

CLINICAL EXPLORATION OF AVARANA CONCEPT WITH SPECIAL REFERENCE
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ABSTRACT

Avarana is one of the most basic concept of *Ayurveda*. It is most difficult to understand and incorporate in clinical practice. It helps us in understanding the pathology of various diseases. The diagnosis of the *Avarana* is the key to its successful treatment. The present article is an attempt to diagnose the *Anyonya Avarana* and its treatment by the principle of *Swa marga yojana* (establishing in its own path) of *Pratilomit* (moving in reverse direction) of *Avaraka vata* (hampering the other *vata*) It was done by using *Samshodhana*, *Samshamana* and *Nidan parivarjana*.

KEYWORDS: *Avarana*, *Swamarga Yojana*, *Avaraka vata*.**INTRODUCTION**

The person lives a healthy life for hundred years if the *Vata dosha* is *Prakruti sthit* (in normalcy) and having *Avyahat gati*^[1] i.e. *Aparityakta swamarga* (has not left its own path) and *Anavrit marga* (not obstructed by other entities)^[2] so the *Avarana* (Obstruction in body channels) is one of the important factor responsible for vitiation of *Vata* along with *Dhatu kshay* (Emaciation of body tissue)^[3] According to *Ayurvediya Shabdakosha*, the word *Avarana* means *Avarodha*, *Gati nirodha* i.e. obstruction to normal *gati* of *Vata*.

The general concept of *Avarana* is that the *Balawan* (strong) *dosha* due to its vitiation impedes the *Durbala* (weak) *dosha* and hampers its *gati*. Broadly *Avarana* is classified in 4 types.

1. *Avarana* of *murta* by *murta* (Solar or lunar eclipse).
2. *Avarana* of *Amurta* by *Murta* (e.g. *Pittavrut Vat*).
3. *Avarana* of *Amurta* by *Amurta* (e.g. *Vyanavrut Apana*).
4. *Abhibhav* (As the stars and moon are not visible in the daytime due to power of Sun)

Out of these four *Avarana* of *Amurta* by *Amurta* i.e. *Anyonya* or *Paraspar avarana* of *Vata* is difficult to understand as the both are invisible. In normal condition, the 5 *Vata prakara* help each other to carry out various body functions properly but when there is slight vitiation in path of one then it impedes the *Gati* of other leading to *Paraspar avaran*.^[4]

Here is a case study of *Apanavrit Prana* which was

treated by the *Siddhanta* of *Swa marga Yojana* (establishing in own path) of *Vimarga gami Vata* (moving in reverse direction) *Anulomana* of *Apana vata*^[5] with the help of *Samshodhana*, *Samshamana* and *Nidana parivarjana chikitsa*.

CASE STUDY

- **PRESENT COMPLAINTS** - A female patient of age 12 year having complaints of *Hikka* (recurrent hiccogs now since 2 days, once in 8 days lasting for 1-2 hour since past 2 years), *Malavibandha* (constipation- motion passed once in 2-3 days), *Udaradhman* (abdominal distension) since last 2 years was admitted in Government Ayurved Hospital, Nanded.
- **HISTORY OF PRESENT ILLNESS** - The patient was suffering from *Malavibandha* (motion passed once in 2-3 days), *Udaradhmana* (abdominal distension and discomfort) and *Hikka* (recurrent hiccogs now since 2 days, once in 8 days lasting for 1-2 hour since 2 years) since 2 years.

For the present complaints the patient has taken treatment from different allopathic hospitals with drugs like Antiemetics, Antacids, Muscle relaxants and Mild sedatives but got symptomatic relief temporarily and recurrence occurred thereafter. So she was admitted in Government Ayurveda Hospital, Nanded in IPD for treatment.

- **HISTORY OF PAST ILLNESS**

- 1) Patient was having history of pneumonia before 7 years.
- 2) Patient has passed meconium at the time of birth but no signs or symptoms of meconium aspiration syndrome were observed at that time.
- 3) Occupational history – Student

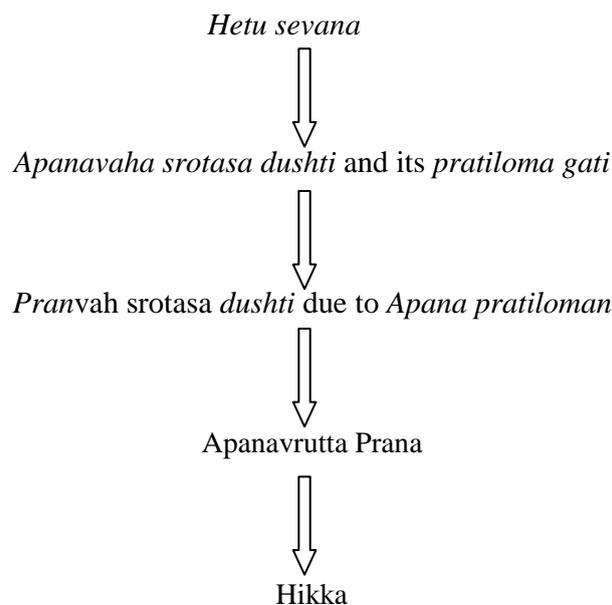
- **SAMANYA PARIKSHAN(GENERAL EXAMINATION)**

- 1) *Nadi* (Pulse) – 76 / min
- 2) *Mala* (stool) – once in 2- 3 days
- 3) *Mutra* (Urine) – Normal
- 4) *Jeeva* (tongue) – *eshat sama*
- 5) *Shabda*(speech) – Normal
- 6) *Sparsha* (Touch) – Normal
- 7) *Druk* (Eyes) – Normal
- 8) *Aakruti* (built) – *Krusha*
- 9) BP- 100/70 mmHg
- 10) Weight – 20 kg
- 11) O/E – G.C.- moderate, afebrile RS – AEBE clear CVS- S1S2 + CNS – Conscious, oriented P/A – soft, no any tenderness

- **PREVIOUS INVESTIGATIONS DONE**

- 1) USG (abdo –pelvis) – 7/12/2016- Oedematous bowel loops in right and left iliac fossa with worm infestation.
- 2) Stool examination – 16/02/2017 – bacteria seen.
- 3) Upper GI endoscopy – 24/08/2017- Gastric erythema.
- 4) CT (Brain and head) – 24/08/2017- NAD
- 5) EEG – 24/08/2017 – NAD

- **SAMPRAPTI –**



- 6) CBC – 26/07/2018 – WNL

- **NIDAN PANCHAK**

- **HETU**

1. The patient was having history of Pneumonia and passage of meconium at the time of birth which suggests the *Srotovaigunya* of *Pranvaha srotasa*.
2. *Ruksha gunatmak* ahar like Biscuits, Wafers, Pani puri, Chivda, *Virudha dhanya*.
3. *Sheet gunatmak ahar* like *atisheet jal sevan*(chilled water), cold drinks, soda, ice cream.
4. *Vidahi ahar* like pickles, papad, pizza, magi, fermented food like idli, dosa, use of condiments in food products.
5. *Guru gunatmak ahar* like *dadhi*, potatoes, lady finger, sabudana, dry fruits, nuts.
6. *Viruddha ahar* like drinking 1 glass (80 ml) of milk daily at morning without *kshudhprachiti* (*avastha viruddha*), excess drinking of water during and after meals (*parihar viruddha*).
7. *Vihar hetu* like watching TV or frequent talking during meals.
8. *Manas hetu* – stress factor.

The frequent use of these factors was observed.

- **PURVARUPA-** *Malavibandha* (constipation), *Udaradhman* abdominal distension and discomfort).

- **RUPA –** *Malavibandha* (constipation), *Udaradhman* (abdominal distension and discomfort), *Hikka* (recurrent hiccoughs).

- **UPASHAY –** *Upashay* by *Snigdha*, *Ushna ahar* and *Sarvang Snehana*, *Swedana*, *Niruha* and *Matra basti*, *Mrudu virechana*, *Nasya*. and *Anupshay* by *Ruksha*, *Sheet ahar* was observed.

• **CHIKITSA (TREATMENT GIVEN)**

1) SAMSHODHAN

AT FIRST SETTING (7 DAYS)

1. Sarvang snehana by Tila taila and Nadi sweda
2. Niruha basti with Trifala kwath 400 ml followed by Matra basti with Tila taila 40 ml for 5 days.
3. Nasya with Saindhav jal 4⁰-4⁰ half hourly.
4. Mrudu virechana- Godugdha 25 ml and Eranda taila 20 ml

AT FOLLOW UPS (AFTER 1 MONTH UPTO 2 MONTHS AND THEN AFTER ON 2 MONTHS UPTO 6 MONTHS)

1. Sarvang snehana by Tila taila and Nadi sweda
2. Niruha basti with Trifala kwath 400 ml followed by
3. Matra basti with Mahanarayan taila 40 ml for 5 days.
4. Nasya with Saindhav jal 4⁰-4⁰ sos

2) SAMSHAMAN

1. Ajmoda siddha jala panartha muhu.
2. Dadimadya ghrut 10 ml – 10 ml apane (before

food)with koshna jala for 1 month.

3. Sutshekhar ras 500mg- 500mg apane (before food) with koshna jala for 8 days.
4. Chinchavan tail panartha 10ml – 10 ml apane with koshna jala for 1 month after dadimadya ghrut.
5. Aragvadhadi kashay 10 ml-10 ml after food with luke warm water for 1 month.
6. Cap. Dhanwantar tail 250mg – 250 mg after food with lukewarm water for 1 month.

3. NIDANA PARIVARJANA

1. Nidana parivarjana was advised to the patient.
2. Counseling was done to relieve the stress.
3. Laghu, Snigdha, Ushna gunatmak ahar Laja, Blackresins,
4. Chandrashoora fanta panartha and its laddos were advised.

• **OUTCOME AND FOLLOW UP**

Total duration of treatment was 6 months including follow up after 1 months during first 2 months and then once in 2 months for next 4 months.

Days	Frequency of Occurrence Of Hikka	Duration Of Lasting Of Hikka	No. Of Hikka Per Minute	Mala Pravrutti	Other Sympyoms
Day 1	Now From 2days Once In 8 Days Since 2 Years	1-2 Hour	28	Once In 2-3 Days	Udaradhman
After 2 Months	Once A Month	½ - 1 Hour	20	On Alternate Day	Udaradhman Reduced Slightly
After 4 Months	Occasional	15-20 Minutes	8	Daily But Not At Morning	Udaradhman Reduced Significantly, Kshudhaprachiti Increased
After 6 Months	No Hikka Since Last 2 Months	-	-	Daily But Not At Morning	No Udaradhman, Kshudhaprachiti Increased, Increase In Weight By 2 Kg

DISCUSSION

The patient was having history of Pneumonia and passage of meconium at the time of birth which suggests the Srotovaigunya of Pranvaha srotasa leading to its durbalatwa (weakness). It was later supported by the Ruksha, Sheeta, Vidahi, Guru and Viruddha ahar. These Hetu sevana further lead to the Apana vaha srotasa dushti (Avaraka) both gunataha and karmataha leading to its pratiloma gati. It further vitiated the Prana vaha srotasa (Avrutta) leading to the manifestation of symptoms – Malavibandha, Udaradhmana and Hikka.

The principle treatment for the Pratilomit Vayu is to establish it in its own path as described in classical texts. So for Anulomana of Apana treatment was done using Samshodhana, Samshaman and Nidan parivarjan. In Samshodhana therapy, Sarvang abhyanga with Tila taila and Nadi swedana was done to relieve the

vitiated Vata dosha, Anulomana of pureesha^[6] and as a Purva karma of Basti chikitsa.

Niruha basti with Trifala kwath 400 ml was given for Pakwashay shodhana and Vatanulomana as is principle treatment in Apanavrut conditions.^[7] which was followed by Matra basti with Tila taila 40 ml for pacifying Vata dosha as patient was having Deeptagni, Baddha vid vat (constipation) and Roukshya in srotasas.^[8] The Niruha and Anuvasana are the main treatment for Vat chikitsa upakrama as these enter the Pakwashay initially and destroys the Vaikarik vat moola and once the vitiated Vat dosha in Pakwashay is corrected other Vat vikaras in the body get pacified accordingly.^[9]

Mrudu virechana with Godugdha 25 ml and Eranda tail 20 ml was given (2 vegas) later to relieve the vitiated Vat

dosha in *Pakwashay* by *Anulomana*.^[10] *Nasya* with *Saindhav jala* was carried out considering the *Dosha* predominance and place of manifestation of the symptoms.^[11] Also it is one of the *Vyadhipratyaneeek chikitsa* in *Hikka*^[12] which pacifies the vitiated *Vata dosha* in *Pran* and *Udanvah srotasa*.

Shamana aushadhi having *Deepana*, *Pachana* and *Anulomana* properties like *Ajmoda siddha jala panartha*, *Sutshekhara rasa*, *Dadimadya ghrut*, *Aragvadhadi kashay*, *Chincha lavan taila* were given. For *Apunarbhav chikitsa*, *Niruha* with *Trifala kwath* on 1 day followed by *Matra basti* with *Mahanarayan taila* 40 ml for 5 days was given on every 2 months. Capsule *Dhanwantar tail* having *Vathar* quality and is beneficial for children was given.

Nidana parivarjana was advised and *Snigdha*, *Ushna* and *Laghu gunatmak ahar* like *Laja*, black resins, *Chandrashoor fant* and its laddo were advised. After this treatment patient got complete relief from recurrent hiccoughs, *Malavibandha* and *Udaradhmana* with no recurrence. *Kshudhapravrutti* and weight was increased at the end.

● CONCLUSION

Avarana is one of the unique and important fundamental concept explained in *Ayurveda* in pathology of various diseases. Those who are aware of the basics of *Avarana* will never fail in the treatment.^[13] If not identified or treated properly can lead to serious consequences affecting the health of individual.^[14] The treatment of *Avarana* is easy provided that it is diagnosed correctly. The *Anukta Avarana* can be diagnosed on the basis of *Hetu*, *Vata sthana* affected, progression of pathology and symptoms manifested.^[15]

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