

DECIPHERING PATHOLOGICAL OCCLUSION: A CLINICAL STUDY ON VATA AVARANA AND THE THERAPEUTIC EFFICACY OF PANCHAKARMA THEREIN

^{1*}Vd. Mayuri B. Kumbhar, ²Vd. Rajendra S. Huparikar

^{1*}M.D. Scholar ³rd Year, ²MD, Ph.D. Kayachikitsa,

HOD, Dept. of Panchakarma Tilak Ayurved Mahavidyalaya, Rasta Peth, Pune.

Article Received on 30 Dec. 2025,
Article Revised on 19 Jan. 2026,
Article Published on 01 Feb. 2026,
<https://doi.org/10.5281/zenodo.18438016>

*Corresponding Author

Vd. Mayuri B. Kumbhar

M.D. Scholar 3rd Year, Dept. of
Panchakarma Tilak Ayurved
Mahavidyalaya, Rasta Peth, Pune.



How to cite this Article: ^{1*}Vd. Mayuri B. Kumbhar, ²Vd. Rajendra S. Huparikar (2026). Deciphering Pathological Occlusion: A Clinical Study On Vata Avarana And The Therapeutic Efficacy Of Panchakarma Therein. "World Journal of Pharmaceutical Research, 15(3), 1066–1079.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

The Ayurvedic principle of Avarana, which describes the pathological obstruction of Vata's natural movement by another Dosha, Dhatu, or Mala, serves as a vital diagnostic framework for interpreting complex metabolic and neurological disorders. It is regarded as one of the most complex pathological states for a physician to comprehend, analyze, and diagnose. While Vata is the master of all bodily activities through its unique quality of Chalatra (movement), Avarana leads to Gatinirodha (occlusion) of Vata, resulting in the hyperfunction (Swakarma Vriddhi) of the obstructing agent(Avaraka) and functional loss (Swakarma Hani) of the obstructed entity(Avrutta). Identifying these specific symptomatic patterns between Avaraka and Avrutta is crucial for accurate diagnosis, as a misinterpretation of Avarana can lead to improper management that may further exacerbate the patient's condition. Consequently, a profound understanding of these occlusive states is essential for precision in clinical

practice. This research systematically explores the various classifications of Avarana mentioned in the Bruhatrayee, their clinical relevance in modern medicine and application of proper Panchakarma therapies. It therefore aims to facilitate easier diagnosis and ensure successful clinical outcomes (Chikitsa Saphalyatva).

Index Terms: Avarana Vata, Avaraka, Avrutta, Modern Correlation, Panchakarma.

INTRODUCTION

नुपहतसर्वधातूष्ममारुतस्त्रोतः।

च.सू. २८/३^[1]

The concept of Avarana is rooted in the fundamental Ayurvedic principle that a state of well-being is defined as Anupahata, or the absence of obstruction within the body's channels.

Vata Dosha is defined by Acharya Sushruta as self-generated, subtle, and all-pervasive, acting as the master driver of all the vital structures through its inherent quality of Chalatra (movement).^[2] Avarana occurs when this essential movement is hampered by an external factor, acting as a "clouding"^[3] mechanism that conceals the normal physiological function of the Dosha.

NIRUKTI (ETYMOLOGY)^[4]

According to *Shabdakalpadruma*, the word **Avarana** is etymologically derived from: the prefix (Upasarga) 'Aa' (आङ्), the root word (Dhatu) 'Vru' (वृ) (which means to cover or hide), and the suffix (Pratyaya) 'Lyut' (ल्युट्). Together, the word literally means "the act of covering, masking, or obstructing."

PARYAY

- Abhibhava- Atyadhika Vyakti, Predominance, Overpowering
- Ruddha – Avarodha, Obstruction
- Acchadana – Covering, Masking
- Veshtana, Valayita – Bandhana,
- Samvita

VYAKHYA

अभिसर्पत् बलवत् दोषेण अभिभूतोः दुर्बलोः दोषाः प्रत्यावृत्तः सत् आवृत्तः इत्युच्यते ।

आयुर्वेद शब्दकोष | ^[5]

This pathological state is defined in the *Ayurvediya Shabdakosha* as a resistance or friction to the normal momentum of Vata, where a stronger, vitiated **Avaraka** (obstructing agent) suppresses the weaker **Avruta** (obstructed entity).

The Dual Components: Avaraka and Avruta^[6]

Central to the pathology of Avarana is the interaction between two entities:

- **Avaraka (The Obstructor)/ Bully:** Also known as *Acchadaka* (*Vaidyaka*

ShabdaSindhu), this is the stronger, vitiated factor that causes the blockage. This can be another *Dosha* (*Pitta* or *Kapha*), a *Dhatu* (Sapta Dhatu), *Mala* (Trayo Mala), or even *Anna* (food).

- **Avruta (The Obstructed)/ Victim:** Also known as *Acchadita* (*Vaidyaka ShabdaSindhu*), this is the entity whose path is blocked. Due to the obstruction, the *Avruta* becomes weakened and cannot perform its natural functions.

It is a complex physiological "traffic jam" where an **Avaraka** (the blocker, such as *Kapha*, *Meda*) obstructs the **Avruta** (the blocked force, usually *Vata*). This creates a clinical paradox: misleading doctors into treating the secondary symptoms rather than the obstruction itself. For e.g. Applying nourishing treatments to this perceived weakness can inadvertently strengthen the blocker, such as **Kapha**, further worsening the disease and patient's condition.

The Two-Fold Vitiating of Vata^[6]

Ayurveda categorizes the vitiating of *Vata* into two distinct pathways

1. **Dhatu Kshaya:** Degenerative conditions where the depletion of *Rasadi Dhatus* leads to a secondary increase in *Vata*.
2. **Marga Avarana (Margavarana):** Obstructive conditions where the pathway of *Vata* is physically or functionally blocked.

In *Avarana*, the pathology is primarily one of *Srotodushti*. Causative factors lead to *Dosha Dushti*, where vitiated doshas accumulate in specific *Srotas*, leading to manifestations such as *Sanga* (stagnation) or *Vimarga Gamana* (retrograde/abnormal flow)

The Physics of Mutual Obstruction

The study identifies that different fractions of *Vata* (*Prana*, *Udana*, *Samana*, *Vyana*, and *Apana*) move in specific vectors:

- **Prana and Udana:** Move primarily upward.
- **Apana:** Moves downward.
- **Samana:** Moves laterally.
- **Vyana:** Moves in all directions.

Because these forces work in coordination but often share pathways, minor variations in their trajectory can lead to **Anyonyaavarana**^[7] (mutual obstruction), much like two air currents colliding to form a cyclone.

Classification and Taxonomy

The research categorizes **42 distinct types** of Avarana

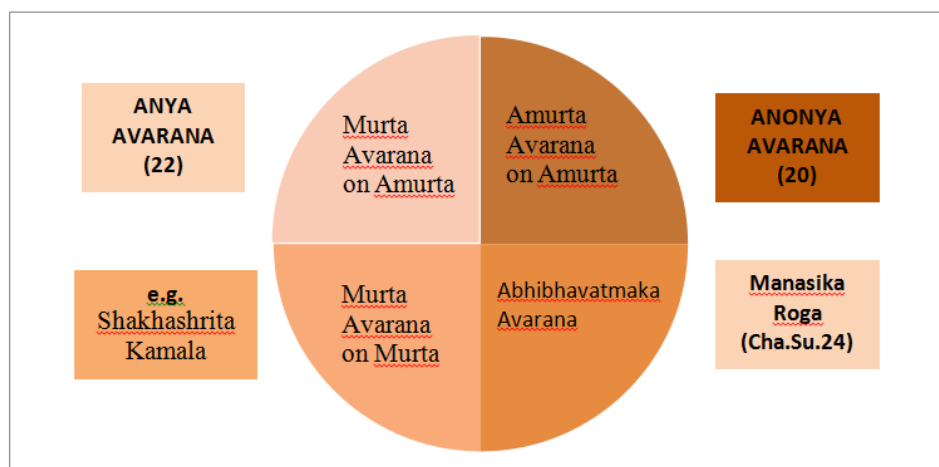


Fig No. 1: Pie Chart – Types Of Avarana.

Differential Diagnosis (Gataavata vs. Avarana)

According to clinical notes, a physician must differentiate between degenerative states and obstructive states

- **Gataavata:** Primarily *Apatarpana-janya* (due to under-nutrition), characterized by tissue loss (*Dhatukshaya*) and empty channels (*Rikta Srotas*).
- **Avarana:** Primarily *Santarpana-janya* (due to over-nutrition/accumulation), characterized by *Dhatu Vruddhi* (tissue increase) and filled/blocked channels (*Purna Srotas*).

MATERIALS AND METHODS

The methodology for this research involved a structured, qualitative analysis of classical Ayurvedic literature and modern clinical correlations. The primary sources used for this study were the *Brihatrayee*—comprising the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*—to ensure a comprehensive understanding of the original Sanskrit treatises. For Modern correlations various modern pathological books and online research articles were studied.

AVARANA IN DETAIL

Table No. 1: Anya Avarana In Detail.

Sr. No	Avarana	Modern Correlation	Lakshana	Chikitsa
1.	Pitta- avruta Vata	Heat Stroke/ Hypertension/	<i>Daha</i> (burning), <i>Trishna</i> <i>Bhrama</i> (dizziness), <i>Shula</i> ,	1. <i>Jeevaniya Ghrita</i> – <i>Cha.Chi.29/61- 70</i>

		Neuropathies ^[8]	Vidaha. ^[9]	<p>2. <i>Yapana Ksheerbasti- Manjisthadi traya basti</i> (Cha.Si.10/21-22) <i>Sasharkara madhu ghrita saskheera bastayo</i>)</p> <p>3. <i>Virechana</i></p> <p>4. <i>Parisheka –Madhuyashti, bala, ghrita, Ksheera, Panchamula Kashaya, Sheetajala</i></p>
2.	Kaphaavruta Vata	Cervical Spondylosis ^[10] (Manyastambha) ^[11] Myopathies	Shaitya, Gaurava (heaviness), Shula (Pain), Gati Sanga (restricted movement). ^[9]	<p>1. <i>Tikshna Sweda</i></p> <p>2. <i>Niruha Basti</i> a) <i>Erandmuladi Niruha Basti</i> कफावृत्तिं मारुतनिग्रहं च। च.सि.३/४१</p> <p>b) <i>Rasnadi Niruha Basti –</i> Cha.si.3/61-64</p> <p>c) त्रयःसमूत्राः कटुकोष्णातीष्णाः कफे निरुहा न परं विधेया । च.सि.३/६९</p> <p>d) <i>Samutra- Katu, ushna Teeksha Basti</i></p> <p>e) <i>Vamana</i></p> <p>f) <i>Virechana</i></p> <p>g) <i>Jirna Sarpipaan- Ghrita</i> (Panchamuladhya)</p> <p>Taila- til Taila, Sarshapa Taila</p>
3.	Rakta Avruta Vata	Inflammatory swelling / Cellulitis	Rubor (Raga), Tumour (Shwayatu) Calor (Daha), Dolor (Twak- mamsantara Ruja). ^[9]	<p>1. <i>Virechana- e.g.</i> a) <i>Aragwadha-</i> (ज्वरहृद्गोवातासृगाउदावर्तादिरो गिषु ।^[12]</p> <p>b) <i>Trivrutta</i> <i>Churna/Eranda/Haritaki + Dharoshna Dugdha</i>^[13]</p> <p>c) <i>Trivrutta + Draksharasa</i>^[13]</p> <p>d) <i>Eranda Taila</i>^[13]</p> <p>2. <i>Ghritapana- Jeevaniya Ghrita</i>^[14] <i>,Shravanyadi Ghrita,</i>^[15] <i>Bala Ghrita</i>^[15]</p> <p>3. <i>Basti – Anuvasan Basti –</i> (Madhuyashtyadi Tail Anuvasan – Cha.Chi.29/95)</p>
4.	Mamsa Avruta Vata	Nodules / Benign tumor of muscles	Kathina-Vivarna pidaka (Nodules), Swayathu (Swelling), Harsha, Pipilika Sanchar (feeling of "ants crawling") ^[9]	<p>1. <i>Swedana</i></p> <p>2. <i>Abhyanga</i></p> <p>3. <i>Snehapana- Vajrak Ghrita,</i>^[16] <i>Panchatiktaka Ghrita</i>^[17]</p> <p>4. मांसजानां तु संशुद्धिः शस्त्रधार</p>

				अग्निकर्म च। च.चि.२८/२६
5.	Medo Avrita Vata	Lipoma / Obesity (Sthaulya)	Unctuous (Snigdha), soft, cold swelling; moving or fixed. Typical of Adhyavata. ^[9]	प्रमेहवातमेदोग्नीम् आमवाते प्रयोजयेत् ^[18] A) Aamvata Chikitsa – 1. <i>Swedana – Ruksha Sweda</i> 2. <i>Ruksha Udwartana</i> 3. <i>Virechana</i> 4. <i>Snehapana</i> 5. <i>Basti – Lekhna Basti</i> , • <i>Saidhavyukta Anuvasan Basti</i> • <i>KshaarBasti</i>
6.	Asthi Avruta Vata	Osteophyte / Motor neuron disorder	Pidanam cha Abhinandati, Suchi Eva Vedana (Pricking Pain) ^[9]	1. <i>Mahasneha</i> 2. <i>Tikta KsheerBasti</i>
7.	Majja Avruta Vata	Motor neuron disorder	Vinama (Bending of the body), Jumbha (yawning), Pidyamana tu labhate Sukham (relief felt upon squeezing/pressure.) ^[9]	1. <i>Mahasneha</i>
8.	Shukra Avruta Vata	Ejaculatory dysfunction / Premature ejaculation	Shukrasya ativega / vishanga (Excessive discharge or total obstruction of semen) ^[9]	1. विबध्दमार्गं दृष्ट्वा वा शुक्रं दद्यात् विरेचनम् ॥ विरिक्तप्रतिभुक्तस्य पूर्वोक्तां कारयेत् क्रियाम् ^[19] • <i>Virechana – Use of drugs like Haritakyadi Yoga</i> ²⁰ • <i>Snehapana – Amrutprasha ghrita</i> ^[21] • <i>Yapana Basti</i>
9.	Anna Avruta Vata	Indigestion / Delayed gastric emptying	<i>Bhukte kukshau cha Ruka</i> (Pain in the stomach area after eating) and <i>Jeernye Shamyati</i> (immediate discomfort). ^[9]	1. <i>Vamana (emesis/ullekha)</i> , 2. <i>Deepana and Pachana</i> .
10.	Mutra Avruta Vata	Urinary retention/ obstruction	<i>Mutra pravritti adhanam bastau</i> (Obstruction of urine flow and distention of the bladder) ^[9]	1. <i>Swedana (sudation)</i> 2. <i>Uttarabasti</i> .
11.	Purisha Avruta Vata	Fecolith / Chronic constipation	<i>Varcho ativibandh</i> . (inability to pass stool), Cutting pain and intestinal gurgling ^[9]	• शकृता तैलम् एरण्डं स्निग्धोदावर्तवत् क्रिया ॥ • <i>Udavartahar Kriya</i> ^[22] - <i>Abhyanga (Agurvadi Taila)</i> , <i>Swedana</i> , <i>Niruha Basti</i> , and <i>Virechana</i> .

PITTA-KAPHA AVRUTA PANCHAVATA**Table No. 2: Pitta- Kapha Avruta Panchavayu Avarana In Detail.**

Sr.No.	Avarana	Modern Correlation	Lakshana
1.	Pittavruta Prana	Hypertension ^[23] , Encephalitis	<i>Murcha</i> (fainting), <i>Daha</i> (burning), <i>Bhrama</i> (dizziness), <i>Vidaha</i> . ^[24]
2.	Pittavruta Udana	GERD	<i>Murcha</i> (fainting), <i>Daha</i> (burning), <i>Klama</i> , <i>Ojobhramsha</i> . ^[24]
3.	Pittavruta Samana	Essential Hypertension ^[23] Gastritis	<i>Murcha</i> (fainting), <i>Daha</i> (burning), <i>Atisweda</i> (Excessive sweating), <i>Aruchi</i> (Anorexia), <i>Agnimandya</i> . ^[24]
4.	Pittavruta Vyana	Myopathies / Gullian Barre Syndrome ^[25]	<i>Daha</i> (burning), <i>Sarvang Klama</i> , <i>Gatravikshepa</i> , <i>Sanga</i> , <i>Santapa</i> , <i>Shula</i> . ^[24]
5.	Pittavruta Apana	Raktapradar ^[26] / Menorrhagia / UTI	Haridra Mutra-varchha-twaka (Yellowish discolouration of Urine-faeces-skin), <i>Daha-Guda-Medra</i> (Burning sensation at Anus-Penis-Basti) ^[24]
6.	Kaphavruta Prana	COPD ^[27]	Sthivana-Kshavadhu-Udgaar-Nishwaas-Ushwaas Sangraha (Difficulty in swallowing, sneezing, hiccups, inhalation, exhalation), <i>Aruchi</i> (Anorexia), <i>Chhardi</i> (Vomiting) ^[24]
7.	Kaphavruta Udana	Dysarthria	Vaivarnya (Discolouration), <i>Vaak-Swar sangraha</i> (inability to speak), <i>Dourbalya</i> (Weakness), <i>Gaurava</i> (Heaviness), <i>Aruchi</i> (anorexia) ^[24]
8.	Kaphavruta Samana	Meabolic Syndrome ^[28]	Asweda (No Sweating), <i>Agnimandya</i> , <i>Lomaharsha</i> , <i>Shaitya</i> . ^[24]
9.	Kaphavruta Vyana	Rheumatid Arthritis ^[29] / Parkinsonism ^[30] / GBS ^[31] / Palsy ^[32]	<i>Gaurava</i> (Heaviness), <i>Sarva Sandhi-asthi Ruja</i> (Joint Pain), <i>Gatisanga</i> (restricted movement) ^[24]
10.	Kaphavruta Apana	Diabetes Mellitus ^[33]	<i>Varcha- Bhinna</i> , <i>Sleshma</i> , <i>Guru Varcha Pravartana</i> . ^[24]

ANONYA AVARNA**Table No. 3: Anonya Avarana In Detail.**

Sr. No.	Avarana	Modern Correlation	Lakshana	Chikitsa
1.	Pranavruta Vyana	Parkinsonism, ^[34] Alzheimer's Disease	Indriya Shunyata (Loss of all sense organs), loss of memory (Smriti), strength (bala), and enthusiasm. ^[35]	A) Urdhva Jatru Gata Chikitsa: 1. Uttarabhaktika Ghritapana- • Mahapaishashika Ghrita ^[36] 2. Brimhana Nasya- • Baladhatryadi Taila • Panchendriyavardhan taila
2.	Udanavruta Vyana	Parkinsonism ^[37]	Stabdhata (Stiffness), <i>Agnimadhya</i> (low digestive fire), <i>Asweda</i> (lack of sweating), <i>Chestahani</i> (inability to move limbs). ^[35]	Laghu Ahara (light diet).

3.	Samanavruta Vyana	-	Murcha (Fainting), Tandra (drowsiness), Pralapa (delirium), Angasada (body ache), Oja-bala Kshaya (exhaustion). ^[35]	Vyayama (exercise) and Laghu Bhojana.
4.	Apanavruta Vyana	Diarrhoea, BPH, Retrograde Ejaculation	Vit-Mutra-Retasasam Atipravrutti (Excessive discharge of feces, urine, and semen). ^[35]	Sangrahana (astringent/absorbent therapy)- E.g. Jatiphala Churna)
5.	Pranavruta Udana	Respiratory Tract Infections ^[38]	Shirograha (Stiffness of the head), Pratikshyaya (rhinitis), Shwaas (difficulty breathing), Hridroga, Mukashosha (dryness of the mouth). ^[35]	1. Urdhva Jatru Gata Chikitsa; • Tejovatyadi Ghrita – Shwashar, Hridrogahar, Mukhashoshhar (Cha.Chi.17/144) • Dashamuladhya Ghrita – Cha.Chi.8/93 • Rasna Ghrita , Bala Ghrita 2. Nasya – Baladhatryadi Taila, Panchendriyavardhan Taila 3. Ashwasana.
6.	Pranavruta Samana	Stammering	Jadatva-Gadgad Vaka (speech disturbances), Mukatva (loss of sensory function). ^[35]	1. Vatahara Snehapana- Autarbhaktika Snehapana – Dashmula Ghrita (स्वरबोधनम्)- Cha.Chi.8/97 2. Abhyanga 3. Nasya – Bala Vidari adi Nasya 4. Yapana Basti 5. Anuvassana Basti
7.	Udanavruta Prana	—	Karma-Oja-Bala-Varna Nasha (Loss of functions, strength, and complexion), Mrutyu (may lead to death). ^[35]	Procedures that provide strength and stabilize the Prana-Sheetajala Parisheka
8.	Udanavruta Apana	—	Chhardi (Vomiting), Shwaas (breathing difficulties). ^[35]	1. Basti 2. Anulomana (restoring downward movement).
9.	Vyanavruta Prana	Hyperthyroidism	AtiSweda (Excessive sweating), Lomaharsha, Twakadosha, Suptata (Numbness) ^[35]	Snehayukta Virechana-Sneha helps reduce Vyana; Virechana helps in bringing Anulomana Gati.
10	Vyanavruta Apana	Renal calculi	Vaman, Adhmana, Udavarta, Gulma, Parikartika ^[35]	तं स्निग्धैः अनुलोम्येत् । • Eranda Sneha • Dhanyaka-Gokshur Siddha Ghrita • Sukumar Ghrita
11	Samanavruta Apana	IBS (Irritable Bowel Syndrome) ^[39]	Grahani (digestive distress) Diarrhea, Aamashya shula (abdominal pain), parshwa-hruday Shula) ^[35]	Agniapradeepaka Ghrita – • Dashamuladya Ghrita- करोत्यग्निं बलं वर्णं वातघ्नं भुक्तपाचनम् । च.चि.१५/८२-८६ • Panchamuladya Ghrita-

				अग्निदीप्तीकरं परम्। शुलगुल्मोदरश्वासनिलकफापरम् । च.चि.१५/८८-९३ • Dadimadi Ghrita – च.चि.१६/४५-४६ • Shatpala Ghrita
12	Apanavruta Udana	—	Moha, Agnimandya, Atisaar ^[35]	Vamana (emesis), Deepana, and Grahi treatment.

KAPHA-PITTAVRUTAVATA^[40]

First treatment should be done of Pitta and then Kapha. Treatment Protocol of this is Swedana Purvaka Basti.

i.e. Vata+ Kapha – Gomutra Yukta Niruha

Vata + Pitta – Dugdha Yukta Niruha

Vata + Pitta+ Kapha – Madhur Varga Siddha Taila Anuvasan

STANANUSAAR AVRUTTA VATA CHIKITSA^[41]

- Amashaya – Kapha – Vaman
- Pakwashaya- Pitta- Virechan
- Sarvang – Pitta- Raktamokshana
- Shirotogata – Nasya, Dhooma
- Ura-Strotogata – Kevala Vatika Chikitsa

SARVA STHANAVRUTTA VATA CHIKITSA^[42]

- Kapha-Pitta Shamak Chikitsa- Ahaar, Aushadi, Karma
- Vatanuloman
- Yapan Basti
- Anuvasan Basti – Madhur Aushadi siddha
- Mrudu Stramsan – e.g. Aragwadha, Haritaki
- Rasayan – e.g. Shilajit, Guggul, Bhargavprokta Avaleha (Chyavanprasha), Abhayamlaki Rasayan, Bramharasayan.

PANCHA PRANA VATA CHIKITSA^[43]

- UDANA – Urdhwa Chikitsa
- APANA – Anulomana
- SAMANA- Swasthana Shanti

- VYANA- Trividha Kriya – Urdhwa Chikitsa+ Anulomana + Swasthana Shanti
- PRANA – Rakshana, Swasthana Sthapana.

DISCUSSION

"Just as the movements of the wind, sun, and moon in the universe are difficult to comprehend, so too are the states of Vata, Pitta, and Kapha within the body—whether they are in a state of decrease, increase, equilibrium, or occlusion (Avarana). A physician who truly understands these, triumphs over Vata and does not falter in his duties."^[44]

The clinical study of **Vata Avarana** presented in these findings highlights a sophisticated understanding of pathological obstruction, where the natural movement of Vata is hindered by other *Doshas*, *Dhatus* (Sapta Dhatus), or *Malas* (Trayo Mala). The research demonstrates that Avarana is a central mechanism in various chronic conditions, ranging from metabolic disorders and heart disease to neurocognitive decline like Alzheimer's Disease. By identifying the specific *Avaraka* (the obscuring factor) and the *Avruta* (the obstructed Vata), the practitioner can bridge ancient Ayurvedic pathology with modern clinical presentations such as **Pakshaghata, Parkinsonism, IBS, and Metabolic Syndrome**.

There are different levels of treating a disease. For e.g. In case of Grahani, after observing the Pratyatma Lakshana of Vyadhi (Muhur Badha Muhur Drava), physician might treat him with vyadhipratyanik Chikitsa (Takarishtha, Pravalpanchamruta). Other way can be treating Strotodushti (Annavaha Strotas in case of Grahani) by giving Aampachan like Aampachaka Vati. But still the disease is not cured. Then the importance of Avarana comes in limelight, where grahani is a main symptom in Samanavruta Apana. If vitiation of Apana and samana is not treated then the desired clinical outcome is not achieved. Use of Agni pradipaka Ghrita as told by Charaka as treatment for samanavruta Apana can treat the condition giving Chikitsa Saphalya.

Panchakarma serves as the cornerstone of Avarana management because the primary goal is to clear the "pathway" (*Srotas*) that has been blocked. Panchakarma is used strategically to first remove the *Avaraka* without aggravating the underlying Vata. Various Panchakarma procedures can be employed in each type of avarana based on avaraka And avrutta Vata.

CONCLUSION

The knowledge of Avarana represents the highest level of Ayurvedic clinical reasoning.

Avarana is not a separate entity, infact avarana is a stage of manifestation of disease. Avarana can be innumerable but based of Avaraka and Avrutta vata 42 avaranas have been discussed in Bruhatrayis. By moving beyond simple symptom management to an understanding of channel-level and mutual-Dosha occlusions, the practitioner can treat chronic, non-responsive conditions like **Metabolic Syndrome**, **IBS**, and **neuro-degenerative disorders**. This way we can treat many diseases we face in our day to day lives. By exact knowledge of Avarana, personized patient centric Panchakarma procedures can be applied which can be par more effective than the symptomatic approach carried out.

"In the vast internal universe of the body, the physician must become a master of the invisible—diagnosing not just the storm, but the obstacle that forces the wind to change its course." And believe me it is achievable!!!

REFERENCES

1. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Sutrasthana 28/3, pp 174.
2. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Vimaanasthana 5/24, pp 252.
3. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Sutrasthana 1/59, pp 16.
4. Shabdakalpadruma, Cologne Digital Sanskrit Dictionaries Universitat du koln, last modified Nov 9, 2019; L=3809, p=1-192.
5. Joshi Veni Madhava Sastri, Joshi Narayan Hari, Ayurvediya Mahakosha arthat Ayurvediya Shabdakosha, Prathama Khanda, 1968 edition, Trakaturtha Lakshman Sastri, Joshi on behalf of Maharashtra Rajya Sahitya and Sanskrit Mandal, Mumbai, Maharashtra.
6. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/59-60, pp 619.
7. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/199, pp 625.
8. Sumayya P. A Ayurvedic management of Pittavruta Vata w.s.r. to Cervical Myelopathy - A Case Study. J Ayurveda Integr Med Sci [Internet]. 2022 Nov. 3 [cited 2026 Jan. 13]; 7(9): 176-80. Available from: <https://jaims.in/jaims/article/view/1968>
9. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji,

- Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/61-71, pp 619.
10. Srivastava, Aishwary, et al. "A CRITICAL REVIEW ON MANYASTAMBHA: AN AYURVEDIC PERSPECTIVE." *Journal of Pharmaceutical Research*, 14: 20.
 11. Acharya Sushruta: Sushruta Samhitha, Nibhandhasangraha, Commentary of Shri Dalhanacharya and Nyayachandrika. Panjika of Shri Gayadasa Acharya edited by Vaidya Yadavji Trikamaji Acharya, Nidanasthana, Chapter no 1, Shloka no: 67, Page no: 267, Published by Chaukamba Surabharati Prakashana, Varanasi-2014.
 12. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Kalpa sthana, 8/4, pp 666.
 13. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 29/82-84, pp 631.
 14. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 29/61-70, pp 630.
 15. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 29/55-56, pp 630.
 16. Moreshvar A, Krushnashastri Naware, Ashtang Hridayam with Arundatta Sarvangsundara and Ayurved Rasayan commentaries, Varanasi Delhi, Chaukhamba Orientalia, 7th edition, Chikitsa Sthana 19/18, pp 712.
 17. Moreshvar A, Krushnashastri Naware, Ashtang Hridayam with Arundatta Sarvangsundara and Ayurved Rasayan commentaries, Varanasi Delhi, Chaukhamba Orientalia, 7th edition, Chikitsa Sthana 21/58-61, pp 727.
 18. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/195, pp 625.
 19. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/94, pp 621.
 20. Jitendra V, Mandip G, Role of Shodhana with Haritakyadi Yoga in Increasing Sperm Count in the Case of Oligozoospermia: An Open-labeled Clinical Trial. *Journal of Research in Ayurvedic Sciences*, October-December 2018; 2(4): 233-239, 10.5005/jp-journals-10064-0063
 21. Moreshvar A, Krushnashastri Naware, Ashtang Hridayam with Arundatta Sarvangsundara and Ayurved Rasayan commentaries, Varanasi Delhi, Chaukhamba Orientalia, 7th edition, Chikitsa Sthana 3/94-101, pp 594.
 22. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 26/11, pp 597.

23. BS Kasturirangan, Angadi Ravindra, BN Ashok Kumar, RR Geethesh, VS Sushmitha. An Ayurvedic approach to understand Systemic Hypertension and the role of diet and lifestyle in its preventive and palliative care. *J Ayurveda Integr Med Sci* [Internet] [cited 2026 Jan. 14]; 6(6): 120-3. Available from: <https://jaims.in/jaims/article/view/1593>.
24. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/221-230, pp 626.
25. Pandey, Dharmesh. "A Case Study on the Efficacy of Ayurvedic Treatment for Guillain-Barre Syndrome."
26. Thorat, Samrajita Suhas, and Suhas Bajirao Thorat. "Review on Raktapradara (menorrhagia) and its management." *Journal of Ayurveda and Integrated Medical Sciences*, 2021; 6.01: 229-234.
27. Jaluthriya, Vasundhra, and B. J. Patgiri. "Chronic Bronchitis and its Ayurvedic Management: A single Case Report." *Int. J. of AYUSH Case Reports*, Jan.-Mar 3.1 (2019).
28. Sisodiya, Garima, and Rita Singh. "A review study on the role of Avarana in the clinical presentation and pathogenesis of metabolic diseases." *Journal of Ayurveda and Integrated Medical Sciences*, 2025; 10.7: 269-276.
29. Sugur KC, Savitha HP, Adiga M, Shetty SK. www.ijrap.net.
30. Dr. Shereen Sreenivas, Dr. Muralidhara, Dr. Sindhura A. S. The purview of Parkinsonism in Ayurveda. *J Ayurveda Integr Med Sci* [Internet]. 2019 Oct. 31 [cited 2026 Jan. 14]; 4(05): 249-54. Available from: <https://jaims.in/jaims/article/view/730>
31. Chandran, Nayana P., and Hakkeem Panthappulan. "A Scoping Review on Guillain-Barré Syndrome and its Management-An Ayurvedic Perspective." *Kerala Journal of Ayurveda*, 3.4 (2024).
32. UR, Prayaga Prasad, and A. S. Prashanth. "Clinilcal evaluation on concept of Avarana and its influence in Pakshagata." *Journal of Ayurveda and Integrated Medical Sciences*, 2018; 3.04: 103-106.
33. Chandran, Nayana P., and Hakkeem Panthappulan. "A Scoping Review on Guillain-Barré Syndrome and its Management-An Ayurvedic Perspective." *Kerala Journal of Ayurveda* 3.4 (2024).
34. Jithesh, M. "CLINICAL APPROACH TO AVARANA WITH SPECIAL REFERENCE TO PARKINSONISM." *IJPBA*, 2013; 1.1: 77-81.
35. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/202-214, 625- 626.

36. Moreshvar A, Krushnashastri Naware, Ashtang Hridayam with Arundatta Sarvangsundara and Ayurved Rasayan commentaries, Varanasi Delhi, Chaukhamba Orientalia, 7th edition, Uttarsthana 6/34-38, pp 799.
37. Pujari V, Markande GB, Jain P. ROLE OF PESTICIDES IN THE PATHOPHYSIOLOGY OF PARKINSON'S DISEASE AND ITS AYURVEDA PERSPECTIVE.
38. Shrirang JM, Shah SR. A DETAILED CRITICAL REVIEW ON PRATISHYAYA WITH SPECIAL REFERENCE TO SHALAKYATANTRA.
39. Jagannath TY, Deshmukh Avinash M, Amale Deepali J. CORRELATION STUDY OF SAMANA AVRITTA APAN & IRRITABLE BOWEL SYNDROME. International Ayurvedic Medical Journal, 2015; 3(8): 2568-71.
40. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/187-192, pp 624- 625.
41. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/193-194, pp 625.
42. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/239-242, pp 627.
43. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/217-218, pp 626.
44. Charaka Samhita, commentary by Chakrapanidutta, Edited by Yadavji Trikamji, Chaukambha Surabharathi Prakashan, New Delhi, Chikitsa sthana, 28/247, pp 627.