

CONCEPT OF AVARANA IN AYURVEDA AND ITS MANIFESTATION IN HYPERTENSION

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ABSTRACT

Avarana is a distinct and fundamental concept in *Ayurveda* that explains the pathological obstruction of the normal functioning of *Vata Dosha* due to its covering by other *Doshas*, *Dhatus*, or *Malas*, resulting in disease manifestation. Critical analysis of the symptomatology and etiopathogenesis of diseases in the light of *Ayurvedic* principles reveals the involvement of *Avaranajanya Vata Dosha*. Among the basic mechanisms of *Ayurvedic* pathogenesis, the concept of *Avarana* remains relatively underexplored, despite its important role in understanding *Vataja* disorders. Hypertension is recognised as one of the major global health problems and is a leading risk factor for cardiovascular diseases and stroke. Although essential hypertension is not described as a distinct disease entity in classical *Ayurvedic* texts, various eminent *Acharyas* have interpreted and classified this condition based on clinical

features and underlying pathophysiological similarities. On correlating the clinical manifestations and aetiological factors of essential hypertension with *Ayurvedic* fundamentals, *Avaranajanya Vata Dosha* appears to play a pivotal role in its pathogenesis. This conceptual study analyses and interprets essential hypertension from an *Ayurvedic*

KEYWORDS: *Avarana, Vata Dosh, Avaranajanya Vata, Hypertension, Ayurvedic pathogenesis.*

Avarana is a critical concept in *Ayurveda* that is regarded as a key mechanism in the pathogenesis of many diseases. The term *Avarana* is derived from the root word "Avar", which denotes obstruction or covering. It refers to the encroachment or hindrance of one entity over another, resulting in the disturbance of normal physiological functions of the body. In *Ayurvedic* literature, a clear understanding of the concept of *Avarana* is essential for analysing disease causation and manifestation. The term *Avarana* conveys the meanings *Avarodha* (obstruction) and *Gati-nirodha* (restriction of movement).

A horizontal number line consisting of 21 square boxes. Above the first nine boxes are the digits 1 through 9. The tenth box contains two small black dots. The eleventh and twelfth boxes each contain a single vertical line. The thirteenth box is empty. The fourteenth box contains a single vertical line. The fifteenth box is empty. The sixteenth box contains a single vertical line. The seventeenth box is empty. The eighteenth box contains a single vertical line. The nineteenth box is empty. The twentieth box contains two small black dots.

Thus, *Avarana* represents a state in which the normal *Gati* (movement) of *Vata* is hindered by other *Doshas*, *Dhatus*, or *Malas*, leading to the manifestation of disease. Understanding this concept is fundamental for interpreting disease pathology from an *Ayurvedic* perspective.

The term *Avarana* is derived from 'Aa' + 'Vr' + 'Lyut', meaning to cover, conceal, or obstruct.^[1]

Synonyms: *Avarana*, *Avrutta*, *Abhibhuta*, *Abhibhava* (overpowering/predominance), *Ruddha* (obstruct/impede), *Achchhadana* (cover), *Veshtana* (encompass/encircle).^[2] *Acharya Charaka* has described *Avarana* as a principal process of *Samprapti* in several disease conditions. Classical commentators, especially *Chakrapani*, have made significant efforts to elucidate the various configurations and interactions of *Dosha* and *Dushya* involved in *Avarana*. A proper understanding and clinical application of these principles may lead to substantial advancements in the *Ayurvedic* management of diseases. Just as *Soma* (Moon),

Surya (Sun), and *Anila* (Air) maintain the integrity of the terrestrial world, the three *Doshas*, *Kapha*, *Pitta*, and *Vata*, preserve the integrity of the human body by creating, assimilating, and distributing strength. These functions are primarily regulated by *Gati* (movement), which is the chief function of *Vata Dosha*. When the normal *Gati* of *Vata* is disturbed, various pathological conditions arise, among which *Avaranajanya Vyadhis* constitute an important group.

Hypertension can be understood as one such condition in which *Avaranajanya* pathology is involved. In this process, *Strotasa* (body channels) play a crucial role, as obstruction within the channels contributes significantly to the development and progression of *Avarana*.

Classification of Hypertension

Hypertension can be categorised into two types.

- 1. Primary (Essential) Hypertension (97–98%):** This type lacks a clear underlying cause, resulting from complex interactions between genetic and environmental factors.
- 2. Secondary Hypertension (2–3%):** This type is attributed to specific underlying mechanisms, often involving renal or endocrine system dysfunction.

AIM AND OBJECTIVE

Concept of *Avarana* in *Ayurveda* and its manifestation in hypertension.

MATERIALS AND METHODS

This study is a conceptual review based on classical *Ayurvedic* literature and relevant contemporary sources. Classical texts, including *Charaka Samhita*, *Sushruta Samhita*, and *Astanga Hridaya*, along with their authoritative commentaries, were reviewed to analyse the concept of *Avarana* and its role in the pathogenesis of hypertension. Relevant modern medical literature and authenticated electronic sources were also consulted for conceptual correlation. The collected data were systematically compiled and interpreted.

CONCEPT OF AVARANA

Beyond the descriptions of *Avarana Lakshanas* (symptoms), detailed definitions of the concept are rarely available in classical texts or their commentaries. One of the few practically applicable definitions of *Avarana* is seen in *Ayurveda Shabdakosha*.

Here, the stronger *Dosha* impedes (in terms of *Guna* and *Karma*) the weaker one, resulting in the stronger one more conspicuously exhibiting its *Lakshanas* and that of the weaker one getting suppressed or altered. This process is called *Avarana*.^[3]

Avarana, in *Samhitas*, is often explained along with *Vata Dosha*. When the *Samprapti* (pathogenesis) of *Vatavyadhis* are mentioned, half of the total *Samprapti* have themselves been allotted to *Avarana*.^[4]

Dosha–Dushya Avrita Vata

This suggests that *Kapha* is vitiated independently, while *Vata* becomes vitiated secondarily. In conditions like *Raktavarutta Vata* and *Medoavarutta Vata*, the causative factors mainly disturb the respective *Dhatus*. As a result, symptoms related to those *Dhatus* appear, along with associated vitiation of *Vata*. The prominent manifestation of the *Avaraka*, along with *Vata* disturbance, can be explained by the *Yogavahitva* (carrier nature) of *Vata*.^[6]

Anyonya Avarana Vata

In the above pathological process, if the *Dosha* that becomes vitiated independently is itself another subtype of *Vata*, then the condition is termed *Anyonyaavarana*. In this situation, one subtype of *Vata* obstructs or influences the normal function of another subtype of *Vata*, leading to characteristic clinical features. In the *Ayurvedic Samhitas*, the causative factors responsible for the vitiation of each subtype of *Vata* are described in detail.^[7]

An independently vitiated *Vata* leads to impairment of the functions and thereby presentation of symptoms of another *Vata*. For example, in *Pranaavruta Vyana*, *Prana Vata* acts as the *Avaraka* (obstructing factor) and *Vyana Vata* becomes the *Avruta* (obstructed one). In this condition, *Prana Vata* is vitiated due to causative factors such as dryness (*Raukshya*) and excessive exercise (*Ati Vyayama*), and this disturbed *Prana Vata* interferes with the normal functions of *Vyana Vata*.^[8]

Important Properties of *Vata* regarding *Avarana*

1. Increased *Laghu Guna*: Leads to increased *Chalatva* (excessive motion).^[9]
2. *Ruksha Guna*: Is responsible for the decrease of unctuousness (*Snehadi Guna Shunyata*), which increases *Riktata*.^[10] This results in aggravation of *Vata*, which leads to increased *Chalatva* of *Vata*.
3. *Sukshma Guna*: Helps the *Dosha* to reach the micro channels of the body.

Vyana produces *Vega* in the heart by *Abhighata* (impact), and the *Sira* and *Dhamanis* impart motion by *Nodana* (pressure). Obstruction to this force leads to different forms of *Avarana* and consequently to various diseases. Vitiation of *Vata* naturally leads to derangement of the functions it governs.

On the same basis, hypertension can be found in several other conditions that is, the secondary form of hypertension. In such cases, hypertension results from other underlying disease pathology.

Doshas Involved in Hypertension

***Prana Vayu*:** Similar to the nervous system, *Prana Vayu* regulates blood pressure through *Vyana Vayu*.^[11]

***Vyana Vayu*:** Responsible for cardiac contractions and regulation of blood circulation, thereby influencing blood pressure.^[12]

Samana Vayu: *Samana Vayu* facilitates the transportation of *Rasa* into the heart and its circulation throughout the body after digestion, as described by *Sharangadhara*.^[13]

Apana Vayu: Vitiating of *Apana Vayu* disrupts *Purisha* and *Mutra* excretion, affecting homeostasis and potentially influencing blood pressure.^[14]

Avalambaka Kapha: *Avalambaka Kapha* maintains normal cardiac rhythm, contractility, and tone, ensuring the heart's continuous pumping capacity.^[15]

Dushyas: The circulatory system involves *Aahara Rasa*, *Rasa Dhatu*, and *Rakta Dhatu*. *Rasavaha* and *Raktavaha Strotas* are crucial for *Rasa-Rakta Samvahana*.

Rasa Dhatu: *Acharya Charaka* identified factors contributing to *Rasavaha Strotasa Dushti*, including excessive intake of heavy, cold, or unctuous food and constant worry.

Rakta Dhatu: *Raktavaha Strotasa* vitiation results from consuming irritant, unctuous, hot, or liquid foods and drinks, excessive sun exposure, and fire exposure.^[16]

Agni: *Agni Dushti* occurs at two levels: *Jatharagni Mandya* and *Dhatvagni Mandya*. Factors causing *Jatharagni Mandya* include excessive diet, intake of opposing foods, and eating before digesting previous food. *Jatharagni Mandya* and *Dhatvagni Mandya* lead to *Ama* formation, *Strotorodha*, *Dosha* vitiation, increased peripheral resistance, and ultimately contribute to hypertension.^[17]

The role of *Avarana* requires special consideration in understanding and treating secondary hypertension, as in this type, obvious structural organ defect or obstructive pathology is evident. Commonly, features of *Kaphaavritta Vata* or *Pittaavritta Vata* are observed. When blood vessels are involved, *Kapha Lakshanas* predominate, whereas in endocrine and renal disorders, features of *Pitta* or *Kapha* are more prominent. Nearly all secondary forms of hypertension are related to an alteration in hormone secretion and/or renal function. Both in the regulation (maintenance) of blood pressure and in its disturbances, the kidneys (renal mechanisms) play a vital role.

Avarana can be understood as a fundamental mechanism in the pathophysiology of hypertension. *Rasa* and *Rakta* circulate continuously throughout the body; thus, blood pressure is the pressure applied by *Rasa-Rakta Dhatu* on the lateral walls of *Sira* (veins) and

Dhamani (arteries). When any obstruction comes in the way of *Vayu*, which provides the kinetic energy for the circulation of *Rasa* and *Rakta Dhatu*, it causes *Karma Kshaya* (decrease in efficiency of functions) of these two *Dhatus* by impairing the properties (*Chala Guna*) of *Vyana Vayu*, *Udana Vayu*, and *Prana Vayu*. All these processes are chronic in nature; therefore, they simultaneously cause *Vyana*, *Udana*, and *Prana Prakopa* (vitiation) in the later phase to raise blood pressure. In most patients with essential hypertension, symptoms of *Kapha*, *Pitta*, and *Rakta Prakopa*, along with symptoms of *Vata Prakopa* are present.

Kapha Avrita Vata

Generally, particular qualities (*Gunas*) present in *Kapha* and *Pitta* are responsible for the process of *Avarana*. When *Avarana* occurs in the *Rasavaha Strotasa*, especially in the heart (*Hridaya*) and the *Dasha Dhamanis*, it can lead to the development of hypertension. For this to happen, vitiation of *Kapha* and *Pitta* in the flowing *Rasa* and *Rakta Dhatu* is essential. In such conditions, the *Avrutta Vata* obstructed may be *Vyana*, *Prana*, or *Udana Vata*.

Vyana Vayu performs functions like *Gati* (movement), *Prasarana* (circulation), *Akshepa* (insinuation), and *Nimesha* (nictitation). Consequently, in both *Charaka* and *Sushruta*, the symptoms of *Kaphaavrita Vyana* are very much of *Gati* and *Cheshta* (gesticulation). In *Kapha Avarana*, mainly *Guru* (heaviness), *Sheeta* (coldness), *Manda* (slowness), and *Sthira* (stability) properties are involved, which are responsible for obstruction. The symptoms are: *Guruta Sarvagatranam* (heaviness in the whole body), *Gati Sanga* (retention due to obstruction), and *Cheshtastambha* (effortlessness).^{[18][19]}

In *Kaphavrutta Prana*, the symptoms are predominantly related to *Pranavaha Strotasa*, which may be involved in hypertension *Nishavasha* (dyspnea), *Sangraha* (constriction).^[20] Some of the symptoms of *Kaphaavrutta Udana* may be present in hypertension: *Vaivarnya* (discolouration), *Vak-svaragraha* (hoarseness of voice), *Daurbalya* (debility), *Gurugatratva* (body heaviness), and *Aruchi* (anorexia).^[21]

When *Kapha* obstructs the force and movement of *Vata*, symptoms such as *Shaitya* (coldness), *Gaurava* (heaviness), and *Shoola* (pain) manifest, which coincide with several symptoms of hypertension.^[22]

Pitta Avrita Vata

When the kinetic force of *Vyana Vayu* is obstructed by *Pitta*, certain symptoms emerge, manifesting as hypertension. Here, *Drava* and *Sara Gunas* are important in the obstruction of the *Chala Guna* of *Vata*. Subsequently, *Ushna* (heat) and *Tikshna* (pungent) properties of *Pitta* manifest as *Daha* (burning sensation), *Sarvanga Klama* (generalized fatigue), *Gatravikshepa* (body aches), *Santapa* (anguish) and *Savedana* (perspiration).^{[23][24]}

Pitta obstructs *Prana Vayu*, leading to the development of symptoms related to hypertension. Due to this obstruction, accumulation of disease features occurs according to the properties of *Pitta*. The obstructing *Gunas* give rise to symptoms such as *Murchha* (fainting), *Daha* (burning sensation), *Bhrama* (giddiness), *Shoola* (pain), *Vidaha* (intense burning), and similar complaints.^[25]

When *Pitta* obstructs the pathway of *Udana Vayu*, many symptoms arise that are very similar to hypertension symptomatology *Murchha*, *Daha*, *Klama* (mental fatigue) and *Ojobhransha* (loss of vital essence).^{[26][27]}

In general, *Avarana* of *Pitta* produces certain symptoms that can almost be correlated with hypertension symptomatology: *Daha*, *Trishna* (excessive thirst), *Shoola*, *Bhrama*, *Tama* (feeling of darkness) and *Vidaha*.^{[28][29]}

Rakta Avrita Vata

When *Rakta* obstructs *Vata*, it causes many symptoms that partially coincide with hypertension symptomatology: *Daha*, *Arti* (restlessness), *Sarvanaga Svayathu* (anasarca), *Mandala*^[30] (circular patches), *Suchibhiriva Nistoda* (pricking type of pain), *Sparshadvesha* (intolerance to being touched), *Prasuptata* (numbness), *Daha*, *Santapa*, *Murchha*, and similar complaints.^[31]

Meda Avrita Vata

The primary function (*Karma*) of *Meda Dhatu* is to provide *Sneha* (unctuousness) to all the *Dhatus*. When a person consumes a fatty diet, it is transported through *Rasa* and *Rakta Dhatus* and reaches *Meda*, which is distributed throughout the body. Thus, the normal physiological role of *Meda* is to store *Sneha* and supply it to other *Dhatus* according to their requirements. *Meda Dhatu* is mainly composed of *Prithvi* and *Jala Mahabhutas*. For proper physiological functioning, these *Mahabhutas* must remain in balanced proportions.

Disturbance in either or both leads to derangement of normal bodily functions. The predominance of *Jala Mahabhuta* maintains qualities such as *Mridu* (softness), *Snigdha* (unctuousness), *Hima* (coldness) and *Picchila* (stickiness), whereas *Prithvi Mahabhuta* contributes *Guru* (heaviness), *Manda* (slowness), *Sandra* (density), *Sthira* (stability), and *Sthula* (thickness). The harmonious presence of these qualities represents the normal physiological state (*Prakruta Sanghata*) of *Meda Dhatu*.

Meda: Pruthvi + Jala (Dominant)

Meda Dhatu is predominantly composed of *Prithvi* and *Jala Mahabhutasa*. Excessive predominance of these *Mahabhutasa* leads to *Meda Dushti*, resulting in *Santarpanjanya Vyadhis* (disease due to over-nourishment), such as *Prameha*. In the *Nidana* (aetiology) of *Prameha*, *Acharya Charaka* has described the presence of *Bahu* (excessive) and *Abaddha Meda* (loose *Meda*), which represents an abnormal, excessive and unbound state of *Meda Dhatu*. This pathological condition arises due to the excessive dominance of *Jala Mahabhuta* in *Meda Dhatu* throughout the body.^[32]

Sthaulya (obesity) and *Karshya* (emaciation) are *Rasa-nimittaja*, and excessive ingestion of *Madhura Rasa* and other *Nidanas* leads to *Ama-Anna Rasa* and excess *Sneha* (oleaginous) in the body, forming excessive *Meda*.^[33] Thus, when *Meda Dhatu* is excessively increased due to the predominance of *Jala Mahabhuta*, it tends to accumulate in those *Dhatus* that are *Drava* (liquid) in nature. This is because *Pravahana* (flow) is a common and significant property of *Dravibhuta Sneha* as well as *Rasa* and *Rakta Dhatu*. *Dravibhuta Sneha*, a component of *Meda Dhatu*, possesses a comparatively thicker and more viscous consistency than *Rasa* and *Rakta Dhatu*, which normally exhibit the *Sukshma Strotasa-anusari* (ability to circulate through microchannels) property.

Due to this increased viscosity, *Dravibhuta Sneha* causes obstruction (*Srotorodha*) in *Dhamani* and *Sira*, leading to a reduction in the kinetic force and normal functioning of *Vyana Vayu*, *Udana Vayu*, and *Prana Vayu*. As a compensatory response to this obstruction, *Vyana Vayu Prakopa* occurs, resulting in increased vascular resistance and ultimately manifesting as elevated blood pressure.^[34]

This pathogenesis may take place without *Prameha*, but *Bahu* (excessive) and *Abaddha* (loose) *Meda* are the essential factors.

Meda: Prithvi (Dominant) + Jala

This condition results in the formation of excessive *Baddha Meda* (bound *Meda*). The predominance of *Teja* and *Vayu Mahabhutas* leads to the drying of *Dravatva* (fluidity) and *Snehatva* (unctuousness), while simultaneously increasing the *Sthira* (stability), *Sandra* (density), and *Ruksha Guna* (dryness) of *Meda*, thereby further aggravating *Meda Dhātu*.

Sira (blood vessels) are formed from the *Mridu Paka* (mild metabolic transformation) of *Meda Dhātu*, a process primarily governed by *Agni*.^[35] Through the *Samskara* (transformative action) of *Agni*, the constitution of *Meda* undergoes qualitative modification. The *Ushna Guna* (heat quality) of *Agni* induces drying of the *Sneha* present in *Meda*, and through *Paka Kriya* (metabolic process), *Meda* is transformed into a specific structural form *Sira*.

Vayu assists in this process by facilitating the drying of *Sneha* and stimulating *Agni* to perform its metabolic functions. Additionally, *Akasha* and *Vayu Mahabhutas* contribute to the formation of the luminal component of *Sira*.^[36]

The *Mahabhuta* configuration of *Meda* should be normal for the proper function of *Sira*. In abnormal conditions of *Meda*, *Siras* also change from normal to abnormal, and this abnormal *Meda* can obstruct channels, contributing to diseases like hypertension and coronary artery disease.

Anyonya Avarana and Hypertension

Symptoms of hypertension are found in the following types of *Anyonya Avarana*:^[37]

- *Vyanavrita Prana*
- *Pranavrita Udana*
- *Samanavrita Vyana*
- *Samanavrita Apana*
- *Pranavrita Vyana*

The majority of symptoms described in different types of *Avarana* resemble those of hypertension; however, no single *Avarana* pattern independently accounts for the entire symptom complex. Thus, the complete symptomatology can be found in different locations of *Avarana*. The symptomatology of essential hypertension shows close resemblance to *Kapha*, *Pitta*, *Rakta*, and *Meda Avarana*, along with features of *Rakta Pradoshaja Vikara*, when

considered collectively. Whenever a complex manifestation involving multiple *Doshas* and *Dhatus* is present, such a condition should be understood as *Mishra Avarana*.^[38]

Vagbhatta has elucidated the concept of *Mishra Avarana* in considerable detail. He explains that innumerable varieties of *Mishra Avarana* exist, in which the five types of *Vayu*, beginning with *Prana*, along with *Kapha*, *Pitta*, the *Sapta Dhātu*, and the *Tri-Malas*, participate in various combinations. The principles of *Taratamya* (relative predominance and interaction) and *Vikalpa* (alternative permutations) among these components further account for the infinite varieties of complex *Avarana*.

Despite this complexity, *Mishra Avarana* can be clinically diagnosed based on symptomatology, along with the assessment of increased or decreased functional states of the involved types of *Vata* and their respective *Sthana*. Considering all classical contexts of *Avarana* and correlating them with the clinical features of hypertension, it can be concluded that *Rakta*, *Meda*, *Pitta*, and *Kapha*, along with *Vyana*, *Udana*, and *Prana Vayu*, are the most probable participating entities in the complex (*Mishra*) *Avarana* underlying hypertension.

DISCUSSION

Avarana is a distinctive and clinically significant *Ayurvedic* concept that explains disease manifestation through the obstruction of the normal *Gati* and *Karma* of *Vata* by other *Doshas* or *Dushyas*. Unlike *Kevala Vata-prakopa*, *Avarana* represents a complex pathological state in which *Vata* becomes functionally impaired due to obstruction, without being primarily vitiated. This conceptual framework is particularly relevant in understanding hypertension, a chronic and multifactorial disorder that cannot be adequately explained by an isolated *Dosha* imbalance.

When interpreted through an *Ayurvedic* lens, hypertension closely corresponds to a state of *Dosha-Dushya Avarana* involving *Kapha*, *Pitta*, *Rakta*, and *Meda*, with *Vyana*, *Prana*, and *Udana Vayu* being the predominantly affected subtypes of *Vata*. Since *Vata* governs all forms of movement and regulation within the body, its obstruction results in disturbances of circulation, vascular tone, and pressure homeostasis. The chronic nature of hypertension further supports the involvement of sustained *Avarana* rather than an acute *Dosha* aggravation.

Kapha-avrutta Vata plays a central role due to the *Guru, Snigdha, Manda, and Sthira Gunas* of *Kapha*, which promote *Strotorodha*, particularly in the *Rasavaha* and *Raktavaha Strotas*. When such obstruction occurs in the *Hridaya* and *Dasa Dhamanis*, the normal *Prasarana* and *Gati* of *Vyana Vayu* are compromised, leading to increased resistance to blood flow. Clinically, this manifests as heaviness, lethargy, and restricted movement symptoms commonly observed in hypertensive individuals.

Pitta-avrutta Vata contributes to hypertension through its *Ushna, Tikshna, Sara, and Drava Gunas*, which disturb the *Chala Guna* of *Vata*. Obstruction of *Prana* and *Udana Vayu* by *Pitta* results in symptoms such as *Daha, Bhrama, Murchha, and Klama*, reflecting neurovascular and autonomic dysregulation. These features parallel the stress-induced and inflammatory components of hypertension recognised in contemporary medicine.

Rakta-avrutta Vata further explains the vascular involvement in hypertension. Vitiating *Rakta* exerts pressure on *Vata*, producing abnormal force and movement in circulation. Symptoms such as *Santapa, Arti, and Murchha* correspond to altered vascular integrity and endothelial dysfunction. Similarly, *Meda-avrutta Vata* is particularly relevant in hypertension associated with obesity and metabolic disturbances. Excessive and *Abaddha Meda* increases blood viscosity and causes *Strotorodha* in *Sira* and *Dhamanis*, impairing the kinetic functions of *Vyana, Prana, and Udana Vayu*. The compensatory *Prakopa* of *Vyana Vayu* leads to increased vascular resistance and sustained elevation of blood pressure.

Anyonya Avarana provides further insight into the complexity of hypertension by elucidating the mutual interference among different subtypes of *Vata*. Conditions such as *Prana-avrutta Vyana* and *Samana-avrutta Vyana* suggest that hypertension involves not only circulatory disturbances but also alterations in respiratory, digestive, and autonomic regulatory mechanisms. No single type of *Avarana* independently accounts for the entire clinical spectrum of hypertension.

Thus, hypertension is best understood as a manifestation of *Mishra Avarana*, wherein multiple *Doshas* and *Dushyas* interact with varying degrees of predominance, as described by *Vagbhata* through the principles of *Taratamya* and *Vikalpa*. This conceptualisation effectively explains the heterogeneity of clinical presentations and disease progression observed in hypertensive patients.

From a therapeutic standpoint, this understanding emphasises the necessity of identifying the predominant *Avaraka* before initiating treatment. Mere *Vata-shamana* without addressing the obstructing factors may prove inadequate. Therefore, management should focus on *Avaranahara*, *Srotoshodhana*, *Agni-deepana*, and *Dosha*-specific interventions to achieve sustainable control of hypertension.

CONCLUSION

Hypertension can be comprehensively understood in *Ayurveda* through the concept of *Avarana* rather than as an isolated *Vata-prakopa*. It represents a state of *Mishra Avarana* wherein *Kapha*, *Pitta*, *Rakta*, and *Meda* obstruct the normal functions of *Vyana*, *Prana*, and *Udana Vayu*, leading to impaired circulation and increased vascular resistance. This pathophysiological framework elucidates both the chronic progression and clinical variability of hypertension. Recognition of *Avarana* as the underlying mechanism emphasises the importance of individualised therapeutic approaches focusing on *Avaranahara* and *Srotoshodhana* measures for effective and sustained management of the disease.

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