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CLINICAL SIGNIFICANCE OF DEPLETED DOSHA IN THE PURVIEW OF DOSHA VAISHAMYA: A CLASSICAL REVIEW

ABSTRACT:

Introduction

Doshavaishamya, the deviation of *vata*, *pitta*, and *kapha* from their physiological equilibrium, is a foundational concept in Ayurvedic pathology. While *doshavridhi* is widely recognized for its direct pathogenic potential, the clinical implications of *doshakshaya* are less emphasized in classical and contemporary discourse. This review aims to elucidate the physiological, pathological, and therapeutic significance of depleted *dosha* states within the framework of Ayurvedic diagnostics and treatment decision-making.

Methods

A classical textual review was conducted using primary Ayurvedic sources including *CharakaSamhita*, *SushrutaSamhita*, and *AshtangaHridaya*, along with their authoritative commentaries. Review focuses on *doshavridhi*, *doshakshaya*, digestive physiology, treatment principles, and disease-specific therapeutic guidelines. Clinical significance of depleted *dosha* is analysed to interpret how depleted *doshas* influence physiological outcomes and therapeutic response.

Results

Analysis revealed that *doshakshaya*, though not independently pathogenic, significantly modulates *dosha* dynamics and therapeutic suitability. *Mridukoshtha* is observed as a physiological response arising from relative depletion of *vata* and *kapha* with *pitta* predominance, influencing the action of mild laxatives. *Doshakshaya* was found to facilitate dominance of rest of *doshas* in the context of *kaphakshaya* and pathological conditions like *atyagni*. Understanding of depleted *dosha* conditions plays promising role in the administration of therapeutic drugs like *ghrita* in *jvaravyadhi*. The clinical understanding of *doshakshaya* is important in treatment selection, sequencing, and prediction of therapeutic outcomes.

Conclusion

Doshakshaya plays a decisive yet under recognized role in current Ayurvedic diagnosis and therapeutics. Identifying depleted *doshas* is essential for maintaining homeostasis, selecting appropriate interventions, preventing *dosha* aggravation, and optimizing treatment efficacy. Incorporating assessment of *dosha* depletion into clinical practice can enhance precision and improve patient outcomes in Ayurveda.

Keywords:

Doshavaishamya, *Doshakshaya*, Ayurveda, Clinical significance.

CLINICAL SIGNIFICANCE OF DEPLETED DOSHA IN THE PURVIEW OF DOSHA VAISHAMYA: A CLASSICAL REVIEW

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 *Punyatama Veda*^[1] in classical literature. As documented by *Acharya Charaka*, the decline in social discipline and the emergence of indulgence, lethargy, and greed during the end of the *Krita 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 - *vakya* (~literal textual knowledge), *vakyartha* (~interpretative understanding), and *arthavayi* (~analytical extension of meaning).^[3] The clinical practice of Ayurveda is demanding, as it requires meticulous assessment of *dosha*, 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 DOSHA VAISHAMYA

Dosha Vaishamyā refers to the deviation of *Vata*, *Pitta*, and *Kapha* from their physiological equilibrium. These three *doshas* form the fundamental regulatory units of physiological homeostasis and mental functioning. Balance among them ensures health, while imbalance results in disease.^[5] *Vaishamyā* manifests in two primary forms: *Vridhhi* i.e. aggravation or increase of *dosha* and *Kshaya* i.e. depletion or diminution of *dosha*.^[6]

According to *Acharya Charaka*, *doshavridhhi* presents with pathological symptoms of varying intensity—mild, moderate, or severe. *Acharya Chakrapani* further states that only *vridhhi-avastha* of *dosha* possesses pathogenic potential due to its tendency to move from its natural site, invade *dhatu* (body tissues), and produce diseases such as *jvara*, *kushtha* etc.^[7] In contrast, *doshakshaya* represents a loss of inherent properties of *dosha*. As described by *Chakrapani*, depleted *doshas* lack sufficient strength to spread, vitiate tissues, or independently produce disease.^[8]

CLINICAL RELEVANCE OF DOSHA KSHAYA

Although *Doshakshaya* 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 *dosha* depletion in Ayurvedic therapeutics:

1. *Vata-Kapha Kshaya* and *Mridu Koshtha*:

When *Pitta* predominates, accompanied by mild *kapha* and minimal *vata* within the *grahani*, the bowel tends to exhibit *mridukoshtha* (~soft evacuation tendency).^[9] 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 *saraguna* of *pitta* but also on the depletion of *kapha* and *vata*, as their *stambhana* and *ruksha* attributes normally resist laxative actions.^[10]

2. *KaphaKshaya* as a Facilitator of *Vata-Pitta Vriddhi*:

Symptoms including dryness, insomnia, burning sensation, and excessive thirst are typically correlated with *vata* and *pitta* aggravation. *Acharya Sushruta* identifies these manifestations as indicators of *kapha* depletion.^[11] A physiologically balanced *kapha* ensures lubrication, stability, strength, and cooling. Therefore, when *kapha* diminishes, the regulatory control over *vata* and *pitta* weakens, enabling their pathological escalation.

3. *KaphaKshaya* and *Atyagni* Condition:

When *kapha* is depleted and *pitta* association with *vata* is increased, the condition of *Atyagni* (~Excessive digestive power) arises.^[12] Hypercatabolism may extend beyond ingested food to involve bodily tissues. *Charaka* recommends *kapha*-nourishing interventions such as *madhuraahara*, *brimhanadravya*, and *dinakalanidra* to restore *agni* homeostasis and regulate *vata-pitta* dominance.^[13] Thus, therapeutic *kaphavridhi* becomes pivotal in attenuating hyperactive metabolic fire.

4. *KaphaKshaya* and Administration of *Ghrita* in *Jvara*:

While treating *jvara*, *Charaka* emphasizes evaluation of *doshaavastha*, *ama-pakva* conditions, and disease duration. After fasting and decoction therapy, when *kapha* is reduced and *vata-pitta* predominate, *ghrita* acts therapeutically like *amrita* (~nectar).^[14] Conventionally administered after ten days of fasting, *ghrita* is contraindicated when *kapha* remains dominant. Thus, the presence or absence of *doshas* critically guides therapeutic selection.

5. *KaphaKshaya* in Relation to the Efficacy of *Virechana*:

Virechana is the primary intervention for eliminating vitiated *pitta*. *Charaka* asserts that its efficacy is enhanced when *kapha* is naturally low.^[15] Excess *kapha* instead promotes the suitability of *vamana*, whereas insufficient attention to *doshaavastha* may result in reversal of therapeutic action i.e. emetics acting as purgatives and vice versa.^[16] Hence, *kaphakshaya* serves as a favourable pre-condition for successful *pitta-pradhanavirechana*.

DISCUSSION

The concept of *Dosha-vaishamy* forms the foundation of Ayurvedic pathology and therapeutics. Traditionally, greater emphasis has been placed on *Doshavridhi* as the primary cause of disease, since aggravated *doshas* are capable of moving from their natural location, invading *dhatu*s, and producing systemic disturbances. However, the classical texts also acknowledge *Doshakshaya*, a depletion state in which functional attributes of *doshas* are reduced. Although depleted *doshas* lack the ability to induce direct pathology, the clinical illustrations present in classical references

indicate that *doshadepletion* significantly influences *dosha* behaviour, function, and therapeutic planning.

The classical examples discussed earlier highlight that *Doshakshaya* does not independently produce disease but creates a permissive environment for other *doshas* to become dominant, which may indirectly contribute to pathological progression. For instance, *Kaphakshaya* weakens the body's stability and moisture, allowing *vata* and *pitta* to exacerbate. Similarly, *Mridukoshtha* develops when *vata* and *kapha* are comparatively lower and *pitta* dominates, demonstrating how depleted conditions alter normal gastrointestinal response. The relationship between *Kaphakshaya* and *Atyagni* further strengthens the understanding that *doshabalance*, rather than absolute quantity, determines physiological outcomes.

Therapeutic implications arising from these classical references are highly significant. In *Jvara* management, administration of *ghrita* becomes beneficial only when *kapha* is adequately reduced and *ama* digestion is complete. Likewise, *virechana* proves most effective when *kapha* is depleted; reinforcing that successful treatment depends not merely on identifying the aggravated *dosha*, but also understanding the depleted state of its counterparts. Thus, *Doshakshaya* plays a decisive role in determining drug selection, treatment sequencing, administration timing, and expected therapeutic response.

Overall, the clinical significance of *Doshakshaya* lies in its subtle yet powerful influence over physiological equilibrium. Recognizing and interpreting this status allows a physician to approach treatment more precisely, avoiding mismanagement and enhancing recovery outcomes.

CONCLUSION:

Doshakshaya, though less emphasized than *Doshavridhi* in disease causation, holds substantial clinical relevance in Ayurveda. It alters normal homeostasis, facilitates dominance of remaining *doshas*, influences digestive power, and guides the selection and efficacy of therapies. The examples discussed demonstrate that identifying the depleted *dosha* is as crucial as recognizing the aggravated one. A deeper understanding of *Doshakshaya* enables clinicians to maintain *doshaequilibrium*, plan appropriate therapy, prevent aggravation of *doshas*, and achieve better treatment outcomes.

Hence, in the comprehensive management of health and disease, *Doshakshaya* should not be overlooked, but interpreted thoughtfully as a guiding diagnostic and therapeutic parameter in Ayurvedic practice.

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