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AMSHAMSHA KALPANA OF KAPHA GUNAS: INTEGRATIVE INSIGHTS INTO THE CLINICAL PHENOTYPE OF PRAMEHA

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ABSTRACT

Prameha**,** a complex metabolic disorder analogous to type 2 diabetes mellitus, originates from the qualitative disturbances in Kapha. Amshamsha Kalpana promotes an in-depth examination of how specific attributes of Kapha facilitate early pathogenesis. Kapha, in its normal state, sustains vitality and metabolic stability. However, when vitiated, its excessive qualities weaken Agni, promote Kleda formation, and obstruct microchannels, eventually disrupting normal Medo Dhatu development. The Purvarupa of Prameha, as described in the classics, shows remarkable similarities with modern concepts of insulin resistance, adipokine-mediated inflammation, oxidative stress, neuropathic changes, protein degradation, altered salivary composition, xerostomia, and glycosuria. The interrelation between Kapha and Medo Dhatu matches the fat-driven inflammatory process and impaired insulin signalling central to type 2 diabetes. Amshamsha Kalpana, which explores the attributes of Kapha, offers a structured framework to integrate classical Ayurvedic concepts with current biomedical knowledge, thereby contributing to future research on Kapha Guna-based clinical markers and the validation of Prameha Purvarupas as early indicators of metabolic disorders.

Keywords: Kapha Gunas, Prameha Purvarupa, Amshamsha Kalpana, Medo Dhatu Dushti, Diabetes

INTRODUCTION

The concept of Amshamsha Kalpana offers a systematic strategy for interpreting the signs and symptoms of a disease by analysing the multitude of ways through which the various components of Dosha Gunas contribute to pathogenesis. It assists with identifying the degree to which the Gunas of a vitiated Dosha or Dushya increase to trigger a disease to begin. Ayurveda offers a qualitative understanding of the Gunas(attributes) of Doshas, providing an extensive outlook on health and disease. Kapha Dosha, one among the Tridosha, is predominant of Jala and Prithvi Mahabhootas. Its functions include nourishment (Purana), stability (Sthirata), strength (Balam), unctuousness (Snehanam), growth of the body (Upacaya), and structural integrity of joints (Sandhi-saṃsleshaṇa).[1]Fractional analysis of Gunas, when applied to Kapha Dosha, offers a vital perspective on how even minute qualitative abnormalities can lead to clinically perceivable diseases, such as Prameha. Such changes indicate that even subtle modifications can affect overall well-being. The practical application of Amshamsha Kalpana ensures a deeper comprehension of disease pathogenesis (Samprapti) through assisting in determining which specific attributes of Kapha Dosha are altered and to what extent. Such detailing enables the development of tailored therapeutic strategies aimed at resolving these qualitative imbalances. Prameha embodies the consequences of deranged qualities of Kapha, presenting with sustained high blood sugar levels and excessive, frequent and turbid urine. Despite being frequently observed, Prameha remains underexplored in terms of the qualitative disruption of Kapha Dosha. This review aimed at understanding which attribute of Kapha Dosha is predominant in the Sampraptihi (pathogenesis) of Prameha roga. For this, classical descriptions of Prameha Purvarupa and Kapha Gunas were analysed using the Amshamsha concept from the Ayurvedic texts such as Charaka Samhitha, Sushruta Samhita and Ashtanga Hridaya, alongside contemporary scientific literature from sources like PubMed and Research Gate, and correlated with modern biomedical mechanisms including insulin resistance, adipokine imbalance, altered metabolism, and neuropathic changes.

Fundamentals of Kapha Gunas

The term Sleshma used to represent Kapha Dosha in Ayurveda classics is derived from the root “Shlish alingane”, meaning to adhere or keep together.[2]Located in the Ura (chest), Shira (head), Greeva (neck), Sandhi (joints), Amashaya (stomach), Jihwa (tongue), Meda (fat tissue), Rasa (nutrient fluid), and Ghrana (nose), Kapha Dosha maintains the structural integrity of the body.[3-5] It regulates the growth, cohesiveness between cells, tissues and organs, and bestows stability, unctuousness, and lubrication. Acharyas describe Kapha Dosha as possessing inherent qualities like Guru (heavy), Sheeta (cold), Mridu (soft), Snigdha (unctuousness), Madhura (sweet), Sthira (firmness), Pichila (sliminess), Swetha (whitish), Mrutsana (mouldable), Slakshana (smooth), Sara (mobile), Sandra (compact), Manda (slow), Stimitha (stable), Vijjala (viscous) and Accha (transparent), collectively governing the physical and mental strength of the body.[6–9] When vitiated, the same attributes can manifest as Gourava (heaviness), Tandra (lethargy), Agnimandya (metabolic dysfunction), Sandhi vishleshana (loss of firmness in joints), and disorders such as Prameha (diabetes) and Sthoulya (obesity).

Overview of Prameha roga

The classical Ayurveda texts present Prameha as a complex metabolic disorder marked by Praboothа (excessive) and Avila (turbid) Mutratha (urination).[10] The clinical presentation of Prameha with persistent high glucose levels, polyuria, altered body composition and sequential tissue involvement closely resembles type 2 diabetes mellitus. The essential Patho mechanism, according to Ayurveda, stems from “Bahu drava sleshma vishesha”- a state of excess fluidity and impaired qualities of Kapha Dosha.[11] The imbalance in the Dosha initially sets off disturbance in the fluid-rich tissues of the body (Rasa, Rakta, Mamsa, Meda, Majja, Sukra, Ojas, Vasa, Lasika and Jala), resulting in Kleda formation- a pathological increase in moisture content and metabolic waste.[12] This process ultimately leads to the vitiation of the Meda and Mamsa dhatus (fat and muscle tissues), affecting the functioning and qualities of Mutra and, in turn, the subsequent expression of Prameha. Acharyas further classify Prameha Rogi as Sthoola and Krisha, which can be compared with the contemporary understanding of metabolic presentations. The Sthoola Pramehi, characterised by excess adiposity and abnormal lipid metabolism, reflects the modern concept of insulin resistance, which is often associated with dyslipidemia. Krisha Pramehi, on the other hand, represents the lean diabetic type, with chronic derangement of Dosha leading to Dhatu-Kshaya (depletion of body tissues). The Purvarupa (premonitory symptoms) of Prameha, enumerated by Acharya Charaka- Swedo anga-gandha (sweating and bodily odour), Shithilangatha (loose tissues), Sayyasana swapna sukha rati (always feeling to lie down, sit or sleep), ganangatha (heaviness), Keshanakha ativridhi (excess growth of hair and nail), Sheeta priyatha (liking for cold), Gala thalu sosha (dryness of throat and palate), Asya madhuryam (sweetness in the mouth), Karapada daha (burning hands and feet), and Mutre abhidavanthi pipeelikascha (ants on the urine), can be interpreted meaningfully through the lens of Amshamsha Kalpana of Kapha Gunas.[13]

Role of Kapha Gunas in Prameha Pathogenesis

Swedo anga-gandha

According to Ayurveda, Meda Dhatu is formed when Medo Dhatvagni acts on the Snigdha Amsha (unctuous component) of Ambu (the aqueous element).[14] Kapha Dosha is described as the Upadhatu of Medo Dhatu by Acharya Charaka in Grahani Chikitsa, highlighting their close physiological and functional interdependence. The chief function of Medo dhatu is Snehana (lubrication) and maintaining both structural integrity and metabolic stability within the body. Aggravated Kapha suppresses Medo Dhatvagni, which leads to the accumulation of unprocessed fat (Meda Mala Sanchaya) and its inadequate metabolism. The Snigdha Guna of Kapha imparts smoothness, cohesion, and hydrodynamic stability to the Dhatus. However, an excess of Snigdatha impairs the Dhatus's adhesive and moisture-retention qualities, leading to Agnimandya (slow metabolism) and Meda Vriddhi (fat storage). Additionally, it disrupts the body's metabolism, causing Kleda Utpatti (excess fluid) and Srotorodha (blockage of microchannels). The description of Prameha poorvarupa as a Meda pradoṣaja Vyadhi[15] underlines the key role that vitiated Medo Dhatu plays in its formation. Prameha and Sthoulya are explained in Ayurveda as Santarpana janya Vyadhis[16](diseases of over-nourishment), illustrating the connection between fat accumulation, Kapha Vridhi, and deranged metabolism. The Charaka Samhita describes Atisweda (excess sweat) and Dourgandhya (foul smell) among the Ashta Doshas of sthoola (eight undesirable features of obesity), which express the Snigdha and Kleda properties of Kapha and Meda.[17]Excess Meda can act as an insulator, which increases internal heat and perspiration. The sluggish, unctuous material, when exposed to heat, undergoes decomposition or tissue degradation, resulting in a foul odour. Medo Dhatvagni Mandya can be correlated with mitochondrial oxidative stress, and Kleda Sanchaya is associated with fat deposition and fluid retention, which are commonly seen in obesity and insulin resistance.[18] The interaction between Kapha Dosha and Medo Dhatu is analogous to the adipokine-mediated inflammatory cycle highlighted in insulin resistance and type-2 diabetes mellitus.

Shithilangatha

In Prameha, aggravated Kapha Dosha with predominant Snigdha(unctuous), Guru(heavy), Manda (slow acting), and Mridu (softness) gunas, sets off a series of structural and metabolic imbalances, resulting in Agnimandya (slow metabolism). Sustained Snigdha and Guru Guna Dushti (vitiation) contribute to Kleda Utpatti (excess fluid) and Srotorodha (obstruction of microchannels), leading to impaired tissue perfusion and hypoxia. This is comparable to oxidative stress and inflammation seen in diabetes. Medo Vridhi (excess adiposity) promotes a chronic state of vascular inflammation, characterised by increased levels of pro-inflammatory cytokines, particularly TNF-alpha, and elevated fatty acid levels in the blood.[19] It can result in impaired capillary recruitment and insulin resistance (reduced tissue glucose uptake). Manda Guna of Kapha, in excess, slows down protein synthesis, promoting inactivation of muscle-specific IGF-1 (Insulin-like Growth Factor 1) receptors, leading to muscular dystrophy[20] and flaccidity- described in Samhitas as Shithilangatha among Prameha Purvarupa. Mridu Guna of Kapha in excess, produces Dhatu Shithilatha (loosening of tissues), triggering loss of tone, over softness and sagging, which corresponds to protein degradation in diabetes.[21]

Sayyaasana swapna sukham rathi

The predominance of Kapha Gunas, especially Staimitya (stiffness), Guru (heaviness), and Sandratha (dense and compact), produces a liking to lie or sit down constantly (Eka Sthana priyatha), laziness (Alasya), drowsiness (Tandra), sustained tiredness, or leading a sedentary lifestyle. These characteristics can be correlated with diabetic fatigue syndrome, where glucose cannot be utilised properly for energy production because of insulin resistance.[22]Reduced ATP synthesis thus leads to a persistent feeling of tiredness. Kapha and Medo Vridhi in Prameha can cause Vata Avarana (obstruction), particularly Vyana Vayu (mobility) and Udana Vayu (strength and enthusiasm), thereby resulting in inactivity and preference for rest. In hyperglycaemia, AGEs (Advanced Glycation End Products) are formed from the non-enzymatic binding of glucose to proteins, which causes cross-linking of collagen, elastin, etc. As a result, tissue density increases, reducing elasticity.[23] Microvascular rigidity, metabolic dysfunction, and poor diffusion of oxygen thus manifest as fatigue. This phenomenon can be correlated with Sandra and Staimitya Guna Dushti, where density, compactness, and stiffness of body tissues increase.

Hrid netra jihwa sravanopadeha

Kapha Guna is inherently Madhura (sweet) in Rasa. Acharya Charaka explains that Atisevana (excessive usage) of Madhura Rasa causes Gala Basti Dhamani Upalepa (mucous coating of throat, bladder, and arteries),[24] resulting in excess Snigdhatha (unctuousness) and Pichilatha (viscosity). This pathological Lepana (coating) can lead to Srothorodha (obstruction of channels) and accumulation of secretions. The excessive Madhura Guna and Rasa of Kapha Dosha thus clinically manifest as Hrid netra jihwa sravanopadeha (feeling of heaviness in the heart, ocular stickiness, and tongue coating), as described in Prameha Purvarupa. The same Madhura attribute in excess predisposes to recurrent conjunctivitis, rhinitis, and otitis, arising from reduced immunity and insulin resistance. Also, vitiated kapha and Medo Dhatu manifest with an excess of Pichila (slimy

and viscous) and Slakshna (smooth and unctuous) Gunas, which are responsible for Lepana (coating) and Upadeha (adherence) in normalcy,[25] resulting in morbid coating over the heart, eyes, tongue, and ears. Hyperglycemia and dyslipidemia trigger deposition of fats and glycation end products on arterial walls, developing plaque. This corresponds to the Madhura, Pichila, and Slakshna Guna Lepana, which promote arterial coating and narrowing, leading to a feeling of heaviness or coating over the heart. Tongue coating, commonly seen in prediabetic and diabetic individuals, also supports this classical finding.[26] In Prameha, elevated salivary glucose levels can favour microbial growth, especially Candida species. Oral candidiasis presents with a coated tongue.

Ghanangatha

The Guru Guna of Kapha, in excess, promotes fat storage (Medo Vridhi) and weight gain (Sthoulya) through Agnimandya (slow metabolism), imparting heaviness and sluggishness. This leads to impaired lipid and glucose utilisation and subsequent Prameha. This metabolic imbalance is reflected at the cellular level as deterioration of pancreatic beta-cell function and diminished insulin signalling, resulting in hyperglycaemia.[27] This explains the key role of the Kapha Meda axis governed by guru guna in the early metabolic derangements that lead to diabetes. Snigdha Guna, as explained, promotes Kleda Meda Vridhi (excess fluid and lipid accumulation), increasing the viscosity of body fluids and interfering with insulin signalling. Sthira Guna (stability and rigidity) of kapha, composed of Prithvi Mahabhoota,[28] when vitiated, causes structural rigidity of tissues and reduced tissue elasticity, contributing to the resistance to mobilisation of stored fat. This brings about obesity.

Keshanakha ativridhi

In general, Kapha Dosha undergoes significant vitiation in Prameha, promoting Medo Dhatu Vridhi (fat accumulation) and Kleda Utpatti (excess fluid), which selectively nourishes Medo Dhatu, depriving the remaining Dhatus of adequate Poshana (nourishment). Dhatu Kshaya and Mala Vridhi (increased waste products) are the outcomes of this disproportionate nutrition, which clinically manifests as Kesa nakha ativridhi (increased growth of hair and nails). In Madhumeha, the buildup of Kapha, Pitta, Medas, and Mamsa within the Srotases, particularly the Asthivaha Srotas, produces Avarana of Vata, obstructing its natural Gati (movement) and can make it functionally inactive. According to the principle of Ashraya-ashrayi bhava, Vata Dosha and Asthi Dhatu (bone tissue) maintain an inverse relationship.[29]Suppression of Vata leads to Asthi Dhatu Vridhi. Kesa and Nakha are Malas of Asthi Dhatu and thus attain Vridhi (growth), providing a clear classical basis for this characteristic Purvarupa of Prameha. The ayurvedic description of Kesanakha ativridhi seems to be in contradiction with the current scientific findings of hair loss and hair thinning associated with diabetes, a topic that deserves further research.[30]

Sheetapriyatva

As outlined earlier, the Snigdha, Guru, and Sheeta Gunas of vitiated Kapha Dosha contribute to Medo Dushti (fat storage). Accumulated Medas or enlarged subcutaneous fat acts as an insulation, reducing heat transfer from the body to the environment. This thermally resistant layer,[31] combined with the increased metabolic heat generated by a higher fat mass, contributes to a higher regional heat load during activities and heat stress. The insulating fat layer and reduced skin blood flow (due to neuropathies) can impair the evaporating efficiency. As a result, people with diabetes and obesity experience excessive perspiration because their sweat glands overwork to compensate but are unable to cool adequately. The person may prefer a cooler ambient environment due to trapped tissue heat and insufficient body cooling, as described in Prameha Purvarupa as Sheetapriyatva.

Galathalu Shosham

Mukhasosha is enumerated under Vataja Nanatmaja Vikaras (80 disorders caused due to Vata Dosha) by Acharya Charaka in Maharoga Adhyaya of Sutra Sthana.[32] In Madhumeha, vitiated Kapha, Pitta, Medo Dhatu, and Mamsa Dhatu[33] obstruct the normal movement of Vata. This obstruction or Vata Avarana ultimately provokes Vata, manifesting as Galathalu Sosha (dryness of throat and palate). This classical Purvarupa of Prameha closely resembles xerostomia (dry mouth),[34] hyposalivation (inadequate saliva production) and low salivary flow rates, which are commonly reported in diabetic individuals. Poor glycemic control, recurrent polyuria, autonomic and peripheral neuropathies, and salivary gland parenchymal changes collectively can reduce salivary secretions. Dehydration from frequent urination can further lead to alterations in salivary composition, resulting in persistent dryness of the mouth, throat and palate.

Asya Madhuryam

The excessive use of Madhura Rasa, the innate Guna of Kapha Dosha, has been described by Charakacharya in Sootra Sthana as producing Madhurasyatha (sweetness in the mouth).[35] The same feature is listed among the Prameha Purvarupas, reflecting Kapha Dushti. Chronic hyperglycaemia in diabetes is shown to influence the salivary alpha amylase secretion (sAA) significantly.[36] The altered activity of sAA, the key enzyme responsible for hydrolysing dietary starch, results in a higher concentration of sweet-tasting molecules such as maltose and glucose within the oral cavity. This contributes to the sensation of sweetness in the mouth. Additionally, inflammatory cytokines and adipokine imbalances seen in diabetes can cause modifications in the salivary gland metabolism, thereby altering alpha amylase and associated glycoprotein secretions, disturbing the normal taste perception. The classical description of Madhurasyatha as an early sign of Prameha, thus, shows a clear physiological link with the dysregulated salivary metabolic activity in diabetic individuals.

Karapadadaha

The Sheeta Guna (cold attribute) of vitiated Kapha Dosha triggers Agnimandya (metabolic sluggishness), thereby suppressing the normal transformative function of pitta dosha. When Medo Dhatu becomes excess and unctuous due to the dominance of Kapha Dosha, its Sheeta (cold) and Snigdha (unctuous) Gunas can create Avarana (a sheath-like obstruction) of Pitta, particularly Pachaka Pitta and Brajaka Pitta. This can restrict the normal diffusion and regulation of heat, producing localised pitta accumulation in peripheral tissues, especially the palms and soles. This trapped Pitta Dosha expresses as Karapada daha, described as Prameha Purvarupa. The resulting focal burning can be correlated with peripheral neuropathic changes seen in early diabetes.[37] The patient perceives this as burning and tingling sensations in the extremities, despite the overall dominance of Sheeta (cold) guna in the body.

Mutre abhidhavanthy pipeelikachas

Madhura Rasa of Kapha is referred to as Dhatu Vardhaka (responsible for nourishment of tissues) by Acharya Charaka in the Atreyabhadrakapyeeya Adhyaya. In the balanced state, it is Brimhana (building up) and supports Poshana (nourishment) of Medo Dhatu. However, when present in excess, it leads to Santarpana or Sthoulya (obesity) and disproportionate Medo Vridhi (adiposity), resulting in the buildup of fats and glucose in the circulation. Persistent elevation of glucose levels triggers glomerular hyperfiltration, hypertension, and overstimulation of

the renin-angiotensin-aldosterone system (RAAS). The resulting oxidative stress, podocyte injury, and microvascular damage gradually impair renal function.[38-39] The kidneys then lose their ability to reabsorb glucose effectively, followed by glycosuria, classically described as Madhura Mutratva (sweetness of urine). The pathological overflow of Madhura Guna into urine manifests as sweetness that attracts ants (Pipeelika Sanchara).

DISCUSSION

The present analysis underscores the key role of qualitative derangement of Kapha Dosha in the early pathogenesis and clinical manifestation of Prameha. It is demonstrated that the Snigdha, Guru, Sheeta, Manda, Sandra, Stimitha, Pichila, and Slakshna attributes, when in excess, fundamentally disturb Medo Dhatwagni, leading to Agnimandya, Kleda Utpatti, and Srothorodha, predisposing to Prameha pathogenesis. Traditional symptoms, such as Atisweda, Dourgandhya, Shithilangatha, Gala thalu Sosha, Asya Madhuryam, and Madhura Mutratha, exhibit a strong association with insulin resistance, adipose-mediated inflammation, altered protein metabolism, modified salivary composition, neuropathies, and glycosuria. The similarities between Kleda Utpatti and fluid retention in obesity, Snigdhatha with increased viscosity and dyslipidemia, and the Guru, Sthira, and Manda attributes with greater tissue stiffness and reduced flexibility highlight how ancient and modern perspectives align. The Kapha-Meda metabolic interface corresponds to the adipokine-driven inflammatory cycle—a mechanism widely recognised within the current understanding of type 2 diabetes pathophysiology. Similarly, the Avarana mechanism provides a logically integrated explanation for dry mouth, neuropathic sensations such as tingling or burning, and difficulty in moving reported in individuals with diabetes. Findings such as Kesha Nakha Ativridhi prompt deeper study, highlighting the opportunities for future collaborative research. In essence, this discussion illustrates Prameha as a disorder arising from the imbalance of Kapha Gunas and the dysfunction of Medo Dhatu. Ayurveda offers a broad, interconnected understanding that matches current biomedical insights, clarifying the basis of diabetes and its core symptoms.

CONCLUSION

This review made clear the consistency in the pattern connecting the vitiation of Kapha Dosha Gunas with the early and progressive pathophysiology of Prameha. The qualitative increase in these attributes contributes to Agnimandya, Kleda Nirmana, and Srothorodha, eventually leading to Medo Dhatu dysfunction. Future research should focus on examining the biochemical balance of Kapha attributes using modern clinical markers. Signs of Prameha Purvarupa, like Asya Madhuryam and Gala thalu Shosha, need to be validated as early indicators of metabolic disorders, as these minute symptoms often go unnoticed. More studies are needed to address conflicting observations, such as hair thinning in diabetes in contrast to hair and nail growth described in the Purvarupa of Prameha. Additionally, developing models connecting the concept of Srothorodha with adipokine-insulin signalling pathways can help strengthen the understanding of Prameha across traditional and contemporary systems.

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