

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:

- Doșa 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 - Doșa, Dhātu, Mala

2.1 Doşa - Regulatory Forces

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

Doşa 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 prāņa carrier
- 3. Māṃsa muscle and flesh
- 4. **Meda** fat and adipose tissue
- 5. **Asthi** 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

- Purișa (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.

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3. Doşa Patterns in the Evolution of Cancer

Cancer is not a "pitta disease" or "kapha disease" alone. It evolves through shifting doşa dominance.

3.1 Kapha-Dominant Phase - Growth and Solidification

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

- Kapha and meda qualities dominate:
 - o Guru (heaviness)
 - Sthira (stability, fixed swellings)
 - o 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-māmsa vrddhi
- 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
 - o Ulceration, bleeding
 - o 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 sotha (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:
 - o Rukṣa (dryness)
 - Laghu (lightness due to weight loss)
 - Cala (movement → conceptual parallel to metastasis)
 - Śabda, spandana (neuropathic components)

Clinical correlates:

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- 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, māmsa, meda, even asthi and majjā kṣaya
- Chronic, krichchhra-sādhya or asādhyā condition

3.4 Mixed Doşa 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 doşa 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)

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- 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 Māmsadhātu

Involvement in:

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

Signs of māmsa 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

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• 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 Purișa (Stool)

Common disturbances:

- Chronic constipation:
 - o 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:

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- 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:

- o Intestinal obstruction in colorectal cancer
- o Bronchial obstruction in lung or mediastinal tumors
- o Biliary obstruction in pancreatic or bile duct cancer

• Atipravrtti

- o 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:

- o Fistula formation (e.g. rectovaginal fistula)
- o 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.

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7. Doşa-Düşya Sammurchana and Kriyākāla in Cancer

7.1 Doşa-Dūşya Sammurchana

Cancer represents a chronic and deep doṣa-dūṣya sammurchana:

- Doṣa (vāta-pitta-kapha) get repeatedly provoked by nidānas.
- Dūṣyas (rasa, rakta, māṃsa, 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)

- o Repeated nidāna (poor diet, toxins, tobacco, stress, etc.)
- Subtle doşa accumulation, no definite symptoms.

2. Prakopa (aggravation)

o Doșa more active; mild nonspecific symptoms (reflux, aches, irregular cycles, etc.).

3. Prasara (spread)

o Doşa spread beyond normal seats; early tissue-level effects begin.

4. Sthāna Samśraya (localization)

- Doşa 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)

- o Ulceration, metastasis, systemic decline, multi-dhātu involvement.
- o 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 Doşa Now

- Present symptoms: heat/cold, appetite, bowel habits, pain nature, swelling quality, mental state.
- o Decide current dominant doșa (or combination).

2. Assess Dhātu Impact

- Look for signs of:
 - Rasa kṣaya (fatigue, anorexia)
 - Rakta kṣaya/dushti (pallor, bleeding)
 - Māṃsa kṣaya/vṛddhi (emaciation or lumps)
 - Meda vṛddhi/kṣaya (obesity or wasting)
 - Asthi, majjā, śukra involvement

3. Check Mala Status

- o Purișa: constipation, diarrhea, incomplete evacuation
- o Mūtra: frequency, burning, hematuria, oliguria
- o Sveda: night sweats, hot flashes, absence of sweating

4. Identify Srotas Dushti

- o Annavaha: dyspepsia, vomiting, malabsorption
- $\circ\,$ Prāṇavaha: breathlessness, chronic cough
- o Raktavaha: bleeding, skin signs
- $\circ \ \ Rasavaha: anorexia, fatigue$

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o Purīṣavaha, 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 dosic 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 **purişa, 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 purişa 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?
- 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

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