



**Review Article**

**INTERPRETATION OF DHATUKSHAY USING LABORATORY DIAGNOSTICS**

**Pallavi Wandre<sup>1\*</sup>, Ratna Damle<sup>2</sup>**

<sup>1</sup>PG Scholar, <sup>2</sup>Assistant Professor, Dept. of Rognidan, Government Ayurveda College, Nagpur, Maharashtra, India.

**Article info**

**Article History:**

Received: 11-01-2026

Accepted: 21-02-2026

Published: 15-03-2026

**KEYWORDS:**

*Dhatukshay*,  
Interpretation,  
Laboratory,  
Radiological  
Investigations.

**ABSTRACT**

In Ayurveda, *Dhatu* (seven major structural components of the body) is main supporting, energy giving and nutritional part of our body. *Dhatukshay* (depletion of *Dhatu*) of any *Dhatu* disturbs the equilibrium of body and produces different types of *Roga* (disease). In equilibrium, different *Dhatu* are measured in terms of individual anthropometry (Anjali Pramana). *Dhatukshay* cannot be measured but can only be assessed by *Lakshana* (symptoms) which is subjective. In modern medicine, deficiency in any body constituents can be accurately measured by laboratory, radiological investigations. These investigation modalities were a result of constant adaptation of the contemporary sciences i.e., physics, chemistry, etc., with recent advancements in last couple of decades much development has taken place in the field of biotechnology, biophysics, engineering. Today, when patients visit Ayurveda outpatient departments, they already have a bunch of reports of investigation. The concepts of Ayurveda can be interpreted with the help of these advanced sciences. Since last decade globally acceptance of Ayurveda and also too many developments in research of *Ayurveda* has taken place which are remarkable. Thus, it is necessary to interpret the *Dhatukshay* for diagnosis of disease or condition of disease by using laboratory investigation, radiological investigations. This study will also be helpful for expressing the research work done in the field of Ayurveda on a global platform.

**INTRODUCTION**


In *Ayurveda* more importance is given to *Rognidan* (diagnosis of disease) than *Chikitsa* (treatment).<sup>[1]</sup> *Nidanpanchak* (five diagnostic principle) or *Rogdnyanopya* along with *Pratyaksha* (direct perception), *Anuman* (inferential reasoning), *Aptopadesh Pramana* (Authoritative testimony) are the most important tools of *Rognidan*<sup>[2]</sup>.

*Dosha* (regulatory functional factors of the body), *Dhatu* (major structural components of the body), *Mala* (waste products) are three fundamental components of the body which are important functional units of our body.<sup>[3]</sup> *Samyavastha* of *Dhatu* (equilibrium of *Dhatu*) are the supporting system of our body and give *Bala* (energy) and there by maintain *Sanhanan* (compactness of body tissue).

*Doshdushti* (vitiation of *Dosha*), *Dhatudushti* (vitiation of *Dhatu*), *Dosh - Dushya Samurchhana* (the interaction between weak *Dosha* and *Dushya* (susceptible body tissue) eventually develops *Vyadhi* (disease). Any disturbance in homeostasis of *Dhatu* like *Vridhhi* (excessive growth), *Kshay* (depletion) develops into *Roga*. *Dhatukshay* is contributing factor in *Vyadhinirman* (process of disease manifestation).

In *Ayurveda* there is detailed description of *Dosha*, *Lakshana* (symptoms) and *Karma* of *Dhatu* (functions of *Dhatu*). Even the *Pramana* (anthropometry) of different *Dhatu* are mentioned with respect to the individual anthropometry e.g. *Majja Dhatu* (bone marrow) *Pramana* is one *Anjali* <sup>[4]</sup>. There are references of *Dhtaukshay*, *Lakshana*, but the *Pramana* of *Dhatu kshay* is not mentioned.

Every science is enhanced by its contemporary sciences. Allopathy has always adapted and outstretched its realm as per advancement in contemporary branches of sciences that is physics, chemistry, biochemistry etc., Likewise, *Ayurveda* was enhanced by the then *Shastra* like *Nyaya-Sankhya* and other *Darshana*, *Panini Vyakaran Sutra*, *Jyotish Shastra*, etc. But later, due to frequent invasions, most of the

Access this article online	
Quick Response Code	<a href="https://doi.org/10.47070/ijapr.v14i2.4005">https://doi.org/10.47070/ijapr.v14i2.4005</a>
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

text was destroyed and the development came to a standstill. Also lack of support from then governing bodies was another factor.

With recent advancements in last couple of decades much development has taken place in the field of physics, chemistry, biotechnology, medical science. Now concepts of Ayurveda can be interpreted with the help of these advanced sciences. Since last decade global acceptance of Ayurveda and also too many developments in research of Ayurveda have taken place which are remarkable.

*Dhatukshya* is assessed by *Lakshana* which are subjective parameters. *Dhatukshay Lakshana* are also found in different diseases. Now a days, patients approach us with different types of investigations and modern diagnosis. The modern techniques like laboratory, radiological investigations can not only aid in diagnosis but also in prognosis of disease and therewith *Dhatukshya*.

This study is aimed at exploration and probable interpretation of *Dhatukshay* using laboratory and radiological investigations for better understanding of diagnosis (*Vyadhivinishchay*) and prognosis of disease (*Sadhyasadhyatwa*).

## AIMS AND OBJECTIVES

- Study of *Sapta Dhatukshay lakshana*.
- Study of each *Dhatukshayjanya Vyadhi* (diseases due to depletion of *Dhatu*).
- Interpretation for each *Dhatukshayjanya Vyadhi* in laboratory and related radiological investigations.

## MATERIALS AND METHODS

Different Ayurveda classical text, modern text, published articles were studied.

### 1. *Rasa Dhatukshay*

- *Rasa Dhatukshaya* is depletion of *Rasa Dhatu* (primary product of digested food) from our body.
- *Bahudravsaranam* (excessive watery excretion) in *Atisaar* (diarrhea) leads to *Rasa Dhatukshaya*.<sup>[5]</sup>
- *Rasa Dhatukshaya* is main *Hetu* (causing factor) of *Rasa kshayjanya Trushna*.<sup>[6]</sup> (*Trushna* due to depletion of *Rasa*).
- *Rasa Dhatukshaya Lakshana* are *Hruday Ghattana*, *Shool* (chest pain), *Hrud drav* (palpitation), *Tamyati Swalpeapichestite* (dizziness after little exertion) <sup>[7]</sup> seen in conditions like myocardial infarction, Heart failure, angina.

The Table- 1 helps to assess *Rasa Dhatukshay* for diagnosis of disease.

**Table 1: Investigations to assess *Rasa Dhatukshay***

CBC	Urine Examination	Electrolyte	Kidney Function Test	Cardiac evaluation
Hematocrit - high	Yellow colored urine Increased specific gravity	Hyponatremia Hypokalemia	Blood urea - raised Sr. Creatinine- raised	ECG- ischemic changes, 2DECHO- Ejection fraction-reduced, Angiography-stenosed arteries, Troponin T, or Troponin I, CPKMB raised in acute MI <sup>[8]</sup>

### 2. *Rakta Dhatukshay*

*Raktadhatukshay* is diminution of *Raktadhatu* (blood tissue i.e., RBCs, WBCs, Platelets) from our body.

- In *Raktapitta* (bleeding disorder), there is *Raktapravartan* (bleeding) from *Urdhvamarg* (upper orifice), *Adhomarg* (lower orifice) or from both *Marga* (pathway).<sup>[9]</sup> In *Raktarsha*, *Raktaatisaar*, there is *Rakta Pravartan* (bleeding) along with *Malpravartan* (defecation). <sup>[10,11]</sup>
- *Raktakshaya* as *Alpa Rakto-Alpa Medasko* (depletion of *Rakta*, *Meda*) is mentioned in *Samprapti* (pathogenesis) of *Pandu* (anaemia).<sup>[12]</sup>
- *Parushata* (roughness), *Sphutita* (cracked), *Mlana* (dullness, pale), *Ruksha* (dry) skin<sup>[13]</sup> are symptom of *Raktadhatukshay* seen in iron deficiency anaemia

due to chronic diseases like chronic renal failure, chronic liver failure, auto-immune disorders etc. due to a system of cells called macrophages traps the recycled iron.<sup>[14]</sup> for which further investigations can be done.

- *Pandu* (anaemia due to undernutrition) presents with the classical features of *Raktakshaya* (blood depletion). To evaluate such cases, in addition to a Complete Blood Count (CBC), further investigations such as iron studies, Vitamin B12 levels, and folate levels can be undertaken.

The table 02 helps to assess *Rakta Dhatukshay* for diagnosis of disease:

**Table 2: Investigations to assess Rasa Dhatukshay**

<b>Rakta Dhatukshayjanya Vyadhi</b>	<b>CBC</b>	<b>Reticulocyte count</b>	<b>Iron studies</b>
<i>Raktapitta, Raktatisaar, Raktarsha</i>	Hb-low, RBCs- low, HCT-low, MCH- low	High	Total Iron, TIBC, both low
<i>Raktakshay, Amlaraspriti</i> i.e., iron deficiency anaemia due to chronic disease. [13,14,15]	Hb-low, RBCs - low, MCH - low or normal HCT-low, MCV- normal	Low	Serum Ferritin low or normal and transferrin saturation is low.
<i>Pandu</i> (anemia due to undernutrition)	Hb - low, MCH- low or normal, MCV - high HCT - low	Low	Total Iron- normal or high TIBC- high, Ferritin -normal Sr.Vit B12 and folate level is low [16]

**3. Mamsa Dhatukshay**

*Mamsa Dhatukshaya* is loss of muscle mass.

- *Krushata* (cachexia) which is found in *Jara Shosh* (sarcopenia). [17]
- *Mamsa Dhatukshaya* is also seen in *Khanja* (lameness), *Pangulaya* (disability). [18]
- *Krushata* is also seen in *Vataj Grahani* (intestinal disease due to vitiated *Vaat*) in which digestion,

absorption is affected and *Karshya*[19] is one of the symptom and resemblance with irritable bowel syndrome in which muscle wasting, cachexia occurs. [20]

The table 3 helps to assess *Mamsa Dhatukshaya* for diagnosis of disease.

**Table 3: Investigations to assess Mamsa Dhatukshaya**

<b>Mamsa Dhatukshayjanya Vyadhi</b>	<b>Investigations</b>
<i>Jara Shosh</i> (Sarcopenia due to old age also due to chronic diseases like cancer, diabetes mellitus, liver disease, kidney disease) [21]	DEXA (Dual Energy Xray absorptiometry) scan to measure muscle mass also MRI scan bioelectrical impedance analysis (BIA) Sr. total Protein, Sr.Albumin would be low, Sr. creatinine would be low.
<i>Khanj Panguta</i> (muscular dystrophy, spinal muscular atrophy in motor neuron Disease)	Sr.CK-MB high, Myoglobinuria, low level of Creatinine, Electromyography, Nerve conduction study.
<i>Vataj Grahani</i> (irritable bowel syndrome) in which muscle wasting, weight loss due to poor nutrition, inflammation, dysbiosis, deranged microbiota, gut brain axis)	<p><b>Blood tests:</b> Screen for celiac disease or inflammation.</p> <p><b>Stool tests:</b> Detect blood, infection, parasites, or markers like fecal calprotectin/lactoferrin.</p> <p><b>Endoscopy/Colonoscopy:</b> Visualize colon, obtain biopsies; indicated with alarm symptoms or age &gt;45.</p> <p><b>Anorectal manometry:</b> Assess pelvic floor muscle strength/coordination (useful in IBS-C).</p> <p><b>Hydrogen breath test:</b> Check for SIBO or lactose intolerance (not routine for all IBS).</p> <p><b>Inflammatory markers:</b> Lactoferrin or CRP to help rule out IBD in IBS-D.[22]</p>

**4. Meda Dhatukshaya**

- *Meda Dhatukshaya* is depletion of *Meda Dhatu* (fat tissue) which leads to *Krushata* (cachexia), *Shushkata* (dryness) which is found in *Bhasmak Vyadhi* (Hyperthyroidism) [23].
- In *Madhumeha*, excretion of *Meda* along with *Oja* (vital energy), *Vasa* (muscle fat), *Majja* (bone marrow), through urine leads to poor prognosis of disease. [24]

*Meda Dhatukshaya* is also seen in *Asadhya Atisaar* (incurable diarrhoea) [25] can be correlated with Steatorrhea i.e., pale in color, bulky, greasy, and foul-smelling stools due to fat malabsorption is a prodromal symptom [26].

The table 4 help to assess *Meda Dhatukshaya* for diagnosis of disease.

**Table 4: Investigations to assess Meda Dhatukshaya**

<b>Meda Dhatukshayjanya Vyadhi</b>	<b>Investigations</b>
<i>Bhasmak Vyadhi</i> (Hyperthyroidism)	Lipid Profile, Thyroid function test
<i>Madhumeha</i> (DKA in Type 1 Diabetes Mellitus, Pancreatic Diabetes mellitus)	Sr. Insulin, ketone bodies present in urine
<i>Pittaj Grahani</i> (Steatorrhea i.e., fatty stool is often pale in colour, such as light brown, green, orange, or yellow due to fat malabsorption along with flatulence, nausea, burping, thirst seen in chronic pancreatitis, Cystic fibrosis, celiac disease, Crohn`s disease)	Sr. Triglycerides level is high, Sr. Lipase, Stool test especially faecal fat test, intestinal biopsy. Determination of faecal elastase and chymotrypsin (two proteases produced by the pancreas) levels, USG abdomen, Endoscopy etc. <sup>[26]</sup>

**5. Asthi Dhatukshaya**

*Asthi Dhatukshaya* is depletion of *Asthi Dhatu* (bony tissue).

- *Asthi Dhatukshaya Lakshana* like *Asthishul*, *Asthinistod* (bone pain) are seen in *Dhatukshayjanya Sandhigat Vaat* (Osteoarthritis) <sup>[27,28]</sup> and also seen in *Dhatukshayjanya Asthimajjagat Vaatvyadhi* (Avascular necrosis of femur head). <sup>[29,30]</sup>

- *Asthishul*, *Asthinistod* (bone pain) are also seen in Sickle cell anemia, osteomyelitis, rickets, cancer, gout, autoimmune disorder. <sup>[31]</sup>

The table 05 helps to assess *Asthi Dhatukshaya* for diagnosis of disease.

**Table 5: Investigations to assess Asthi Dhatukshaya**

<b>Asthi Dhatukshayajanya Vyadhi</b>	<b>Investigations</b>
<i>Sandhigat vaat (Dhatukshay janya)</i>	Vitamin D3, Sr. Calcium levels, Sr.iPTH, X-rays of affected Joints, MRI of joints, Dexa Scan (Bone Density).
<i>Asthishul</i> , <i>Asthinistod</i> (bony pain-other causes)	Along with above investigation can add CBC, Sickling test, Hb electrophoresis, ANA test, Uric Acid, PET CT scan to rule out cancer.
<i>Asthimajjagat Vaat</i> (Avascular Necrosis of femur head)	Sr.Vitamin D3, Xray of pelvis with both hips, MRI of pelvis with both Hips.

**6. Majja Dhatukshaya**

*Majja Dhatukshaya* is depletion of *Majja Dhatu* (nervous system). <sup>[32]</sup>

In *Katigraha* (Lumbar Spondylolisthesis), *Asthisaushirya* (Osteoporosis) is one of the risk factor leading to compression fracture of vertebra. <sup>[33]</sup>

*Bhram* (giddiness), *Timirdarshan* <sup>[34]</sup> (darkness in front of eyes - dizziness, light headedness seen in cerebral atrophy, cerebellar atrophy, multiple sclerosis)

The table 6 helps to assess *Majja Dhatukshaya* for diagnosis of disease.

**Table 6: Investigations to assess Majja Dhatukshaya**

<b>Majja Dhatukshayajanya Vyadhi</b>	<b>Investigations</b>
<i>Asthisaushirya</i> in <i>Katigraha</i> (Lumbar Spondylolisthesis)	Sr. Vitamin D3, Sr. Calcium, Sr. iPTH X Rays of spine, MRI whole spine, BMD study. NCV.
<i>Bhram</i> , <i>Timirdarshan</i> (cerebral atrophy, cerebellar atrophy) <sup>[35, 36]</sup>	CT brain, MRI brain.
<i>Bhram</i> , <i>Timirdarshan</i> - Multiple Sclerosis (demyelination of nerves) <sup>[37]</sup>	CT brain, MRI brain, (ANA, IgG antibody, Neurofilament light chain and glial fibrillary acidic protein, Oligoclonal bands and IgG ratio, IgG index>0.7 for Multiple sclerosis)
<i>Shukralpata</i> (oligospermia) due to neurogenic erectile dysfunction in uncontrolled DM, multiple sclerosis <sup>[38]</sup> , hypopituitarism <sup>[39]</sup>	Blood Sugar level, HbA1C, CT brain, MRI brain, EMG, NCV study, FSH, LH, ACTH levels, Growth hormone levels.

**7. Shukra Dhatukshaya**

*Shukra Dhatukshay* is depletion of *Shukra Dhatu* (reproductive tissue) i.e., sperms, semen. in Male and *Artav* (ovum) in female [40]. *Klaibya* (impotency), *Shukraavisargascha* (anejaculation), *Kshinshukra* (oligospermia, azoospermia, unovulation) are *Lakshana* of *Shukrakshay* leads to *Vandhyatwa* (infertility).<sup>[41]</sup> The table 7 helps to assess *Shukra Dhatukshaya* for diagnosis of disease.

**Table 7: Investigations to assess *Shukra Dhatukshaya***

<i>Shukra Dhatukshayjanya Vyadhi</i>	Investigations
<i>Purush Vandhyatwa</i> (male infertility)	Semen Analysis – low sperm count (azoospermia, oligospermia), abnormal motility and forms of sperms. USG of scrotum, Male hormone profile study.
<i>Stree Vandhyatwa</i> (female infertility)	Ovulation study – no ovulation, USG - atrophic ovaries, female hormone profile.

**Summary**

To support the diagnosis, assessment of *Sapta Dhatukshya* and its interpretation can be done with help of modern techniques like laboratory investigations and radiological investigations which is summarized in following table.

**Table 8: Laboratory investigations and radiological investigations**

Name of <i>Dhatukshay</i>	<i>Lakshana</i>	<i>Vyadhi</i>	Investigations
<i>Ras Dhatukshay</i>	<i>Rukshata, Trushna, Shram Shosh, Hrutdrav, Shool</i>	<i>Atisaar, Trushna</i>	CBC with ESR KFT, Sr.Electrolyte, Urine examination, ECG, 2 Decho
<i>Rakta Dhatukshay</i>	<i>Takparushya, Rukshata,</i>	<i>Raktapitta, Raktarsh, Raktatisaar, Pandu</i>	CBC, Iron studies, reticulocyte count
<i>Mansa Dhatukshay</i>	<i>Shushkata, Krushata</i> in body parts	<i>Jarashosh, Khanj, Pangulya</i> (Muscular dystrophy, Muscular atrophy)	Sr. total protein, Sr.albumin, CPK MB, myoglobin, KFT, EMG, NCV studies
<i>Meda Dhatukshay</i>	<i>Krushata</i>	<i>Bhasmak vyadhi, Madhumeh</i>	BSL Urine ketones, Lipid profile, TFT
<i>Asthi Dhatukshay</i>	<i>Asthi shul, Asthitod</i>	<i>Sandhigat vaat</i> (osteoarthritis), <i>Asthimajjagat Vaat</i> (AVN)	Vitamin D3, Sr. Calcium, Dexa Scan, Xrays, MRI scan
<i>Majja Dhatukshay</i>	<i>Asthishaushirya, Daurblya Rukparvanam, Bhram, Timir Shukralpata</i>	<i>Katigat vaat, Manygat vaat</i> (degenerative Spine disorder), <i>Bhram Timirdarshan</i> (multiple sclerosis)	Sr.Vitamin D3, NCV study, Xrays, MRI Spine CT brain, MRI brain
<i>Shukra Dhatukshay</i>	<i>Klaibya, Shukrakshin</i>	<i>Vandhyatva</i> (infertility)	Semen analysis, Ovulation study

**DISCUSSION**

Each *Dhatukshay Lakshana* was studied from all *Samhita's* and was correlated with *Vyadhi Lakshana* further interpreted by using the modern modalities like laboratory investigations, radiological investigations.

*Prakupit Dosha* leads to *Dhatukshay* by their inherent power (*Atmatejas*) analogous to how water evaporates using the latent heat. Like when *Pittta Dosha* aggravated due to *Katu* (pungent), *Ushna* (hot); *Vaat Prakop* (provocation) due to its *Ruksha* (dry), *Shushk* (xerosis), *Laghu* (light) *Guna* (characters), leads to *Dhatukshay* and aggravated *Kapha dosha* leads to *Margavrodhjanya* (obstruction to way) *Dhatukshay*.<sup>[42]</sup> This concept has been interpreted to rule out

*Dhatukshay* with help of modern diagnostic techniques as described above.

To assess *Saam- Niram Avastha* (status of digestion power) of *Dhatukshay* investigations like ESR, CRP can be done. In *Saamavastha* of *Atisaar* HCT level is normal, ESR is high, but in *Niramavastha* when more *Rasa Dhatu* depletion occurs, the HCT level is found to be low where as it reduces ESR.

Some *Anukta Vyadhi* (unstated disease) which have very less or no explanation in Ayurveda texts like AIDS, chronic kidney disease, autoimmune disorders, cancer etc. in which gradually development of *Dhatukshay* is seen and so this *Dhatukshay* can be interpreted using laboratory investigations,

radiological investigations. *Ojakshay* is observed in *Rajyakshma (Anulom Kshay)*, *AIDS (Sapta Dhatukshay)*, *Madhumeha (Ojomeha)* which is diagnosed by *Lakshana* can also be interpreted with investigations like LFT, CD4 count, HbA1C respectively.

Although these laboratory investigations help in diagnosis of disease but for confirmation of diagnosis of disease it is must to correlate it clinically as well as every individual case is different.

## CONCLUSION

This study, interpretation of *Dhatukshay* with respective *Vyadhi* by using laboratory, radiological investigations along with *Nidan-panchak* can help in diagnosis; diseases condition like *Sandhya-asadhyata*, *Saam-Niram avastha*, *Upshay-anupshay* and eventually describing success of *Chikitsa* (treatment modalities) and helps further in clinical research.

## REFERENCES

- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part I Sutrasthan Maharogaadhya Chapter 20 Verse 20; Vaidyamitra prakashan - 2<sup>nd</sup> Edition 2005, Page no 267.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part I Sharirsthan Trividharog Visheshvidnyaniya Chapter 4 Verse 3; Vaidyamitra prakashan - 2<sup>nd</sup> Edition 2005, Page no 530.
- Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part I Sutrasthan Doshdhatumalkshayvridhidnyaniya chapter no.15 Verse 3 Chaukhamba Prakashan, Varanasi - Reprint 2007, page no 53.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part I Sharirsthan Sharirsankhyasharir chapter 7 Verse 15; Vaidyamitra prakashan - 2<sup>nd</sup> Edition 2005, Page no 725.
- Shastri S., Yadunandanopadhyay Madhav Nidan Madhukosh Vidyotini Hindi tika part I Nidanam Atisaarnidanam Chapter 3 Verse 4, Chaukhamba Prakashan Varanasi -Reprint 2019-page no.
- Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part II Uttartantra Trushnapratishedh chapter no.48 Verse 13 Chaukhamba Prakashan, Varanasi -Reprint 2007, page no 350.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part I Sutrasthan kiyantashirshiya Chapter 17 Verse 64; Vaidyamitra prakashan- 2<sup>nd</sup> Edition 2005, Page no 238.
- Angina (chest pain) diagnosis. <https://www.nhlbi.nih.gov/health/angina/diagnosis>
- Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part II Uttartantra chapter no.38 Verse 14 Chaukhamba Prakashan, Varanasi - Reprint 2007, page no 290.
- Garde G Sarth Vgbhat Ashtang Hriday Nidansthan chapter 7 Verse 44, Marathi translation -Anmol Prakashan 1st edition - Reprint 2006, page no 185.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part II Chikitsasthan chapter 19Verse 70 - Vaidyamitra prakashan- 2<sup>nd</sup> Edition 2005, Page no 457.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part II Chikitsasthan Chapter 16 Verse 5 -Vaidyamitra prakashan- 2<sup>nd</sup> Edition 2005, Page no 380.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part I Sutrasthan kiyantashirshiya Chapter 17 Verse 65; Vaidyamitra prakashan- 2<sup>nd</sup> Edition 2005, Page no 238.
- Cleveland Clinic. Anemia of chronic disease (anemia of inflammation) [Internet]. Cleveland, OH: Cleveland Clinic; 2023 [cited 2025 Nov 22]. Available from: <https://my.clevelandclinic.org/health/diseases/14477-anemia-of-chronic-disease>
- Kathula S K, MD Craving Lemons: Another Form of Pica in Iron Deficiency published on July 2008 American journal of medicine, [https://www.amjmed.com/article/S0002-9343\(08\)00189-7/fulltext](https://www.amjmed.com/article/S0002-9343(08)00189-7/fulltext)
- Nagalla S. Megaloblastic Anemia Workup: Approach Considerations, Initial Studies, Primary Tests for B-12 and Folate Deficiencies. Medscape. Updated June 27, 2023. Available from: <https://emedicine.medscape.com/article/204066-workup>
- Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part II Uttartantra Shoshpratishedh chapter no.41 Verse 24 Chaukhamba Prakashan, Varanasi - Reprint 2007, page no 251.
- Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part I Nidansthan chapter no.1 Verse 77 Chaukhamba Prakashan, Varanasi -Reprint 2007, page no 235.
- Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part II Chikitsasthan Chapter 15 Verse 62 -Vaidyamitra prakashan- 2<sup>nd</sup> Edition 2005, Page no 358.
- Shashikala V, Beena MD. An Ayurvedic approach of Vataja Grahani vis-à-vis Irritable Bowel Syndrome: A case study. J Ayurveda Integr Med Sci. 2025; 10(1): 39. doi:10.21760/jaims.10.1.39
- Koo BK. Assessment of Muscle Quantity, Quality and Function. J Obes Metab Syndr. 2022 Mar 30
- Kumar V, Abbas AK, Aster JC. Iron Deficiency Anemia. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK534810>

23. Rana P, Chadha T, Deoli T Conceptual study of hyperthyroidism and Bhasmaka Rog Published Online: August 2024 @International Ayurvedic Medical Journal, India 2024
24. Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part II Nidansthan chapter no.6 Verse 24 Chaukhamba Prakashan, Varanasi -Reprint 2007, page no 255
25. Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part II chapter no.40 Verse 20 Chaukhamba Prakashan, Varanasi-Reprint 2007, page no 216.
26. What is steatorrhea or fatty stool. <https://www.medicalnewstoday.com/articles/320361>
27. Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part II Chikitsasthan Chapter 28 Verse 37-Vaidyamitra prakashan- 2nd Edition 2005, Chikitsa Sthan Adhyay 28/37, Page no 625.
28. Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part II Chikitsasthan Chapter 28 Verse 59 -Vaidyamitra prakashan- 2nd Edition 2005, Page no 634.
29. Garde G Sarth Vgghat Ashtang Hriday Sutrasthan chapter 11 Verse 19, Marathi translation - Anmol Prakashan 1<sup>st</sup> edition - Reprint 2006, page no 52.
30. Thakur C., Srivastav S. The management of Asthimajjagata Vata w.s.r. to Avascular Necrosis of Femoral Head with Ayurveda recipes - A Case Study Published on July 2024 DOI: <https://doi.org/10.21760/jaims.9.5.40>
31. Bone pain <https://my.clevelandclinic.org/health/symptoms/24619-bone-pain>
32. Yadav S., Londhe A., Seat of vata as majja and majja as brain publishghed on April 2020 /Volume 08th | Issue: 2<sup>nd</sup>. <http://www.ayurlog.com>
33. Wang P, Wang F, Gao YL, Li JQ, Zhang JT, Miao DC, Shen Y. Lumbar spondylolisthesis is a risk factor for osteoporotic vertebral fractures: a case-control study. J Int Med Res. 2018 Sep; 46(9). Epub 2018 May 29. PMID: 29808735; PMCID: PMC6136001.
34. Joshi Y.G. Charak Samhita Chkrapanidatta virachit Ayurveddipika Marathi translation part II Chikitsasthan Chapter 28 Verse 33 -Vaidyamitra prakashan- 2<sup>nd</sup> Edition 2005, page no 625.
35. Walker EA, Cerebral atrophy: a cause of vertigo. Laryngoscope. 1967 May; 77(5): 771-83. doi: 10.1288/00005537-196705000-00007. PMID: 5298006.
36. What is cerebellar degeneration. <https://www.ninds.nih.gov/health-information/disorders/cerebellar-degeneration>
37. Chikkana U., Ayurvedic management of multiple sclerosis: a case report published on July 2020. <https://www.researchgate.net/publication/343125182>.
38. Del Popolo G, Cito G, Gemma L, Natali A. Neurogenic Sexual Dysfunction Treatment: A Systematic Review. Epub 2019 Dec 24. PMID: 31879263.
39. Du X, Yuan Q, Yao Y, Li Z, Zhang H. Hypopituitarism and successful pregnancy. Int J Clin Exp Med. 2014 Dec 15 PMID: 25663963; PMCID: PMC4307410.
40. Balwani R. Shukra Dhatu - A Conceptual Study from Modern Perspective published on 2022 <https://jaims.in/jaims/article/view/1770>
41. Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part I Chikitsasthan chapter no.26 Verse 11 Chaukhamba Prakashan, Varanasi -Reprint 2007 page no 118.
42. Shastri A, Sushrut Samhita Ayurveda Tattva Sandipika Hindi Translation Part I Doshdhatumalkshayvridhividnyaniya chapter no.15 Verse 43 Chaukhamba Prakashan, Varanasi - Reprint 2007, page no 64.

**Cite this article as:**

Pallavi Wandre, Ratna Damle. Interpretation of Dhatukshay Using Laboratory Diagnostics. International Journal of Ayurveda and Pharma Research. 2026;14(2):150-156.

<https://doi.org/10.47070/ijapr.v14i2.4005>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Pallavi Wandre**

PG Scholar,

Dept of Rognidan, Government

Ayurveda College, Nagpur,

Maharashtra.

Email: [pallavidr84@gmail.com](mailto:pallavidr84@gmail.com)

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.