



Lesson 5: Doṣa, Dhātu, Mala, Srotas concepts in chronic and malignant disorders

1. Why This Lesson Matters

In integrative oncology, you never prescribe only “for cancer” in an abstract sense. You always treat a **specific patient** with a particular:

- Doṣa profile
- Dhātu status
- Mala disturbance
- Srotas involvement

If this Ayurvedic assessment is weak, your prescriptions become random – even if you are using good formulations.

In cancer care, where the body is already fragile and overloaded with interventions, correct understanding of **doṣa-dhātu-mala-srotas** becomes even more critical. This lesson connects these fundamentals directly with malignant and pre-malignant conditions.

2. Quick Recap - Doṣa, Dhātu, Mala

2.1 Doṣa - Regulatory Forces

- **Vāta** – movement, communication, dryness, catabolism
- **Pitta** – transformation, heat, metabolism, digestion
- **Kapha** – structure, lubrication, stability, anabolism

Doṣa govern all physiological and pathological processes. In cancer, you will often see **all three** involved at different stages.

2.2 Dhātu - Structural Tissues

Seven classical dhātus:

1. **Rasa** – plasma/lymph, primary nourishment
2. **Rakta** – blood, oxygen and prāṇa carrier
3. **Māṃsa** – muscle and flesh
4. **Meda** – fat and adipose tissue
5. **Asthī** – bone and structural framework
6. **Majjā** – marrow and nervous tissue
7. **Śukra / Artava** – reproductive tissue and deep vitality

Cancer can arise or significantly involve any of these dhātus.

2.3 Mala - Waste Products

- **Purīṣa (stool)**
- **Mūtra (urine)**
- **Sveda (sweat)**

Along with these, vitiated doṣa and certain metabolic by-products can act like “subtle malas”.

In malignancy, disturbances of mala formation and elimination (constipation, diarrhea, urinary issues, abnormal sweating, oozing, etc.) are very common and need systematic handling.

3. Doṣa Patterns in the Evolution of Cancer

Cancer is not a “pitta disease” or “kapha disease” alone. It evolves through **shifting doṣa dominance**.

3.1 Kapha-Dominant Phase - Growth and Solidification

In early or slow-growing phases of many solid tumors:

- Kapha and meda qualities dominate:
 - Guru (heaviness)
 - Sthira (stability, fixed swellings)
 - Snigdha (oily), Picchila (slimy), leading to chronic congestion

Clinical correlates:

- Painless, gradually enlarging lump (e.g. early breast lump, thyroid nodule)
- Sense of heaviness, stiffness, mild dull ache at most
- Slow-growing lymph nodes with kapha features

Ayurvedic understanding:

- Kapha-meda-māṃsa vṛddhi
- Ama often present → sticky, obstructive quality in srotas
- Terrain favors abnormal tissue accumulation (granthi/arbuda-like state)

3.2 Pitta-Dominant Phase - Inflammation, Ulceration, Aggression

As tumor becomes more active/aggressive:

- Pitta and rakta vitiation increase:
 - Heat, burning, inflammation
 - Ulceration, bleeding
 - Faster growth, “angry” looking lesions

Clinical correlates:

- Ulcerated oral cancers with bleeding and burning
- Inflammatory breast cancer with redness and warmth
- Rapidly growing, painful masses with local heat

Ayurvedic view:

- Pitta-rakta dushti
- Increased śoṭha (inflammation)
- Increased metabolic and destructive processes within tissues
- Krūra, ugra nature of disease (more aggressive)

3.3 Vāta-Dominant Phase - Spread, Pain, Cachexia

In advanced cancer:

- Vāta takes clear dominance:
 - Rukṣa (dryness)
 - Laghu (lightness due to weight loss)
 - Cala (movement → conceptual parallel to metastasis)
 - Śabda, spandana (neuropathic components)

Clinical correlates:



- Severe pain (especially bone, nerve compression, organ distension)
- Extreme emaciation (cachexia), muscle wasting
- Insomnia, anxiety, restlessness
- Metastatic spread (conceptual vata's mobile nature)

Ayurvedic view:

- Vātaprakopa on background of dhātu-kṣaya and ojas-kṣaya
- Rakta, māṃsa, meda, even asthi and majjā kṣaya
- Chronic, krichchhra-sādhya or asādhya condition

3.4 Mixed Doṣa Situations

Most real patients show **mixed doṣa** states:

- Kapha-pitta at tumor site (mass + inflammation)
- Vāta-pitta systemically (pain + burning + fever)
- Vāta-kapha (severe weakness + congestion)

Your job is to identify **which doṣa is currently most troublesome** and address that, while considering overall dhātu and ojas status.

4. Dhātu Involvement in Different Cancers

Understanding **dhātu predominance** helps in designing dhātu-specific chikitsa, rasayana, and diet.

4.1 Rasadhātu

Rasa disorders show:

- Loss of appetite
- Early satiety
- Low-grade fever
- General fatigue

In cancers:

- Constitutional symptoms like tiredness, anorexia, low energy
- Post-chemo malaise
- Early systemic disturbance before local symptoms sometimes

Rasa-supportive approach:

- Gentle deepana-pachana
- Sattvika, easy-to-digest, rasa-vardhaka foods (light soups, gruels, etc.)
- Rasayana when agni permits

4.2 Raktadhātu

Rakta is central in many malignancies:

- Blood cancers (leukemias, lymphomas, myelomas)
- Cancers with bleeding tendencies (e.g. GI, cervical, endometrial)
- Paraneoplastic syndromes affecting hematology

Clinical signs of raktadushti:

- Bleeding from orifices (epistaxis, gum bleeding, hemoptysis, hematemesis, melena, heavy PV bleeding)

- Skin changes, petechiae, ecchymoses
- Burning sensations, redness, hot flushes
- Reddish discoloration or abnormal pallor (in anemia)

Rakta-focused view:

- Pitta-rakta correlation is strong here
- Chikitsa must balance bleeding control, pitta-shamana, and rakta-rashayana
- Caution: many “raktashodhaka” herbs may influence platelet function or coagulation; rational choice is needed.

4.3 Māṃsadhātu

Involvement in:

- Breast, muscle, soft tissue tumors, many sarcomas
- Local mass formation and infiltration

Signs of māṃsa dhātu vikṛti:

- Abnormal lumps and overgrowths
- Ulcerating masses in skin/muscle
- Local stiffness and restriction in movement

Ayurvedic view:

- Māṃsarbuda, māṃsagranthi type pathologies
- Kapha-meda-māṃsa doṣa-dūṣya sammurchana with later vata-pitta involvement

4.4 Medodhātu

Involvement in:

- Obesity-related cancers (breast, endometrial, colorectal, some GI)
- Fatty infiltration and metabolic syndrome in many survivors

Signs of meda vikṛti:

- Central obesity, fatty liver, lethargy
- Heaviness, sluggishness, excessive snigdhatā

Ayurvedic concern:

- Medoroga, prameha-prone state, fertile ground for chronic inflammation
- Careful lekhana, medohara approaches needed without excessive depletion during active chemo/RT

4.5 Asthi and Majjā Dhātu

- Bone cancers (primary osteosarcoma)
- Bone metastases (common in breast, prostate, lung)
- Marrow infiltration in leukemia, lymphoma, myeloma

Clinical signs:

- Deep bone pain, pathological fractures
- Marrow failure: anemia, recurrent infections, bleeding
- Neurological symptoms in vertebral involvement

From dhātu perspective:

- Asthi-kṣaya → bone weakness and fractures

- Majjā-kṣaya → marrow failure and nervous system involvement

Chikitsa focus:

- Asthi-majja nourishing (careful use of “bone-supportive” and “marrow-supportive” measures when oncologically safe)
- Pain control – both local and systemic
- Ojas and bala support

4.6 Śukra / Artava Dhātu

Involved in:

- Cancers of reproductive organs:
 - Prostate
 - Testicular
 - Ovarian
 - Uterine/endometrial
 - Cervical (also intersecting with artava and yoni-vyāpads)

Issues include:

- Fertility impact (in males and females)
- Sexual function disturbances
- Hormonal disturbances due to therapy (e.g. hormonal therapy, oophorectomy, orchiectomy)

Ayurvedic view:

- Deep dhātu involvement at śukra level implies more profound systemic impact.
- Chikitsa must consider **future fertility**, hormonal balance, and psychological aspects while giving any “śukra-janaka” or “artava-modulating” medicines in survivors.

5. Mala Disturbances in Oncology

5.1 Pūṣa (Stool)

Common disturbances:

- Chronic constipation:
 - Due to opioids, inactivity, low fiber intake, medications, tumor obstruction.
- Diarrhea:
 - Chemo-induced, RT-induced (especially pelvic/abdominal RT), infections, malabsorption.

Ayurvedic approach:

- Constipation with vata features: snigdha, mridu virechana, vata-anulomana.
- Diarrhea with pitta/kapha features: grahi + pitta-shamana + fluid/electrolyte support.
- Always coordinate with oncologist if severe, as it may signal serious complications.

5.2 Mūtra (Urine)

Disturbances:

- Dysuria, frequency, urgency (bladder involvement, RT cystitis)
- Hematuria (tumor, RT, chemo side-effect)
- Reduced output (AKI, dehydration, obstruction)

Ayurvedic view:



- Mutravaha srotas dushti – atipravritti (frequency, polyuria) or sanga (retention, obstruction).
- Need of mutra-virechaniya vs mutra-sangrahaniya approaches, carefully selected.

5.3 Sveda (Sweat)

Patterns:

- Night sweats (classically in lymphomas, infections, fever)
- Excessive sweating with anxiety, fever, metabolic disturbances
- Reduced sweating in dehydration or severe weakness

Svedavaha srotas status often reflects:

- Pitta and rakta involvement (night sweats, hot flushes)
- General fluid & electrolyte balance

6. Srotas and Cancer - Channel-Level Understanding

6.1 General Srotas Concepts

Srotas are the **channels** through which dhātus, malas, prana, and other factors move. They can be:

- Macro channels (vessels, ducts, hollow organs)
- Micro channels (capillaries, tissue-level pathways)

Forms of srotas dushti:

- **Sanga** – obstruction, blockage
- **Atipravṛtti** – excessive flow
- **Sirāgranthi** – abnormal nodularity and dilatation
- **Vimarga gamana** – flow in abnormal paths

All these appear clearly in cancer.

6.2 Examples of Srotodushti in Cancer

- **Sanga:**
 - Intestinal obstruction in colorectal cancer
 - Bronchial obstruction in lung or mediastinal tumors
 - Biliary obstruction in pancreatic or bile duct cancer
- **Atipravṛtti:**
 - Excessive bleeding in GI, uterine, bladder tumors
 - Excessive discharge in advanced cervical cancer
- **Sirāgranthi:**
 - Varicose-like vessel changes around tumors
 - Neovascularization feeding a mass (conceptual correlation)
- **Vimarga gamana:**
 - Fistula formation (e.g. rectovaginal fistula)
 - Pleural effusion, ascites with malignant cells (fluid + cells in abnormal spaces)

Ayurvedic practitioner's job:

- Identify **which srotas** are primarily affected:
 - Rasavaha, raktavaha, māṃsavaha, medovaha, annavaha, purīṣavaha, mutravaha, artavavaha, prāṇavaha, etc.
- Apply appropriate srotas-shodhana, sanga-hara, or sangrahana measures within the safety boundaries of oncology.

7. Doṣa-Dūṣya Sammurchana and Kriyākāla in Cancer

7.1 Doṣa-Dūṣya Sammurchana

Cancer represents a chronic and deep **doṣa-dūṣya sammurchana**:

- Doṣa (vāta-pitta-kapha) get repeatedly provoked by nidānas.
- Dūṣyas (rasa, rakta, māṁsa, meda, etc.) become vulnerable.
- This combination sets up a fertile ground for severe, persistent pathology like arbuda.

7.2 Kriyākāla Applied to Carcinogenesis (Conceptual)

1. **Sanchaya (accumulation)**
 - Repeated nidāna (poor diet, toxins, tobacco, stress, etc.)
 - Subtle doṣa accumulation, no definite symptoms.
2. **Prakopa (aggravation)**
 - Doṣa more active; mild nonspecific symptoms (reflux, aches, irregular cycles, etc.).
3. **Prasara (spread)**
 - Doṣa spread beyond normal seats; early tissue-level effects begin.
4. **Sthāna Saṁśraya (localization)**
 - Doṣa lodge in khavaigunya (weak tissue/organ – genetic or acquired).
 - This may correlate to dysplasia, pre-cancerous lesions.
5. **Vyakti (manifestation)**
 - Clear arbuda/granthi features: palpable mass, abnormal imaging, suspicious lesions.
6. **Bheda (complication/advanced stage)**
 - Ulceration, metastasis, systemic decline, multi-dhātu involvement.
 - Corresponds to advanced, metastatic, and complicated cancer.

This mapping is conceptual, but very useful in:

- Explaining disease progression to patients
- Planning appropriate level of intervention (shamana vs milder shodhana vs pure rasayana vs palliative focus)

8. Practical Clinical Assessment - How to Use This in OPD

When a cancer patient comes to you, do not stop at “CA Breast Stage II”. Add a full Ayurvedic assessment:

1. **Evaluate Doṣa Now**
 - Present symptoms: heat/cold, appetite, bowel habits, pain nature, swelling quality, mental state.
 - Decide current dominant doṣa (or combination).
2. **Assess Dhātu Impact**
 - Look for signs of:
 - Rasa kṣaya (fatigue, anorexia)
 - Rakta kṣaya/dushti (pallor, bleeding)
 - Māṁsa kṣaya/vṛddhi (emaciation or lumps)
 - Meda vṛddhi/kṣaya (obesity or wasting)
 - Asthi, majjā, śukra involvement
3. **Check Mala Status**
 - Puriṣa: constipation, diarrhea, incomplete evacuation
 - Mūtra: frequency, burning, hematuria, oliguria
 - Sveda: night sweats, hot flashes, absence of sweating
4. **Identify Srotas Dushti**
 - Annavaḥa: dyspepsia, vomiting, malabsorption
 - Prāṇavaḥa: breathlessness, chronic cough
 - Raktavaḥa: bleeding, skin signs
 - Rasavaḥa: anorexia, fatigue



- Puriṣavaha, Mutravaha, Artavavaha, etc. as per symptoms
- 5. **Stage of Kriyākāla**
 - Early/potentially reversible vs established vs advanced.
 - Align with modern stage (I-IV) understanding.

This becomes the **Ayurvedic baseline** on which you will later layer:

- Specific formulations from your own product range
- Diet and lifestyle plans
- Panchakarma (when appropriate, usually in stable phases)
- Rasayana schedules

9. Key Take-Home Points

1. Cancer is a dynamic doṣic process, typically moving from **kapha-dominant growth** to **pitta-dominant aggression** to **vāta-dominant cachexia and spread**.
2. Multiple dhātus (rasa, rakta, māṃsa, meda, asthi, majjā, śukra) can be involved, and recognizing the primary dhātu(s) helps in dhātu-specific chikitsa and rasayana.
3. Disturbances of **puriṣa, mūtra, sveda** are very common in oncology and must be systematically addressed, especially during chemo, RT, and opioid use.
4. Srotas dushti in cancer manifests as **sanga, atipravṛtti, sirāgranthi, vimarga gamana** – conceptually matching obstruction, bleeding, neovascular changes, fistula/effusion/ascites.
5. Cancer represents a long-term **doṣa-dūṣya sammurchana** progressing through the six kriyākālas to an arbuda/advanced disease state.
6. In each patient, you must perform a **full Ayurvedic assessment** of doṣa, dhātu, mala, srotas, and kriyākāla stage – in addition to knowing the modern TNM stage.
7. This integrated assessment becomes the foundation for rational, individualized Ayurvedic oncology protocols in later lessons and levels.

10. Review Questions

1. Describe how kapha, pitta, and vāta each dominate different phases of cancer evolution. Give one clinical example of each phase.
2. Which dhātus are primarily involved in:
 - a) Breast cancer
 - b) Leukemia
 - c) Bone metastasis
 - d) Ovarian cancer
3. How do disturbances of puriṣa and mūtra commonly present in cancer patients, and why are these particularly important during chemotherapy and opioid use?
4. Explain the four types of srotas dushti (sanga, atipravṛtti, sirāgranthi, vimarga gamana) with oncology examples.
5. What is doṣa-dūṣya sammurchana, and how does it help you understand the pathogenesis of arbuda-like conditions?
6. Map the six kriyākālas to approximate stages in carcinogenesis (from risk state to advanced cancer).
7. How would you perform a quick but comprehensive Ayurvedic assessment (doṣa-dhātu-mala-srotas) in a patient with CA colon who presents with weight loss, constipation, and abdominal pain?

End of Lesson 5