

Āvarana as the Seed of Disease: A Critical Review With Reference to Predisease Phase

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DOI: <https://doi.org/10.51244/IJRSI.2026.13010242>

Received: 08 February 2026; Accepted: 13 February 2026; Published: 20 February 2026

ABSTRACT

Āvarana represents a complex and comparatively underexplored construct within Ayurvedic pathophysiology, denoting the functional occlusion of *Dosha*-mediated activity—particularly that of *Vata*—preceding overt clinical manifestation. This subclinical derangement conceptually corresponds to the contemporary notion of the predisease state, characterized by reversible functional perturbations in the absence of irreversible structural pathology. The present review systematically examines classical expositions of *Āvarana* and critically correlates its early pathodynamic features with the predisease continuum described in modern biomedical discourse. Primary sources from the *Brihatrayi*^{1,2}, supported by authoritative commentaries and relevant contemporary analyses, were evaluated to delineate the mechanistic basis by which *Āvarana* precipitates *Srotodushti*, disrupts homeostatic regulation, and establishes a substratum for progressive disease evolution. The interpretative synthesis demonstrates concordance with the sequential stages of *Sanchaya*, *Prakopa*, and *Prasara*, wherein obstruction to the normal *gati* of *Doshas*—notably *Vata*—manifests as prodromal yet often neglected features, including *Gaurava* (heaviness), deranged *Vata* dynamics, compromised *Agni*, and stagnation within *Srotas*. These alterations signify a reversible but pathodynamically active state consistent with preclinical pathology. Accordingly, *Āvarana* may be conceptualized not solely as a discrete pathological event but as a dynamic regulatory disturbance functioning as an intrinsic prognostic indicator. Its recognition reinforces Ayurveda’s epistemological emphasis on early detection, stage-specific intervention, and preservation of physiological integrity prior to structural disease expression.

Keywords = *Avarana*, *Predisease*, *Srotodushti*, *Brihatrayi*.

INTRODUCTION

According to *Shabdakalpadruma Vyutpatti* of *Avarana Shabda* is ‘*Valayita*’, ‘*Vastita*’ and ‘*Rudha*’.

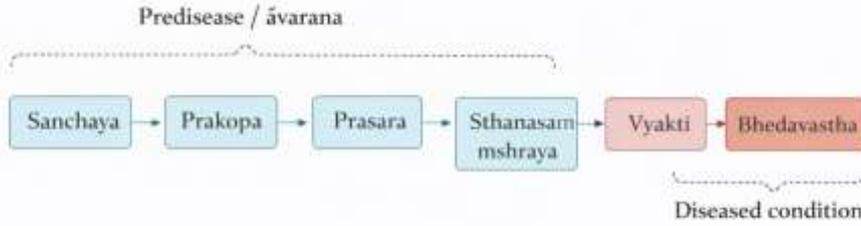
Nirukti is “आच्छादन साधनमात्रे।”

“वेष्टनेभाव।” i.e. encapsulation, covering, obstruction, concealing and closing.

Hence, *Āvarana* is defined as a pathological state in which the normal movement (*gati*) or functional expression of *Vata*, or other *Doshas* and *Dhatus*, becomes obstructed or occluded by another *Dosha*, *Dhatu*, or *Mala*, resulting in altered physiological activity and subsequent disease manifestation. The diagram below illustrates the generalized mechanism of *Āvarana*. The *Srotas* (channels) are depicted in red, the *Āvaraka* (obstructing factor) in blue, and the *Āvruta* (encapsulated or obstructed entity) in white, demonstrating the structural and functional relationship underlying this pathological process.

According to *Ācharya Suśruta*, the evolution of disease occurs through six sequential pathophysiological stages: *Sanchaya*, *Prakopa*, *Prasara*, *Sthānasamshraya*, *Vyakti*, and *Bhedavasthā*. Among these, the initial four stages—*Sanchaya*, *Prakopa*, *Prasara*, and *Sthānasamshraya*—may be correlated with the predisease continuum, as they represent progressive yet potentially reversible functional disturbances preceding overt

clinical manifestation. Generally, āvarana has two parts, that are āvaraka (encapsulation or covering i.e. external layer) and āvruta (encapsulated or covered i.e. internal layer). Different types of āvarana are taken into account by different ācharyas, According to ācharya Vagbhatta, there are said to be infinite or forty two (20+12+7) āvaranas, ācharya Charaka accepts thirty three(20+13) āvaranas and ācharya Suśruta has enumerated thirteen distinct types of *Āvarana*.



METHODS

The present review systematically examines classical expositions of *Āvarana* and critically correlates its early pathodynamic features with the predisease continuum described in modern biomedical discourse. Primary sources from the Brihatrayi, supported by authoritative commentaries and relevant contemporary analyses, were evaluated to delineate the mechanistic basis by which *Āvarana* precipitates Srotodushti, disrupts homeostatic regulation, and establishes a substratum for progressive disease evolution. Classical textual references from Charaka Saṃhitā (Chikitsāsthāna 28, Siddhi Sthāna 12), Aṣṭāṅga Hṛdaya, and commentaries by Acharya Chakrapani, Brahmanand Tripathi, and others were analyzed. Contemporary research articles addressing suboptimal health status, lifestyle factors, and nutritional progression were also reviewed for conceptual correlation. Since *Āvarana* arises due to deranged movement of *Vāyu*, it is essential to understand the fundamental significance of *Vāyu* as precisely described in *Chikitsāsthāna* 28/3. This verse identifies *Vāyu* as the primary sustaining force of life, governing vitality, strength, and the entirety of physiological activities within the body. As the principal kinetic factor, it preserves both structural coherence and functional integrity. Beyond the individual organism, *Vāyu* is also described as regulating universal motion and cosmic order. Consequently, it is revered as the supreme controller among all bodily and cosmological processes. Furthermore, *Chikitsāsthāna* 28/4 emphasizes that the normal, unobstructed movement (*avyāhata gati*) of *Vāyu* is maintained only when its pathways remain free from impediment. In this state, it resides in its natural locations (*sthānastha*), neither aggravated nor diminished (*prakṛtasthita*). Such physiological equilibrium is said to sustain longevity, enabling an individual to live up to one hundred years or beyond.

“पित्तम् पङ्गु कफः पङ्गु पङ्गवो मलधातवाः। वायुना यत्र नियन्ते तत्र गच्छन्ति मेघवत्।।”

The aforementioned *śloka* further illustrates the supremacy of *Vāta* among the *Doṣas*, describing *Pitta* and *Kapha* as functionally dependent upon it, and rendering other *Malas* and *Dhātus* inert in its absence. None of these entities can execute their physiological roles without the propulsive force of *Vāta Doṣa*. In a similar manner, atmospheric wind (*Vāyu*) governs the movement of clouds in the external environment, serving as the dynamic principle that enables motion.

RESULTS

The interpretative synthesis demonstrates concordance with the sequential stages of Sanchaya, Prakopa, and Prasara, wherein obstruction to the normal gati of Doshas—notably Vata—manifests as prodromal yet often neglected features, including Gaurava (heaviness), deranged Vata dynamics, compromised Agni, and stagnation within Srotas. These alterations signify a reversible but pathodynamically active state consistent with preclinical pathology.

Several correlations were identified:

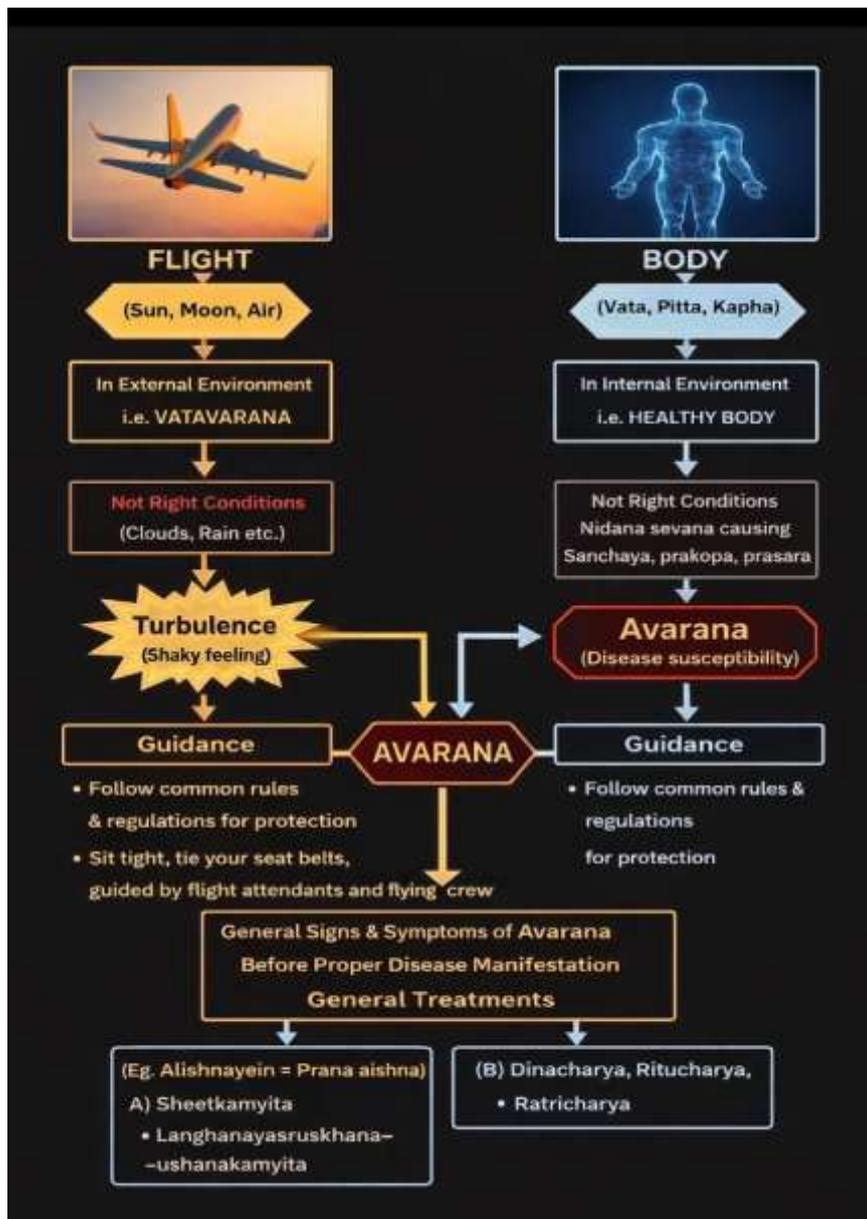
- Raktagata Vāta as the predisease stage of Vātarakta (gout).
- Kaphavruta Vata and Mamsa Avruta Vata correlating with early stages of Prameha (diabetes).
- Prāṇavṛta Udānāvāyu correlated with pre-asthmatic or cerebrovascular conditions.
- Age-related Vata predominance corresponding with circadian rhythm alterations and suboptimal health states.

Therapeutic principles derived from classical texts emphasize:

- Priority of treating the Āvaraka.
- Vyatyasat chikitsa (alternate hot and cold management).
- Yapana basti as Ubhayarthakara.
- Use of Rasayana including Shilajit, Guggulu, Chyavanaprasha, and Brahmarasayana.
- Avirodhi, Vatanulomana, and Srotoshodhana approaches.

For conceptual clarity in understanding *Āvarana*, the human body may be analogically compared to a flight system, wherein coordinated movement and unobstructed pathways are essential for optimal function.

The following flowchart presents a generalized conceptual framework to facilitate understanding of *Āvarana*. It offers a metaphorical representation intended to simplify the underlying pathodynamic process and enhance interpretative clarity



Classical Perspectives on the General Line of Treatment of *Āvarana*: A Detailed Study Through Examples

1. Therapeutic priority of the *Āvaraka*

The primary principle in managing *Āvarana* is to address the *Āvaraka* first. For example, *Smanavruta Vyanvayu* may be considered a predisease state of Rheumatoid Arthritis (*Amavata*). Examining its pathophysiological cycle reveals the production of *Ama* in *Amavata*, which arises due to improper *Avasthapaka*, ultimately linked to disturbed *Agni* (*Agnimandya*). Therapeutic intervention thus focuses on restoring *Agni* through drugs or measures for *Deepana* and *Pachana*. Consequently, in treating *Smanavruta Vyanvayu*, the primary target is *Smanavayu* itself, i.e., the *Āvaraka* must be managed first.

2. Addressing dominant qualities between *Āvaraka* and *Āvruta*

When both *Āvaraka* and *Āvruta* are present, the therapeutic priority is to address the *Doṣa* exhibiting dominant qualities, as guided by *Chikitsāsthāna* 28/198–199.

3. Management of *Doṣa* in its physiological site (*Svsthāna*)

The subsequent priority is to treat or regulate the *Doṣa* situated in its natural physiological location (*Svsthāna*), as emphasized in *Chikitsāsthāna* 28/183.

4. Shared line of management (*Sādhāraṇī Kriyā*) for mixed (*Samsrṣṭa*) *Doṣas*

In conditions where both *Āvaraka* and *Āvruta* coexist within a mixed *Doṣa* state (*Samsrṣṭa Doṣa*), a shared line of management (*Sādhāraṇī Kriyā*) is applied, addressing the collective functional disturbance and restoring physiological equilibrium.

“पित्तावृते विशेषेण शीतामुष्णां तथा क्रियां।

व्यत्यासात् कारयेत् सर्पिर्जीवनीयं च शस्यते।।”

In above written verse of ch.ch.28/184, it is said that when *Vayu* is covered by *Pitta* and *Kapha*, then alternative hot and cold therapeutic management is to be done. More explanation of *vyatyasat chikitsa* is given by *Acharya Chakrapani* in his commentary of *Charaka samhita*, in verse quoted below

“व्यत्यासादिति परिवर्तनेन् शीतां कृत्वा शीतां कुर्यादित्यर्थः।।”

i.e. alternative hot and cold therapeutic management.

Yapna basti is suggested in verse of ch.ch.28/185 and is said to be *Ubhyaethkara* (*Ubhaya*=both, *Artha*=management i.e. *snehana* and *niruhana*) as quoted in verse ch.si.12/20 and ch.si.12/22, as following

“इत्येते बस्तयः स्नेहाश्चोक्तायापनासंज्ञिताः।।”

“उभयार्थकरा दृष्टाः स्नेहबस्तिनिरुहयोः।।”

Shloka explanation for General line of treatment (Samanya chikitsa sidhanta)

“कफपित्ताविरूद्धं यद्यच्च वातानुलोमनं ॥ सर्वस्थानावृतेऽप्याशु तत्कार्यं मारुते हितम्।

यापना बस्तयः प्रायो मधुराः सानुवासनाः।। प्रसमीक्ष्य बलाधिक्यं मृदु वा सत्रंसनं हितम्।

रसायनानां सर्वेषामुपयोगः प्रशस्यते ॥ शैलस्यजतुनोऽत्यर्थं पयसां गुग्गुलोस्तथा।

लेहं वा भार्गवप्रोक्तंभ्यसेत् क्षीरभुङ्गनरः ॥ अभयामलकीयोक्तमेकादशसिताशतम् ॥”

In the aforementioned verses (*Chikitsāsthāna* 28/249–252), several therapeutic guidelines are highlighted:

1. Therapeutic interventions should be *Avirodhi* (non-contradictory) to *Kapha* and *Pitta*, while also being *Vātashāmaka* (mitigating or reducing *Vāta*).
2. Treatments should be *Asukari* (fast-acting), effective throughout the body, and immediately beneficial to *Vāta* (*Marute Hitam*).
3. *Yapana Basti* and *Mādhura Basti* are specifically recommended.
4. The physician is advised to evaluate the patient’s strength (*Bāladīkṣya*) and the condition of the disease during the predisease stage before administering mild *Virechana* (*Mṛdu Stambhana*).
5. The use of *Rasāyanas* (rejuvenating therapies) is explicitly encouraged (*Praśāśyate*), indicating their appropriate and guided application (*Aptopadeśa*).
6. *Śilājī* is recommended (*Śilājījātuno’tyartha*) for therapeutic purposes, to be administered with milk and pure *Guggulu*.
7. Regular consumption (*Abhyāsita*) of *Chyāvanaprāśa* (*Bhārgavaprokta Leha*) with milk is strongly advised for general health and longevity (*Kṣīrabhūṅṅārāḥ*).

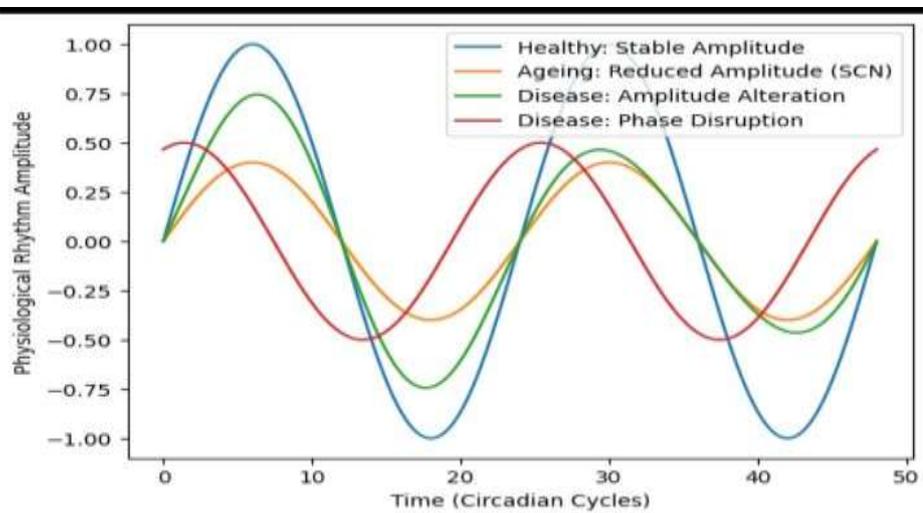
A closer analysis of *Bhārgavaprokta Leha* reveals that it corresponds to the classical preparation of *Chyāvanaprāśa*, as referenced in *Chikitsāsthāna* 1.

“भार्गवश्च्यवनः कामी वृद्धःसन् विकृतियों गतः। वीथवर्णस्वरोपेतः कृतस्ताभ्यां पुनर्युवाः॥”

Use of *Brahmarasayana*, made using 1100 pala *Sita*(mishri) is highly recommended (*Ekadashsitashatam*) by *Acharya Charaka*.

Modern view on Āvarana

Ref.1. states that Chronic digestive disturbances lasting 2-10 years may represent pre disease states, reflecting *āvarana*, i.e. early subclinical imbalances in doshas and metabolic functions, as emphasized in classical ayurvedic literature³.



Ref.2. expresses suboptimal health status is transitional condition between complete health and overt disease , frequently going unrecognized in standard medical evaluations, that we can put emphasis on and treat with general line of treatment of *āvarana*, correlating it properly and timely⁴.

Here, a graph is shown in which, healthy being is shown by stable amplitude, in ageing, amplitude reduction and phase advancement is seen similar to changes after SCN lesions, also in diseased state, amplitude alteration and phase disruption is seen, these ageing and diseased states (in predisease conditions) are said to be treated by geroprotectors, i.e. stable rest activity schedule, calories restriction, meal timing and physical exercise daily.

Correlation between increasing age and āvarana^{5,6}

Ageing is commonly accompanied by a decline in circadian rhythm regulation, which may be conceptualized as a pre-disease state, with increasing age, an inclination in the amount of *vata Dosha* is seen in the human body, as stated by *Ayurvedic* texts. Also in *āvarana* (pre-disease state), there's a major role played by increased or balanced amount of *vata dosha*.

When we correlate both the concepts, we find that *Rasayanas* like *Chyavanprasha* are used to treat increasing age or reduce the effects of increasing age and *Rasayanas* are also suggested to be used in *āvarana's* general line of treatment. So, technically we can treat ageing and pre-disease, i.e. increased *Vata Dosha* in the human body, by utilizing *Rasayanas* and general geroprotectors like daily exercise, yoga, *Dinacharya*, *Ratricharya*, *Ritucharya* etc.



DISCUSSION

Ayurvedic and Modern Correlations

Several examples illustrate the correlation between Ayurvedic pathophysiology and modern disease concepts:

Raktagata Vāta can be considered the predisease stage of *Vātarakta* (gout). In *Vātarakta*, the *Adhishthāna* (residence) of the disease is primarily the *Tvak* (skin) and *Māṃsa Dhātu* (muscle tissue). The principal *Doṣas* involved are *Vāta* and *Rakta*, manifesting with early signs such as *Vaivarṇya* (discoloration) and *Mandalautpatti* (mild nodular formation), which closely resemble the clinical presentation of *Raktagata Vāta*.

Consequently, in managing *Raktavruta Vāta*, the therapeutic approach prescribed for *Vātarakta* in classical Ayurvedic texts is directly relevant. The treatment focuses on restoring *Vāta* balance and correcting *Rakta* vitiation, using interventions such as *Snehana*, *Swedana*, *Basti*, and *Rakta Shodhana* therapies, along with *Āhāra* and *Vihāra* modifications appropriate for the early stage

“वातशोणितकीं क्रियाम्”

āvruta / āvaraka	prana	udana	vyana	smana	apana
prana					
udana					
vyana					
smana					
apana					



Bahya Alepana, Abhyanga, Parisheka, Upnaha and utilization of *Jeevniyam Ghrita* and *balaghruta* are also suggested.

We can correlate *Kaphavruta Vata* with first predisease condition and *Mamsa Avruta Vata* as second predisease condition for diabetes (Prameha), based on similarity in signs and symptoms of all three as suggested in *Charaka Samhita*, eg. Verse of ch.ch.28/64

“पिपीलिकानां च संचार इव मांसगे ॥”

In *Mamsa āvruta vata*

“शैत्यगौरवशूलानि कट्वाद्युपशयो अधिकं। लंघनायासरूक्षोष्णकामिता च कफावृते ॥”

When we compare these with diabetes signs and symptoms, we find prameha pidika similar to pidika in mamsavruta vata, tingling sensation (pipilikanam sancharam) like in *Mamsa āvruta vata* and kapha predominant reasons for eruption of diabetes disease similar to kapha āvruta vata. When we put emphasis on treatment modalities as quoted by Acharya Charaka⁷

“प्रमेहवातमेदोघ्नीमामवाते प्रयोज्यते ॥”

For the management of *Māmsavrta Vāta*, and in conditions characterized by predominant *Kapha* decline, treatment modalities appropriate for *Diabetes Mellitus (Madhumeha)* are indicated. Similarly, *Prāṇavrta Udānāvāyu* can be correlated with a pre-asthmatic condition. Considering its signs and symptoms as described in verses 206–207 of *Chikitsāsthāna*⁸ 28, and in light of verse 28/208, *Udānāvṛta Prāṇavāyu* may be regarded as a predisease condition of cerebrovascular accidents (strokes). Early recognition allows these conditions to be managed effectively by employing the classical therapeutic approaches for *Āvarana*.

Among the various types of *Vāta Āvarana*, the primary therapeutic focus is on *Prāṇavāyu*, which is to be protected and preserved. *Apānavāyu* is managed through *Deepana* and *Grahi* interventions, while other types of *Vāta* are generally regulated by restoring their natural movement, quantity, and state within the body. *Prāṇavāyu* and *Udānāvāyu* are considered the most critical and noble forms of *Vāta*, and their management requires a physician's detailed knowledge, careful observation, and precise application of treatment modalities.

Ultimately, the physician must be well-equipped, knowledgeable, and capable of assessing the patient's strength and condition from the perspective of classical Ayurvedic texts (*Śāstracakṣuṣoḥ*). Only after properly recognizing, evaluating, and examining the *Doṣa* in all its manifestations can an accurate diagnosis and comprehensive understanding be achieved.

As emphasized in *Chikitsāsthāna* 28/235–238, the primary therapeutic target in such cases is *Vāta Doṣa*. Treatments should utilize substances and interventions that are non-obstructive (*Avirodhi*), unctuous (*Snigdha*), and capable of cleansing the channels (*Srotoshodhana*), thereby facilitating the proper flow of materials in the body and ensuring effective management of the disease.

CONCLUSION

Āvarana represents a fundamental pathogenic process in Ayurveda, initiating disease at the functional level by obstructing the normal physiological dynamics of *Doṣas* and *Srotas*. It primarily operates during the predisease phase, encompassing stages that precede overt clinical manifestation. Classical Ayurvedic descriptions of *Āvarana* correspond closely with the modern concept of predisease states, which are characterized by reversible functional imbalances. Consequently, *Āvarana* may be conceptualized as the “seed” of disease, underscoring Ayurveda's strong emphasis on early detection, preventive intervention, and restoration of physiological equilibrium prior to the development of irreversible pathology⁸.



REFERENCES

1. Charaka Samhitā, Cikitsāsthāna 28 (Vātavyādhi Cikitsā Adhyāya)
2. Aṣṭāṅga Hṛdaya, Nidānasthāna 16
3. Research paper on progress of nutrition by Burnett F.L./ N. Engl. J. Medicine. 1928, 199.184-195.
4. Research paper on association between lifestyle factors and suboptimal health status amongst Chinese college freshmen : A cross sectional study by Chenjin Ma, Wangli Xu, Long Zhou, Shuangge Ma and Yu Wang.
5. Āvarana: The ayurvedic approach to channel obstruction by Kavita Kaushik, Saurabh Garg and Kamini.
6. Virtual CME on Āvarana in clinical practice by Dr. Milind Patil.
7. Charaka samhita Hindi commentary by Bramhanand Tripathi chikitsa sthana chapter 28.
8. Charaka samhita Sanskrit commentary by Acharya Chakrapani.
9. Charaka samhita Hindi commentary by pandit Kashinath Pandya Shastri and Dr. Gorakhnath Chaturvedi Sidhi Sthana chapter 12.