



# CRITICAL ANALYSIS ON KAPHA KARMA, CONSIDERING SUBJECTIVE AND OBJECTIVE PARAMETERS

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## ABSTRACT

**Background:** In Ayurveda, Dosha, Dhatu, and Mala constitute the fundamental pillars that sustain the body's structure and function. Kapha Dosha is primarily responsible for the body's unctuousness, stability, cohesion, lubrication, growth, and immunological strength. It governs anabolic processes, tissue nourishment, and the maintenance of physiological integrity. Derangement of Kapha leads to disorders related to hypometabolism, congestion, insulin resistance, hypersomnia, obesity, and impaired immunity. Therefore, there is a clear need for systematic functional assessment of Kapha dosha in clinical practice.

**Aims and Objectives:** To analyse and evaluate the karma of Kapha Dosha through subjective and objective parameters, to improve diagnostic accuracy and facilitate individualized Dosha-specific therapeutic planning.

**Materials and Methods:** Classical Ayurvedic literature, including Brihatrayi and Laghutrayi, was critically reviewed to elucidate the Prakrita and Vaikrita functions of Kapha Dosha. Relevant contemporary biomedical literature was examined to identify physiological and pathological correlates, enabling the correlation of classical concepts with measurable clinical and laboratory parameters.

**Discussion and Conclusion:** Subjective parameters include clinical history, prakriti and Vikriti analysis, and sensory observations. While objective parameters involve clinical tests and diagnostic tools assessing sensory, motor, and cognitive functions. Prakrita Karma, like Sthiratoa, Snigdhatva, Sandibandha, and Kshama, reflects healthy kapha activity<sup>1</sup>. Conversely, Vaikrita Karma due to Kapha Vrddhi manifests as Agnisadana, Praseka, Alasya, Gaurava, Shvaithya, Shaithya, Shlathangatva, Shwasa, Kasa, Atinidrata<sup>2</sup>. While Kapha Kshaya manifests as Bhrama, Shunyatva, Hrudrava, Slatha sandhita<sup>3</sup>. Integrating these traditional and modern approaches allows for a comprehensive understanding of Kapha Dosha Karma, supporting evidence-based diagnostics and standardized ayurvedic care.

**KEYWORDS:** Kapha Dosha, Prakrita Karma, Vaikrita Karma.

## INTRODUCTION

The human body is constituted by *Dosha*, *Dhatu*, and *Mala*<sup>4</sup>, among which the *Doshas* play a important role in maintaining physiological equilibrium and homeostasis. Health is sustained by the harmonious balance of the *Dosha*, *Dhatu*, and *Mala*, while disease manifests due to their disequilibrium<sup>5</sup>. *Kapha Dosha*, one of the three fundamental *Doshas* in Ayurveda, represents the body's stabilizing and anabolic force and is primarily composed of the elements *Prithvi* and *Jala Mahabhuta*<sup>6</sup>. *Kapha* is also responsible for structural integrity, lubrication, nourishment, cohesion, and endurance of both body and mind. It governs vital physiological functions such as growth, immunity, tissue synthesis, joint stability, and emotional calmness, while also contributing to strength, patience, and memory retention.

The concept of *Kapha Karma* encompasses the wide range of physiological and pathological actions regulated by *Kapha*, including tissue formation, lubrication, stability, immunity, and moisture maintenance. *Kapha* also plays a crucial role in maintaining joint function, mucosal protection, and metabolic

efficiency at the anabolic level. In Ayurvedic clinical practice, accurate assessment of the functional state of *Kapha Dosha* is essential for precise diagnosis, individualized treatment planning, and prevention of *Kapha* related disorders such as obesity, diabetes, dyslipidemia, respiratory conditions, and edema.

Traditionally, assessment of *Kapha* has been predominantly subjective, relying on parameters such as *Prakriti*, *Vikriti*, clinical history, physical examination, and sensory observations. However, with the growing emphasis on evidence-based Ayurveda and integrative healthcare, there is an increasing need to incorporate objective parameters, including measurable physiological markers, biochemical investigations, imaging techniques, and technological tools, to evaluate *Kapha Karma* more systematically. This article aims to explore both subjective and objective approaches to the analysis of *Kapha Dosha Karma*, emphasizing their clinical relevance, integrative potential, and role in enhancing diagnostic accuracy and personalized therapeutic strategies in Ayurvedic practice.



## AIM AND OBJECTIVES

To evaluate, explain and discuss *Kapha Dosha Karma*, considering subjective and objective parameters.

## MATERIALS AND METHODS

Textbooks on Ayurveda, such as the *Brihatrayi* and *Laghutrayi*, are a good source of information about *Kapha Dosha Prakrita* and *Vaikrita Karma*. For relevant subject matter compilation, medical journals were referred and a supportive, reliable hypothesis was built.

## DISCUSSION

In clinical practice, based on both subjective and objective parameters proper functioning of *Kapha Dosha* can be assessed.

### **Prakrita Karma of Kapha**

*Sthiratva*: *Sthiratva* represents the stability and sustaining function of *Kapha Dosha*, responsible for the structural integrity, firmness, endurance, and resistance to disintegration at both physical and psychological levels. The subjective assessment of *Sthiratva*, the physician may inquire about Patients Sense of bodily firmness and stability, Physical endurance and fatigue threshold, Stability of posture and Gait and mental attributes such as patience, Calmness, Emotional stability, and Resistance to stress. Objective markers include assessment of Muscle Bulk, Muscle Tone, joint stability on physical examination, postural assessment and Balance test through simple visual observation, Romberg test and single-leg stance test, Gait analysis, Grip strength or Endurance based functional tests, and Joint integrity through imaging/ BMD when required.

*Snigdhatva*: This is a principal function of *Kapha Dosha*, reflecting its role in lubrication, unctuousness, and protection of bodily structures. Subjective Assessment of *Snigdhatva* by inquiring about the skin dryness or oiliness, Ease or difficulty of joint movements. Absence of enlisted features highlight *snigdhatva*: Tendency towards cracking sounds in joints, Sensation of dryness in the mouth, throat, or nose, and History of dry and hard stools. Objective parameters include the Moisture Meter Test, Blotting Paper Test, Stool Examination, and certain serum biochemical parameters, such as serum cholesterol and triglycerides.

*Sandhibanda*: This is the primary stabilizing function of *Kapha Dosha*, responsible for the cohesion, integrity, and binding of joints. *Sandhibandha* is assessed subjectively by inquiring about patients sense of joint stability, ability to bear weight without discomfort, history of joint looseness, and sprains. Objective assessment includes clinical examination of joints for stability, range of motion, and integrity of supporting structures. Physical tests assessing ligamentous stability, observation of gait and posture, and evaluation of weight-bearing capacity help determine joint cohesion. The presence or absence of abnormal mobility, crepitus, or deformity adds to the assessment of *Snigdhatva*. Imaging studies such as X-ray or MRI may be used to assess joint space, alignment, and structural support can be utilized.

*Kshama*: This is an important psychological and functional attribute governed predominantly by *Kapha Dosha*, reflecting the capacity to tolerate physical stress, environmental variations, and emotional challenges without disturbance. Subjectively by inquiring about the individual's Tolerance to physical exertion, Tolerance to pain and discomfort, Ability to withstand hunger, thirst, heat, and cold, Emotional tolerance, patience, anger threshold, stress handling, and time taken to feel fatigue during routine activities. Objectively, by Functional endurance tests.

### **Vaikrita Karma – Kapha – Vrudhi**

*Agni Sadana*: This represents the suppressive effect of *Kapha Vrddhi* on digestive and metabolic fire, leading to diminished digestive capacity and sluggish transformation of food. *Agni Sadana* is assessed subjectively by inquiring about reduced appetite, delayed onset of hunger, early satiety, heaviness after meals, post-prandial drowsiness, nausea, and a feeling of incomplete digestion. Patients may also report intolerance to heavy or oily foods and a preference for warm or pungent substances to stimulate digestion. Objective assessment includes Examination of the tongue often reveals a thick, whitish coating suggestive of *Ama*. Reduced bowel sounds, abdominal distension, and evidence of slowed metabolism may be noted. Where facilities permit, supportive markers such as prolonged gastric emptying time or reduced basal metabolic indicators can be used.

*Praseka*: This is a characteristic manifestation of *Kapha Vrudhi*, denoting excessive salivation and increased oral secretions. *Praseka* reflects *Kapha* dominance in the *Urdhva Jathru* region and is often associated with *Agni Sadana* and *Ama* formation. *Praseka* is assessed subjectively by inquiring about excessive salivation, frequent need to spit, watery sensation in the mouth, unpleasant taste, nausea, or heaviness in the oral cavity, particularly after meals or on waking. Patients may also report reduced appetite and aversion to food due to constant oral wetness. Objective assessment includes clinical observation of increased salivary pooling in the oral cavity, moist or excessively wet oral mucosa, and frequent swallowing or spitting during examination. The tongue may appear coated and excessively moist. Where feasible, salivary flow rate assessment can serve as a supportive objective marker.

*Alasya*: This is a prominent feature of *Kapha Vrddhi*, characterized by lack of enthusiasm, reduced initiative, and sluggish physical and mental activity. *Alasya* reflects *Kapha's Guru* and *Manda* qualities, leading to decreased motivation and delayed response to stimuli. *Alasya* is assessed subjectively by inquiring about reluctance to initiate work, excessive sleepiness, difficulty in maintaining alertness, preference for rest, and delayed physical or mental activity even after adequate rest. Patients may report a sense of heaviness in the body and mind, reduced interest in routine activities, and easy fatigability without exertion. Objective assessment includes observation of slow movements, reduced speech initiation, delayed response during interaction, and diminished activity levels during clinical examination. Postural slowness, prolonged sitting or lying



tendency, and reduced psychomotor speed may be noted. Where feasible, assessment of reaction time, activity tolerance, or daytime sleep propensity can serve as supportive objective indicators.

*Gouravam*: This is a classical manifestation of *Kapha Vrddhi*, leading to a sensation of heaviness in the body and mind. *Gouravam* indicates impaired metabolic activity and accumulation of Kapha or Ama. *Gauravam* is assessed subjectively by inquiring about a persistent sense of bodily heaviness, sluggishness, difficulty in initiating movements, heaviness after meals, and a feeling of mental dullness. Patients may report aggravation of heaviness in the morning or after consumption of heavy, oily, or cold foods. Objective assessment includes observation of slow, effortful movements, reduced agility, and delayed postural adjustments. Clinical examination may reveal increased body mass, puffiness, or edema. Gait may appear heavy and sluggish, supportive markers such as BMI, and lipid profile can be used.

*Shvaitya*: This represents a classical manifestation of *Kapha Vrddhi*, leading to pallor and diminished radiance of the body. *Shvaitya* is assessed subjectively by inquiring about the patient's perception of pale or dull skin, coldness, heaviness, and reduced vitality. Patients may report a lack of natural luster or freshness in the skin, nails, and hair. Objective assessment includes clinical observation of pale or whitish skin, nails, and mucous membranes. Skin may appear dull, cool, or slightly swollen. Nails may lack natural coloration and shine. Supportive objective markers may include peripheral perfusion assessment and laboratory evaluation, such as hemoglobin levels if indicated.

*Shaithya*: This is a classical feature of *Kapha Vrddhi*, leading to a persistent sensation of coldness in the body, especially in the extremities, along with heaviness, lethargy, and sluggishness. *Shaithya* is assessed subjectively by inquiring about the patient's experience of chilliness, cold hands or feet, preference for warmth, and reduced tolerance to cold environments. Objective assessment includes palpation of skin for reduced temperature, observation of cold extremities, diminished agility or slowness of movements, and pallor or bluish discoloration in severe cases. Supportive markers include peripheral perfusion assessment, capillary refill, or thermographic measurements.

*Shlata angatva*: This is a classical feature of *Kapha Vrddhi*, leading to heaviness, sluggishness, and stiffness in the limbs. *Slatha angatva* is assessed subjectively by inquiring about the patient's sensation of looseness, instability in joints, muscles, and movements, and preference for rest over activity. Objective assessment includes observation of slow or effortful limb movements, reduced agility, stiff gait with decreased stride length, and delayed response during physical tasks. Functional tests may show delayed initiation and prolonged time to complete movements.

*Swasa*: This is a classical feature of *Kapha Vrddhi*, leading to obstruction, heaviness, or congestion in the respiratory channels. *Swasa* is assessed subjectively by inquiring about the patient's experience of shortness of breath, chest heaviness, difficulty in inhalation or exhalation, wheezing, and reduced tolerance to physical activity. Objective assessment includes observation of labored or shallow breathing, use of accessory muscles during respiration, auscultation for wheezing or crepitus, measurement of respiratory rate and oxygen saturation, and pulmonary function tests.

*Kasa*: This is a classical feature of *Kapha Vrddhi*, causing accumulation of mucus and obstruction in the respiratory channels. *Kasa* is assessed subjectively by inquiring about the patient's experience of frequent coughing, heaviness or congestion in the chest, difficulty in expectoration, and aggravation of symptoms in the morning or in cold, damp conditions. Objective assessment includes observation of cough frequency and type, auscultation for crackles or rhonchi, palpation of the chest for heaviness or congestion, and evaluation of sputum characteristics, quantity, consistency, and color. Pulmonary function tests and Radiographic imaging.

*Atinidrata*: This is a classical feature of *Kapha Vrddhi*, leading to excessive sleepiness, prolonged sleep, and difficulty in awakening. *Atinidra* is assessed subjectively by inquiring about the patient's prolonged sleep duration, difficulty waking, persistent daytime drowsiness, heaviness, and lack of motivation. Objective assessment includes observation of sluggish responses during examination, reduced psychomotor activity, delayed reaction time, and decreased alertness in functional tests. Sleep logs or circadian rhythm assessments may serve as supportive markers.

#### **Vaikrita Karma – Kapha – Kshaya**

*Bhramah*: This is a classical manifestation of *Kapha Kshaya*, its arises due to the loss of Kapha's grounding, stabilizing, and nourishing qualities in the head and nervous system. is assessed subjectively by inquiring about sensations of light-headedness in the head, a feeling of imbalance, and difficulty in concentration. Patients may report dullness of perception rather than acute vertigo. Objective assessment includes observation of postural stability, gait steadiness, and balance through the Tandem gait or Romberg's test. Clinical examination may reveal slow responses and reduced alertness. Supportive objective parameters include assessment of blood pressure, especially postural changes, vestibular function tests where indicated, and neurological screening to rule out other causes.

*Shunyatva*: This denotes a state of *Kapha Kshaya*, where depletion of *Kapha* leads to loss of tissue fullness, nourishment, and stability, producing a subjective sense of emptiness or hollowness in the body or specific regions such as the head or chest. *Shunyatva* is assessed subjectively by inquiring about sensations of emptiness, lightness, or feeling of hollowness in the chest, throat, head, stomach, and lack of support, weakness in



joints, often accompanied by reduced endurance and easy fatigability. Objective assessment includes imaging studies such as a chest X-ray or CT scan for hyperinflated, radiolucent lung fields, while in musculoskeletal ultrasound reduced synovial fluid volume and thin cartilage, Body composition analyser via DEXA or BIA scans.

*Hrd-drav*: This denotes a disturbance in the normal function of Hridaya, often seen when kapha, with or without association of vata, causes obstruction or altered fluid dynamics in the cardiac region. assessed subjectively by inquiring about sensations of palpitations, fluttering, heaviness, or discomfort in the precordial region, awareness of heartbeat at rest or after meals, anxiety associated with cardiac sensations, and aggravation after heavy meals, exertion, or at rest. Objective assessment includes observation of pulse rate and rhythm, assessment of heart sounds on auscultation, measurement of blood pressure, and evaluation for associated signs such as chest heaviness, edema, or breathlessness. Where facilities permit, ECG and other cardiac investigations may be used as supportive objective markers.

*Slatha Sandhita*: This represents a state of impaired *Kapha*-mediated *Sandhi Bandha*, wherein depletion of *the Kapha Dosha* leads to a loss of firmness, cohesion, and stability in the joints. *Slatha Sandhita* is assessed subjectively by inquiring about the patient's sensation of joint looseness, feelings of joints giving way during movement or weight bearing, difficulty in maintaining posture, and early fatigue or insecurity while walking or standing. Objective assessment is conducted through clinical examination using tools such as the Beighton score and joint-specific laxity tests, including the shoulder sulcus sign, knee hyperextension test, and ankle anterior drawer test, with imaging studies used when indicated. These tests reveal joint laxity, increased or abnormal range of motion on passive movement, reduced stability on stress testing, and gait instability. Reduced muscular support around the joints may also be observed.

## CONCLUSION

Integrating subjective and objective parameters for analyzing *Kapha Dosha Karma* offers a comprehensive approach to Ayurvedic diagnostics. This integration enhances the accuracy of disease assessment and supports personalized treatment planning, contributing to evidence-based ayurvedic practice.

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