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Clinical Significance of Depleted Doṣa in Doṣavaiśāmya: A Classical Ayurvedic Review

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Abstract

Introduction: Doṣavaiśāmya, the deviation of Vāta, Pitta, and Kapha from their physiological equilibrium, is a foundational concept in Ayurvedic pathology. While doṣavṛddhi is widely recognized for its direct pathogenic potential, the clinical implications of doṣakṣaya are less emphasized in classical and contemporary discourse. This review aims to elucidate the physiological, pathological, and therapeutic significance of depleted doṣa states within the framework of Ayurvedic diagnostics and treatment decision-making.

Methods: A classical textual review was conducted using primary Ayurvedic sources including Caraka Saṃhitā, Suśruta Saṃhitā, and Aṣṭāṅga Hṛdaya, along with their authoritative commentaries. The review focuses on doṣavṛddhi, doṣakṣaya, digestive physiology, treatment principles, and disease-specific therapeutic guidelines. The clinical significance of depleted doṣa is analysed to interpret how depleted doṣas influence physiological outcomes and therapeutic response.

Results: Analysis revealed that doṣakṣaya, though not independently pathogenic, significantly modulates doṣa dynamics and therapeutic suitability. Mṛdu koṣṭha is observed as a physiological response arising from relative depletion of Vāta and Kapha with Pitta predominance, influencing the action of mild laxatives. Doṣakṣaya was found to facilitate dominance of the remaining doṣas in the context of Kapha-kṣaya and pathological conditions like atyagni. Understanding depleted doṣa conditions plays a promising role in the administration of therapeutic substances like ghṛta in jvara vyādhi. The clinical understanding of doṣakṣaya is important in treatment selection, sequencing, and prediction of therapeutic outcomes.

Discussion & Conclusion: Doṣakṣaya plays a decisive yet under-recognized role in current Ayurvedic diagnosis and therapeutics. Identifying depleted doṣas is essential for maintaining homeostasis, selecting appropriate interventions, preventing doṣa aggravation, and optimizing treatment efficacy. Incorporating the assessment of doṣa depletion into clinical practice can enhance precision and improve patient outcomes in Ayurveda.

Keywords: Doṣakṣaya, Doṣavaiśāmya, Ayurvedic pathophysiology, Doṣa imbalance, Ayurvedic therapeutics

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Introduction

Ayurveda, an ancient and comprehensive system of medicine, is recognized globally for its holistic approach to health and disease. Regarded as an eternal science, Ayurveda is acclaimed for promoting well-being in both physical and spiritual dimensions and is revered as the Puṇyatama Veda [1] in classical literature. As documented by Ācārya Caraka, the decline in social discipline and the emergence of indulgence, lethargy, and greed during the end of the Kṛta Yuga marked the origin of disease manifestation.[2] To counter these disturbances and alleviate suffering, Ayurveda emerged as a compassionate discipline aimed at restoring balance and supporting the welfare of all living beings.

For the accurate comprehension and scientific application of Ayurvedic principles, conceptual understanding must be developed at three levels – vākya (~literal textual knowledge), vākyārtha (~interpretative understanding), and arthavāyī (~analytical extension of meaning).[3] The clinical practice of Ayurveda is demanding, as it requires meticulous assessment of doṣa, strength of the patient, environmental factors, disease stage, and therapeutic appropriateness. Given the countless variations in disease expression, the physician must evaluate the origin,

pathogenesis, site, and progression of pathology to formulate an appropriate treatment strategy.[4]

Concept Of Doṣavaiśāmya

Doṣavaiśāmya refers to the deviation of Vāta, Pitta, and Kapha from their physiological equilibrium. These three doṣas form the fundamental regulatory units of physiological homeostasis and mental functioning. Balance among them ensures health, while imbalance results in disease.[5] Vaiśāmya manifests in two primary forms: vṛddhi i.e., aggravation or increase of doṣa, and kṣaya i.e., depletion or diminution of doṣa.[5]

According to Ācārya Caraka, doṣavṛddhi presents with pathological symptoms of varying intensity—mild, moderate, or severe. Ācārya Cakrapāṇi further states that only vṛddhi-avasthā of doṣa possesses pathogenic potential due to its tendency to move from its natural site, invade dhātu (body tissues), and produce diseases such as jvara, kuṣṭha etc.[6] In contrast, doṣakṣaya represents a loss of inherent properties of doṣa. As described by Cakrapāṇi, depleted doṣas lack sufficient strength to spread, vitiate tissues, or independently produce disease.[6]

Clinical Relevance Of Doṣa-Kṣaya

Although doṣa-kṣaya is not inherently pathogenic, it holds substantial clinical significance in

diagnosis, treatment decision-making, and maintenance of physiological stability. The following examples highlight the practical applicability of doṣa depletion in Ayurvedic therapeutics:

1. Vāta-Kapha Kṣaya and Mṛdu Koṣṭha

When pitta predominates, accompanied by mild kapha and minimal vāta within the grahaṇī, the bowel tends to exhibit mṛdu koṣṭha (~soft evacuation tendency).[7] Substances such as jaggery, sugarcane juice, and milk induce effortless purgation under such conditions. The effectiveness of this purgation is dependent not only on the sāra guṇa of pitta but also on the depletion of kapha and vāta, as their stambhana and rukṣa attributes normally resist laxative actions.[7]

2. Kapha Kṣaya as a Facilitator of Vāta-Pitta Vṛddhi

Symptoms including dryness, insomnia, burning sensation, and excessive thirst are typically correlated with vāta and pitta aggravation. Ācārya Suśruta identifies these manifestations as indicators of kapha-kṣaya.[8] A physiologically balanced kapha ensures lubrication, stability, strength, and cooling. Therefore, when kapha diminishes, the regulatory control over vāta and pitta weakens, enabling their pathological escalation.

3. Kapha Kṣaya and Atyagni Condition

When kapha is depleted and pitta in association with vāta is increased, the condition of atyagni (~excessive digestive power) arises.[9] Hypercatabolism may extend beyond ingested food to involve bodily tissues. Caraka recommends kapha-nourishing interventions such as madhura āhāra, bṛmhaṇa dravya, and dinakāla nidrā to restore agni homeostasis and regulate vāta-pitta dominance.[10] Thus, therapeutic kapha-vṛddhi becomes pivotal in attenuating hyperactive metabolic fire.

4. Kapha Kṣaya and Administration of Ghr̥ta in Jvara

While treating jvara, Caraka emphasizes evaluation of doṣa-avasthā, āma-pakva conditions, and disease duration. After fasting and decoction therapy, when kapha is reduced and vāta-pitta predominate, ghr̥ta acts therapeutically like amṛta (~nectar).[11] Conventionally administered after ten days of fasting, ghr̥ta is contraindicated when kapha remains dominant. Thus, the presence or absence of doṣas critically guides therapeutic selection.

5. Kapha Kṣaya in Relation to the Efficacy of Virecana

Virecana is the primary intervention for eliminating vitiated pitta. Caraka asserts that its efficacy is enhanced when kapha is naturally

low.[12] Excess kapha instead promotes the suitability of vamana, whereas insufficient attention to doṣa-avasthā may result in reversal of therapeutic action—i.e., emetics acting as purgatives and vice versa.[12] Hence, kapha-kṣaya serves as a favourable pre-condition for successful pitta-pradhāna virecana.

Discussion

The concept of doṣa-vaiśāmya forms the foundation of Ayurvedic pathology and therapeutics. Traditionally, greater emphasis has been placed on doṣa-vṛddhi as the primary cause of disease, since aggravated doṣas are capable of moving from their natural location, invading dhātus, and producing systemic disturbances. However, the classical texts also acknowledge doṣa-kṣaya, a depletion state in which the functional attributes of the doṣas are reduced. Although depleted doṣas lack the ability to induce direct pathology, the clinical illustrations present in classical references indicate that doṣa depletion significantly influences doṣa behaviour, function, and therapeutic planning.

The classical examples discussed earlier highlight that doṣa-kṣaya does not independently produce disease but creates a permissive environment for other doṣas to become dominant, which may indirectly contribute to pathological progression. For instance, kapha-kṣaya weakens the body's stability and

moisture, allowing vāta and pitta to exacerbate. Similarly, mṛdu koṣṭha develops when vāta and kapha are comparatively lower and pitta dominates, demonstrating how depleted conditions alter normal gastrointestinal response. The relationship between kapha-kṣaya and atyagni further strengthens the understanding that doṣa balance, rather than absolute quantity, determines physiological outcomes.

Therapeutic implications arising from these classical references are highly significant. In jvara management, administration of ghr̥ta becomes beneficial only when kapha is adequately reduced and āma digestion is complete. Likewise, virecana proves most effective when kapha is depleted—reinforcing that successful treatment depends not merely on identifying the aggravated doṣa but also on understanding the depleted state of its counterparts. Thus, doṣa-kṣaya plays a decisive role in determining drug selection, treatment sequencing, administration timing, and expected therapeutic response.

Overall, the clinical significance of doṣa-kṣaya lies in its subtle yet powerful influence over physiological equilibrium. Recognizing and interpreting this status allows a physician to approach treatment more precisely, avoid mismanagement, and enhance recovery outcomes.

Conclusion

Doṣākṣaya, though less emphasized than Doṣavṛddhi in disease causation, holds substantial clinical relevance in Āyurveda. It alters normal homeostasis, facilitates the dominance of remaining doṣas, influences digestive power (agni), and guides the selection as well as the efficacy of therapeutic measures. The examples discussed demonstrate that identifying the depleted doṣa is as crucial as recognizing the aggravated one.

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