

## **Dhatu-Yoga as a Therapeutic Principle in Ayurveda: A Textual and Analytical Study Bridging Classical Theory with Tissue-Specific Medicine**

<sup>1\*</sup>Upasana S. Pawar, <sup>2</sup>Yogita Mandle, and <sup>3</sup>Dnyaneshwar M. Gadade

<sup>1-3</sup>Department of Ayurved Samhita and Siddhanta,  
Parul Institute of Ayurved and Research,  
Parul University, Vadodara - 391760 (India)

<sup>1</sup>Email ID: [pawarupasana158@gmail.com](mailto:pawarupasana158@gmail.com), 9512578035

<sup>2</sup>Email ID: [Yogitabm84@gmail.com](mailto:Yogitabm84@gmail.com)

<sup>3</sup>Email ID: [dnyaneshwargadade1252@gmail.com](mailto:dnyaneshwargadade1252@gmail.com),  
Mob - 9890980760.

Orchid ID: 0009-0004-7232-3463

<sup>1\*</sup>**Address of Correspondance** : PG Scholar,  
Department of Ayurved Samhita and Siddhanta,  
Parul Institute of Ayurved and Research,  
Parul University, Vadodara - 391760 (India)

Email ID: [pawarupasana158@gmail.com](mailto:pawarupasana158@gmail.com), 9512578035

### **Abstract**

Ayurveda presents a comprehensive understanding of health and disease through the dynamic interplay of *dosha*, *dhatu*, and *mala*. Among these, *dhatu* represent the structural and functional basis of the body, and their involvement determines the clinical manifestation of disease. The present study explores the concept of *Dhatu-Yoga* as a therapeutic principle, emphasizing tissue-specific intervention based on the affected *dhatu* and its metabolic status. Classical texts highlight that disease expression occurs through *doshadushya sammurchana*, wherein vitiated *dosha* interact with susceptible *dhatu*, necessitating precise therapeutic alignment.

This paper adopts a textual and analytical approach to examine the classical foundations of *Dhatu-Yoga*, with special reference to *dhatvagni*, *avastha-vichara*, and *yukti*-based treatment planning. The concept is elucidated through the management of *vishama jvara*, where distinct formulations are prescribed according to progressive involvement of *rasa*, *rakta*, *mamsa*, *meda*, *asthi*, and *majja*. The dual therapeutic strategies of *dhatu-pachana* and *dhatu-bruhana* are

---

<sup>1,3</sup>P.G. Scholars, <sup>2</sup>Associate Professor

discussed as essential modalities for correcting metabolic impairment and restoring tissue integrity.

Furthermore, the relevance of *Dhatu-Yoga* is extended to chronic and degenerative conditions, metabolic disorders, and reproductive disturbances, where pathology is deeply rooted at the tissue level. The study demonstrates that effective Ayurvedic management requires accurate identification of the affected *dhatu*, assessment of its metabolic state, and selection of stage-specific interventions.

Thus, *Dhatu-Yoga* emerges as a fundamental clinical approach that bridges classical Ayurvedic theory with contemporary tissue-specific therapeutics.

**Key words :** Dhatu Yoga, Tissue specific medicine Stage - specific interventions.

Ayurveda conceptualizes the human body as a dynamic continuum sustained by the equilibrium of *dosha*, *dhatu*, and *mala*. Among these, the *dhatu* are described as the structural and functional substrata that uphold the integrity of the organism. Classical authorities repeatedly emphasize that although vitiated *dosha* initiate pathological processes, disease attains clinical expression only when these *dosha* associate with specific *dhatu* through *doshadushya sammurchana*. Thus, the *dhatu* are not passive recipients but active participants in the manifestation of *vyadhi*.<sup>1</sup>

The concept of *Dhatu-Yoga* emerges within this doctrinal framework. In the classical sense, *yoga* signifies purposeful union, contextual suitability, and rational therapeutic alignment. Therefore, *Dhatu-Yoga* may be understood as the deliberate selection and administration of interventions in accordance with the afflicted *dhatu*, its altered *avastha*, and the nature of associated *dosha*. It represents a tissue-oriented dimension of Ayurvedic

therapeutics grounded in *yukti*, *avastha-vichara*, and *dhatvagni* assessment.<sup>1,2</sup>

The discussions in the management of *jvara*, particularly in *vishama jvara*, provide a refined illustration of this principle. The classifications of *santata*, *satata*, *any edyushka*, *tritiyaka*, and *chaturthaka jvara* reflect not merely periodic variations but deeper levels of *dhatu*-involvement.<sup>1,2</sup> The prescription of distinct *dhatu-pachaka* measures in these conditions underscores the recognition that pathology may localize successively or selectively within *rasa*, *rakta*, *mamsa*, *meda*, *asthi*, and *majja*.

Beyond febrile disorders, classical expositions on degenerative, inflammatory, and metabolic conditions consistently point toward the necessity of identifying the affected *dhatu* before instituting therapy. When viewed in this light, *Dhatu-Yoga* is not confined to specific formulations; rather, it constitutes a principled approach that harmonizes drug selection with

tissue-specific pathology. Re-examining this concept within its classical foundations is therefore essential for understanding its enduring relevance in tissue-specific therapeutics.

*Conceptual Foundations of Dhatu-Yoga:*

In classical Ayurveda, the term *dhatu* denotes that which upholds and sustains the body. The *sapta dhatu rasa, rakta, mamsa, meda, asthi, majja*, and *shukra* are described as successive structural and functional entities arising through ordered metabolic transformation. Each *dhatu* is nourished by its predecessor and contributes to the stability of the organism through its specific *karma*.<sup>1,5</sup> Thus, pathology cannot be fully understood without recognizing the particular *dhatu* that has undergone qualitative or quantitative alteration.

The relationship between *dosha* and *dhatu* is articulated through the doctrine of *ashraya ashrayi bhava*. Certain *dhatu* serve as substrata for specific *dosha*, and vitiation of one influences the other.<sup>1,2</sup> However, disease manifests only when there is *doshadushya sammurchana* the intimate association of aggravated *dosha* with susceptible *dhatu*. At this stage, symptoms acquire specificity, reflecting the functional disturbance of the involved tissue. Hence, identical *dosha-prakopa* may present differently depending upon whether the locus is *rasa, rakta*, and *asthi*.

A critical yet often underemphasized dimension in this process is the role of *dhatvagni*. Just as *jatharagni* governs primary digestion, *dhatvagni* regulates the transformation and maintenance of each tissue. Impairment at this

level results in the formation of *dhatu-gata ama*, a state in which metabolism within the tissue remains incomplete.<sup>1</sup> This localized metabolic stagnation not only perpetuates pathology but also alters the responsiveness of the *dhatu* to therapeutic measures. Therefore, correction of *dhatvagni* becomes central to restoring equilibrium.

Within this doctrinal context, *Dhatu-Yoga* signifies more than a pharmacological combination. The word *yoga* in classical literature implies judicious application, contextual appropriateness, and alignment with the patient's *avastha*. Thus, *Dhatu-Yoga* may be understood as the purposeful alignment of therapeutic agents with the specific pathological state of a given *dhatu*, taking into account associated *dosha*, strength of the patient, chronicity, and stage of disease.

This tissue-oriented reasoning is especially evident in the management of complex disorders where symptoms cannot be explained solely through generalized *dosha* imbalance. Recognition of the afflicted *dhatu*, assessment of its metabolic state, and selection of appropriate *pachana, shamana*, or *bruhana* measures together constitute the essence of *Dhatu-Yoga*. In this sense, it represents a refined therapeutic principle deeply embedded in classical Ayurvedic thought.

*Dhatu-Pachana and Dhatu-Bruhana: Therapeutic Duality*

In classical therapeutics, correction of pathology at the level of *dhatu* requires discernment between two principal approaches *dhatu-pachana* and *dhatu-bruhana*. When vitiated *dosha* infiltrate a specific *dhatu* and

impair its metabolic integrity, the resultant state resembles localized *ama* formation at the tissue level. In such conditions, mere general *dosha-shamana* proves insufficient; instead, specific measures directed toward restoration of *dhatvagni* become necessary. This constitutes the rationale of *dhatu-pachana*.<sup>3</sup>

The formulations traditionally employed in such contexts are not arbitrary combinations. Their composition reflects deliberate selection grounded in classical *varga* classification. A closer examination of the five *kashaya* reveals that the majority of the constituent herbs belong to the *Haritakyadi varga*. Owing to this predominance, these formulations exhibit a marked capacity for *dosha-shodhana*.<sup>4</sup> The dominance of this group ensures that accumulated pathological elements are mobilized and eliminated effectively.

Within the same combinations, three substances are drawn from the *Guduchyadi varga*. This inclusion introduces *rasayana guna* into the formulation. Thus, while *dosha-shodhana* is achieved, simultaneous support to the compromised *dhatu* is provided. This dual action prevents excessive depletion and promotes restoration of tissue integrity.

Additionally, one component is derived from the *Phalashakadi varga*, and another from the *Amradiphala varga*.<sup>4</sup> Their presence further refines the pharmacodynamic profile of the formulation, contributing to both metabolic correction and stabilization of the involved *dhatu*. Of particular significance is the inclusion of substances from the *Kutajadi varga*, including *Chandana*, which are recognized for their *sugandhi* nature. The *Kutajadi varga*, being aromatic and subtle in

action, aids in removing residual pathological influences that may persist even after primary *dosha-shodhana*. In this manner, incomplete elimination and secondary complications are minimized.

Thus, the logic of *Dhatu-Yoga* extends beyond symptomatic treatment. It reflects a calibrated integration of *shodhana*, *rasayana*, and tissue-stabilizing measures within a single therapeutic construct. The presence of *rasayana guna* alongside cleansing action demonstrates that *dhatu-pachana* does not imply aggressive depletion but a balanced rectification of metabolic disturbance.

In contrast, when the dominant pathology reflects qualitative or quantitative depletion of a *dhatu*, without marked *ama* accumulation, *dhatu-bruhana* assumes priority. Here, the objective shifts toward nourishment and structural restoration through appropriately selected *sneha*, *ghrita*, or supportive measures. Proper discrimination between these two states—metabolic stagnation and tissue depletion—forms the cornerstone of effective *Dhatu-Yoga*.

*Dhatu-Yoga in Jvara: Classical Basis in Vishama Jvara :*

The classical exposition of *jvara* provides one of the most authoritative illustrations of tissue-oriented therapeutics in Ayurveda. While *jvara* is described as arising from aggravated *dosha*, its detailed classification *santata*, *satata*, *anyedyushka*, *tritiyaka*, and *chaturthaka* reveals progressive or selective involvement of deeper *dhatu*. The prescription of five distinct *kashaya* in this context forms the textual foundation of *Dhatu-Yoga*.<sup>1</sup>

The relevant verses from *Charaka Samhita, Chikitsa Sthana*, state:

कलिङ्गकाः पटोलस्य पत्रं कटुकरोहिणी ॥ २०० ॥

पटोलः सारिवा मुस्तं पाठा कटुकरोहिणी। निम्बः पटोलस्त्रिफलामृद्धीका मुस्तवत्सकौ ॥ २०१ ॥

किराततिक्तमृताचन्दनं विश्वभेषजम्। गुडूच्यामलकं मुस्तमर्धश्लोकसमापनाः ॥ २०२ ॥

कषायाः शमयन्त्याशुपञ्च पञ्चविधाञ्ज्वरान्। सन्ततं सततान्येद्युस्तृतीयकचतुर्थकान् ॥ २०३ ॥

These verses enumerate five specific *kashaya-s* indicated for the five varieties of *vishama jvara*. Importantly, the text does not merely describe symptomatic fever patterns but associates each type with a distinct therapeutic formulation. This differentiation implies that the underlying pathology varies according to the depth and nature of *dhatu*-involvement.<sup>1,2</sup>

In *santata jvara*, where recurrence appears continuous, the pathology is interpreted as predominantly involving *rasa dhatu*. Impairment at this level reflects disturbance of primary nourishment and systemic circulation. The corresponding *kashaya* therefore emphasizes correction of *rasa-gata ama* and stabilization of superficial tissue metabolism.

In *satata jvara*, where periodicity assumes greater definition, involvement extends into *rakta dhatu*. Here, features such as heat, irritability, and systemic intensity indicate deeper penetration of aggravated *dosha*. The prescribed formulation accordingly incorporates substances capable of rectifying *rakta-dushti* and restoring metabolic balance within this tissue.

Progression to *anyedyushka jvara* suggests further engagement of *mamsa dhatu*, where pathology becomes more entrenched. In *tritiyaka jvara*, intermittent manifestation reflects disturbance within *meda dhatu*, often

associated with altered metabolic rhythm and obstruction. Finally, *chaturthaka jvara* is interpreted as implicating deeper tissues such as *asthi* and *majja*, where cyclical resurgence mirrors the inherent metabolic periodicity of these tissues.

Thus, the five *kashaya-s* described in the classical text are not arbitrary combinations but represent deliberate tissue-specific interventions. The phrase “पञ्च पञ्चविधाञ्ज्वरान्” underscores this one-to-one correspondence between formulation and pathological type. Through this structured prescription, the text demonstrates that effective management of *vishama jvara* depends upon identifying the afflicted *dhatu*, assessing the state of *dhatvagni*, and selecting therapy accordingly.

Furthermore, the role of *kala* is implicit in this classification. The periodic patterns of fever correspond to internal metabolic rhythms rather than mere external temporal cycles. Therefore, *Dhatu-Yoga* in *jvara* signifies not only tissue identification but also stage-sensitive therapeutic alignment.

In this manner, the management of *vishama jvara* exemplifies the classical foundation of *Dhatu-Yoga* a method that moves beyond generalized *dosha-shamana* and establishes a principled model of tissue-specific

therapeutics grounded in textual authority.

*Dhatu-Yoga in Chronic and Degenerative Disorders :*

While the principles of *Dhatu-Yoga* are clearly demonstrable in *jvara*, their deeper clinical value becomes evident in chronic and degenerative conditions where tissue pathology is central to disease progression. In such states, the disturbance is no longer confined to circulating *dosha* but is embedded within specific *dhatu*, altering their structure, function, and metabolic integrity.

*Asthi and Majja Involvement :*

In disorders resembling *asthi-kshaya*, *asthi-sandhigata vikara*, and degenerative bone conditions, classical reasoning indicates impairment of *asthi dhatu* and its associated *dhatvagni*. Pain, structural fragility, stiffness, and progressive weakness reflect not merely *vata vriddhi*, but depletion or obstruction within *asthi* and, in advanced states, *majja dhatu*.<sup>3</sup>

The classical framework emphasizes that deeper *dhatu* involvement demands correspondingly penetrating therapy. Here, formulations possessing both *rasayana* and *dhatu-pachana* properties are indicated. Where *asthi* is weakened due to improper nourishment from preceding tissues, therapy must address upstream disturbance in *rasa*, *rakta*, and *mamsa*, thereby restoring the integrity of the tissue cascade.<sup>4</sup> Conversely, when pathology is localized within *asthi* due to chronic obstruction or defective transformation, targeted *Dhatu-Yoga* becomes essential.

In conditions resembling osteoporosis or avascular degeneration, therapeutic reasoning integrates *tikta* and *madhura rasa* dominance, unctuous carriers, and strengthening regimens. However, strengthening without prior correction of metabolic impairment is considered incomplete. Thus, *Dhatu-Yoga* insists that tissue correction precede or accompany tissue nourishment.

*Medo-Dhatu and Metabolic Disorders :*

In *medoroga* and allied metabolic disturbances, the problem lies not only in excess but in qualitative alteration of *meda dhatu*. Accumulation, sluggish transformation, and obstruction of channels reflect disturbed *medo-dhatvagni*.<sup>4</sup> The classical view does not advocate simple depletion but regulation of tissue metabolism.

Therapy in such conditions integrates *ruksha*, *laghu*, and *lekhana* properties to restore balance while simultaneously safeguarding the functional continuity of other *dhatu*. This selective modulation exemplifies *Dhatu-Yoga* intervening precisely at the level of tissue derangement rather than applying indiscriminate reduction.

*Reproductive and Menstrual Disturbances :*

In menstrual irregularities characterized by scanty flow, delayed cycles, dryness, or associated mental instability, classical understanding points toward *rasa* and *rakta dhatu* impairment. Here again, the aim is not symptomatic regulation but correction of tissue-level dysfunction.<sup>2</sup>

When depletion predominates, *rasayana* measures and nourishing regimens are indicated. When obstruction or stagnation is present, channel-clearing and *dhatu-pachaka* strategies are preferred. The success of therapy depends upon correctly identifying whether the dominant pathology lies in tissue deficiency, obstruction, or metabolic disturbance.<sup>8</sup>

*Autoimmune-Like and Chronic Inflammatory States :*

In chronic conditions displaying fluctuating intensity, tissue erosion, and systemic weakness, the interplay between *dosha* and *dhatu* becomes especially intricate.<sup>7,8,9</sup> Classical literature recognizes that when pathology stabilizes within a particular *dhatu*, recurring symptoms correspond to its metabolic rhythm.

Thus, therapy must account for:

- The depth of tissue penetration,
- The stage of degeneration,
- The strength of *agni* at both systemic and tissue levels,
- The presence of residual toxins.

Only when these are addressed collectively can sustained remission be achieved. This integrated reasoning represents the mature application of *Dhatu-Yoga*.<sup>9,10</sup>

The doctrine of *Dhatu-Yoga* reveals that Ayurveda's therapeutic sophistication lies not merely in identifying aggravated *dosha*, but in discerning the precise tissue context in

which pathology unfolds. Disease manifests according to the depth of *dhatu* involvement, the integrity of *dhatvagni*, and the temporal dynamics of metabolic rhythm.

Through the concepts of *ashraya-ashrayi bhava*, *doshadushya sammurchana*, and stage-wise tissue penetration, classical texts outline a therapeutic logic that is fundamentally tissue-specific. This logic demands that treatment be neither generic nor solely symptomatic. Instead, intervention must align with the affected *dhatu*, its metabolic state, and its structural condition.

In acute disorders such as *jvara*, this approach clarifies the rationale behind distinct formulations for different patterns. In chronic and degenerative diseases, it provides a structured method to address depletion, obstruction, and qualitative alteration at their root.

Thus, *Dhatu-Yoga* may be understood as a clinical compass—guiding the physician from surface manifestations to the depth of tissue pathology, and from generalized therapy to precise, stage-appropriate intervention. By restoring harmony within the tissue continuum, it fulfills the classical aim of re-establishing systemic balance and sustaining health.

References :

1. Agnivesha. (2019). *Charaka Samhita (revised by Charaka and Dridhabala)* (B. Tripathi, Ed.). Chaukhamba Surbharati Prakashan.
2. Dash, B., & R. K. Sharma, (2014). *Charaka*

- Samhita (text with English translation)* (Vols. 1–6). Chowkhamba Sanskrit Series Office.
3. Mishra, B. R., & A. B. Mishra, (2018). yoga. *International Journal of Research in Indian Medicine*, 2(1), 1–8.
  4. Patwardhan, B., D. Warude, P. Pushpangadan, and Bhatt, N. (2005). *Evidence-Based Complementary and Alternative Medicine*, 2(4): 465–473.
  5. Rastogi, S. (2010). *International Journal of Ayurveda Research*, 1(1), 41–46.
  6. Sharma, H., & H. M. Chandola, (2011). Prakriti- based medicine: Ayurgenomics and personalized healthcare. *Journal of Alternative and Complementary Medicine*, 17(7): 1–6.
  7. Sharma, P. V. (2013). *Dravyaguna vijñana* (Vols. 1–2). Chaukhamba Bharati Academy.
  8. Sushruta. (2017). *Sushruta Samhita* (P. V. Sharma, Ed.). Chaukhamba Vishvabharati.
  9. Tiwari, S. (2014). *Journal of Ayurveda and Integrative Medicine*, 5(2), 1–5.
  10. Vagbhata. (2018). *Ashtanga Hridaya* (A. M. Kunte, Ed.). Chaukhamba Surbharati Prakashan.