GAVI KALPATARU

AYURVEDA E MAGAZINE

S.G.V. V. T's

SHREE JAGADGURU GAVISIDDESHWARA AYURVEDIC MEDICAL COLLEGE, HOSPITAL, POST GRADUATE STUDIES & RESEARCH CENTRE, KOPPAL - 583231

ISO 9001-2008 RECOGNISED INSTITUTION

Date of Publication: May 9

April 2026 | Volume 2 | Edition 4

Gavikalpataru

April 2026/ Edition 4

Contact: Chiefeditorgavikalpataru@gmail.com

DISCLAIMER

This magazine is published for informational and educational purposes only. The views and opinions expressed in the articles are those of the authors and contributors and do not necessarily reflect the official policy or position of the editorial team or the publishing institution. While every effort has been made to ensure the accuracy of the information, readers are advised to consult professionals or experts for specific advice related to health, Ayurveda, or any other topics discussed.

For queries, please contact: *chiefeditorgavikalpataru@gmail.com*

ACKNOWLEDGMENT

*With immense gratitude and humility, we offer our sincere thanks to **Shree Jagadguru Gavisiddeswara Swamiji**, whose divine presence and spiritual vision continue to inspire and guide us on our path of Ayurvedic wisdom and holistic well-being.*

*We bow with reverence to **Lord Dhanvantari**, the divine physician, whose eternal light illumines our understanding of seasonal balance and the healing rhythms of nature.*

*Our deepest appreciation goes to our respected **Chairman, Shri Sanjay Kotbal Sir**, for his unwavering encouragement and steadfast support. We are especially thankful to our **Chief Editor, Dr. M.M. Salimath Sir**, whose scholarly insight, and editorial excellence have once again shaped this edition with depth, precision, and clarity.*

*We gratefully acknowledge the sincere efforts of the **Editorial Committee**, whose thoughtful planning, dedication, and creative collaboration.*

*Special thanks are due to the **teaching and non-teaching staff, PG scholars, UG students, and interns of SJGAMC**, whose enthusiastic contributions enriched the magazine with insightful articles, reflections, and artistic expressions.*

*We are deeply grateful to our **Principal and Vice Principal** for their steadfast leadership, which continues to propel this initiative forward with integrity and purpose.*

To our beloved readers, your enduring support and appreciation uplift our spirits and inspire us to delve deeper into the timeless science of life.

*Finally, heartfelt thanks to the entire **GAVI KALPATARU** team, whose spirit of unity, dedication, and commitment have transformed this edition into a vibrant celebration of Ayurveda's purity and its healing touch across the world.*

With Warm regards,
The Editor In charge
Dr. Shridharaiah MH
Volume 2 - April Edition, 2026

TABLE OF CONTENTS

01

02

03

04

05

Principal & Editor's Letter

Dear Readers,

It gives us immense pleasure to present **Volume 2, Edition 4 of *Gavikalpataru***. This publication reflects the collective efforts, intellectual curiosity, and creative spirit of our faculty members, students, and interns who continuously contribute to the enrichment and dissemination of Ayurvedic knowledge.

The theme of this edition, **"Prakruti,"** highlights one of the most fundamental concepts of Ayurveda. While the previous editions discussed the basic principles of **Tridosha, Saptadhatu**, this issue explores **Sleshmaja Prakruti**, which help us understand the intricate physiological processes occurring within the human body.

We sincerely appreciate the dedication and enthusiasm of all contributors, the editorial team, and everyone involved in bringing out this edition. We hope this issue inspires readers to deepen their understanding of Ayurveda and encourages continued exploration of this timeless science.

We wish all our readers an enriching and enjoyable reading experience

Warm regards,

Dr. M. M. Salimath

Principal & Chief Editor

Prakruti: The Constitutional Nature of Human Beings

In Ayurveda, the concept of **Prakruti (प्रकृति)** forms the very foundation for understanding individuality in health and disease. As described in the classical texts, particularly in *Caraka Samhita (Cha. Vi. 8/95)*, Prakruti is determined at the very moment of conception and remains constant throughout life.

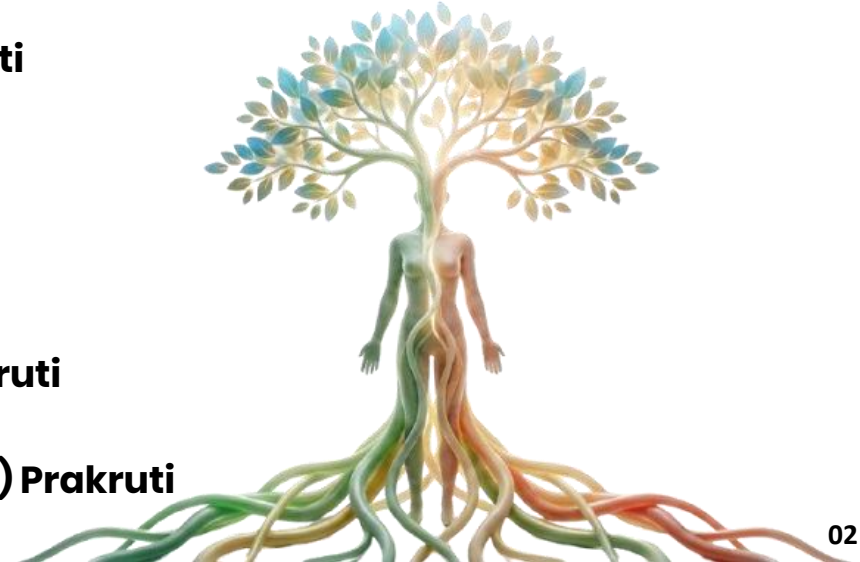
Utpatti

The formation of **Prakruti** depends upon several fundamental factors:

- **Shukra Shonita prakruti** (nature of sperm and ovum)
- **Kala garbhashaya prakruti** (time and condition of uterus)
- **Atura ahara & vihara prakruti** (diet and lifestyle of parents)
- **Mahabhuta vikara prakruti** (state of five great elements)

These factors, influenced by **Doshas** either individually or in combination, determine the prakruti of the individual. Thus, arise different types of **Prakruti** like:

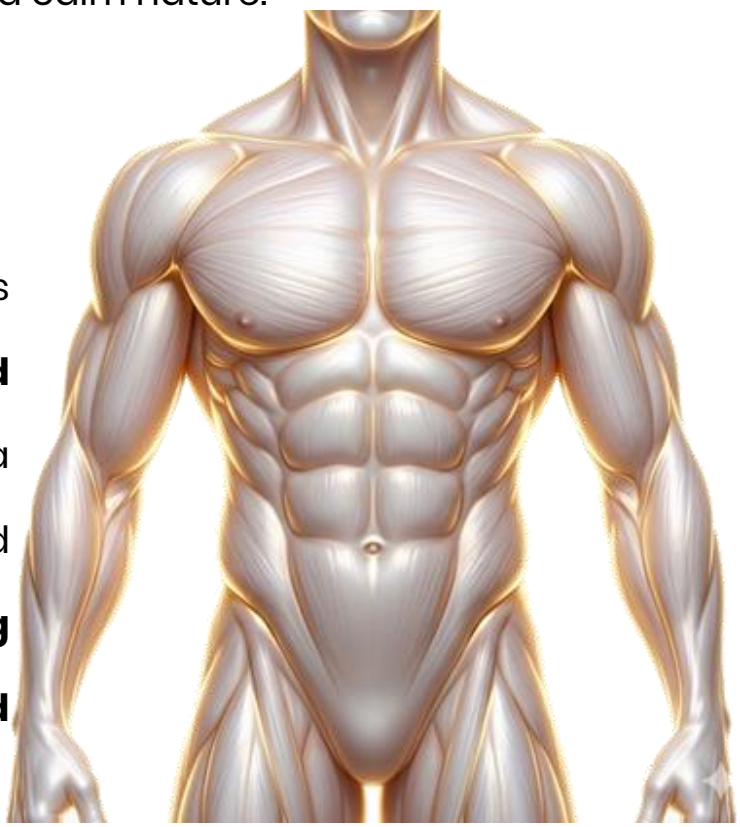
- **Shleshmala (Kaphaja) Prakruti**
- **Pittala (Pitta) Prakruti**
- **Vatala (Vata) Prakruti**
- **Dvandvaja (dual Dosha) Prakruti**
- **Samadhatu (balanced Dosha) Prakruti**



Shleshmaja (Kapha) Prakruti

Shleshmaja Prakruti is represents individuals dominated by **Kapha Dosha**, characterized by stability, nourishment, and calm nature.

1. Sharirika Lakshana



1.1 Body Structure

Due to **Saara** and **Sandra guna**, the body is **compact, stable, well nourished, and developed**. The person is **strong** with a well-built physique, **muscular body**, and **well-knit joints**. Features such as **long arms, broad chest, and broad forehead** are commonly observed.

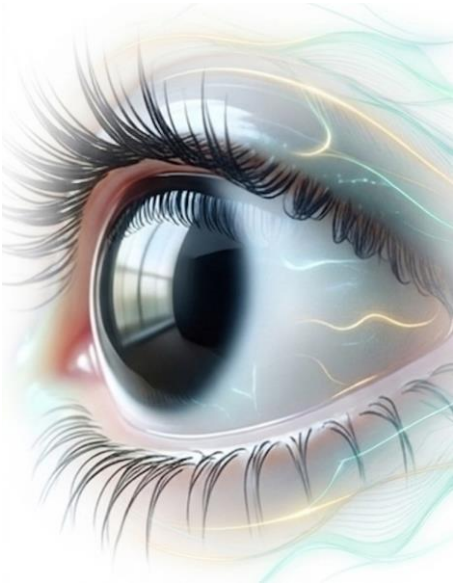
1.2 Skin and Complexion

Because of **Snigdha** and **Shlakshna guna**, the individual has **oily body parts** and **smooth, glossy skin**. Due to **Mrudu guna**, they appear **pleasant looking, Sukumara, and Gaura varna**. Their color may resemble **Durva, Indivara, Sugar candy, Gold, or White lotus**.

1.3 Hair (Kesha)

Hair is **Drudha, Kutila, Bhramara-sadrusha (black like a bee), and Nila varna**, indicating good nourishment.

1.4 Eyes



Eyes are **Vishala (large), Dirgha (elongated), Snigdha (unctuous), with Shveta netra (clear sclera) and Raktanta (reddish angles)**. The cornea is **Krishna (deep black)**, and eyelashes are thick and prominent.

2. Voice, Gait, and Appearance

2.1 Voice (Swara)

The voice is deep and resonant like **cloud, drum, or lion's roar**.

2.2 Gait (Gati)

Movement is slow and stable, resembling **Gaja gati**, indicating steadiness and strength.

2.3 Overall Appearance

They are **beautiful, pleasant looking, gentle, and radiant**, with a naturally attractive personality.

3. Physiological Traits (Sharirika Kriya)

3.1 Digestive and Metabolic Features

Due to **Shaitya** and **Manda guna**:

- **Kshuda (hunger) is less**
- **Trushna (thirst) is less**
- **Sveda (sweating) is minimal**
- **Santapa (heat intolerance) is low**

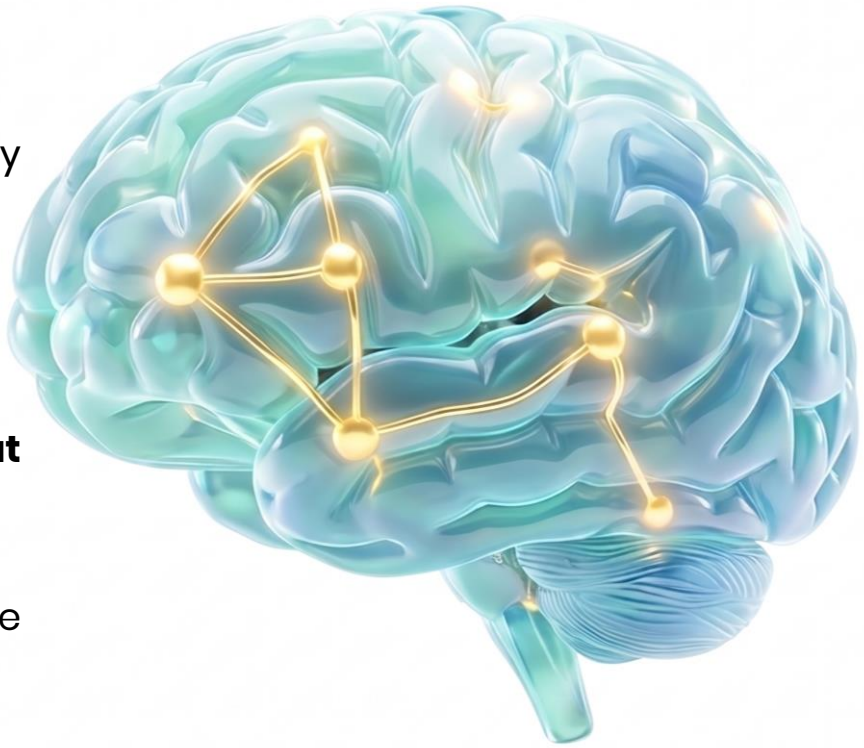
Even with **Tikta, Kashaya, Katu, Ushna, and Ruksha ahara**, they maintain **good Bala (strength)**.

3.2 Activity Levels

Because of **Manda and Stimita guna**:

- **Alpa cheshta (low activity)**
- **Alpa ahara vihara pravritti (less inclination toward food and activity)**
- **Ashighra arambha (slow to initiate tasks)**

4. Psychological Traits (Manasika Lakshana)



Kapha individuals are mentally stable and composed.

4.1 Cognitive Nature

- **Chiragrahi (slow learning but long retention)**
- Deep thinkers who analyze before acting
- **Buddhi yukta (intelligent)**

4.2 Emotional Nature

- They are **peace-loving, courageous, Sahanashila (tolerant), free from greed) & Krutajna (grateful and forgiving)**

They show:

- Less anger
- Less desire for indulgence
- Speak less but has high emotional stability

4.3 Ethical Nature

They are **Satvika (pure-minded)** & **Satya-sandha (truthful)**

5. Reproductive and Vital Strength

Due to **Madhura guna**: they have Strong **Shukra dhatu**, Good reproductive capacity & Likely to have healthy progeny

They also **Ojasvi (high immunity)** & **Ayushman (long-lived)**

6. Social and Material Qualities

Kapha individuals are often:

- **Dhani (wealthy)**
- **Vidvan (knowledgeable)**
- **Lakshmivaan (prosperous)**

They are stable in relationships and may exhibit **Drudha vaira (strong enmity)** when provoked.

7. Dreams (Swapna Lakshana)

Their dreams are calm and auspicious, often involving:

- **Kamala (lotus)**
- **Hamsa (swan)**
- **Chakravaka birds**
- **Jalaashaya (water bodies)**
- **Megha (clouds)**

9. Symbolic Comparison: They resemble:

- **Brahma, Indra, Varuna** (divinity and calm authority)
- **Simha (lion), Gaja (elephant), Ashva (horse)** (strength and dignity)

- **Go (cow), Vrisha (bull)** (nourishment and steadiness)

- **Garuda and Hamsa** (grace and purity)


News Bites
A cozy spot for latest updates.

From India to Japan: Ayurveda Gains Global Spotlight

vol.2112 2025.11.06 Lequio 10

暮らしに生かす
アーユルヴェーダ
vol.115
文・写真／根間洋子

アーユルヴェーダの外科的疾患「痔」について

ちょっと恥ずかしくて人に言いづらい病気、今回は「痔(じ)」について。人知れず悩む人も多い病気ですが、日本人の3人に1人は症状があるといわれています。

毎年秋に開催される「日本アーユルヴェーダ学会」。昨年の学会では、外科医のマハンティッシュ医師が来日し、痔についてご講演されました。気後れせずに早目の治療を勧められていましたが、やはり予防のためにも、治療のためにも大切なのは生活習慣の改善でした。

まずは規則的な排便習慣をつけること。アーユルヴェーダでは、自然な衝動を抑えることはさまざまな不調や病の原因になると言われていて、特に抑えてはいけないのが排便です。今トイレに行きづらいなど、つい我慢していませんか？また、衝動(便意)がないのにいきむ、長い間トイレに座るなどの習慣も良くありません。

食事は朝、昼、夜の時間を決めて規則的に摂取し、間食をやめることで排便のリズムをつくります。繊維の多い食物を取り、水分は白湯(さゆ)で取り、冷たい飲食物は避けます。

患者さんの傾向として、運動をほとんどしない、同じ姿勢で過ごす時間が多いことが挙げられますので、適度な運動は毎日行ってください。

アーユルヴェーダの痔の治療法としては、痛みが少なく、手術も必要なく治りも早い、クシャーラスートラ」という施術があり、日本では富山大学が中心になって研究が続けられています。今後も現代医学とアーユルヴェーダの共同研究が進むことで、患者の心身の負担を減らす治療が広がることを期待しています。

(第1週に掲載)

インドSJGアーユルヴェーダ大学学長のマハンティッシュ医師。ご専門は外科学です

今年のアーユルヴェーダ学会は全てアーカイブ配信です。どなたでもご参加いただけます

ねま ようこ

アシュヴィニ・アーユルヴェーダスクール主宰。
日本ヨーガ療法学会認定ヨーガ療法士。
Ayurvedic Medicine Practitioner。
著作に『暮らしにいかすアーユルヴェーダ』。琉球新報カルチャーセンターなどで定期講座開講中

インスタグラム　ホームページ

アシュヴィニ・アーユルヴェーダスクール　那覇市天久2−2−15 プラスコート4F

In a remarkable moment of international recognition, Dr. Mahantesh M. Salimath, Principal of SJG Ayurveda Medical College, has been featured in the renowned Japanese publication *Lequio*. The article highlights the growing global relevance of Ayurveda, particularly its application in daily life and surgical care.

Titled *"Ayurveda in Daily Life,"* the feature focuses on Dr. Salimath's expertise in Ayurvedic surgery, with special emphasis on the management of anorectal disorders such as piles (Arsha). The article sheds light on how traditional Ayurvedic practices are being integrated with modern medical approaches, drawing attention from international academic and clinical communities.

A key highlight of the publication is the discussion on the effectiveness of the Kshara Sutra therapy, a minimally invasive Ayurvedic surgical technique widely used in India. This method is now gaining interest in Japanese medical universities for its efficacy, reduced complications, and patient-friendly outcomes.

The article also underscores the importance of preventive healthcare through Ayurveda. It emphasizes lifestyle modifications, including maintaining regular bowel habits, adopting a balanced diet rich in fiber, staying hydrated, and engaging in daily physical activity. Such practices are presented as essential measures to prevent lifestyle-related disorders.

This international feature not only showcases Dr. Salimath's contribution to Ayurvedic science but also reflects the institution's commitment to promoting traditional Indian medicine on a global platform. It marks a significant step in strengthening cross-cultural medical exchange between India and Japan.

The recognition stands as a proud achievement, reinforcing the importance of Ayurveda in contemporary healthcare and its expanding footprint across the world.

SJG AMC Secures GMP Certification

Koppal: In a proud and significant achievement, SJG AMC Koppal has successfully obtained Good Manufacturing Practices (GMP) certification for its pharmaceutical unit. The accomplishment was made possible with the blessings of Poojya Swamiji and under the able guidance of the Chairman.

The GMP certification stands as a testament to the institute's unwavering commitment to maintaining high standards of quality, safety, and excellence in the preparation of Ayurvedic medicines. It reflects the consistent efforts, dedication, and teamwork of the entire staff involved in the pharmaceutical unit.

A special note of appreciation was extended to Team RSBK for their valuable contribution and hard work in achieving this milestone. Their coordinated efforts played a crucial role in ensuring compliance with the required standards.

This achievement further strengthens the institute's reputation as a centre of excellence in Ayurvedic education, research, and healthcare, and marks another step forward in its journey towards delivering authentic and quality-driven traditional medicine.

Guest Lecture on Sneha Kalpana Conducted at SJG AMC Koppal

Koppal, April 1, 2026: The Department of Rasashastra and Bhaishajya Kalpana (RSBK) organized an informative guest lecture on *"Sneha Kalpana and its Scientific Relevance"* for RSBK PG scholars and 2nd BAMS students.

The session was delivered by **Dr. Archana Pagad**, Assistant Professor, Department of RSBK, SDM College of Ayurveda, Hassan. The lecture was held from 12:00 PM to 1:00 PM and provided valuable insights into the classical concepts of Sneha Kalpana along with its modern scientific understanding.

Dr. Archana elaborated on the preparation methods, therapeutic applications, and relevance of Sneha Kalpana in contemporary Ayurvedic practice. The session was highly interactive and enriched the students' knowledge by bridging traditional principles with scientific perspectives.

Guest Lecture on Obesity Management Conducted at SJG AMC Koppal

Koppal, April 4, 2026: The Department of Panchakarma organized an insightful guest lecture on the topic *"Role of Lifestyle and Panchakarma in the Management of Obesity."* The session was conducted for students and faculty with the aim of enhancing awareness about holistic approaches to obesity management.

The lecture was delivered by **Dr. Pradeep L. G**, who elaborated on the importance of lifestyle modifications along with Panchakarma therapies in effectively managing obesity. He highlighted the role of diet, daily regimen, and detoxification procedures.

The session was informative and interactive, providing practical insights into integrating Ayurvedic principles in modern-day health challenges. Participants greatly benefited from the expert guidance and clinical perspectives shared during the lecture.

The program concluded successfully, reflecting the department's continued efforts to promote academic enrichment and practical understanding among students.

Guest Lecture on Darshana Organized by Samhita Siddhanta Department

Koppal, April 4, 2026: The Department of Samhita and Siddhanta organized a guest lecture on the topic *"Insights on Darshana"* for First Professional BAMS students as part of their academic enrichment initiative.

The session was delivered by **Dr. Ranjith Kumar Shetty**, who shared valuable perspectives on the philosophical foundations of Darshana and its relevance in understanding Ayurvedic principles. He highlighted how classical Darshana concepts contribute to a deeper comprehension of Ayurvedic knowledge and practice.

Guest Lecture on Ach Sandhi Conducted at SJGAMC Koppal

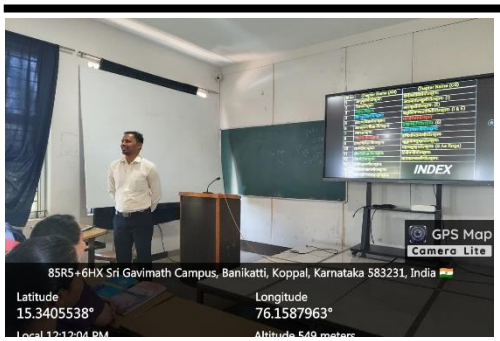
Koppal, April 6, 2026: The Department of Samhita Siddhanta and Sanskrit at SJG Ayurveda Medical College, Koppal, organized a guest lecture on the topic “Ach Sandhi.”

The session was delivered by Dr. R. Raghavendra AB, who elaborated on the fundamental concepts and applications of Ach Sandhi in Sanskrit. He explained the topic in a clear and systematic manner, helping students understand its relevance in classical Ayurvedic texts.

Students actively participated in the session and benefited from the detailed explanations and interactive approach adopted by the speaker. The lecture enhanced their understanding of linguistic principles essential for the study of Samhita.

Faculty members of the department were present during the program and appreciated the informative session. The event concluded successfully, providing valuable academic enrichment to the students.

Guest Lecture on Smart Study Techniques Conducted at SJGAMC Koppal



Koppal, April 6, 2026: The Department of Samhita Siddhanta and Sanskrit at SJG Ayurveda Medical College, Koppal, successfully organized a guest lecture on “Smart Study Techniques for Mastering SA 1 and PV.”

The session was delivered by guest speaker Dr. Sachin Bagali, who shared valuable insights and practical strategies to enhance learning efficiency and academic performance among students. He emphasized the importance of structured study methods, time management, and conceptual clarity, particularly in mastering Samhita and Padartha Vijnana The lecture witnessed active participation from students, who engaged attentively and benefited from the interactive discussion. Dr. Bagali’s approach provided clarity on simplifying complex topics and improving retention through smart techniques.

Faculty members of the department were also present during the session and appreciated

the informative and motivating lecture. The program concluded successfully, leaving students inspired to adopt effective study habits in their academic journey.

Guest Lecture on Hal Sandhi Conducted at SJGAMC Koppal

Koppal, April 7, 2026: The Department of Samhita Siddhanta and Sanskrit at SJG Ayurveda Medical College, Koppal, organized a guest lecture on the topic “Hal Sandhi.”

The session was delivered by Dr. Vageesh Acharya, who provided a detailed explanation of the principles and rules of Hal Sandhi in Sanskrit. He highlighted its significance in understanding classical Ayurvedic literature and guided students through practical examples for better comprehension.

The lecture was interactive and engaging, with students actively participating and clarifying their doubts. The speaker’s structured approach helped simplify complex grammatical concepts, making the session highly beneficial for learners.

Faculty members were present on the occasion and appreciated the informative and well-delivered lecture. The program concluded successfully, contributing to the academic development of the students.

Online Guest Lecture on Pharmacy Management Conducted by RSBK Department

Koppal, April 8, 2026: The Department of RSBK at SJG Ayurveda Medical College, Koppal, successfully conducted an online guest lecture on “Pharmacy Management.”

The session was delivered by Dr. Bhavesh Vador, Director of Phytovedic India Private Limited, who served as the resource person for the program. The lecture was organized for RSBK faculty members and postgraduate scholars.

Dr. Vador shared valuable insights into Ayurvedic pharmaceutics and emphasized modern management practices in accordance with WHO norms. The session proved to be highly informative and contributed significantly to upgrading the participants’ knowledge in the field.

The organizers expressed their gratitude to Dr. Bhavesh Vador for his enlightening talk.

They also acknowledged the guidance and support of Principal Dr. Mahantesh M. Salimath in successfully conducting the event.

Guest Lecture on Application of Padartha Vijnana in Daily Life Conducted at SJGAMC Koppal

Koppal, April 11, 2026: The Department of Samhita Siddhanta and Sanskrit at SJG Ayurveda Medical College, Koppal, organized a guest lecture on the topic “Application of Padartha Vijnana in Daily Life.”

The session was delivered by Dr. Sharad Kumar M, who explained the practical relevance of Padartha Vijnana concepts in day-to-day life. He highlighted how fundamental principles can be applied for better understanding of health, behaviour, and decision-making.

The lecture was engaging and informative, with students actively participating and interacting with the speaker. Dr. Sharad Kumar’s simple and practical approach helped in bridging theoretical knowledge with real-life applications.

Faculty members were present during the session and appreciated the valuable insights shared by the resource person. The program concluded successfully, enriching the academic experience of the students.

SJGAMC Student Wins at National Conference

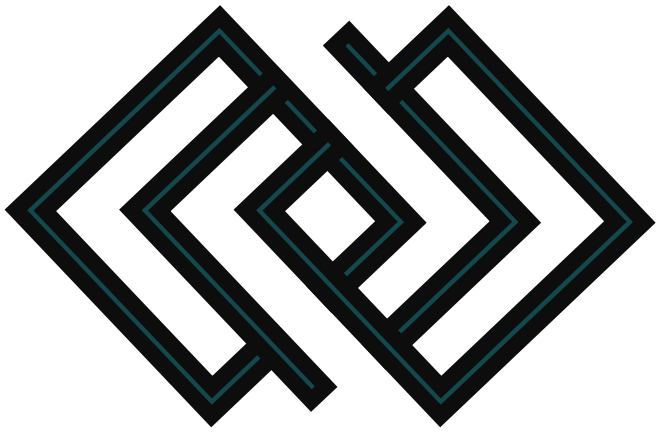
Hubballi: Karthik Bakale, a 3rd Phase BAMS student, brought laurels to his institution by securing a Consolation Prize at the National Level Conference on Conservation of Medicinal Plants held at KLE Technological University, Hubballi.

He was recognized for his poster presentation titled *“Healing Heritage at Risk,”* which highlighted the urgent need to conserve medicinal plant resources and preserve traditional knowledge associated with them. His work was appreciated by the panel for its relevance and insightful approach towards sustainability in the field of Ayurveda.

Karthik expressed gratitude for the opportunity and acknowledged that this achievement was made possible due to the constant encouragement and support from the institution. He specially thanked the Principal for providing a platform to showcase his work and extended heartfelt appreciation to his guide, Dr. Manjula, for her guidance and mentorship throughout

the project.

The accomplishment reflects the growing involvement of Ayurveda students in national forums and their contribution towards the conservation of India’s rich medicinal heritage.



Knowledge Hub

EXPLORING IDEA AND DISCOVERIES BY STAFF AND STUDENTS

GOKSHIRA: THE AYURVEDIC ELIXIR OF STRENGTH AND VITALITY

Exploring the nourishing and therapeutic significance of cow's milk in Ayurveda

Amrutha. T[1], Dr Hema Sundari[2]
1 Professional BAMS Student, 2 Professor & HOD, Dept of Samhita Siddhanta and Sanskrit,
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

ABSTRACT

Gokshira (cow's milk) holds a significant place in Ayurveda due to its nourishing, strengthening, and rejuvenating properties. It is regarded as a wholesome dietary substance that supports growth, vitality, and overall well-being. Ayurveda describes milk as having Madhura rasa, Snigdha guna, Sheeta virya, and Madhura vipaka, which contribute to its nourishing and tissue-building actions. These qualities enable milk to support the proper nourishment of the Sapta Dhatus and enhance physical strength, immunity, and mental clarity.

In addition to its nutritional value, Gokshira is also considered therapeutically beneficial in various conditions such as Kshaya (debility), Raktapitta (bleeding disorders), Daha (burning sensation), Nidranasha (insomnia), and Vata-related disorders. Modern nutritional science also recognizes cow's milk as a rich source of proteins, calcium, vitamins, and essential nutrients necessary for growth and maintenance of the body. Thus, Gokshira can be regarded as a valuable dietary and therapeutic substance that promotes health, vitality, and longevity.

INTRODUCTION

Since ancient times, food has been regarded not merely as a means of sustenance but as a powerful contributor to health and longevity. Ayurveda, the traditional system of medicine of India, emphasizes the concept that Ahara (diet) is one of the three pillars of life, known as Trayopasthambha. Among the various dietary substances described in the Ayurvedic classics, Gokshira (cow's milk) occupies a unique and revered position. Known for its nourishing, rejuvenating, and strengthening properties, cow's milk has been praised in classical texts for its ability to support tissue formation, enhance vitality, and promote overall well-being. Its importance extends beyond simple nutrition, as it is also considered a valuable Rasayana capable of maintaining balance within the body.

Cow's milk is regarded as a wholesome and nourishing food that supports growth, vitality, and longevity. Due to its unique qualities, Ayurveda recognizes Gokshira not only as a dietary substance but also as a therapeutic agent that helps strengthen the body and promote overall well-being.

AIM & OBJECTIVES

Aim: To study the Ayurvedic concept, properties, and therapeutic importance of Gokshira (cow's milk).

Objectives

- To understand the Ayurvedic properties and actions of cow's milk.
- To explore its nutritional and therapeutic significance.
- To correlate traditional Ayurvedic knowledge with modern nutritional understanding.

MATERIALS AND METHODS

The present article is based on a literary review of Ayurvedic and modern sources. Information regarding the properties, actions, and uses of Gokshira was collected from classical Ayurvedic literature along with modern nutrition references and scientific publications related to milk and its health benefits.

Relevant data was compiled, analyzed, and presented in a

systematic manner to understand the importance of cow's milk from both traditional and modern perspectives.

DISCUSSION

The term Gokshira is derived from the Sanskrit words "Go" meaning cow and "Kshira" meaning milk. In Ayurveda, cow's milk is regarded as one of the most nourishing natural foods due to its ability to promote strength, vitality, and tissue nourishment.

According to Ayurvedic principles, the properties of Gokshira are described as follows:

Property	Description
Rasa	Madhura (Sweet)
Guna	Guru, Snigdha
Virya	Sheeta
Vipaka	Madhura

These qualities make milk highly beneficial for nourishing the Sapta Dhatus (seven body tissues). The Madhura rasa and Madhura vipaka contribute to its Brimhana action, meaning it promotes tissue growth and nourishment. The unctuous nature of milk helps lubricate body tissues, while its cooling potency helps balance aggravated Pitta dosha.

Milk is also described as Balya, meaning it enhances physical strength and stamina. Regular consumption in appropriate quantity supports growth, improves vitality, and helps maintain overall health.

Another important property of Gokshira is its Rasayana effect. Rasayana substances help improve immunity, delay ageing, and maintain optimal body functions. Because of this rejuvenating action, milk is often recommended as a part of daily diet for maintaining long- term health.

Gokshira is also considered Medhya, meaning it supports mental clarity and intellectual functions. For this reason, milk is often recommended for children, students, and individuals who require improved cognitive performance.

Therapeutic Uses of Gokshira

Apart from its nutritional value, cow's milk is widely used in Ayurveda as a supportive dietary substance in various disease conditions due to its nourishing and cooling properties.

1. Kshaya (Emaciation and Debility): Milk is highly beneficial in conditions of general weakness, weight loss, and tissue depletion. Its nourishing nature helps restore body tissues and improve physical strength.
2. Raktapitta (Bleeding Disorders): Due to its cooling potency, milk helps pacify aggravated Pitta dosha and is useful in conditions associated with bleeding and burning sensations.
3. Daha (Burning Sensation): Milk provides relief in conditions characterized by excessive heat and burning sensation in the body, as its cooling nature helps balance Pitta.
4. Nidranasha (Insomnia): Warm milk consumed at night has a calming effect on the nervous system and helps promote sound and restful sleep.
5. Vata Disorders: The unctuous and nourishing properties of milk help pacify aggravated Vata dosha, making it beneficial in conditions associated with dryness, fatigue, and nervous system weakness.
6. Ojakshaya (Loss of Vitality): Milk is considered Ojovardhaka, meaning it enhances Ojas, the vital essence responsible for immunity, strength, and vitality.

Modern Nutritional Perspective

From a modern nutritional viewpoint, cow's milk is considered a highly valuable dietary substance because it contains essential nutrients required for growth and maintenance of the body. Milk is a rich source of high-quality proteins, calcium, vitamins, fats, and carbohydrates.

Calcium present in milk plays a crucial role in the

development and maintenance of strong bones and teeth, while proteins support tissue repair and muscle development. Vitamins present in milk contribute to metabolic functions and overall health.

Because of its balanced nutritional composition, milk is widely regarded as a complete food, particularly beneficial for children, adolescents, and individuals recovering from illness.

Guidelines for Proper Consumption of Milk

Ayurveda also provides certain recommendations regarding the proper consumption of milk to maximize its benefits.

Milk is generally advised to be consumed warm and freshly boiled, which improves digestibility. It should not be combined with incompatible foods such as sour fruits, fish, or salty foods, as such combinations are considered Viruddha Ahara (incompatible diet).

Consuming warm milk at night is often recommended because it helps relax the body and promote better sleep.

CONCLUSION

Gokshira (cow's milk) holds an important place in Ayurveda due to its remarkable nourishing and rejuvenating properties. Its sweet taste, cooling potency, and unctuous nature make it an ideal dietary substance for promoting strength, vitality, and tissue nourishment. In addition to supporting general health, milk is also beneficial in various conditions such as weakness, burning sensation, insomnia, and disorders associated with tissue depletion.

Modern nutritional science also recognizes milk as a valuable source of essential nutrients required for growth, development, and overall well-being. When consumed according to proper dietary guidelines, Gokshira can significantly contribute to maintaining physical strength, improving immunity, and supporting a balanced and healthy life. Thus, cow's milk can truly be regarded as a natural elixir that nourishes both body and mind.

BIBLIOGRAPHY

- A.H.Su 1/21-22
- Cha.Su.27/217-218
- Su.Su.45/50-51
- Bhav. 13/4
- Research articles on nutritional benefits of cow milk

DEHYDRATION: The Silent Threat to Daily Health

Ruchita KM[1], Dr Parameshwar G H[22]
1 Professional BAMS Student, 2 Professor & HOD, Dept of Kriya Sharira,
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

ABSTRACT

Srotas is one of the vital parts of body defined as passages which facilitates transportations of various materials including Dhatus. The normal physiological functioning of Srotas helps to maintain good health status but any abnormalities in Srotas like; Srotorodha can be manifested as pathological conditions. Srotasas maintain metabolic activities, balances fluid volume, maintain body temperature, supply nutrients and facilitate process of detoxification. Ayurveda described many Srotasa and Udakavaha Srotas is one of them. Udakavaha Srotas maintain fluid balances from two places of its origin; Talu and Kloma. The inappropriate functioning of Udakavaha Srotas can lead many pathological conditions including electrolyte imbalances. Present article described Ayurveda view on Srotas W.S.R. to Udakavaha Srotas and pathological correlation with electrolyte imbalances.

KEYWORDS Ayurveda, Srotas, Udakavaha Srotas and Electrolyte.

INTRODUCTION

Ayurveda the science of clinical practice founded based on practical knowledge and logical reasoning. Ayurveda described many parts of body as vital entity and Srotas are one of them. Srotas means micro-channels which mainly perform function of transportation and maintain body circulation.

Hydration: Ayurveda views hydration as essential for balancing doshas (vata/pitta), supporting digestion (agni), and maintaining tissue moisture, recommending warm or room-temperature water over cold.

Dehydration:

In Ayurveda, dehydration is viewed as an imbalance, primarily involving aggravated Vata dosha (carrying away moisture) and weakened Agni (digestive fire), often termed *Trishna* (excessive thirst) or *Udakavaha Srotas* impairment.

Dehydration occurs when the body uses or loses more fluid and Electrolyte than it takes in. Then the body does not have enough water and other fluids to do its usual work. Not replacing lost fluids leads to dehydration.

Etiology: Ayurvedic nidanas (causes) of dehydration include several layers:

क्षोभाद्भयाच्छ्रमादपि शोकात्क्रोधाद्विलङ्घनान्मद्यात्|
क्षाराम्ल लवण कटुकोष्ण रूक्ष शुष्कान्न सेवाभि:||४||
धातुक्षयगदकर्षणवमनाद्यतियोग सूर्य सन्तापै:|
पित्तानिलौ प्रवृद्धौ सौम्यान्धातूंश्च शोषयत:||५||
रसवाहिनीश्च नाली र्जिह्वामूल गलतालुक क्लोम्न: |
संशोष्य नृणां देहे कुरुतस्तृष्णां महाबलावेतौ||६||
पीतं पीतं हि जलं शोषयतस्तावतो न याति शमम्|
घोर व्याधि कृशानां प्रभवत्युपसर्गभूता सा||७||

cha chi 22/4-7

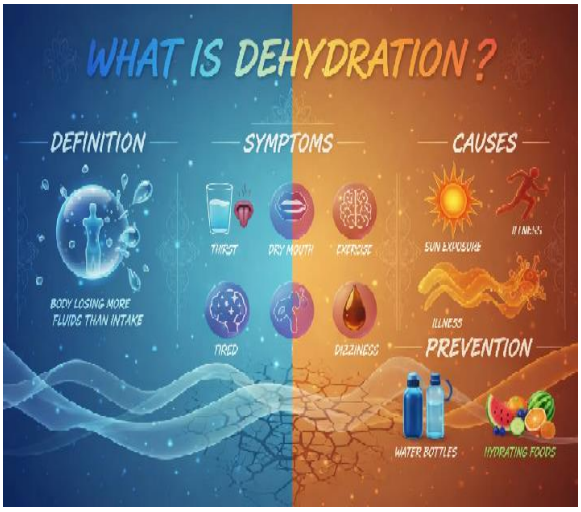
These excessively aggravated Vata and Pitta cause dehydration of the tissue elements of the body which are liquid in nature (like Kapha, Rasa(taste) or plasma and Udaka or Lymph) and the channels carrying Rasa(taste) or Plasma, root of the tongue, throat, palate, and Kloman(lungs). As a result of this, morbid thirst is manifested in the body because of these 2 powerful Doshas (excessively aggravated Vata and Pitta)

The patient afflicted with this ailment drinks water very frequently which gets dried up. As a result of this, his thirst

is never quenched. This type of morbid thirst also comes as a complication in a patient who is emaciated because of his suffering from serious diseases.

As per Modern

- **Dietary Triggers:** Excessive spicy, salty, or sour foods (hot chips, pickles), too much caffeine or alcohol. Missing meals or long gaps strains Agni and dries tissues.
- **Lifestyle Factors:** Overexertion in heat (marathon, manual labor), air-conditioned environments, intake of soft drinks insufficient water breaks, long travels, or flights.



- **Mental and Emotional:** Chronic stress or anxiety speeds up Vata, burning through fluids; emotional shock can cause rapid fluid loss (sweating, trembling).
- **Seasonal Influences:** Summer heat (Pitta rise) and early winter winds (Vata spike) both extract moisture; transitional seasons often catch people off-guard.
- **Constitutional Tendencies:** Vata prakriti individuals naturally have drier tissues; if they don't compensate with regular hydration and oil massaging, imbalance worsens.
- Less common causes include chronic diarrhea, vomiting, or certain medications like diuretics—here modern evaluation is key. Underlying medical conditions, such as diabetes insipidus, also demand prompt lab tests. Ayurveda acknowledges these overlaps and refers out when needed.

Signs and Symptoms:

मुखशोष स्वरभेद भ्रम सन्ताप प्रलाप संस्तम्भान्|
ताल्वोष्ठ कण्ठ जिह्वा कर्कशतां चित्तनाशं च||९||
जिह्वा निर्गममरुचिं बाधिर्यं मर्मदूयनं सादम्|
तृष्णोद्भूता कुरुते, पञ्चविधां लिङ्गतः शृणु ताम्||१०||

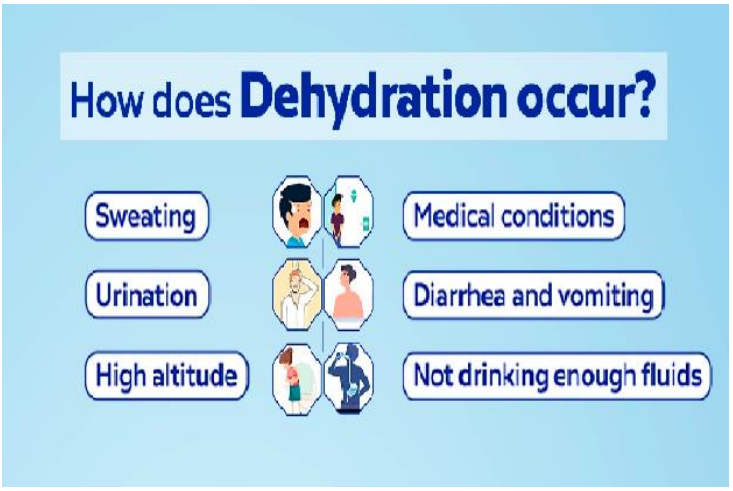
cha chi 22/9-10

It means Dryness of the mouth, Hoarseness of the voice, giddiness, burning sensation, delirium, stiffness, roughness of the palate, lips, throat and tongue, Unconsciousness, Protrusion of the tongue, Anorexia, Deafness, pain in the vital parts of the body and prostration.

- Whereas the Modern Science also have the same signs and symptoms.

How Ayurveda defines Dehydration?

Trishna and Pipasa are the two words used by Acharya Charak in Ayurved. But the difference is Trishna is pathologically originated thirst while, Pipasa is considered as physiological one i.e., Pipasa is not disease originated one. Trishna is caused by Vata and Pitta doshas as Vata dosha has drying property while, Pittadosha has heating property which dries up the water contents of the body (Dehydrating the Body) . This whole thing aggravates during summer and especially at the time of loo (strong, hot and dry wind).



तृष्णा -Trushna [Pathological Thirst]

नाग्निं विना हि तर्षः पवनाद्वा तौ हि शोषणे हेतू|
अब्धातोरतिवृद्धावपां क्षये तृष्यते नरो हि||१९||
गुर्वन्नपयःस्नेहैः सम्मूर्च्छद्भिर्विदाहकाले च|
यस्तृष्येद्धृतमार्गे तत्राप्यनिलानलौ हेतू||२०||
तीक्ष्णोष्ण रूक्ष भावान्मद्यं पित्तानिलौ प्रकोपयति|
शोषयतोऽपां धातुं तावेव हि मद्य शीलानाम्||२१||
तप्तास्विव सिकतासु हि तोयमाशु शुष्यति क्षिप्तम्|
तेषां सन्तप्तानां हिम जलपानाद्भवति शर्म||२२||

cha chi 22/19-22

Thirst is never manifested without pitta and vata dosha, because these 2 are responsible for absorption of liquids in the body, when these 2 Doshas are excessively aggravated, then a person suffers from morbid thirst.

Not only by aggravation of vata and pitta but also person who is taking heavy food, milk and fat, alcohol results in dehydration.

As sprinkling of water over hot sand gets dried up soon. Likewise, the tissue elements which are hot [because of affliction by aggravated pitta and vata] get pacified by the drinkin of ice-coldwater.

- A Classical example for Pathological Thirst is **मधुमेह [Madhumeha].**

पिपासा [Pipasa – Physiological Thirst]

शोषाङ्गसादबाधिर्यसम्मोहभ्रमहृद्रदाः ॥ १० ॥
तृष्णाया निग्रहात्तत्र शीतः सर्वो विधिर्हितः ।

Ah.Su 4/10

It means emaciation, debility, weakness, deafness, loss of consciousness, giddiness, cardiac disorders. These are considered as Physiological conditions.

- Post–Exercise, Meal time, Weather related & morning thirst are some of the examples of Physiological Thirst.

Epidemiology

In practical Ayurvedic observation, Vata-predominant people (dry skin, variable appetite) are most prone to dehydration, especially in windy, cold seasons (Shishira and Vasant). Pitta types face dehydration during hot summers (Grishma), with intense perspiration and burning sensations. Kapha folks usually maintain fluids longer but may become sluggish and waterlogged if Ama accumulates. Young adults who binge-exercise, travelers crossing time zones, or office workers glued to AC also show signs. Children can dehydrate fast when sick, and elders with weaker Agni tend to dry out too. Of course, exact numbers vary, but the pattern-based approach shows these tendencies recurring in daily practice.

Pathophysiology

The Ayurvedic samprapti of dehydration unfolds in stages. First, nidana triggers (excess heat, poor drinking habits) aggravate Vata and Pitta doshas. Vata, being airy and light, disperses fluids from tissues (rasa dhatu) into channels, leaving dryness. Pitta's fiery nature increases sweat and metabolic heat, promoting fluid loss. Simultaneously, Agni can weaken under erratic eating or stress, unable to process fluids properly, leading to Ama formation. Ama, sticky and obstructive, lodges in srotas (especially rasa and rasa-vaha srotas), further impairing fluid distribution.

As fluids shrink, rasa dhatu struggles to nourish other dhatus (rakta, mamsa), so skin becomes rough and nails brittle. Ojas, the subtle essence of all tissues, dips, contributing to low immunity and mental fog. The srotas blockage manifests as sluggish elimination constipation, concentrated urine, or sticky stool. You might feel dizzy on standing (orthostatic hypotension) as rasa vaha srotas fail to maintain blood volume. In modern terms, reduced plasma volume, electrolyte imbalance and impaired thermoregulation overlap with these Ayurvedic descriptors. However, Ayurveda uniquely emphasizes the sequence: dosha aggravation → agni disturbance → ama

formation → srotas blockage → dhatu depletion leading to lakshana of dehydration.

Dehydration can be co-related with Nyayas :

क्षीर-दधि न्याय (sequential conversion)

Water (udaka) and 1st tissue (Rasa dhatu) are essential precursors of all subsequent tissues. Example: Milk → Curd

If milk is depleted or defective the subsequent curd (Rakta and Mamsa etc.) also gets depleted. Hence in the same way Chronic Dehydration leads to Dattu Kshaya (tissue wasting) and sequential transformation gets broken.

केदार-कुल्या न्याय (Irrigation/Flow Theory)

Dehydration in essentially a failure of this nyaya. When udahakavaha srotas(water carrying channels) are blocked by vitiation of vata and pitta the fluid cannot reads fields (tissues). Leading to localizes and systematic dryness.

खले-कपोत न्याय (Selective Uptake Theory)

A chronic dehydration or diseases like Madhumeha, grains (water) on threshing floor are either vitiated or missing. The tissue of Rasa datu finds nothing to pick up and returns Hungry(dry). This constant unsuccessful flying back by tissue create sensation of insatiable thirst, as the cellular demand never meets.

Diagnosis

दर्शनस्पर्शनप्रश्नैः परीक्षेत च रोगिणम्|
रोगं निदानप्राग्रूपलक्षणोपशयाप्तिभिः||२२||

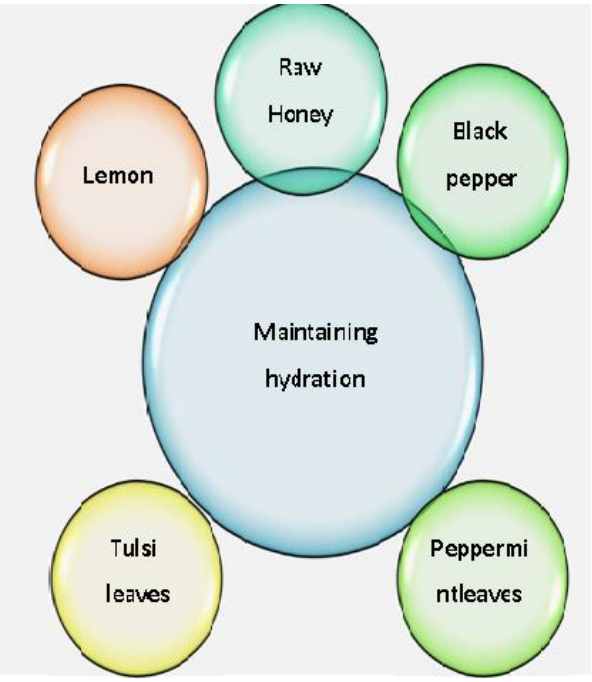
Ah.Su 1/22

starts with darshana (observation): skin texture, tongue coating, eyes sunken. Sparshana (palpation) checks skin turgor and pulse (nadi pariksha). Prashna (questioning) explores thirst level, urine color, frequency, appetite, stool consistency, sleep patterns, and bewildering midday dizziness. A Vata-predominant pulse feels thin and rapid, Pitta pulse warm and bounding. They ask about daily routines did you skip water breaks? Overexert in afternoon heat? Modern labs (serum electrolytes, BUN, creatinine) may be ordered if dehydration seems moderate-severe or if red flags appear (confusion, hypotension, tachycardia). Imaging is rare unless underlying kidney issues suspected. Patients often describe "my mouth feels wooden," "head spins when I stand," or "I'm constantly tired but can't sleep." These clues guide dosing of deepana-pachana treatments, herbs, and lifestyle adjustments.

Differential Diagnostics

Distinguishing pure dehydration from related patterns is crucial. In Vata dehydration, dryness is dominant—rough skin, chills, constipation. Pitta dehydration shows heat, acidity, burning thirst and sometimes loose stools. If there's coldness and weakness, you might consider Agnimandya (weak digestive fire) rather than just fluid deficit. Sharp thirst with acidic mouth → Pitta. Dull thirst, aversion to water → Vata. **Note:** some biomedical conditions (diabetes mellitus, adrenal insufficiency) mimic these signs, so selective modern testing helps rule out serious causes.

Treatment



Ayurvedic management of dehydration blends diet, lifestyle, herbs, and simple routines:

- **Aahara (Diet):** Emphasize hydrating foods coconut water, tender coconut slices, watermelon, fresh lime water with rock salt, herbal teas (ginger-honey, mint). Avoid excessive caffeine, alcohol, and hot/spicy dishes until balance returns.
- **Vihara (Lifestyle):** Regular sips of warm water throughout the day, short breaks in shade if you're outdoors. Self-massage (Abhyanga) with sesame or coconut oil to seal in moisture—do it in the morning, then rinse off.
- **Dinacharya:** Start the day with warm water, lemon or a pinch of rock salt to ignite Agni gently. Keep meals at consistent times to stabilize digestion and fluid use.
- **Ritu-charya:** In summer, favor cooling foods and avoid midday sun. In winter, include warming but hydrating soups and stews to balance Vata's dryness.
- **Herbs & Formulations:** Gentle Deepana-Pachana like trikatu (ginger-black pepper-long pepper) powder to kindle Agni, but used sparingly. Amla fruit or churna replenishes fluids and adds electrolytes. Draksha (grape) valuka can help rebuild rasa dhatu. Avoid heavy cleanses (Panchakarma) until hydration and digestion are stable.

Conclusion:

Dehydration, in Ayurvedic terms, is a dosha-driven drying of rasa dhatu that cascades through Agni, Ama, and srotas, manifesting as thirst, dry skin, fatigue, dizziness, and other signs.

Recognizing whether Vata or Pitta predominates helps tailor hydration strategies—from cooling coconut water to warming herbal teas. Gentle routines, mindful eating, seasonal adjustments, and simple self-massage support fluid balance. Yet, don't brush off severe signs: prolonged dry mouth, confusion, rapid pulse or no urine output demand prompt medical evaluation. Keep a water bottle handy, watch your daily habits, and seek professional help if imbalance lingers. Staying hydrated is more than drinking water—it's nurturing your whole system.

Also remember: -

Ayurveda tells that "There is nothing bigger than eating when hungry, drinking water when thirsty and sleeping when you feel like sleppy".

Bibliography: -

- Charaka Samitha, Sutra Sthana 22nd Chapter.
- Charaka Samitha, Nidhana Sthana 4th Chapter.
- Ashtanga Hrudaya, Sutra Sthana 1st Chapter.
- ASHTANGA Hrudaya, Sutra Sthana 4th Chapter.
- Journal Published in www.uptodateresearchpublication.com

CONCEPTUAL STUDY OF DOSHA VRUDDHI KSHAYA WITH REFRENCE TO GUNAS AND CLINICAL MANIFESTAION

Sampada.V. Deshpande[1], Dr Basvantarao Police Patil[2]
1 Professional BAMS Student, 2 Assistant Professor, Dept of Kriya Sharira,
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

ABSTRACT

Background and rationale: Ayurveda explains health and disease through the dynamic equilibrium of the three fundamental regulatory principles: Vata Dosha, Pitta Dosha, and Kapha Dosha. These Doshas govern all physiological and biochemical activities of the body. When maintained in their state of balance, they sustain normal bodily functions; however, any quantitative or qualitative deviation leads to pathological manifestations. Among the various forms of Dosha imbalance, Dosha Vruddhi (aggravation) and Dosha Kshaya (depletion) represent two important ends of the pathological spectrum. Dosha Vruddhi refers to the excessive increase of a Dosha due to factors such as incompatible diet, improper lifestyle, and seasonal influences, whereas Dosha Kshaya denotes the diminution of Dosha leading to impaired physiological activity and functional insufficiency. Understanding this spectrum of Dosha imbalance is essential for accurate diagnosis, assessment of disease progression, and formulation of appropriate therapeutic interventions in Ayurveda. Thus, the concepts of Dosha Vruddhi and Kshaya provide a fundamental framework for maintaining physiological harmony and preventing disease.

Primary study Objective: To Identify, Analyze, and interpret the changes in the Three doshas

Result and Conclusion: Dosha Vruddhi Kshaya can be accurately understood and diagnosed through changes in their Guna's and their corresponding clinical manifestation

KEY WORDS: DOSHAVRUDDHI, DOSHA KSHAYA, GUNAS, PATHOPHYSIOLOGY, CLINICAL CORRELATION.

INTRODUCTION

Ayurveda, the ancient system of medicine, provides a comprehensive understanding of health and disease through the concept of Doshas. The three fundamental Doshas—Vata, Pitta, and Kapha—are considered the governing principles responsible for maintaining physiological and psychological balance within the human body[1]. These Doshas are derived from the Pachamahabhuta and represent functional entities that regulate all biological processes. The state of health, according to Ayurveda, is defined as the equilibrium (Samya Avastha) of these Doshas, along with proper functioning of Agni, Dhatus, and Malas[2]. Any disturbance in this equilibrium leads to Dosha Vaishamya, which forms the basis of disease manifestation. Thus, understanding the variations in Dosha status is essential for comprehending both health and pathology[3]. Among the various forms of Dosha imbalance, Dosha Vruddhi (increase) and Dosha Kshaya (decrease) are of prime importance. These two conditions represent opposite ends of the pathological spectrum and reflect alterations in both the quantitative and qualitative aspects of Doshas[4]. Dosha Vruddhi occurs when there is an abnormal increase or aggravation of a Dosha due to etiological factors such as improper diet (Ahara), lifestyle (Vihara), seasonal variations (Ritu), and psychological influences[5]. This aggravated Dosha tends to disturb normal physiological functions and eventually leads to disease. On the other hand, Dosha Kshaya refers to the depletion or diminution of a Dosha, resulting in reduced functional capacity[6].

Unlike Vruddhi, where excessive activity is observed, Kshaya is characterized by insufficiency and impaired functioning. Both these conditions highlight the importance of maintaining Dosha balance rather than merely focusing on their presence[7]. The concept of the spectrum of Dosha imbalance provides a broader understanding of how diseases evolve. It emphasizes that pathology is not an instantaneous event but a gradual process involving stages of accumulation, aggravation, spread, and manifestation[8]. Dosha Vruddhi and Kshaya play a crucial role at different stages of this progression, influencing the severity and nature of diseases. Furthermore, the understanding of Dosha imbalance is not only important for diagnosis but also for planning treatment strategies. Ayurveda emphasizes individualized treatment, where therapies are designed based on the specific state of Doshas in a person[9]. Hence, identifying whether a condition is due to Vruddhi or Kshaya becomes essential for selecting appropriate interventions. In the present era, where lifestyle disorders are increasingly prevalent, the relevance of Dosha theory has gained significant importance. Improper dietary habits, stress, and environmental factors contribute to frequent disturbances in Dosha balance[10]. Therefore, a clear understanding of Dosha Vruddhi and Kshaya helps in early identification of imbalances and implementation of preventive measures. In conclusion, the study of Dosha imbalance, particularly Vruddhi and Kshaya, provides a fundamental framework for understanding disease processes in Ayurveda[11]. It bridges the gap between theoretical knowledge and clinical application, thereby enhancing the effectiveness of diagnosis, treatment, and prevention strategies.[12]

MATERIALS & METHODS

Study based on review of Classical Ayurvedic Texts, alongside modern literature, relevant online resources, and published research articles

1ETIOLOGICAL FACTORS RESPONSIBLE FORDOSHA VRUDDHI AND KSHAYA

1. Due to season (kala)
2. Food and activities (Ahara and Vihara)
    A. Due to particular diet
    B. Due to particular properties of ingested material
    C. Due to various stages of digestion of food
    D. Due to certain activities
    E. Due to season or environment
3. Dravya swarupa
4. Guna swarupa
5. Karma swarupa
6. Kala swarupa
7. Desha swarupa

GUIDELINES FOR DOSHA VRUDDHI-KSHAYA ASSESSMENT [12&13]

2. Sparshana
3. Prashana
4. Bio-chemical analysis
5. Clinical examination

ASSESSMENT METHOD

1. Dravathaha
2. Gunathaha
3. Karmathaha

PRINCIPAL:

The concept of Dosha Vruddhi Kshaya forms the cornerstone of ayurvedic diagnosis, linking the physiological and pathological state of individual with their prakurti and vikurti

Accurate assessment aids in tailoring personalized dietary and therapeutic intervention

ASSESSMENT OF DOSHA VRUDDHI KSHAYA LAKSHNAS[12]

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETER	PROPERTIES RESPONSIBLE	CLINICAL CORELATION
KARSHYA	BMI	LAGHU ROOKHA SUKSHMA	MUSCLE WASTING DUE TO UMN AND LMN THYROTOXICOSIS
KARSHNYA	HYPERPIGMENTAION	ROOKSHA SEETHA KHARA	DUE TO ENDOCRINE DISORDER
USHNA KAMITHA	-------	SEETHA ROOKSHA	DESIRE FOR HEAT IN CONDITION LIKE LARYNGITIS PHARYNGITIS
KAMPA	TREMORS	CHALA SUSKHMA	AS SEEN IN PARKINSONISM MY BE DUE TO NEUROLOGICAL DISORDER
AANAHA	ABDOMINAL DISTENSION	ROOKSHA SEETHA	DUE TO COLLECTION OF FLUID FLATULENCE
SAKRITGRAHNA	CONSTIPATION	ROOKSHA SHEETA KHARA	REDUCED INTESTINAL MOVEMENTS /OBSTRUCTION
BALA HAANI	LOSS OF STRENGTH	LAGHU SHEETA CHALA	DUE TO MUSCLE FATIGUE /ELECTROLYTE IMBALANCE
NIDRA HAANI	LOSS OF SLEEP	RUKHA KHARA	DUE TO ANXITY /ELECTROLYTE IMBALNCE
INDRIYA BHRAMSA	DEBLITY OF SENSE ORGANS	SOOKSHMA, CHALA	LIKE IN DEFNESS, MYOPIA
PRALAPA	DELIRUM	SOOKSHMA, CHALA, LAGHU	ELECTROLYTE IMBALANCE
BHRAMA	LOSS OF CONSCIOUSENESS	ROOKSHA, LAGHU, CHALA	AS SEEN IN VASOVAGAL ATTACK
DEENATHA	MISERABLE FEELING	ROOKSHA SHEETA, KHARA	AS SEEN IN DEPRESSION

VATA KSHAYA

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETER	RESPONSIBLE PROPERTIES	CLINICAL CORELATION
ANGA SAADA	WEAKNESS OF BODY PARTS	LAGHU SOOKSHMA CHALA	DUE TO MUSCLE FATIUGE
ALPA BHASHITWA	INABLITY TO TALK	LAGHU, SOOKSHMA, CHALA	CONDITIONS LIKE APHASIA, APHONIA
SAMJNA NAASA	LOSS OF MEMORY	SOOKHMA, LAGHU, CHALA	CONDITIONS LIKE ALZHIEMAR'S DISEASE
ALPA CHESHTAHA	DECRESED MOVEMENTS	LAGHU, SEETHA, CHALA	DUE TO DEFECTS IN NERVE CONDUCTION OR REDUCED MUSCLE TONE

PITTA VRUDDHI

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETER	RESPONSIBLE PROPERTIES	CLINICAL CORELATION
PEETHA VIT	STOOL EXAMINATION	SNIGDHA, USHNA, SARA	DUE TO INCRESED EXCRETION OF BILIRUBIN AS IN HEPATOCELLUR JAUNDICE
PEETHA MUTRA	URINE EXAMINATION	USHNA, TEEKSHNA, VISRA	DUE TO REMOVAL OF EXCESS BILIRUBIN THROUGH URINE AS OBSTRCTIVE JAUNDICE
PEETHA NETRA	EXAMINATION OF SCLERA	TEEKSHNA, USHNA	DUE TO DEPOSTION OF EXCESS BILIRUBIN AS IN HEMOLYTIC JAUNDICE
PEETHA TWAK	EXAMINATION OF SKIN	TEEKSHNA USHNA	DUE TO DEPOSTION OF EXCESS BILIRUBIN EVIDENT IN NEONATAL JAUNDICE
KSHUTH	INCRESED APPETITE	USHNA, TEEKSHANA, LAGHU	AS EVIDENT IN DIABETES MELLITUS
TIRSHNA DAHA	INCRESESD THIRST	TEEKSHNA, USHNA TEEKSHNA, LAGHU, USHNA	DIABETES MELLITUS, FEVER. BURNING SENSTAION SEEN IN RA AND DIABETIC NEUROPATHY
ALPA NIDRTA	SLEEPLESSNESS (EEG)	TEEKSHNA, USHNA	SEEN IN STRESS, HYPERTENSION

PITTA KSHAYA

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETER	RESPONSIBLE PROPERTIES	CLINICAL CORELATION
MANDA AGNI	DECRESD APPETITE	SNIGDHA, TEEKSHNA, USHNA	DUE TO GASTRO INTENSTINAL SECRTIONS, GASTRIC ATROPHY
SEETHA	COLDNESS	TEEKSHNA, USHNA, DRAVA	DUE TO REDUCTION IN BLOOD SUPPLY PERIPHRY AS IN (CF)
PRABHA HANI	LOSS OF LUSTER	SNIGDHA, TEEKSHNA, USHNA	DUE TO REDUCTION IN BLOOD SUPPLY TO PERIPHRY AS IN ANEMIA

KAPHA VRUDDHI

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETER	RESPONSIBLE PROPERTIES	CLINICAL CORELATION
AGNISAADA	LOSS OF APPETITE	SEETHA, GURU, MANDA	AS SEEN IN ANOREXIA NERVOSA, FEVER
PRASEKA	INCRESD SALIVATION	SNIGDHA, SLAKSHNA MRITSA	DUE TO SOME IRRITATION, TOXIC ELEMNTS IN STOMCAH, VOMITING
AALASYA	LASSITUDE	GURU, MANDA	DEFICIENCY OF ENERGY DM
GOURAVA	FEELING OF HEAVINESS	SNIGDHA, GURU	OBESITY
SVAITHYA	PALLOR	SNIGDHA, SEETHA, SLAKSHNA	HYPOPIGMENATION OR ISCHEMIC EFFECT
SAITHYA	FEELING OF COLDNESS	SEETHA, MANDA, STHRIA	DEFECT IN CIRCULATION LIKE IN CONGESTIVE CARDIAC FALIURE

KAPHA KSHAYA

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETER	RESPONSIBLE PROPERTIES	CLINICAL CORELATION
BHRAMA	LOSS OF CONSCIONESS	SNIGDHA, SLAKSHANA, STHIRA	AS SEEN IN HYPOVOLEMIC SHOCK
SLESHMASAYA SOONYATHA	FELLING OF EMPTYNESS	SNIGDHA, GURU, STHIRA	AREAS LIKE IN CHEST, JOINTS (REDUCTION OF FUILD)
HRIDRAVA	PALPITATION	GURU, SLAKSHNA, STHIRA	DUE TO REDUCTION IN CORONARY BLOOD SUPPLY
SANDHI SAITHILYA	LAXITY OF JOINTS	SNIGDHA, GURU, STHIRA	REDUCTION IN SYNOVIAL FLUID AS SEEN IN OA

DISCUSSION

The concept of Dosha plays a central role in Ayurveda, forming the basis for understanding both physiological balance and disease. The equilibrium of Vata, Pitta, and Kapha maintains normal bodily functions, while their disturbance leads to pathological conditions. In this context, Dosha Vruddhi (aggravation) and Dosha Kshaya (depletion) represent two significant states within the spectrum of Dosha imbalance.

Dosha Vruddhi occurs due to the predominance of similar गुण (qualities), as explained by the principle "वृद्धिः समानैः सर्वेषां", leading to an increase in the functional activity of a particular Dosha. This results in exaggerated physiological responses, such as increased heat in Pitta or excessive movement in Vata. On the other hand, Dosha Kshaya occurs due to the influence of opposite qualities, leading to reduced activity and functional insufficiency, such as diminished digestion in Pitta Kshaya or loss of stability in Kapha Kshaya.

These two states should be understood as dynamic and interrelated rather than isolated conditions. They form part of a continuous pathological process described in the concept of Shatkriyakala, where disease develops gradually through stages like Sanchaya, Prakopa, and Vyakti. Initially, Dosha Vruddhi predominates, but if the imbalance persists or is improperly managed, it may eventually lead to Kshaya or complex mixed states, thereby influencing the severity and chronicity of disease.

Moreover, the expression of Dosha imbalance varies depending on an individual's Prakriti (constitution), which highlights the importance of personalized diagnosis and treatment in Ayurveda. The same causative factors may produce different clinical outcomes in different individuals, making assessment of Dosha status essential in clinical practice.

In the present era, factors such as improper diet, sedentary lifestyle, and psychological stress contribute significantly to Dosha imbalance. Understanding the spectrum of Dosha Vruddhi and Kshaya not only aids in identifying disease at an early stage but also plays a crucial role in planning preventive and therapeutic measures. Thus, maintaining Dosha equilibrium remains the key to health and effective disease management.

Flow of Pathogenesis

Normal State (Samya Avastha)

↓

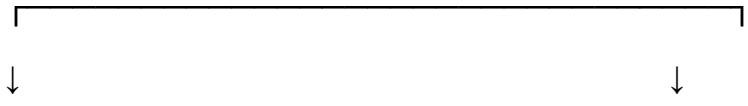
Exposure to Nidāna (Causative Factors)

(Ahara, Vihara, Ritu, Manasika)

↓

Dosha Vaishamya (Imbalance Begins)

↓



Dosha Vruddhi (Increase)	Dosha Kshaya (Decrease)
Similar गुण (Guna) (Samanya Siddhanta)	Opposite गुण (Guna) (Vishesa Siddhanta)
Hyperfunction (Excess Activity)	Hypofunction (Reduced Activity)

Shatkriyakala Stages (Disease Progression)

Sanchaya → Prakopa → Prasara → Sthanasamshraya → Vyakti → Bheda

↓

Disease Manifestation

↓

Chronic Stage / Complications

↓

Need for Chikitsa (Treatment)

(Shamana / Shodhana / Nidana Parivarjana)

CONCLUSION

The concept of Dosha Vruddhi (aggravation) and Dosha Kshaya (depletion) provides a comprehensive understanding of the spectrum of Dosha imbalance in Ayurveda. These two states represent opposite yet interconnected aspects of pathological changes, where Vruddhi leads to excessive functional activity and Kshaya results in diminished physiological efficiency.

The dynamic nature of Doshas highlights that disease is a gradual process influenced by various factors such as diet, lifestyle, environment, and individual constitution. The principle of maintaining Dosha equilibrium (Samya Avastha) remains fundamental, as both excess and deficiency can disturb normal bodily functions and lead to disease.

Understanding the spectrum of Dosha imbalance is essential not only for accurate diagnosis but also for planning appropriate preventive and therapeutic measures. It supports the Ayurvedic approach of individualized treatment based on the specific Dosha status of each person.

Thus, the concepts of Dosha Vruddhi and Kshaya serve as a vital framework in Ayurveda for understanding disease causation, progression, and management, ultimately emphasizing that maintaining balance is the key to achieving and preserving health

REFERENCES :

1.Sharma R.K., Dash Bhagwan, editor. Charaka Samhita of Agnivesh: commentary Ayurveda Dipika of Chakrapani Dutta. Reprint Ed. Vol. 1. Varanasi: Chowkhamba Sanskrit Series Office, 2004, Sutrasthan, Chapter 1, Verse no.57, page no. 6.

2.Sharma R.K., Dash Bhagwan, editor. Charaka Samhita of Agnivesh: commentary Ayurveda Dipika of Chakrapani Dutta. Reprint Ed. Vol. 1. Varanasi: Chowkhamba Sanskrit Series Office, 2004, Sutrasthan, Chapter 1, Verse no.57, page no. 15

3.Acharya Sushrut, Sushrut Samhita, Sutrasthana adhyay 15/47, Volume I, Sushrutvimarshini – Hindi commentary by Dr. Anant Ram Sharma, Chaukhambha Surbharati Publication, Varanasi, Reprint, 2006; Page no. 28

4.Dr.Nandini Dhargalkar Sarira Kriya Vidnana Chaukhambha Surbharati Publication, Varanasi, Reprint, 2006; Page no. 268

5.Dr.T Shreekumar A text book of Ayurvedic Physiology Harisree publications Thrissur kerala print on 2023 page no 113

6. Dr.Nandini Dhargalkar Sarira Kriya Vidnana Chaukhambha Surbharati Publication, Varanasi, Reprint, 2006; Page no. 280

7.Sharir Kriya Vigyan Vol. 1, Dr. Rajesh KumarSharma, Dr. Dinesh Chandra Sharma, 4/211, Malviya Nagar, Jaipur (Raj.), pg. 25.

8. Ayurvediya Kriya Sharir Vol. 1, Prof. Dr. Yogesh Chandra Mishra, Chaukhambha publication, New Delhi 110002 (India), pg. 89

9. Charka Samhita, vol-I।, Editor Sharma P. V., Sutra Sthana, 1/16, Reprintedition-2008, Varanasi, Chaukhmbha Orientalia, pg. 30

10.Ayurvediya Kriya Sharir Vol. 1, Prof. Dr. Yogesh Chandra Mishra, Chaukhambha publication, New Delhi 110002 (India), pg. 85.

11. Dr.Nandini Dhargalkar Sarira Kriya Vidnana Chaukhambha Surbharati Publication, Varanasi, Reprint, 2006; Page no. 295

12. Dr.T Shreekumar A text book of Ayurvedic Physiology Harisree publications Thrissur kerala print on 2023 page no 118

13. Dr.T Shreekumar A text book of Ayurvedic Physiology Harisree publications Thrissur kerala print on 2023 page no 112

14.MUHS Nasik Kriya shareera Practical record book Page no 126

THE CONCEPTUAL REVIEW ON HEMOPHILIA – "DIAGNOSIS IS FIRST STEP TO CARE"

Soumya[1], Stuti Potadar[2], Srishti M[3], Dr Deepa Patil[4]

1,2,3 Professional BAMS Student, 4 Assistant Professor, Dept of Kriya Sharira,
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

"The history of hemophilia reflects the human mind's attempt to understand a mysterious yet intriguing phenomenon, as well as the human heart's response to repeated challenges." - G.I.C. Ingram, Opening lecture to the World Federation of Hemophilia (1976)

Early History

Jewish writings from the second century AD mention hemophilia, with a ruling by Rabbi Judah the Patriarch exempting a woman's third son from circumcision if two elder brothers had died from bleeding after the procedure. The first article on hemophilia in America, titled "An account of a hemorrhagic disposition existing in certain families," was published in 1803 by Dr. John Otto. Queen Victoria of the UK, a carrier of hemophilia, had affected descendants, including her son Leopold and granddaughter Ena, Queen of Spain. The royal disease was later identified as hemophilia B through DNA analysis of the Russian Royal family's remains. The Treasury of Human Inheritance, published in 1911, contains extensive information on hemophilia cases and pedigrees. The severe morbidity and early mortality of untreated hemophilia were documented in a monograph by Carol Birch in 1937. Many hemophilic males died at a young age from bleeding, with only a few surviving beyond 40 years.

Treatment

The first transfusion treatment for hemophilia was reported in 1840 in The Lancet George Firmin, an 11-year-old boy, bled after surgery for squint. Using the syringe recently developed by Dr. Blundell blood from "a stout woman" was directly transfused, and the child survived. The paper describes the inheritance of hemophilia in the family. Fractionation of human plasma was developed in response to the challenges of World War II. Cohn pioneered the fractionation of the major components of plasma using ethanol and by controlling the variables salt, protein, alcohol, pH, and temperature. Cohn's fraction 1 was rich in factor VIII (FVIII) and fibrinogen.

Introduction -Hemophilia

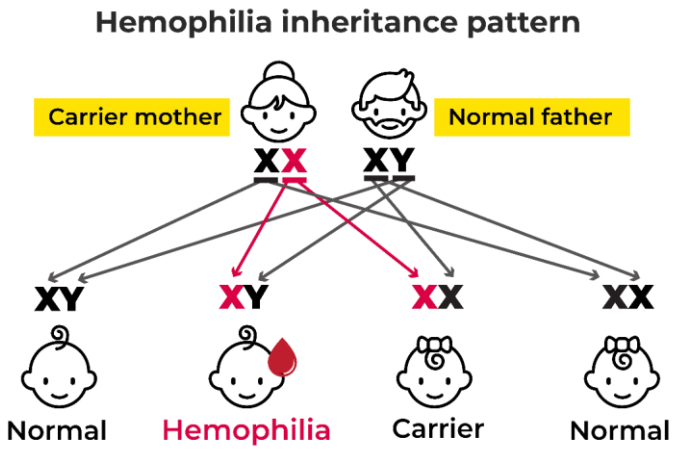
Hemophilia is a rare X-linked congenital bleeding disorder characterized by a deficiency of coagulation factor VIII (FVIII), called hemophilia A, or factor IX (FIX), called hemophilia B. The factor deficiencies are the result of pathogenic variants in the F8 and F9 clotting factor genes. The best estimates of the prevalence of hemophilia, based on the most reliable national patient registry data available and recent World Federation of Hemophilia (WFH) annual global surveys, indicate that the expected number of males with hemophilia worldwide is 1,125,000, the majority of whom are undiagnosed, including an estimated 418,000 males with severe hemophilia.

Hemophilia A and B

Hemophilia A is much more common than hemophilia B. Hemophilia A is estimated to account for 80%-85% of all hemophilia cases; hemophilia B is estimated to account for 15%-20% of all hemophilia cases. The estimated prevalence is 17.1 cases per 100,000 males for all severities of hemophilia A (6.0 cases for severe hemophilia A) and 3.8 cases per 100,000 males for all severities of hemophilia B (1.1 cases for severe hemophilia B). The estimated prevalence at birth is 24.6

cases per 100,000 males for all severities of hemophilia A (9.5 cases for severe hemophilia A) and 5.0 cases per 100,000 males for all severities of hemophilia B (1.5 cases for severe hemophilia B).

Hemophilia is usually inherited through an X chromosome with an F8 or F9 gene mutation. However, both the F8 and F9 genes are prone to new mutations, and about 30% of all cases result from spontaneous genetic variants. Prospective studies report that over 50% of people newly diagnosed with severe hemophilia have no prior family history of hemophilia.



Clinical Diagnosis

Hemophilia should be suspected in individuals presenting with a history of any of these symptoms: easy bruising; "spontaneous" bleeding (i.e., bleeding for no apparent/known reason), particularly into the joints, muscles, and soft tissues; excessive bleeding following trauma or surgery. Early symptoms of joint bleeds in children at a very young age are a key indicator of severe hemophilia.

Accurate diagnosis of hemophilia is essential to inform appropriate management. A definitive hemophilia diagnosis is based on a factor assay to demonstrate deficiency of FVIII or FIX.

Key Components of Comprehensive Care

Hemophilia is a rare inherited disorder that is complex to diagnose and manage. Optimal care, especially for people with severe forms of the disorder, requires more than treatment of acute bleeding. Priorities in hemophilia treatment and care include:

- Prevention of bleeding and joint damage
- Prompt management of bleeding episodes including physical therapy and rehabilitation after joint bleeds
- Pain management
- Management of musculoskeletal complications
- Prevention and management of inhibitors
- Management of comorbidities
- Dental care
- Quality-of-life assessments and psychosocial support

✓ Genetic counselling and diagnosis

✓ Ongoing patient/family caregiver education and support

✓ Emergency care should be available at all times, with the following essential services and resources:

✓ Coagulation laboratory services with the capacity to perform accurate and precise clotting factor assays and inhibitor testing.

On April 17, 2026, the global inherited bleeding disorders community will come together on ***World Hemophilia Day*** to advocate for all inherited bleeding disorders. This year's theme of **"*Diagnosis: First step to care*"** highlights the critical importance of diagnosis—the essential first step in treatment and care. The WFH estimates that over three-quarters of the population of people with hemophilia worldwide are undiagnosed, and an even more significant gap also exists for other bleeding disorders. This means that hundreds of thousands of people around the world still lack access to basic care. We have the power—and the shared commitment—to change this. We can improve diagnostic outcomes by strengthening the skills of healthcare professionals and enhancing the effectiveness of laboratories.

This April, let's celebrate our community and continue working towards increasing global diagnosis rates, so we can move one step closer to our shared vision of Treatment for All.

"Accurate diagnosis is the gateway to care for people living with bleeding disorders. Yet in many parts of the world, barriers continue to delay or prevent proper diagnosis—leading to unacceptably low diagnosis rates. The challenge is even greater for people with von Willebrand disease, rare bleeding disorders, and for women and girls with bleeding disorders. On April 17, I call on the global community to unite in advocating for stronger diagnostic capabilities everywhere—because without diagnosis, there is no treatment, and without treatment, there is no progress."—Cesar Garrido, President, WFH

References:

- ✓ Christine A. Lee Emeritus Professor of Haemophilia, University College London, University of London, UK
- ✓ According to WFH GUIDELINES for the MANAGEMENT of HEMOPHILIA 3rd Edition
- ✓ World federation of Hemophilia
- ✓ Text book of medical physiology by Prof G K Pal

LIFESTYLE & DIET ASPECT

YOGA FOR PCOD MANAGEMENT

BADDHA KONASANA

BHUJANGASANA

SETU BANDHASANA

SURYA NAMASKAR

MALASANA

EXCERCISE PROTOCOL FOR PCOD

AEROBIC EXERCISE

STRENGTH TRAINING

CORE TRAINING

HIIT

SWIMMING

- 🌙 Sleep Pattern & Hormonal Balance in Polycystic Ovary Syndrome (PCOD)
- Poor sleep increases cortisol (stress hormone)
- High cortisol worsens insulin resistance
- Insulin resistance increases androgen levels
- Irregular sleep disturbs LH & FSH balance
- Late-night sleeping affects melatonin secretion
- Hormonal imbalance leads to irregular periods
- 7–8 hours quality sleep improves cycle regularity
- Fixed sleep schedule supports metabolic health

- 🌸 Stress Pattern & Hormonal Balance in Polycystic Ovary Syndrome (PCOD)
- Chronic stress increases cortisol
- High cortisol worsens insulin resistance
- Insulin resistance raises androgen levels
- Increased androgens disturb ovulation
- Stress affects LH & FSH balance
- Hormonal imbalance leads to irregular periods
- Stress may worsen acne & hair fall
- Stress management improves cycle regularity

LIFESTYLE MODIFICATION FOR Polycystic Ovary Syndrome (PCOD)

WEIGHT MANAGEMENT

BALANCED DIET

LIMIT SUGAR & REFINED FOODS

SUNLIGHT EXPOSURE

AVOID SMOKING & ALCOHOL

UNDER THE GUIDANCE -
DR. KUMARSWAMY KALLIMATH
CONSULTANT SURGEON,
ASSISTANT PROFESSOR
DEPT OF SHALYA TANTRA
AND INTERN COORDINATOR
SJGAMC & H, KOPPAL

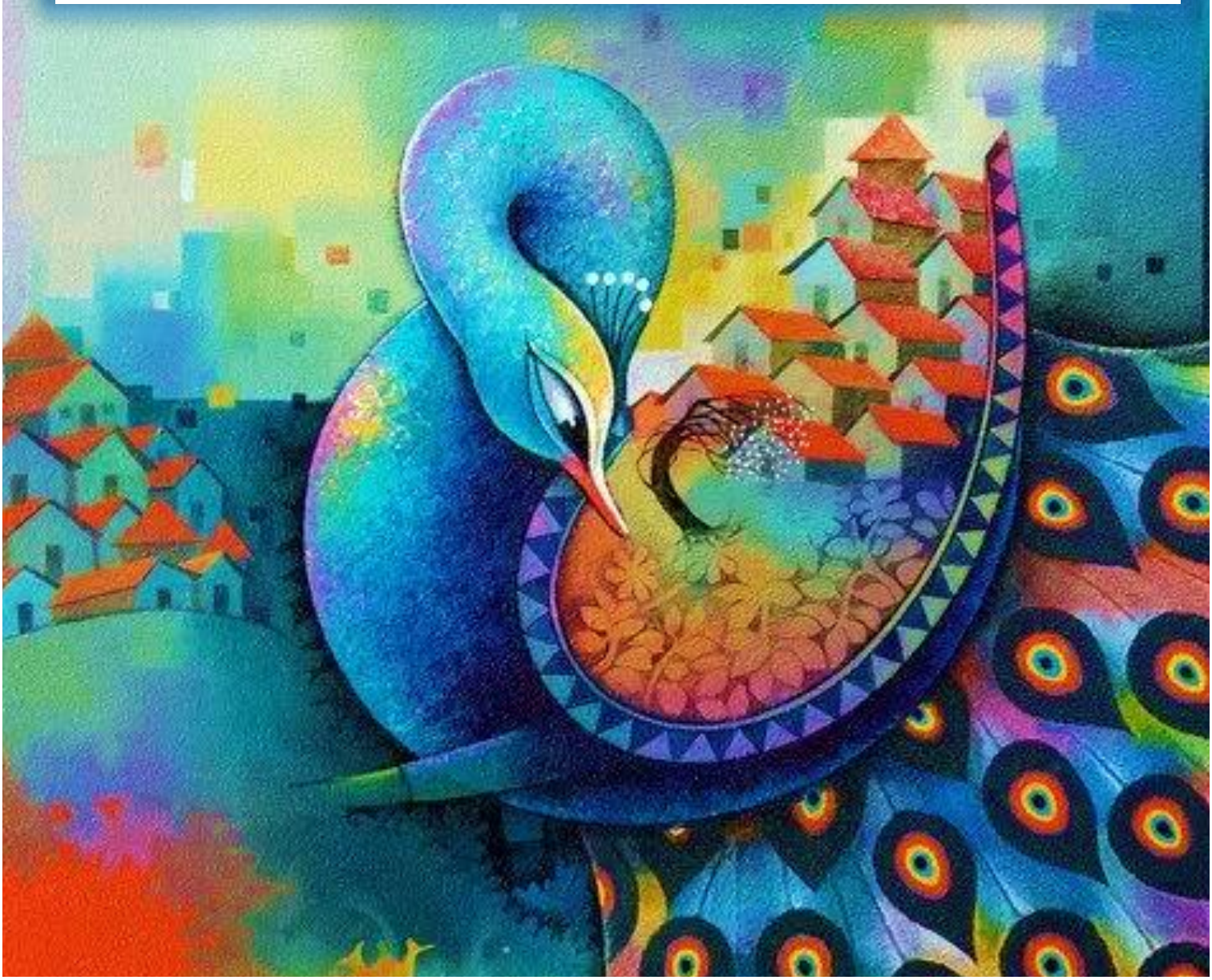
✨ "BALANCE YOUR HORMONES,
EMPOWER YOUR LIFE."

DR. SALMA

[FOR FURTHER QUERIES CONTACT NUMER. 8951110749]

Creative corner

Celebrating artistic flair and originality



The world through

PHOTOGRAPHY

"Prathamesh's Lens: Capturing the Divine"

GAVIKALPATARU

Ayurveda E - Magazine

April 2025 | Volume 2 | Edition 4

Date of Publication – May 9, 2026