

## UNDERSTANDING OF AVARANA W.S.R. TO PITTAVRUTTA PRAN IN ESSENTIAL HYPERTENSION

Sarode Trupti Arjunrao<sup>1</sup>, Dharmadhikari Balasaheb D<sup>2</sup>, Amale Deepali J<sup>3</sup>

<sup>1</sup>PG Scholar <sup>2</sup>Guide & Associate Professor, <sup>3</sup>Professor & HOD

Department of Rognidan Avum Vikrutivigyan. C.S.M.S.S. Ayurved College, Kanchanwadi,  
Aurangabad, Maharashtra, India

### ABSTRACT

*Avaran* is the complicated basic fundamental concept in Ayurveda to know pathophysiology of various diseases caused due to vitiation of *vata* specially. The foremost cause of *avaran* is damaged circulatory mechanism. Hypertension is the disease in which circulatory mechanism of heart get damaged. In Ayurveda direct reference of hypertension is not given. *Samprapti* of *pittavrutta pran* and pathogenesis of essential hypertension can be correlated. Also some lakshanas of *pittavrutta pran* is similar as the symptoms in essential hypertension. Here is an effort to establish correlation between *pittavrutta pran* and essential hypertension.

**Keywords:** *Avaran* , *Pittavrutta pran* , Essential hypertension (EHT) .

### INTRODUCTION

Hypertension is now becoming a major problem in developing countries, accounting 6% of deaths worldwide. Among those Essential hypertension is very common. It is silent killer of mankind. Hypertension or blood pressure is defined as the pressure exerted by circulating blood on the walls of arteries. It can be measured with the help of instrument Sphygmomanometer, when the levels are >140/90 mm of hg. Essential hypertension is persistent high arterial blood pressure without known cause. Essential hypertension is not directly mentioned in ayurvedic literature. From etiopathogenesis and symptomatically it can correlate with *pittavrutta prana*.

### CONCEPT OF AVARANA:<sup>1</sup>

*Avaran* means *avarodh gatinirodh* i.e.obstruction or resistance or friction to the normal gati of *vata*. *Gatyatmak vata-*

*dosh gati* is hampered or vitiated thus *vata* becomes *avrutta*. Balwan dosh due to its vitiation impedes the durbala dosha and hampers the normal gati of the *avrutta* dosha.

Balwan dosh is *avarak* and durbal dosha is an *avrutta*. *Avaran* may be of three types in which

- 1) *Dosh avrutta vata* caused by failure of control of flowing fluids.
- 2) *Dhatwavrutta vata* caused by failure of control in metabolic transformation.
- 3) *Parasparavrutta vata* caused by failure of nervous control.

When *Dosh* or *Dhatu* obstructs a particular *Dosha* then it will give rise to increased signs and symptoms related to the function of particular *Doshas* or *Dhatu*s which has obstructed will shows less signs and symptoms related to its normal functions.

Pathogenesis of various diseases can know with the knowledge of *avarana* concept. Understanding the concept of *avarana* make easier to management of disease by *sampraptivighatan*.

### CONCEPT OF PITTA DOSHA:<sup>1-3</sup>

**Sthana:** *Pitta doshas* one of the *samanayasthan* is *rudhir* and *sadhak pitta* located in the *hrudya*.

**Karma:** *buddhi, medha, abhimaan abhipretartha* are the karma of *sadhak pitta*. It shows related to the mental functions of the body.

### CONCEPT OF PRAN VATA<sup>1-3</sup>

**Sthan:** Vaghabhatta and Carak Acharya : *Shiras* (head or *mastishka*) *Sharangdhar : Uraha Pradesh* (chest)

**Karma:** *Buddhi, Hrudya Indriya, chittadhruk, Shtheevan, Kshavathu, Udga, Shwas, Anna praveshan. Pranvata* is probably related with vasomotor functions i.e. circulatory mechanism.

### CORRELATION OF PITTAVRUTTA PRAN VAYU WITH ESSENTIAL HYPERTENSION

**Etiology (Nidan):** Essential hypertension (EHT) is idiopathic i.e. exact etiology yet not clear, although, few predisposing factors have the strongest association with blood pressure.

**1) Excessive salt intake (Atilavanrasasevan):** Renal retention of salt and water which inturn increases the plasma and extravascular fluid volume that keeps the circulatory volume higher that it should be exerting excess fluid pressure on the blood vessel walls. Wall gets thicken and narrower leaving less fluid raising resistance and requiring higher pressure to move blood to the organs. The heart has to pump against

this high pressure systems leads to high blood pressure.<sup>5-6</sup>

Vaghabhatta Acharya has described qualities of *lavan rasa* as *vishyandi, tikshna, ushna atisevan* leads to *pittadushti* and also the quantity of *rakta* is increases. *Lavan rasa karma* is *kledan* which can be compared with retention of sodium ions in the tissues and increased the quantity of *rakta* i.e. excessive blood volume which may lead to increase blood pressure.<sup>2</sup>

**2) Excessive alcohol intake ( Atimadyapaan):** It damages cardiac muscle tissue results into less cardiac muscle action more blood remains in the ventricles and gradually end diastolic volume increases. For compensation force of contraction is increased resulted into increase in blood pressure. *Ojaguna* is exactly opposite to *madyagunas* therefore it leads to *ojonaash*. *Oja* resides in the *hrudya*. Otherside *Pitta guna* and *madya guna ushna tikshna* are same. Ultimately *Pitta vriddhi* takes place also *raktavriddhi* takes place. *Raktavriddhi* correlates with excessive blood volume. So blood pressure is increases with increasing blood volume. *Laghuguna* of *madya* vitiates *vatadosha*.

**3) Stress (Manovighaat):** Clear relation between emotional stress and temporary rise in blood pressure. This mechanism by which mind affects arterial blood pressure could be either by central influence on sympathetic efferent neurons which ultimately leads to increased arterial blood pressure. In Ayurveda *atichinta, bhaya, krodh* are causative factors of *pitta dushti*. These *manasikbhavas* vitiates *manas* via *raja* and *tama*. As a result *Pranvayu* gets *prakop* and vitiates *Hrudya*.

**4) Age (Vaya):** In old age structural thickening and degenerative changes takes place in arteries and arterioles leads to decrease in elasticity due to this increase in resistance that leads to rise in blood pressure<sup>4</sup>. *Vayuprakop* in old age and due to *ruksha, khar, darun gunas* of *vayu dhamanikathinya* and *sankoch* takes place which leads to raise arterial blood pressure.<sup>2</sup>

**SAMPRAPTI OF PITTAVRUTTA PRAN WITH ESSENTIAL HYPERTENSION:** In *pittavrutta pran* due to *nidansevan* vitiated *pittadosh* obstructs i.e *avrutta* to *pranvayu* which leads to dispairement of karmas of *pranvayu*. Due to *prakopa* of *pittadosha raktavridhhi* takes place. Volume of blood increases so cardiac output and peripheral resistance is also an increase which leads to increasing in arterial blood pressure. *Vatadushti* leads to *dhamanikathinya* and *sankoch*

which ultimately increases peripheral resistance. Due to obstruction of *pranvata* by *pitta dosha* karmahaani of *pranvayu* is seen. *Pranvayu* karma is *hrudyadharan* and supports dhamanis are probably the vasomotor functions i.e circulatory system is impaired, also impairment in initiation of contraction and relaxation and conduction of impulses. Therefore heart rate increases and contraction and relaxation also increases so increase in cardiac output .And when peripheral resistance and cardiac output is increases the arterial blood pressure gets increase called hypertension.

**CLINICAL FEATURES:** Essential hypertension is asymptomatic in some individuals and in early stages but in sustained condition it shows some symptoms which is nearly correlate with some *lakshanas* of *pittavrutta pranvayu*.

<i>Pittavruttan Pran vayu</i> <sup>1-3</sup>	Essential hypertension <sup>4-6</sup>
1. <i>Bhrama</i>	Giddiness.
2. <i>Ruja</i>	Headache
3. <i>Daha</i>	Burning or conflation
4. <i>Moorcha</i>	Fainting or Delusion
5. <i>Vaman</i>	Vomitting.

#### COMPARISON OF OTHER TYPES OF AVARAN WITH HYPERTENSION

Some scholars correlate other types of *Avaran* with Hypertension are as follows:

- 1) *Pittavrutta Vat*
- 2) *Raktavrutta Vat*
- 3) *Medasavrutta Vat*
- 4) *Pittavrutta Udan*
- 5) *Kaphavrutta Vat*
- 6) *PranavruttaUdan*

#### DISCUSSION

It has been found that the percentage of EHT is increasing sharply. In Ayurveda directly reference of EHT is not given.

The etiopathologically and symptomatologically *pittavrutta pran* can coinsides with EHT.

#### CONCLUSION

Various authors in Ayurveda have their own views on Hypertension disease. Hypertension if we look closely came under the cocept of *Avarana* and its causes and symptoms of the disease is nearly similar to the *Pittavrutta Pranvayu*. Hence Essential Hypertension can be correlate with *Pittavrutta pran* so the management of disease makes easier.

#### REFFERENCES

Agnivesha, Charaksamhita elaborated by

Charak and Dhrudbala with Ayurved - Dipika commentary, by Chakrapanidatta ,Edited by vaidya Jadhavji Trikamji Acharya ,Varanasi chaukhamba prakashan, 5th edition 2001 pg.no124.

1. Vagbhatta ,Ashtang Hridayam commentaries of Arundatta and Hemadri edited by Bhishagacharya Hariishashatri Paradhakarvaidya 9<sup>th</sup> edition Chaukambha publication 2002 pg no 193

2. Sushrut,Sushrut samhita nibhand sangrah commentary by Dalhan edited by Jadhavji Trikamji Acharya 7<sup>th</sup> edition Chaukhamba publications 2002 pg no. 260

3. MC Graw Hill Essential Hypertension ,Deninis Kasper, Anthony Fauci , Stephen Huser Edditors Harrison principles of internal medicine 16<sup>th</sup> edition pg

no.1463-64

4. Cushman W. C.The burden of uncontrolled hypertension morbidity and mortality associated with disease progression J clinhypertens (Greenwich) Available from <http://dx.doi.org/10.1111/j.1524-6175.2003.02464.x>

5. Rajshekhar Sanapeti Belgaum Karnataka Etiopathogenesis of hypertension in Ayurveda.(Nov –Dec 2012 ) Available from [www.ijrap.net](http://www.ijrap.net).

---

#### **CORRESPONDING AUTHOR**

**Dr. Sarode Trupti Arjunrao**

**Email:** sarodetrupiti20@gmail.com

---

*Source of support: Nil*  
*Conflict of interest: None Declared*