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# Clinical evaluation on concept of *Avarana* and its influence in *Pakshagata*

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## ABSTRACT

Ayurvedic literature highlights the symptoms of *Pakshagata* as *Chesta Nivritti* either in *Vama* or *Dakshina Parshwa* along with *Ruja* and *Vakstambha*. *Pakshagata* being one among the *Vataja Nanatmaja Vyadhi* is considered as *Mahavata Vyadhi*, it can occur either due to *Dhatukshaya* or *Margavarana*. *Pakshagata* can be correlated with Hemiplegia, which results from cerebrovascular accident - stroke. Stroke is defined as sudden onset of neurologic deficit from vascular mechanism 85% is ischemic and 15% are primary hemorrhages. According to the World Health Organization, 15 million people suffer from stroke world wide each year, of these, 5 million die and another 5 million are permanently disabled. Modern science believes that the brain tissues once damaged completely cannot be repaired by the therapies leading to permanent neurological deficit. Hence, the disease has a poor prognosis, making the person disabled dependent. In present article deals with aetiopathogenesis, clinical features and the role of *Avarana* and management of disease the *Pakshagata* from Ayurvedic classics.

**Key words:** *Avarana*, *Hemiplegia*, *Stroke*, *Vatavyadhi*, *Pakshagata*, *Gati Siddhanta*.

## INTRODUCTION

Ayurveda believes in different pathology which sets in different *Srotas* to produce different diseases. Whenever a favourable condition and situation arises, disease will manifest. It is elucidated that *Atipravruithi*, *Sangha*, *Vimargagamana*, and *Siragrandhi* are different varieties of *Srotodusti* which results into diseases.<sup>[1]</sup> *Nanatmajavikara*, *Anubandha*, *Gatavata* and *Avarana* are different pathologies explained in Ayurveda. *Avarana* is one of the most difficult

concepts to understand, teach and incorporate in clinical practice. The term *Pakshagata* literally means paralysis of one half of the body, here impairment of *Karmendriyas*, *Gnyanendriyas* and *Manas* is seen.<sup>[2]</sup> *Gnyanendriyas* are considered as part of the sensory system and *Karmendriyas* are considered a part of the motor system.

*Pakshagata* is a *Vatavyadhi* of *Nanatmaja* variety and *Mahavatavyadhi*. *Pakshagata* can be correlated with hemiplegia which results after stroke. Stroke is defined as sudden onsets of neurologic deficit from vascular mechanism 85% are ischemic and 15% are primary hemorrhages.<sup>[3]</sup>

The prevalence of stroke in India is approximately 200 per 100000 people.<sup>[4]</sup> This disease has posed a great problem to the medical field as far as its treatment is concerned. Modern science believes that the brain tissues once damaged completely cannot be repaired by the therapies leading to permanent neurological deficit. Hence, the disease has a poor prognosis, making the person disabled dependent.<sup>[5]</sup>

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## THE CONCEPT OF AVARANA

According to *Ayurvediya Shabdha Kosha* the word *Avarana* means *Avarodha*, *Gatinirodha* i.e. obstruction or resistance or friction to the normal *Gati* of *Vata*. *Vata Dosh* is the *Gatyatmakdravya* within the *Sharira*. Hence its normal *Gati* is hampered or vitiated thus *Vata* becomes *Avrita*.<sup>[6]</sup>

“*Abhisarpata Balavata Doshena Abhibhooto Durbalo Doshaha Pratyavruttaha San Avrutahaethyuchyate.*”

*Shabdhakoshakar* says that *Balwan Dosh* due to its vitiation impedes the *Durbala Dosh* and hampers the normal *Gati* of the *Avrita Dosh*.<sup>[7]</sup>

*Vaidyak Shabda Sindhu* says *Avaraka* means *Achchhadaka* while *Avrita* means *Achachhadita*.<sup>[8]</sup>

*Charaka Acharya* in context of *Madumeha* has used the word *Avritagati*, *Chakrapani* explains it to be *Ruddhagati*.<sup>[9]</sup>

Thus the word *Avarana* can be understood as;

- *Achchhadan*
- *Avarudhagati*
- *Sanga*
- *Samvarana*
- *Aakriya*
- *Prachadana*
- *Vestana*
- *Valayana*
- *Pravrita*
- *Samvrita*

To understand *Avarana*, firstly we need to understand the *Gati- Sidhantha* explained by our *Acharya*.

### *Gati Siddhanta*

“*Avyahatagatiryasya Sthanasya Prakritau Sthitaha Vaayuhu Syatsyodhikam Jeevedwitaroga Samaha Shatam*”

*Avyahatagati* explains the normalcy of *Vata Dosh* and whenever *Vatadosha* remains in *Prakritawastha* the person lives a healthy life for hundred years.<sup>[10]</sup>

Above we have already discussed what do we mean by *Avritamarga*, resistance to normal *Gati* of *Vayu*.

Of the three *Doshas*, *Vata* is the one with properly movement. This property is having a key role in the mechanism of pathogenesis and also makes *Vata Dosh*, the prime one. The movement of *Vata* gets affected in many ways. *Avarana* is one among them. *Vayu* gets aggregated in two different ways, viz.

1. By the diminution of the tissue elements, which provide nourishment (*Sara*) to the body; and
2. By the occlusion or obstruction, the speed of the movement of *Vayu* gets arrested which leads to its aggravation.

All the *Doshas* move through the channels of the body but *Vayu* has specific property in as much as it can move even through the subtle channels in the body. Thus, among the three *Doshas*, *Vayu* is the most powerful one. Therefore the aggravated *Vayu*, even though occluded by *Pitta* and *Kapha*, has the power to get the other two *Doshas* scattered into different parts of the body to cause diseases. This aggravated *Vayu*, though occluded may also dry up plasma etc.

*Avarana* is very helpful in discussing the etiopathogenesis of many diseases. It goes unidentified or mistaken as associative *Dosh* in many conditions due to lack of observations and skills. But once identified it helps in designing the management protocol of a particular disease.

The individual fractions of *Vata* like *Prana*; *Udana* etc. also may get affected by *Avarana*. In sort of *Avarana*, there may be two components. One is the *Avarutta Dosh*, the *Dosh* whose function gets affected by the obstruction or the covering. The second component is the *Avaraka*, which is causing the *Avarana* of a peculiar *Dosh*. Of an *Avarana* to get manifest, the function of both the component gets affected by its own *Nidana*.

The *Vridhhi* or *Kshaya* of a peculiar *Dhatu* or *Mala* results in an *Avarana*. *Vagbhata* explains the concept of *Avarana* after explaining the condition *Vatashonita*, which is an example of the concept of *Avarana* itself. In *Vatashonita* there is *Raktadushti*, *Vatakopa* and the

Avarana of the two, before the manifestation of the disease.<sup>[11]</sup>

According to *Susruta Sutrasthana*

“Rasanimitameva Sthoulyam Karshyam Cha”<sup>[12]</sup>

*Sleshmalaharasevi* who does the *Ahitaviharas* such as *Avyayama* and *Divaswapna* will leads to *Anna Rasa*, *Madhura Rasa Anukamata* which will further leads to *Medovridi* due to *Atisnehata*.

*Kaphamedanirudhata* in *Marga* which ends up in *Vatavikara* in which *Pakshagata* is one among those.

As well other *Vikaras* such as *Pramehapidaka*, *Jwara*, *Bhagandara*, *Vidradhi* etc. are also occurred due to the *Nidana* according to the site involved.

#### Types of Avarana:

1. *Paraspara Avarana*
2. *Doshaja Avarana*
3. Other types of *Avrutta Vata*

In the context of the disease *Pakshagata* the types of *Avarana* which could be included in ruling out the *Samprapti* are;

- **Udanavrutta Vyana Vata:** Stiffness, less of *Agni*, less of sweating, lack of efforts and closure of the eyes. Treatment - To such patients, wholesome and light diet should be given in limited quantity.<sup>[13]</sup>
- **Vyanavrutta Udana Vata:** *Balakshaya* / General weakness, *Vakpravruttsanga*, *Alasyam*, *Smrutihani* / *Dementia*.<sup>[14]</sup>
- **Samanavrutta Vyana Vata:** *Murcha*, *Tandra*, *Pralapa*, *Angavasada*, *Agnimandya*, *Oja* and *Balakshaya*.<sup>[15]</sup>

In *Vatavyadhi* there may not be time for *Poorvaroopa Avastha* to get exhibited. Though *Pakshagata* is also one of the *Vatavyadhis* and *Astamahagada* told by our *Acharyas* it also doesn't exhibit any *Poorvaroopa Avastha*. *Pakshagata* is *Vatapradhana Tridoshaja Vyadhi*, in which *Vata* (*Prana*, *Udana*, *Vyana*, *Apana*) *Pitta* (*Ranjaka*, *Alochaka*, *Pachaka*), *Kapha* (*Avalambaka*, *Tarpaka*, *Bodhaka*) are involved. Main

*Dushyas* involved are *Rasa*, *Rakta*, *Mamsa*, *Meda* and *Majja* with *Upadhatus* (*Siras*, *Snayus*, *Dhamani*).<sup>[16]</sup>

From the description the *Samprapti* of *Pakshagata* is clear as *Adishtana* of *Pranavayu* is *Murdhagaie Mashtishka* mentioned in *Astanga Hridaya* and *Dharana* and *Budhi* are considered as its functions.

So impaired consciousness, memory, inability to calculate, difficulty in identifying shape, size, reduced sensation for pain touch are mainly due to *Pranavatadusti*.<sup>[17]</sup>

The involvement of *Udanavayu* can be considered due to the presence of *Lakshanas* like Loss of speech, loss of strength in single or group of muscles. Because the physiological function carried out by *Udanavata* is mainly *Vakpravritti*.<sup>[18]</sup>

In *Pakshagata* the main complaints are as per the involvement of the lesion occupied area. The *Pakshagata* originated from thromboembolism, thrombotic changes, atherosclerotic changes etc. produces obstruction in blood supply. The loss of partial function and inactivity of respected center in brain is due to malfunctioning of *Vyanavata*.<sup>[19]</sup>

*Apanavata* is responsible for *Dharana*, *Udhirana*, *Nishkramana* of *Mala*, *Mutra*, *Garbha* etc. *Apanavata* passively with holds the activities of *Agni* which in terms represents in liking, disliking and digestive process in a person. So most of the patients show the signs and symptoms like digestive disturbances and lack of appetite etc.<sup>[20]</sup>

#### DISCUSSION

*Acharya* have elaborately explained different varieties of *Avarana* which is one of pathology in different diseases. Different neurological conditions and other clinical conditions present like *Avarana* depending on the stage of different diseases. Multiple sclerosis presents like *Kaphavruttaapana* or *Mootravruttaapana*. Axonopathy presents like *Pranavrutavyana* or *Pittavrutavyana*, Axonal demyelinating poly-neuropathy; presents like *Kaphavrutta Vyanavata*, Cerebral atrophy of severe grades presents like *Vyanavrutta Udanavata*. There are many more diseases which will present like *Avarana*. If correctly

observed and diagnosed the treatments will be quite effective. *Anyonyavarana* is quite difficult to manage due to the extreme signs and symptoms and it may take long time to manage. Repeated *Panchakarma* and *Rasayana* therapy will help in different varieties of *Avarana* with extreme signs and symptoms.

## CONCLUSION

Observations of symptoms of the *Avaraka* and *Avruta* is mandatory to get succeed in the treatment. Scatered references available in the classics need to be understood and adopted in the treatment of different *Avarana* be it *Anya Avarana* of *Anyonya Avarana*. So a sound Knowledge of basic fundamentals like *Dosha*, *Dushya*, *Srotas* and *Nidanarthakara Ahara*, *Vihara* and *Manobhavas* is very essential to understand the proper *Samprapti* of disease. Only then the *Chikitsa* become easy and thus can achieve our goal easily.

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