

REVIEW ARTICLE

CLINICAL APPROACH TO AVARANA WITH SPECIAL REFERENCE TO PARKINSONISM

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Received 10 July 2013; Revised 25 July 2013; Accepted 29 July 2013

ABSTRACT

Avarana is one of the mechanisms mentioned in the science of Ayurveda to explain the pathogenesis of diseases, peculiarly due to the vitiation of vatha¹. There is sufficient explanation regarding the same. But nowadays in clinical practise, we are not focussing on this area for diagnosis as well as management strategies. But while managing certain clinical conditions like Parkinson's disease, Motor neurone disease, Multiple sclerosis etc. one will definitely think of the concept of avarana discussed in Ayurveda². This paper aims at narrating the various aspects of avarana and to discuss them on the light of clinical manifestations.

Background: Parkinsonism is one of the commonest degenerative conditions encountered in a neurology clinic³. It is a cause of physical as well as mental disability among the aged⁴. In this paper, Parkinsonism is taken into consideration as an example of avarana. The symptomatology is tried to be explained from the avarana point of view, with the most possible management.

Aims: 1) To study the concept of Avarana in detail

2) To study about the efficacy of the principles of management of avarana in neurodegenerative conditions like Parkinsonism

Setting: VPSV Ayurveda College and hospital, Kottakkal, Kerala, India

This is an early attempt for indepth knowledge of avarana and also is being tried to explain the management strategies as per the stage or type of avarana. Management including sodhana and rasayanas are also being discussed here⁵.

Result and Conclusion: Avarana is one of the concepts in Ayurveda to be reviewed in detail. It helps us to explain the pathogenesis of many degenerative conditions like Parkinsonism. The detailed management after assessing the avarana in detail helps in a more effective management. From the clinical efficacy of the principles of Avarana, we can also infer the pathogenesis of such diseases like Parkinsonism

Key words: Avarana, Kaphavrita vatha, Parkinsonism, Rasayana

Key message: Avarana is a very interesting mechanism of pathogenesis explained in Ayurvedic treatises. It is also one of the least understood concepts among the basic mechanisms of Ayurvedic fundamentals. While studying avarana in detail, we are able to approach diseases like Parkinsonism and also able to perform a more worthy management clinically. This explains the eternal relevance of the basic concepts in Ayurveda.

INTRODUCTION:

In Ayurveda, the vitiation of a srotus is essential for the manifestation of each and every disease⁶. In any disease or disorder, the nidana or causative factors will lead to dosha dushti, the vitiated dosha gets accumulated in the particular srotuses, leading to the manifestation⁷. If a possible condition arises, the disease commences. The various reasons of vitiation of srotuses is also explained⁸. The difference in the pathology of the srotuses leads to the different diseases⁹.

Various types of manifestation of the diseases of vatha are being explained. They include the nanatmaja

vikara or individual vatha kopa, anubandha or associated vatha kopa, gata vatha or accumulation in dhatu or mala and avarana or clouding¹⁰. They all are having different aetiopathogenic mechanisms. Avarana is one of the most complicated basic fundamental concepts of Ayurveda. It is as unique as well¹¹. To get one understood about avarana, the basic principles are to be dealt with in detail.

Avarana is very helpful in discussing the aetio pathogenesis of many a disease. It goes unidentified or mistaken as associative dosha in many conditions due to lack of observations and skill. But once identified it helps in designing the management protocol of a particular disease.

THE BASICS OF AVARANA:

Of the three doshas, Vatha is the one with the property of movement (chalatwa)¹². This property is having a key role in the mechanisms of pathogenesis and also makes vatha dosha, the prime one¹³. The movement of vatha gets affected in many ways. Avarana is one among them.

The word avarana means 'obstruction' or 'covering'¹⁴. The course of vata gets enclosed either by the the other two doshas, any of the seven dhatus or the three malas result in avarana. The one fraction of vatha may also cause avarana of the other. The individual fractions of vatha like prana, udana etc. also may gets affected by avarana¹⁵.

In any sort of avarana, there may be two components. One is the avritha dosha, the dosha whose function gets affected by the obstruction or covering. The second component is the avaraka, which is causing the avarana of a peculiar dosha. Of an avarana to get manifest, the function of both the components gets affected by its own nidana¹⁶. The vridhi or kshaya of a peculiar dhatu or mala results in an avarana.

Vaghbata explains the concept of avarana after explaining the condition vathasonitha, which is an example of the concept of avarana itself¹⁷. In vathasonitha, there is rakta dushti, vathakopa and avarana of the two, before the manifestation of the disease.

VATHA IN AVARANA;

Vatha is the dosha which is the key factor in movement of various body mechanisms. So the chance of getting obstructed is more for vatha and hence the avarana. Rarely pitha or kapha may also cause obstruction, which we can observe in conditions like rudhapadha kamala in which the kapha is causing avarana for pitha¹⁸. But it is vatha which is most affected all the time.

The various fractions of vatha move in different directions in the body so that the function of one gets obstructed by the other. This may result in anyonyavarana of vatha¹⁹. Prana and udana moves upwards, samana in the lateral direction, apana moves downwards and vyana moves all over the body. A slight variation in the path of one may affect the others pathway resulting in functional impairment as well as diseases²⁰. This is the condition of anyonyavarana mentioned in Ayurveda.

For understanding the concept of avarana, one has to be familiar with the terms 'avritha' and 'avaraka'. When a peculiar dosha is obstructed by another dosha or dhatu, i.e. aavaraka it will result in the aggravated symptoms of that dosha or dhatu. But the dosha which gets obstructed by the other shows decline in their normal functions. for eg. If vatha gets obstructed by pitha, the

person will be having symptoms like daha, trishna, brama, seetakamata and vidaha which are symptoms of pitta vridhi²¹. The subject is also having karmahani which is being caused by depletion of vatha caused by avarana.

In anyonyavarana, the symptoms and signs are due to alteration of the functions of two varieties of vatha. 20 types of such avaranas are mentioned by Vaghbata by the permutations and combinations²². In pranavrita udana, the symptoms like obstruction to uchwasa and niswasa, pratisyaya, sirograha, hridroga and mukhasosha are usually seen²³. In this manner, the physician should classify other kinds of avarana of vata by observing the site and also the increase and decrease of the functions.

CLINICAL CONDITIONS WITH AVARANA:

Many a clinical conditions make us to think of the concept of avarana, while going on with the management. Vathasonitha is one such commonest clinical entity. Such clinical conditions are seemed to be chronic and with no authentic cure²⁴. But the expert clinical judgement and reasoning with the calculated protocol for both the avritha and avaraka brings exemplary results. The increased sign and symptoms indicate the avaraka and the decreased signs and symptoms suggest the avritha.

Pathogenesis of kasa is due to the anyonyavarana among the prana vatha and udana vatha²⁵. Guillian barre syndrome at certain stages of the disease mimics pittavrita vyana or kaphavrita vyana. In the samprapthi of prameha, along with the dhatukshaya, avarana of vatha by the dhatus, peculiarly medas is also included. Multiple sclerosis presents as pithavrita prana and vyana. Demyelinating polyneuropathy resembles pithavrita vyana and udana. Parkinsons disease resembles kaphavrita vyana and udana in many stages of the disease. Many more clinical conditions resemble avarana. The proper diagnosis and the calculated approach are ideal for a superior practitioner.

THE AVARANA IN PARKINSONISM:

The main clinical presentations in Parkinsonism are bradykinesia, tremor and rigidity and postural instability²⁶. In Ayurvedic classics, the diseases mentioned in a similar fashion are shirakampa, kampavatha and vepathu²⁷. The postural instabilities are mentioned in the disease khalayakhanja. In Ayurveda, for any disease, the naming can be done by considering the three factors, nature of the disease, extend of manifestation and order of expression²⁸.

Chalatva is the karma of vatha. It is being normally contributed by the normalcy in gunas of vatha dosha such as rooksha, seetha, laghu etc. Of the fractions of vatha, the cheshta and gati is the property of vyana vatha²⁹. The bala is the contribution of udana vatha³⁰. In

Parkinsonism, both the functions of udana vatha and vyana vatha seems to be deranged.

While assessing the status of doshas, it is seen that for the symptoms of this disease to manifest, vatha is vridha or kupitha, pitha is ksheena and kapha is vridha and kupitha again. Of the dhatus, there is involvement of rasa ie. rasakshaya. The updhatus involved in the pathology are snayu and to an extent sira. Here, the avritha dosha is kapha and the avaraka are the udana vatha and vyana vatha³¹. Cheshtahani as well as gatisanga is the feature of kaphavritha vyana. Skhalanam gatou or postural instability is also the manifestation of kaphavritha udana³². Vakgraha or dysarthria is seen in both kaphavritha vyana and udana.

In the later stages of the Parkinson's disease, higher mental functions, mainly memory is impaired and also cognitive and mood disturbances are on the rise. Here we can assume the involvement of prana vatha in the samprapthi in this stage. Smrithikshaya is one of the features of pranavritha vyana³³. Thus it can be concluded that in the course of a progressive neurological disease like Parkinson's disease, new involvement of factors in relation with avarana happens. Thus the condition worsens and the management also becomes complicated.

GENERAL MANAGEMENT OF AVARANA:

The aim of the management includes the two entities here, both the avritha and the avaraka factors. The treatment should be of clearing the srothas and also alleviating to both the components. The treatment mentioned is anabhishtyandi, snigdha, not opposite to pitha and kapha, and which brings anulomana to vatha³⁴. Administration of sodhana after assessing the bala of both the ailment and the subject is also discussed. Rasayanas and vasthis with rasayana in property ie. Yapana vasthi is also mentioned to be done assessing the stage of the condition³⁵.

The avarana of dosha and dhatus can be kept under check by adopting the protocol mentioned. In anyonyavarana, the condition is tough as all the fractions are of the dosha, Vatha. Besides all are having the guna of Chala, as mentioned earlier. The management includes bringing back each of the vatha in their respective normal pathways. Eg. Apana vatha is always directed downwards and in any sort of management, it will be brought downward by performing anulomana therapy³⁶. Panchakarma techniques are to be tailored as per the pathogenesis and the clinical condition. In apana avarana, virechana or if not possible vasthi should be recommended. The sodhana should be aimed at removing the avritha factor³⁶. Treatment including snehana is also explained. In samanavritha apana, gritha with alleviates agni ie. deepana is indicated.

PARKINSONISM – MANAGEMENT PROTOCOL:

The protocol is designed by accepting the condition as kaphavritha udana and kaphavritha vyana, in the initial stages. The other fractions of vatha including prana also get involved in the later stages. Initially rookshana is done. Takrapana is advocated with adding suitable choornas like vaiswanara choorna, till samyak lakshanas of rookshana is attained³⁷. If medas is in excess, procedures like udwartana is also being done.

For snehapana, tailas are mainly used as they are mainly much more Kaphavatha samana in nature compared to gritha. Tailas including sahacharadi taila, mahamasha taila³⁸, mahakukkuta mamsa taila³⁹ are used in common. If one goes for gritha, guggulutiktaka or indukanta yogas are generally used⁴⁰. If the patient is having scope for brimhana, rasnadasamooladi gritha is used.

After performing suitable sweda for 3 days, virechana is being done. Eranda taila yogas like nimbamritadi eranda is used usually. Peyadi karma is done as per the extend of sodhana. Then yapanavasthi is being done. Hapushadi yapana vasthi mentioned by Charaka in the sidhisthana is used frequently⁴¹. After vasthi karma, nasya is done. Initially sodhana nasya is done with combinations like anutaila, till kapha kshaya occurs. Then yogas like mahamasha taila or sahacharadi taila is used till the end of the course of nasya. If symptoms like cognitive disturbances are associated, sirolepa or sirovasthi is also conducted. After the inpatient management, rasayanas are administered as per the condition. Kapikachu, bhallataka, chitraka, sankupushpi are the commonly used single drug rasayanas⁴².

DISCUSSION:

In Ayurvedic treatises, the concept of avarana is discussed with utmost importance so as to explain the pathogenesis or samprapthi of many a diseases. By analysing the facts by magnifying the basic principles of Ayurveda, one can quickly get through the concept of avarana. Many clinical conditions, mainly neurological conditions present as some sort of avarana. Here the various stages of Parkinsons disease is taken as an example to explain the type as well as stages of avarana. Keen observation is necessary to identify and diagnose these conditions.

While managing several conditions, as the usual management protocol is not working as expected, we think of concepts like avarana so as to explain the pathogenesis. It's quite easy as one is familiar with the symptoms of vridhi and kshaya of dosha and dhatus. In kaphavritha vatha, the symptoms of kaphavridhi as well as the deterioration of the symptoms of vatha is observed⁴³. This is because

the vatha is not able to perform its function due to the avarana caused to it. The management is aimed at reducing the kapha vridhi and hence normalising the vatha. In anyonya avarana of vatha, the management is aimed at normalising the gati of that peculiar vatha.

In this paper, Parkinson's disease is being dealt with as an example of avarana and designing a protocol. The management strategy for this condition seemed effective in our institution clinically has been explained. It is to be mentioned as the nidanas are mentioned for causing kampa and sthamba in the body. They include excessive use of rooksha, sheeta etc. excessive use of kashaya rasa, katu rasa, manasika bhavas like bhaya, soka etc. and even sthavara visha is mentioned⁴⁴. Excessive performance of sthambana is also treated as an iatrogenic cause.

In the initial stage, much more importance is given to Kapha and in the later stages to the vitiated vatha. After the Kapha is brought under control, the management aims at normalising the Vatha dosha. As the process of interference of avritha and avarana is having a chance of relapsing, the therapies like rasayana and yapanavasthi is having definite role in the management of diseases associated with avarana.

CONCLUSION:

It is easy to understand the concept of avarana, once we are using our accustomed knowledge in the basic principles of Ayurveda. The concept of avarana helps us to explain the pathogenesis of many a diseases facing in our clinics, especially the neuro degenerative conditions like Parkinsons disease. The various stages of the disease get better explained by the different types of avarana. The diagnosis is having the major role to the success in the management. As the principles of management are different for various avaranas, the protocol varies as per the stage of the condition. The references available in the literature, if used judiciously, help a practitioner to be far better in his clinical competency. One becomes a master of avarana by regular practise and keen observations with the support of theoretical talent.

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