouble with liquids may also occur. Due to a decreased swallowing frequency, saliva accumulates in the mouth, leading to symptoms such as drooling or frequent spitting. Oesophageal acidification from bacterial fermentation of retained food and discrete gastroesophageal reflux can lead to heartburn. Oesophageal spasms and dilation may cause frequent chest pain, while regurgitation can result in respiratory symptoms, including airway compromise and stridor due to tracheal compression¹³.

Effective swallowing relies on *prana vata*, which is disrupted in achalasia. Symptoms related to morbid *kapha*, such as *kshtivana* and *nishwasa uchwasa sangraha*, arise from defective swallowing. Thus, the symptoms of dysautonomic achalasia point towards *Kaphavruta prana*.

Pittavruta Udana (*Udana vata* suppressed by the vitiated *pitta dosha*)

Udana vata plays a key role in cognitive functions, conative drives and maintaining optimal levels of *ojas*. When *pitta dosha* in the head and upper trunk disrupts these functions, the condition is *Pittavruta udana*. The following symptoms are associated with this imbalance¹⁴.

- *Murcha*: Transient loss of consciousness
- *Nabhi uras daha*: -Burning in the chest and umbilical region
- *Klama*: Fatigue

- *Ojo bramsha*: Disturbance in the functioning of *ojas*
- *Sada*: Tiredness
- *Bhrama*: Dizziness

Chronic fatigue syndrome is classified as a neurological disorder defined by persistent fatigue lasting at least six months. This exhaustion is not a result of continuous exertion, does not significantly improve with rest and is not attributed to any other medical condition. Additionally, it is accompanied by a set of specific symptoms like extreme exhaustion after physical or mental activity (post-exertional malaise), unrefreshing sleep despite adequate rest, cognitive difficulties, such as memory problems, difficulty concentrating (brain fog), and confusion, muscle and joint pain without swelling or inflammation, frequent headaches of a new or different pattern, dizziness, especially when standing (orthostatic intolerance). Further, most of these somatic symptoms are attributed to reduced blood sugar. Symptoms may vary in severity and often worsen with physical or mental exertion¹⁵.

Udana vata is responsible for cognitive functions and conative drives, both of which are impaired in chronic fatigue syndrome. Based on these observations, a correlation can be drawn between *Pittavruta udana* and chronic fatigue syndrome.

Kaphavruta Udana (*Udana vata* suppressed by the vitiated *kapha dosha*)

Udana vata primarily governs cognitive functions and conative drives, while impaired digestion is a characteristic feature of *kapha dosha*. The clinical presentation of *udana vata* being suppressed by *kapha dosha* results from the combination of these two disturbances as follows.¹⁶

- *Vaivarnya*: Discoloration of the body parts
- *Vaksvaragraha*: trembling speech and weak phonation
- *Dourbalya*: Debility
- *Gurugatrata*: Heaviness of the body parts
- *Aruchi*: Lack of taste in the mouth
- *Asweda*: Lack of sweating
- *Harsha*: Piloerection
- *Mandagni*: Impaired *agni*

- *Sheetha sthambha*: Cold extremities
- *Balavarna nasha*: Reduction in physical strength and complexion

A panic attack is an excessive sympathetic nervous system response characterized by sudden, brief episodes of intense fear or anxiety. Symptoms occur only during attacks, with patients remaining asymptomatic between episodes. Common manifestations include tremulous speech, breathing difficulty, palpitations, dizziness, numbness, chills, nausea and shaking. Panic attacks are associated with dysautonomia, where anticipatory anxiety reflects cognitive disturbances, while tremulous speech and fear indicate impaired conative drives. Symptoms like chills and paraesthesias align with morbid *kapha dosha*, supporting the correlation between *Kaphavruta udana* and panic attacks¹⁷.

Pittavruta Samana (*Samana vata* suppressed by the vitiated *pitta dosha*)

The normal function of **Samana vata** involves food transit, digestion, nutrient-waste separation and maintaining fluid balance in coordination with the **Am-buvaha srotas, Svedavaha srotas and Mutravaha srotas**. When an aggravated *pitta dosha* disrupts these functions, the condition is known as **Pittavruta Samana**¹⁰. The following symptoms are associated with this imbalance.

- *Atisweda*: Excessive sweating
- *Trishna*: Excessive thirst
- *Daha*: Burning sensation
- *Murcha*: Loss of consciousness
- *Aruchi* and *Agnimandya*: Lack of taste in mouth and diminution of *agni*

Chronic intestinal pseudo-obstruction (CIPO) results from dysfunctional neurological control of the digestive tract, affecting both **extrinsic** (sympathetic and parasympathetic) and **intrinsic** (Auer Bach's plexus) innervation. It mimics **intestinal obstruction** without a physical blockage, causing **abdominal distension, pain, dizziness, fatigue, nausea and vomiting**. Symptoms vary in severity, with distension sometimes resembling late-term pregnancy. **Audible succussion splash** and **loud borborygmi** may be pre-

sent, and vomitus may contain food ingested over 12 hours prior or appear **feculent**. Pain and nausea can induce **excessive sweating**¹⁸.

Samana vata regulates **food transit, digestion, and assimilation**, all disrupted in **chronic intestinal pseudo-obstruction (CIPO)**. **Thirst and altered consciousness** due to fluid and electrolyte imbalances indicate **pitta dosha dysfunction**. This correlation suggests a similarity between **CIPO and Pittavruta samana**.

Kaphavruta Samana (*Samana vata* suppressed by the morbid *kapha dosha*)

An imbalance in *kapha dosha* can disrupt the activity of *samana vata*, which is essential for digestion and fluid balance. This condition, known as *Kaphavruta samana vata*, has the following clinical symptoms¹².

- *Asweda*: Lack of perspiration
- *Agnimandya*: Sluggish functioning of *agni*
- *Loma harsha*: Piloerection
- *Gatra sheetata*: Cold clammy extremities
- *Kaphadikya in vit and mutra*: Predominance of *kapha dosha* in the urine and stools

Intestinal motility disorders involve abnormal contractions, including spasms. **Irritable Bowel Syndrome (IBS)** is a functional bowel disorder characterised by **spasmodic dysmotility** of the intestines and colon. It has two main types: **diarrhoea-predominant (IBS-D)** and **constipation-predominant (IBS-C)**.

IBS-D presents with **abdominal pain, frequent diarrhoea, urgency, tenesmus, and bloating and distention**, often worsening with stress. Additional symptoms may include **nausea, vomiting, heartburn, burping, difficulty swallowing and excessive gas**. Chronic diarrhoea can lead to **electrolyte imbalances and dehydration** due to rapid fluid loss¹⁹.

The **disrupted food transit, digestion and fluid imbalance** in IBS reflect **samana vata dysfunction**, while **sluggish digestion and frequent bowel movements** indicate **kapha dosha involvement**. This aligns with the concept of **Kaphavruta Samana in IBS-D**.

Pittavruta Vyana (*Vyana vata* suppressed by the morbid *pitta dosha*)

Motor activity, sensation and circulation of *rasa* and *rakta* are managed by *vyana vata* throughout the body. An imbalance in *pitta dosha*, *Pittavruta vyana* can disrupt this process. Here are the associated clinical symptoms¹⁴.

- *Sarvanga daha*: Burning sensation in the body
- *Klama*: Tiredness
- *Gatra vikshepa Sanga*: Dystonia
- *Vedana*: Body ache
- *Santapa*: Febrile illness
- *Gatra vikshepanam*: Involuntary movements

Autonomic Dysfunction Syndrome (ADS) may occur after **brain injuries, hydrocephalus, tumours or hemorrhages**, rarely appearing without a known cause. It results in **hypertension, fever (up to 38.5°C), tachycardia, tachypnea, pupillary dilation, sweating, agitation and dystonia**, which manifests as **rigidity or decerebrate posturing**. Additional issues include **ECG changes and arrhythmias**, with symptoms sometimes persisting for months post-injury²⁰.

Circulatory and motor disturbances suggest **vyana vata dysfunction**, while **fever and related symptoms** indicate **pitta dosha involvement**, linking ADS to **Pittavruta vyana**.

Kaphavruta Vyana (*Vyana vata* suppressed by the morbid *kapha dosha*)

Vyana vata is responsible for ambulation and voluntary movement, which can be impaired by morbid *kapha dosha*, leading to *Kaphavruta vyanavata*. Here are the clinical presentations¹⁶.

- *Guru gatrata*: Feeling of heaviness of the body
- *Sarva sandhi asthi ruja*: Pain in the whole body involving bone and joints
- *Parvasthi graha*: Pain in the digital joints
- *Gati sanga* : Bradykinesia
- *Asthiparva sthambha*: Rigidity of joints
- *Chesta sthambha*: Stiffness on movement
- *Vakgraha*: Disturbance of speech

- *Skalitha gati*: Disturbance of balance

Parkinson's disease is a degenerative central nervous system disorder caused by the loss of dopamine-producing cells in the substantia nigra. It presents with motor symptoms, sensory disturbances, cognitive impairment and autonomic dysfunction. Key motor symptoms include tremors, rigidity, bradykinesia (slow movement) and postural instability. Resting tremor, characteristic of the disease disappears with movement and sleep. Bradykinesia affects movement planning, initiation and execution, while rigidity may present as lead-pipe or cogwheel rigidity, often causing joint pain. Postural instability, common in later stages, leads to balance issues and frequent falls. Other features include dystonia, joint stiffness, posture disturbances, monotonous speech and a mask-like facial expression²¹.

Impaired ambulation indicates vyana vata dysfunction, while bradykinesia and rigidity suggest kapha dosha involvement, aligning Parkinson's disease with Kaphavruta vyana.

Pittavruta Apana (*Apana vata* suppressed by the morbid *pitta dosha*)

The morbid *pitta dosha* located in pelvic area may disturb the functioning of *apana vata* and is referred as *Pittavruta apanavata*. Following are the clinical symptoms of the same¹²

- *Haridra mutra* and *varcha*: Yellow colour urine and stools
- *Atirajapravruti*: Excessive menstrual bleeding
- *Gudamedhrayoni tapa*: Burning in the anal region, penis and vagina
- *Daha*: Burning sensation in the pelvic parts
- *Aushnyam*: Abnormal feeling of warmth

Disruption of the Inferior hypogastric plexus is an autonomic nerve damage that contributes to bladder, sexual and colorectal dysfunctions. This can result from difficult vaginal deliveries or pelvic malignancies, initially presenting without symptoms. Over time, the nerve reinnervation leads to sensory pelvic symptoms, including chronic pelvic pain, painful

menstruation, painful intercourse, urinary urgency, irritable bowel symptoms and vulvar pain. These symptoms may appear years after childbirth complications.

The condition involves discomfort in the excretory and genital organs, linked to *apana vata* dysfunction. Pain and altered organ function, such as excessive bleeding indicate *pitta dosha* involvement, aligning this disorder with *Pittavruta apana*.

Kaphavruta Apana (*Apana vata* suppressed by the morbid *kapha dosha*)

When morbid *kapha dosha* disrupts *apana vata*, it is called *Kaphavruta apana*, which may present with the following symptoms¹⁴

- *Bhinna varchas*: Excretion of unformed stools
- *Amavarcha pravartana*: Excretion of stools consisting of undigested food material
- *Sleshmasamsruta varchas* : Excretion of stools with mucous
- *Guru varcha pravartana*: Heavy faecal excretion
- *Kapha meha*: Urination afflicted with morbid *kapha dosha*
- *Adhakaya gurutva*: Heaviness of the lower trunk

Constipation-predominant irritable bowel syndrome (IBS), also known as spastic colon or colitis, involves dysmotility of the colon. The key symptoms include abdominal cramps, pain, rectal discomfort, constipation, tenesmus, bloating and distention. Symptoms worsen with food intake and stress but improve after bowel evacuation. Additional issues may include nausea, heartburn, burping and excessive gas.¹⁹

Defecation disturbances indicate an *apana vata* dysfunction, while stool changes suggest *kapha dosha* involvement, aligning constipation-predominant IBS with *Kaphavruta apana*.

DISCUSSION

Avaranaja vatavyadhi is a distinct condition involving the pathology of *avarana*. Among its various types, the *vata vyadhi* associated with an abnormal *dosha* that results in an *avarana* in a subtype of *vata dosha* is known as *Dosha Avarana*. Ten types of *Dasha Avarana* and their conventional clinical correla-

tions are described here. Several other diseases may exhibit similar clinical symptoms to individual *dosha avarana*. The review indicates that the diseases discussed under *dosha avarana* primarily arise due to disruptions in the nervous system, particularly in the sympathetic and parasympathetic branches. Dysautonomia, dysfunctional neurological control, and dysmotility are pathognomonic in the development of these disorders. These can be understood in relation to the standard location and functions of the five subtypes of *vata dosha*.

The treatment of *Avaranaja Vatavyadhi* generally focuses on the use of *Anabhishtyandhi Snidha* (the application of *sneha* drugs that are not *Abhishtyandhi*) and *Srotoshuddhi Chikitsa* (methods to clear obstructed channels). The occlusion of the *vata dosha* can be addressed with measures that promote *vata anulomana* while remaining non-antagonistic to *kapha* and *pitta dosha*. A balanced approach to pacifying the morbid *pitta*, *kapha*, and *vata dosha* forms the principle of treating *Pittavruta vata* and *Kaphavruta vata*.

Prana vata is considered the vital force sustaining life; hence, the *avarana* involving the *prana vata* should be managed carefully. It's called the *vishesha Rakshana* of *prana* in its *sthana*, which means maintaining the normal functions of *prana* through *shamana* medications rather than *shodhana* procedures¹⁰. *Urdha yojana*, establishing the upward course of *udana vata*, is the remedial measure of morbid *udana vata*. This is best achieved by *mridu vamana karma*. Symptoms of *avruta udana vata* are effectively treated with *urdhanga* treatments like *nasya*, *shiro abhyanga*, *shiro pichu*, and *shiro basti*.

Swamarga yojana, establishing the normal course of the *samana vata* in the *koshta*, is *Avruta samanavata's* treatment principle. The *deepana pachana* drugs¹⁰ best achieves this. Among the *shodhana* and *shamana*, the morbidity of *samana vata* is best treated by the *shamana chikitsa*. Depending upon the requirement, even *rasayana chikitsa* can be planned.

Tridha yogayet, establishing the unhindered movement of the *vyana vata* in the *trividha marga* is *Avruta vyanavata's* management principle. This is best

achieved in the upper route by *vamana*, lower route by *virechana* or *basti*, followed by *shamana chikitsa*¹⁰.

The unobstructed *gati* of the *apana vata* in the downward course is achieved by the *anulomaka chikitsa* with the usage of *shamana* drugs and *basti*¹⁰. In all types of *Dosha avarana* based upon the involvement of *pitta* and *kapha* as *Avaraka*, the therapeutics that normalise the morbid *pitta* and *kapha doshas* should be utilised.

CONCLUSION

Avaranaja Vatavyadhi refers to a distinct category of *vata* disorders where the pathology is driven by *avarana*. Among its various forms, **Dosha Avarana** specifically denotes conditions where one *dosha* obstructs the function of a subtype of *vata dosha*. Ayurveda describes ten types of *Dosha avarana*, each with corresponding clinical manifestations. Additionally, numerous other diseases may align with the symptomatology of different *dosha avarana*. A comprehensive review indicates that most disorders classified under *dosha avarana* primarily arise from dysfunctions in the nervous system, mainly due to imbalances in the central nervous system, including sympathetic and parasympathetic components. Understanding *dosha avarana* aids in precise diagnosis and treatment, reinforcing Ayurveda's holistic approach to disease management.

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