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UNDERSTANDING KLEDA AND ITS SAMPRAPTI IN MANAGEMENT OF KLEDA PRADHANA VYADHI – AN ANALYTICAL REVIEW

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ABSTRACT

INTRODUCTION: *The term Kleda, an Apya Dravya, refers to the general wetness or moisture component found in all Shārīrika Avayavās. Kleda is in two forms - Prākruta and Vikruta Avasthā and is the reason for sustenance and destruction of Dhātu respectively. This demands a precise grasp on crucial role of Kleda in both wellness and illness.*

METHODS: *1) From Bṛhattrayi detailed literary study and content review of references related to Kleda was performed. 2) A rigorous analysis of involvement of Kleda in Samprāpti of Vyādhi is being done.*

RESULTS*: Samsarga / Sannipātaja / Avarana are the possible presentations of Kleda Pradhāna Vyadhi. Upon investigation, the principles behind dynamics of Kleda and its Vikruti are to be applied for enhancing accuracy and efficacy in treatment. It is impossible to stop the risks caused by persistent disease if one is unaware of role of Kleda in the manifestation of Roga.*

DISCUSSION AND CONCLUSION*: Water is a major component of our body, accounting for 50–60% of your total weight and is vital for human physiology. Kleda is identified by more than just the obvious water component; perhaps there is more to know about Kleda and its role in the pathophysiology of Kleda Pradhāna Vyadhi, which still needs to be explored. Jātharāgni, Dhātvāgni, Bhūtāgni and Tridoshas have their own specific roles to play in homeostasis of Kleda through numerous metabolic processes. As a result of which Kleda is constantly produced and lost from our body. When optimum excretion of Kleda is violated and stagnation occurs, it manifests Roga. Success in both diagnosed and undiagnosed medical conditions requires a thorough understanding of Kleda in relation to Nidāna, Samprāpti and to aim for Samprāpti Vighatana. Therefore, in order to appropriately handle Kleda Pradhāna Vyadhi, it is necessary to grasp Vikruta Kleda and its Samprāpti. The present paper throws a light to understand above aspects.*

KEY WORDS: *Kleda, Ardrata, Prākruta Kleda, Vikruta Kleda, Samprāpti etc*

INTRODUCTION

Ayurveda defines '*Sharīra*' as '*Tatra sharīram nāma chetanādhishthānabhūtam panchamahābhūta -vikāra - samudāyātmakam samayogavāhī*'[1]. Hence *Sharīra* is living entity in itself and not motionless (*Jada*). According to Ayurveda, the human body originates, persists, and dissolves in *Pānchabhautikatā*. Because of this, all the elements that comprise the *Sharīra* i.e., *Dosha, Dhātu, Mala* are *Pānchabhautika and* their sustenance derives from *Ahāra* which is also *Pānchabhautika* in nature[2].

The *Guna* and *Karma* of each *Panchamahābhūta* are discussed independently by the *Brhattrayees*. The explanation goes beyond *Guna* and *Karma* alone. In *Shad Dhātvātmaka Purusha (Sūkshma Purusha), Prithvi* plays a role for *Murti, Apah* for *Kleda, Tejah* for *Abhisantāpa, Vāyu* for *Prāṇa, Viyat* for *Sushira* and *Brahma* for *Antarātmā*[3]. *Sūkshma Tattva* which was previously elucidated, would also shed light on *Sthūla Avayavas* based on *Shilāputraka Nyāya*. *Ambu / Ap Mahābhūta, which represents Kleda in Sharīra,* is called Yoni - beholder, originator, or inventor of life. Hence this article attempts to go into great detail regarding *Kleda,* a *Shārīrika Avayava*[4]*,* that is core to any ramifications.

The term " *Kleda* " refers to the general wetness, dampness, and/or unctuous component found in all *Shārīrika avayavās*. Given that *Kleda* comes in two important forms— *Prākruta* avasthā and *Vikruta avasthā,* it is important for understanding physiology, diagnosing diseases, and treating them. The term *Kleda* is rarely explained in a single quote in Ayurvedic texts; instead, it is likely used more frequently in conjunction with a variety of clinical conditions to explain physiological and pathological states. An Ayurvedic researcher becomes intrigued by this and becomes eager to examine the *Kārya Vyāpti* of *Kleda* in *Sharīra* in great detail.

KLEDA AS DRAVYA

Apya Dravays are those substances that are cold, stable, unctuous, slow, heavy, fluid, dense, soft, slimy and abundant in the quality of taste (*Rasa guṇa*)[5]. There is a predominance of '*Ambu Guṇa'* (*Ambu Guṇa Utkarsha)* in *Apya Dravays*. *Ap mahābhūta* is essential (instrumental) for *Kleda*. Hence *Kleda* is an *Apya Dravya*[6] since it shares characteristics with *Ap mahābhūta*.

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KLEDA GUNA

According to Acharya Charaka[7], *Kleda*, being an *Apya Dravya*, possesses qualities: *Drava, Sara, Manda, Snigdha, Mrudu*, and *Picchila*. The following are the attributes and purposes of *Kleda*, according to Acharya Vagbhata[8]: it imparts *Snehana, Vishyandana, Kledana, Prahlīdana*, and *Bandhana* with its qualities: *Drava, Shīta, Guru, Snigdha, Manda*, and *Sāndra*.

Hemadri clarifies that the innate nature of *Sneha Guṇa* is to impart *Kledana* i.e., moisture content, while the inherent nature of *Drava Guṇa* is to impart *Vilodhana Shakti* i.e., to flow. Each of these innate capabilities can be understood with *Medas* and *Mutra* as an example respectively.

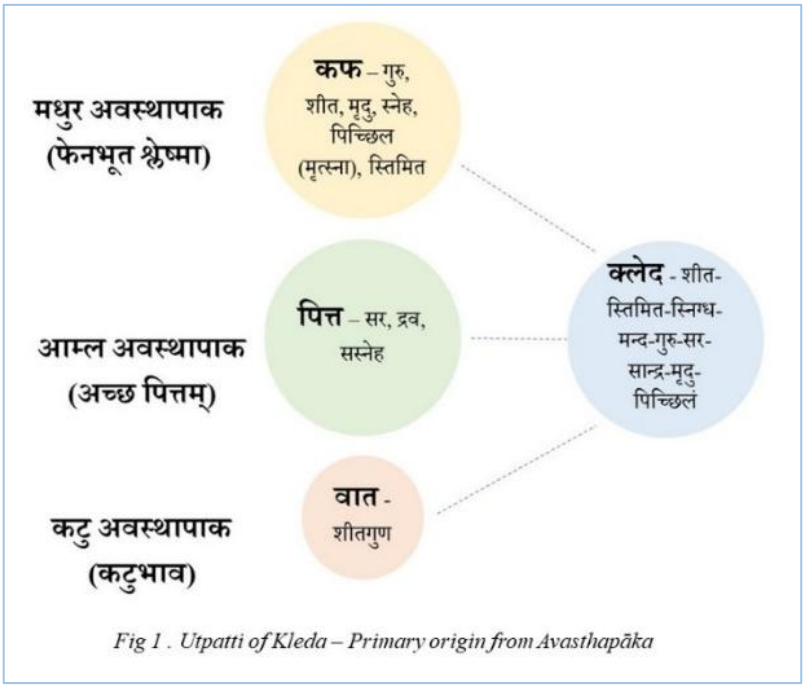


Fig 1 . Utpatti of Kleda – Primary origin from Avasthapāka

KLEDA SWARUPA

Apya Dravya can be broadly classified into two types. Both *Dravya* and *Guṇa* acknowledge these classifications. First is *Ardra Bhāva*, followed by *Sneha Bhāva*. *Ardra Bhāva* primarily consists of *Drava* (wetness / liquid component) whereas *Sneha Bhāva* mostly consists of the unctuous components. Thus, the *Ardra Bhāva* is composed of *Rasa, Rudhira, Kapha, Pitta, Mutra, Sweda,* and *Lasīkā*, and *Sneha Bhāva* is composed of *Meda, Māmsa*, *Majjā* and *Vasā*. *Ardra Bhāva* because *Udaka* (water) makes up the majority of the human body, and *Sneha Bhāva* does unctuousness the reason being "*Snehasāro Ayam Purushah*"[9].

KLEDA UTPATTI

Primary origin: In each *Avasthāpāka*[10], *Kleda* is generated in varying amounts. Due to the similarity in *Guṇa*, during *Madhura Avasthāpāka*, more *Kleda* is produced, less in *Amla Avasthāpāka* and the least amounts produced in *Katu Avasthāpāka*. As a result, diseases linked to *Kleda* appear in *Annavaha Srotas* and eventually affect *Shākhā Pradesha*. [Fig 1]

Secondary origin: *Sāra* or *Kitta Bhāga* is the source from which all creation and eventual bodily circulation originate. This division, called *Sāra* or *Kitta Vibahjana*, occurs at *Koshtha*. Hence, *Mūlasthana* for *Kleda* is *Annavaha Srotas* suggesting that *Sharīraja Kleda* or *Poshaka Rūpī Kleda* originates from the *Pachanakriyā* by *Jātharāgni*. Then gains momentum to reach individual *Dhātvāgni* to undergo *Pachana* and eventually form respective *Dhātu.* [Fig 2]

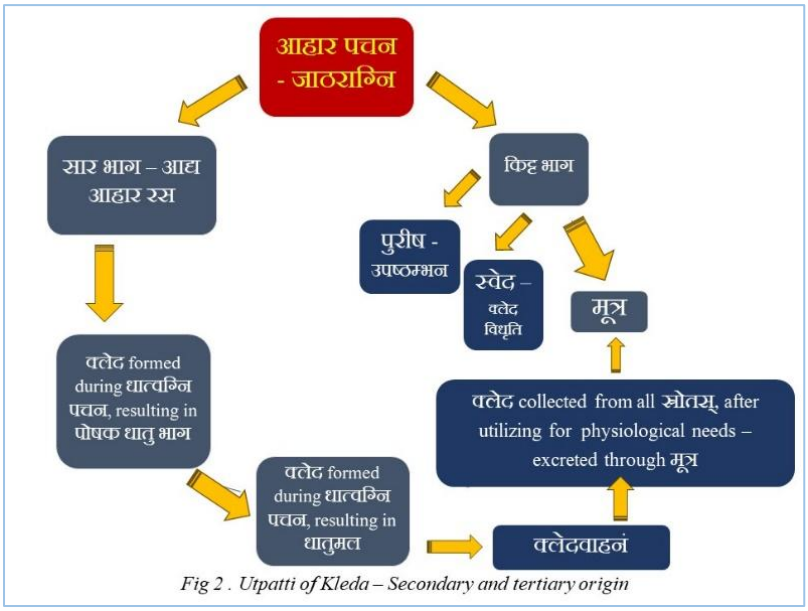


Fig 2 . Utpatti of Kleda – Secondary and tertiary origin

Tertiary origin: *Nishthāpāka* is the next stage of digestion, after *Sthūlapāka* and *Aṇupāka*. It includes all the metabolic phenomenon that occurs once the *Sāra Bhāga* exits the *Pakvāshaya*. This will be detailed under the section *Dhātu Kleda Kalpana*.

KLEDA PARIMAANA

Since *Kleda* is an *Apya Dravya*, the amount of it present in the *Sharīra* equals the total amount of *Apya*, also known as *Udaka Bhāva*. It is acknowledged that this is 10 *Anjali Pramāṇa*. This is explained in (दशोदकस्याञ्जलय: शरीरे स्वेनाञ्जलिप्रमाणेन)[11]. Even though an exact amount is known to be *Apya Dravya*, this amount varies depending on how other body components' proportions change. However, only *Kleda Pradhana Vyadhis* exhibit significant variances.

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KLEDA STHANA

- ***Kleda* in *Koshtha***
  A. *Amashaya – Kledaka Kapha* resides in *Amashaya*, which does the function of *Anna Kledana.* This *Kledaka Kapha* in its *Prākruta* state governs all the *Saumya Bhāva* present in the entire *Sharīra*. Hence, *Udaka Bhāva* or *Sharīraja Kleda* is no exception. Hence through *Anuamāna Pramāṇa*, *Koshtha* specific to *Paktisthāna* (*Amashaya & Pakvāshaya)* is recognized as *Mūlasthana* of *Sharīraja Kleda.*
  B. *Kleda* is present in the entire *Koshtha* as *Picchābhāga*[12], nourished by *Dhāturūpī Kapha.*
- ***Kleda* in *Shākhā***
  Once the circulation of *Sāra Bhāga* commences from *Koshtha* to *Shākhā*, *Kleda* associates with *Annarasa* or *Adya Ahāra Rasa*. This *Kleda* reaches all *Paramāṇu Rūpī Dhātu* in the entire *Sharīra (**Sarvasharīra)***. Hence it is mentioned in the context of *Madātyaya* that *Annarasa* has *Kleda*[13].
- ***Srotas***
  Apya Bhāva circulates majorly in *Udakavaha, Rasavaha, Raktavaha, Mutravaha* and *Swedavaha srotas.*

KLEDA TYPES

Each physiological factor exists in two states: one maintains physiology or helps keep body components in their natural state, while the other induces physiology to deviate. This holds for every physiological component, not simply Dosha. In this context, *Prākruta* (*Deham Vartayanti Yāpayanti*) is that which upholds equilibrium, while *Vikruta* (*Deham Ghnanti*) is that which disturbs it (hampers the equilibrium)[14]. *Kleda* thus exists in two states *Prakruta Kleda* and *Vikruta Kleda***.**

A. **Formation of *Prākruta Kleda:*** *Prākruta Ahāra*, *Shuddha Ahāra Rasa* and *Prākruta Doshadhātumala* leads to *Prākruta Kleda***.** This circulates in the body for Poshaṇa of *Dhātu*- विकारान् न कुर्वते**.** *Prākruta Kleda* transforms / metabolizes the *Dhātus* and is responsible for demarcating between *Dhātu* and *Ashaya.*

B. **Formation of *Vikruta Kleda:*** *Vikruta Ahāra, Ashuddha Ahāra Rasa, Vikruta Doshadhātumala* leads to *Vikruta Kleda. Vikruta Kleda* circulates in the body and manifests Vyadhi - विकारान् कुर्वते बहून् / जनयत्यामयान् बहून्

Similar to *Saptadhātu*, *Kleda* is depicted in three different ways. There are three types of *Bhāvas*: *Poshya, Poshaka*, and *Mala*. Here *Poshya Bhāva* nourishes its site, *Poshaka Bhāva* nourishes the dependant sites and *Mala Bhāva,* which exceeds the physiological limit is expelled from the body.

DHĀTU KLEDA KALPANA

The term "*Kalā*" refers to a thin membrane separating the vital elements from the cavities containing them. The vital components are kept within these cavities, which have an internal lining known as Kalā. Additionally, the literature describes the multi-stage process by which *Dhātu* and *Kalā* form. *Dhātu* starts as a *Dhāturasa,* a liquid that subsequently transforms into *Dhātu*[15].

During this process, a very small amount of *Kleda* remains between *Dhātu* and *Ashaya* aiding the *Kalā* formation. This *Kleda* doesn't transform either into preceding or succeeding *Dhātu* but rather sustains the physiology of *Kalā* formation. *Kleda* is therefore created and used during *Kalā* development. [Fig 3, Fig 4, Fig 5]

Also in this process, the preceding *Dhātu* produces '*Poshaka Bhāva*'[16] for the *succeeding Dhātu.* This *Poshaka Bhāva* is in the form of *Kleda* associated with respective *Dhātu*. Similarly, upon interaction with *Dhātvāgni*, *Poshaka Bhāva* from the previous

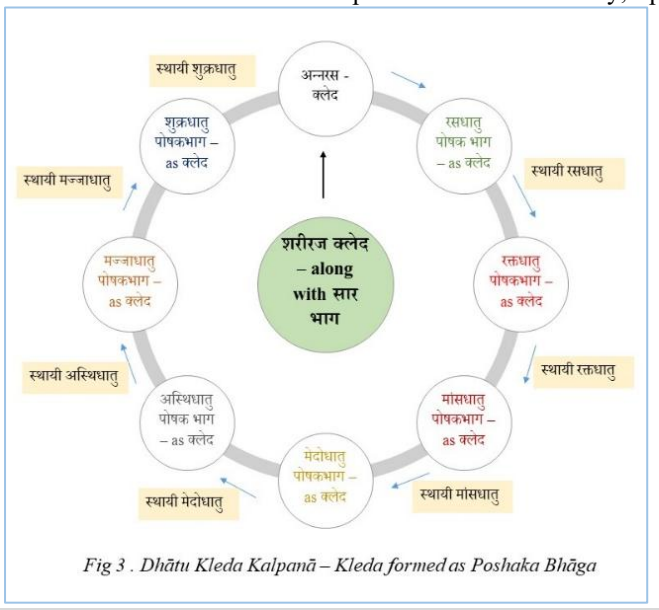


Fig 3 . Dhātu Kleda Kalpanā – Kleda formed as Poshaka Bhāga

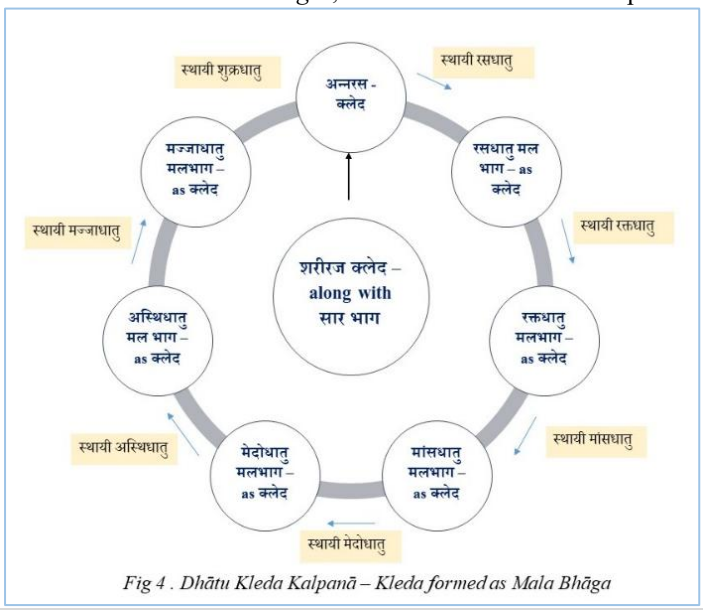


Fig 4 . Dhātu Kleda Kalpanā – Kleda formed as Mala Bhāga

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Dhātu splits to form *Sthūla, Sūkshma and Mala Bhāga. This Mala Bhāva* is produced concerning *Kleda.* Hence at every stage of *Dhātu formation, Kleda* will be produced. The below images depict the process of *Dhātu Kleda Kalpanā.*

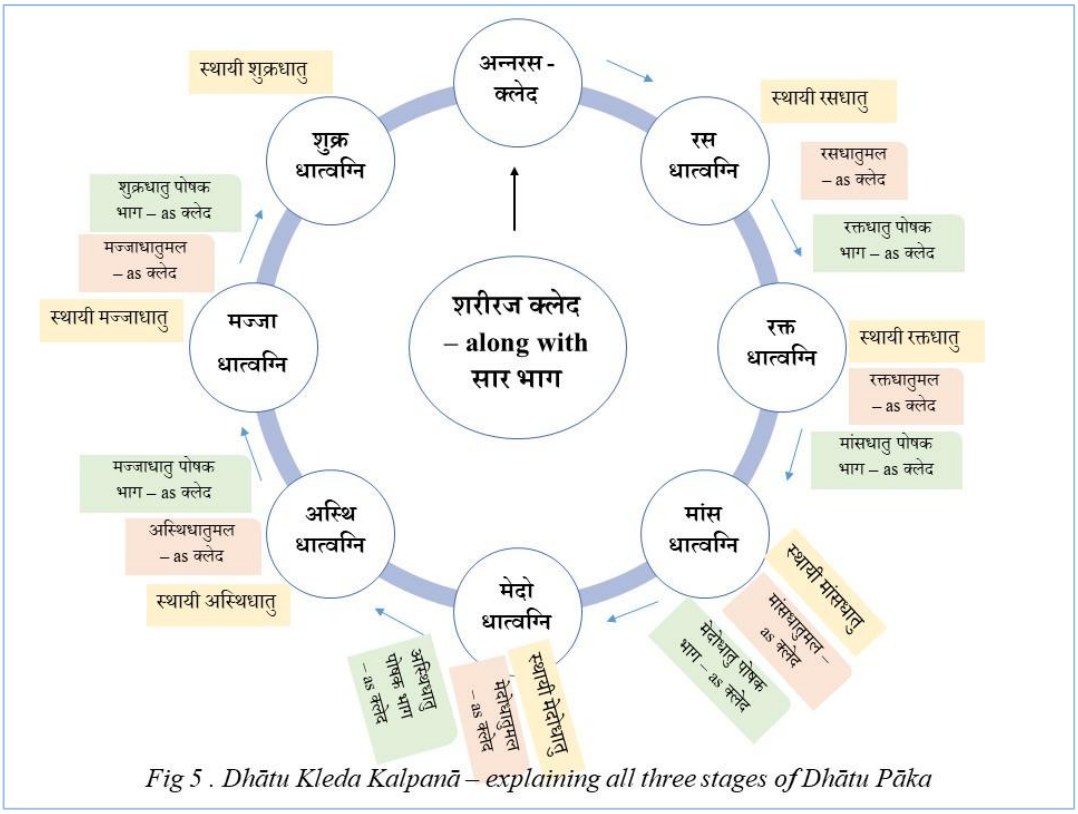


Fig 5 . Dhātu Kleda Kalpanā – explaining all three stages of Dhātu Pāka

PRAKRUTA KLEDA

Be it any *Kārya Dravya*, will have their momentum in their formation, sustenance and destruction. Referring to *Prākruta Kleda*, these are termed *Utppati, Stithi (Dhātu Rūpa)* and *Laya (Nirharaṇa). Utpatti* has already been discussed. Now *Samastthi, Karma, Ardrata* and *Nirharaṇa* of *Prākruta Kleda* will be discussed in detail.

A. *SAMATA OF PRAKRUTA KELDA*

It is a significant physiological phenomenon that there will be less *Kleda* accumulation (more involvement in ongoing physiology) during the day owing to the influence of the Sun and more *Kleda* accumulation at night (less ongoing physiological activities) due to the influence of the Moon (*Rātri Prabhāva*)[17]. This demands clarity in the physiology of Srotas. In the daytime, due to the influence of the Sun, there will be vitality in each living component and hence the Srotas remain open i.e., receptive. This doesn't let the *Kleda* get over accumulated or stagnated (*Sroto Sphutana – Vivaraṇa*). But, at night, there is more chance for the stagnation of *Kleda* (*Sroto Samvaraṇa*). As a result, *Kleda* changes throughout the day, owing to the dynamics of the human body. Not only that, *Kleda* has physiological adaptations based on seasonal fluctuations as well. It falls in *Ushna Kala* and rises well inside the bounds of nature in *Shīta Rutu.*

In both ascending and descending pathways of *Kleda* formation, normalcy is to be maintained. If the food that is taken is balancing the *Doshas* well, then *Kleda* formed during *Avasthāpāka, Nishthāpāka* and *Malapāka* will be in optimum amounts. This is the ascending pathway. W.r.t descending pathway, when *Mala* formed is excreted at appropriate time and amounts, then *Dhātu* formation, *Sāra* or *Kitta Bhāga* formation also will be at optimum levels.

B. KARMA

- *Shakti Rūpī Dosha*[18] **–** *Kleda*, being *Apya* is more related to *Kapha* among the *Tridoshas* due to similarities in properties and Jaliya Dharma. *Kapha Dosha, the Shakti* of which is *Soma Bhāva (Ap Bhāva), Dārdhyatā* (imparts steadiness), *Upachaya* (optimum nourishment), *Utsāha (*enthusiasm/willingness), *Vrushatā* (libido), *Jnāna* (perception of knowledge) and *Buddhi* (intelligence) to a human being. Here *Dārdhyatā* (imparts steadiness) is of prime importance to the understanding of *Kleda.* Formation of *Kleda* also needs the involvement of *Pitta* as a function of *Avikruta Pitta*[19] is *Kleda (kledo – malārdravatvam)]*
- *Dhātu - Kleda* is *snehāmsha* present in *Dhātu*. It is formed inside the body during the process of digestion and metabolism. The technical terms such as *'Tvaggata kleda', 'Māmsagata kelda', 'Snāyugata kleda', and 'Raktagata kleda'* suggest the formation of *Kleda* at different tissue levels in the body. *'Dhātu kleda'* a special term has been used which shows the possibility of *Kleda* formation in all *Dhātus*. This *Kleda* further aids in the formation of *Kalā*.
- *Mala* – No *Mala* is entirely dry or rough. Depending on the *Kleda* factor present, each *Mala* varies in its liquidity, softness and viscosity. This is understood as *Kleda.* Based on this, at normalcy, the *Kleda* factor present in *Mūtra* is more than that of *Sweda, Purisha, Karṇa Gūtha, Singhāṇaka etc.*
- *Ahāra Pariṇāmakara Bhāva* – For digestion of *Ahāra – Ushma, Vāyu, Kleda and Sneha* are contributing factors. Thus, in great detail, they play a role in digesting and metabolizing the consumed *Ahāra. Here Kleda* causes loosening or softening of hard particles in the food *(Kledah Shaithilyamāpādayati). Dravaih bhinnasanghaatam, snehena mrudutaam gatam*[20].

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C. *NIRHARANA*

Prākruta Kleda exits the body through *Mūtra, Sweda*, and *Purīsha.* Examining each of these *Mala,* it is evident that the quantity of *Kleda* excreted through the above three is in descending order. *Kleda* which is produced as a by-product of digestion in *Grahaṇi* exits the body majorly in the form of *Mūtra* and sparsely in the form of *Purīsha*. The byproduct of metabolism at various *Dhātvāgni* sites exits the body in the form of *Sweda*.

- ***Mūtra***
  - **i.** *Indu* commentary describes *Mūtra* as that which conducts the *Annarasa Kleda,* meaning that which conducts moisture or wetness component present in *Annarasa.*
  - **ii.** Acharya Sushruta recognises the function of *Mūtra* as '*Basti Pūraṇa*' – pooling of wetness component into the water collection/regulation site of the body i.e., *Basti* or conducting water content towards *Basti* and '*Basti Vikledakrut*'[21] – imparting more wetness in this Basti.
  - **iii.** *Acharya Vagbhata* has said that *Mūtra* does '*Kledavāhana*', meaning conduction or transportation of *Kleda* towards the external environment, which *Arunadatta* describes as '*Mūtram Kledam Nirvāhayati*' and *Hemadri* as '*Kledasya Bahirnirgamanam*'[22] in *Ashtanga Hrdaya*.

  All these are regulated by *Samāna Vāyu, Pāchaka Pitta, Vyāna Vāyu* and *Apāna Vāyu*.
- **Sweda –**

  Sweda holds the *Kleda Bhāva* necessary for the sustenance of the body, regulates temperature by optimum excretion of withheld *Kleda* concerning external and internal factors and brings softness to *Tvak* (skin).

  All these are regulated by *Samāna Vāyu, Pāchaka Pitta* and *Vyāna Vāyu*
- ***Purīsha***

  Purīsha holds the *Kleda Bhāva* necessary for the sustenance of the *Pakvāshaya* and *Koshtha*, regulates temperature and internal environment of *Pakvāshaya* by optimum excretion of withheld *Kleda* along with *Purīsha* and brings softness to *excreted Pindavat Purīsha.*

  All these functions are regulated by *Samāna Vāyu, Pāchaka Pitta* and *Apāna Vāyu*
- ***Khamala***

  Khamala are Kapha (Rasa Mala), Pitta (Rakta Mala), Karṇa Mala - Karṇa Gūtha, Nāsāmala - Singhāṇaka, Akshi mala – Netravit / Picholikā, Asya Mala, Tvak Sneha, Prajanana Mala etc. At normalcy, the optimum level of *Kleda* will be maintained in these *Khamala* and also excreted out at regular intervals.

Hence, it is inferred that *Kleda* should be excreted out of the body at regular time intervals to balance the softness and hardness of each component of the *Sharīra*, for regulating water quantity, temperature balance, internal environment of *Koshtha*, softness of *Srotas* and other bodily constituents.

D. ARDRATA – SWAROOPA

Pitta karma and Kaphaja karma kleda because in both[23] *'JALA'* component is there as Drava and Guru Bhava respectively. *Udakavaha, Rasavaha, Raktavaha, Mutravaha* and *Swedavaha srotas* all transport *Kleda* in different modes. Though all carry different proportions and forms of *Kelda* in them, still can maintain the equilibrium of the *Kleda* component in the *Sharīra,* hinting at a common regulator for all *Srotas* related to *Apya Amsha.* This commonality comes from their channelizer *Samāna Vāta.* The function of *Samāna Vāta* is to regularly channel *Dosha, Sweda* and *Ambuvaha Srotas*[24]. This explains how one entity can singlehandedly balance the equilibrium of *Kleda*, be its diurnal relation, sustenance and excretion. *Samāna Vāta* acts along with *Prāṇa Vāta* for diurnal variations related to *Kleda,* while with *Vyāna Vāta* for Sustenance and with *Apāna Vāta* for excretion of *Kleda.*

VIKRUTA KLEDA

A. HETU

1. KLEDA AT DIVA AND RATRI – By nature's law, the dynamics of *Kleda* follow the diurnal cycle of the Sun and moon. Such that *Kleda* is innately less during the day but increased at night. Hence food is to be consumed in optimal amounts in the day and should avoid late night food consumption. If food is taken late in the night, the *Kleda* which has accumulated due to night's influence further increases due to *Amāvasthā,* owing to the physiological low state of *Agni*. This deviation in physiology results in the formation of *Vikruta Kelda.*
2. DIVASWAPNA AND RATRI JAGARANA – *Divā Swapna* causes *Kapha Prakopa* while *Rātri Jāgaraṇa* (being awake at night) causes *Vāta Prakopa*. Hence the practice of *Divā Swapna* for a longer time results in *Vikruta Kelda,* i.e., qualitative increase. Also, *the* practice of *Rātri Jāgaraṇa* for a longer time results in *Vikruta Kelda,* i.e., qualitative and quantitative decrease. The former causes *Shithilathā* of *Dhātu* by *Atikledana* while the latter causes *Shoshaṇa.* This condition is generally observed in Night duty factory workers and IT professionals working night shifts.
3. ABHISHYANDI AHARA[25] – *Abhishyandana* means the phenomenon by which *Dosha, Dhātu* and *Mala* attain an aggravated state of *Kleda*. In other words, those food items that cause liquefaction of Shleshmā deviating from normal physiological standards are called *Abhishyandana*. Hence, those food items that impart *Abhishyandana* to *Dosha, Dhātu* and *Mala* aggravate *Kleda.* Ex. *Māsha* (Urad dal)*, Dadhi* (Curds).

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4. AJEERNA HETU[26] – Drinking excess water (*Atyambupāna*), *Vishmāshana, Akāla Bhojana* (untimely food intake), *Viruddha-Ahāra Sevana* (consuming naturally incompatible food items), *Atimātra Ahāra Sevana* (excess food intake), *Adhyashana* (consuming food before previously ingested meal is completed digested).
5. SANTARPANA JANAYA HETU[27] - Excessive consumption of unctuous, sweet, heavy to digest and slimy food, new grains (especially new rice), new wine, the flesh of animals living in marshy areas or born in water, cow's milk and its products, and those prepared with sugar or molasses, varieties of cakes lead to *Santarpana*. Those who indulge in sedentary, inactive lifestyles and sleep during the day are prone to *Santarpaniya vyadhis* (i.e. *Santarpana*-induced diseases).
6. PRAMEHA EVAM KUSHTRUPI HETU[28] - Frequent and excessive intake of: Newly harvested grains like *Hayanaka, Yavaka* (a variety of Hordeum vulgare Linn), *Chinaka, Uddalaka, Naishadha, Itkata, Mukundaka, Mahavrihi, Promodaka*, and *Sugandhaka*; Newly harvested pulses like *Harenu* (Pisum sativum Linn.) and *Masha* (Phaseolus radiates Linn.), consumed with ghee; The meat of domesticated, marshy and aquatic animals; Vegetables, tila (Sesamum indicum Linn.) oil, cakes of tila, pastries, *Payasa* (milk-based pudding), *Krisara* (gruel prepared of *Tila*, rice, and black gram), *Vilepi* (a type of thick gruel), and sugarcane-based food preparations; Milk, new wine, immature curd (curd which is mostly liquid and sweet); Various dietary regimen that produces excess kapha, fat, and urine; Lifestyle related activities, including Avoidance of physical exercise; and Excessive sleep, bed rest and sedentary habits;
7. Current Age practices (other cause)
   - Intake of Cold water in morning especially in the *Kapha Pradhāna Kāla*
   - Sedentary lifestyles while exposing to cold wind from the AC
   - Extended night life
   - Drinking water based on quantity and not upon natural urge
   - Activities related to *Tāmasa* and *Rājasa Bhāva*, causing great variations to the expected state of *Dhātu Samatā*
   - Eating foods like Pizza, Burger, Sandwich, Mayonnaise cheese, Hamburgers, Hotdogs and other Maida related products which have long digesting period leading to *Apakva Rasa*, in other form - *Kleda* formation.
   - Dependency on machines over Human efforts in everyday household activities where *Sweda* generation is less and *Kleda* accumulation is more.

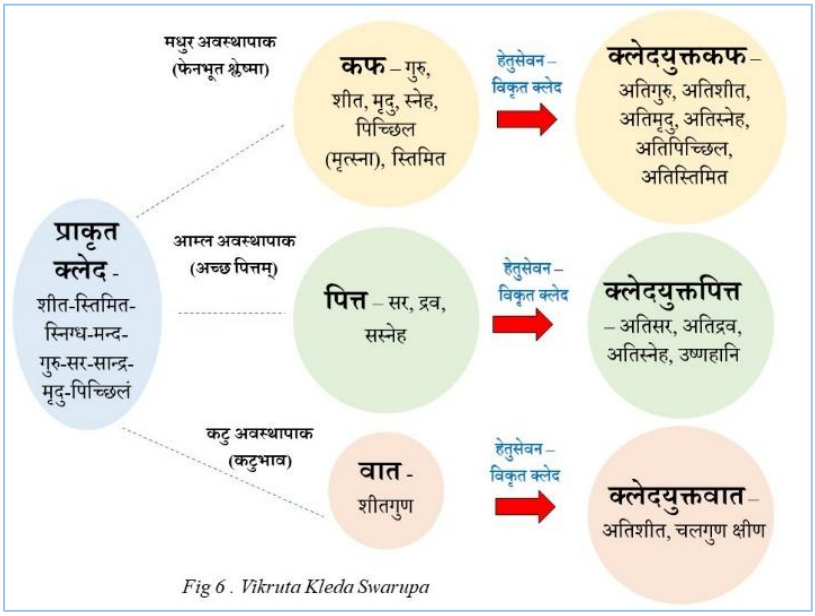


Fig 6 . Vikruta Kleda Swarupa

B. SWAROOPA

When *Kleda* combines with *Vāta*, produces *Ama*. With *Pitta*, *Ushna Guṇa* rises with *Dravatva*. And with *Kapha*, due to *Shīta*, there is *Anubandha*. Hence even the minutest changes in relation to *Kleda* occur in *Paramānu Swarūpa*[29] (just like *Paramānu Swarūpa* of *Dosha* and *Dhātu*).

Kleda Vrddhi	*Guṇa*	*Kleda Kshaya*
Ati – Shīta	*Shīta*	*Shīta Kshaya*
Ati – Stimita	*Stimita*	*Stimita Kshaya*
Ati – Guru	*Guru*	*Guru Kshaya*
Ati – Sāndra	*Sāndra*	*Sāndra Kshaya*
Ati – Drava	*Drava*	*Drava Kshaya*
Ati – Sara	*Sara*	*Sara Kshaya*
Ati – Snigdha	*Snigdha*	*Snigdha Kshaya*
Ati – Manda	*Manda*	*Manda Kshaya*
Ati – Mrudu	*Mrudu*	*Mrudu Kshaya*
Ati – Picchila	*Picchila*	*Picchila Kshaya*

Table 1*: Kleda Vrddhi & Kleda Kshaya* as per the *Guna*

Given the *Utpatti Sthāna* of *Kelda* is *Koshtha* (especially the *Annavaha srotas*), physiology may be impaired during the *Avasthāpāka* due to practice of one or more *Hetu* mentioned. *Kleda* takes the form of *Phenabhūta Kapha, Accha Pitta* and *Katu Bhāva* during each *Avasthāpāka* to nourish *Kapha, Pitta* and *Vāta Dosha* in the *Sharīra* respectively. The ideal *Kledatā* to be formed in each *Avasthāpāka* would differ significantly depending on the aetiology, changing the *Prākruta Guṇa* of *Dosha*. The modified physiologies of *Dhātu* and *Dhātu Mala* formation also exhibit this [Table 1]. In *Avasthāpāka*, once *Kleda* is changed, there is no returning back. Every subsequent physiology is reliant on the quality of *Avasthāpāka*. For example, the quality of *Dhātu* and *Dhātu Mala* creation determines how *Avasthāpāka* is established. *Dhātu* may therefore be associated with either *Kleda Kshaya* state or *Kleda Vrddhi*

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state. The '*Gati*' i.e., development, and physiology of a subsequent *Dhātu* can be modified by preceding *Dhātu*. *Dushti* of *Samānavāta* greatly imbalances the natural state of *Kleda*, as this *Vāta* is the controller of *Ambuvaha Srotas*. This *Samānavāta* always works in combination with *Jātharāgni*. Therefore, *Dushti* of *Samānavāta* alongside *Agni Dushti* imbalances *Kelda*. In turn *Dushti* of *Kleda* causes *Dushti* of *Samānavāta* alongside *Agni Dushti*. Hence a mutual relation is established among the three components. This mutual imbalance makes the pathology of *Kleda Pradhāna Vyādhi* more complex deranging the physiology of almost every Srotas.

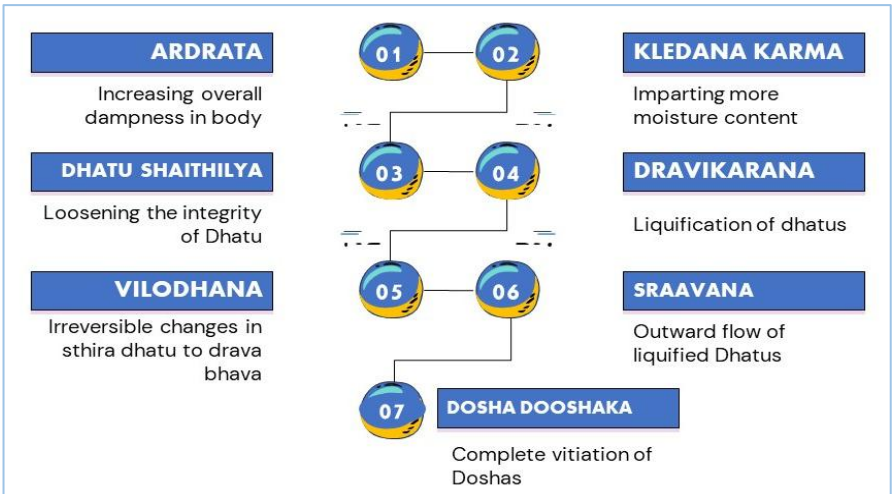


Fig 7 . *Vrddha kleda - samprapti*

Kleda Vriddhi [Fig 7] also called *Atikleda Avasthā* causes diminution of *Agni*[30] and hence gives rise to ill formation of *Dhātu* (*Asmayak Ahāra Pāka + Asamyak Dhātu Pāka*). While *Kleda Kshaya* [Fig 8] also causes diminution of *Agni* in such a way that there is no fuel for Agni to digest, this eventually causes *Vāta Prakopa* and 80 *Vātaja Nānātmaja Vyādhi*. Both *Kleda Vrddhi* and *Kleda Kshaya* (*दोषसंशोषणः शरीरक्लेदसंशोषणः*)[31] can be assessed as Acute and Chronic stages. Here, Acute stage of *Kleda Vrddhi* causes *Agni Dushti*, Chronic stage of *Kleda Vrddhi* causes *Mandāgni*. Acute stage of *Kleda Kshaya* increases *Agni* (due to sudden increase in *Rūksha Bhāva*) while Chronic stage of *Kleda Kshaya* causes *Mandāgni*. *Agni* being the modulator of all bodily components, also modifies *Kleda Swarūpa* when specific *Hetu* is/are practiced continously.

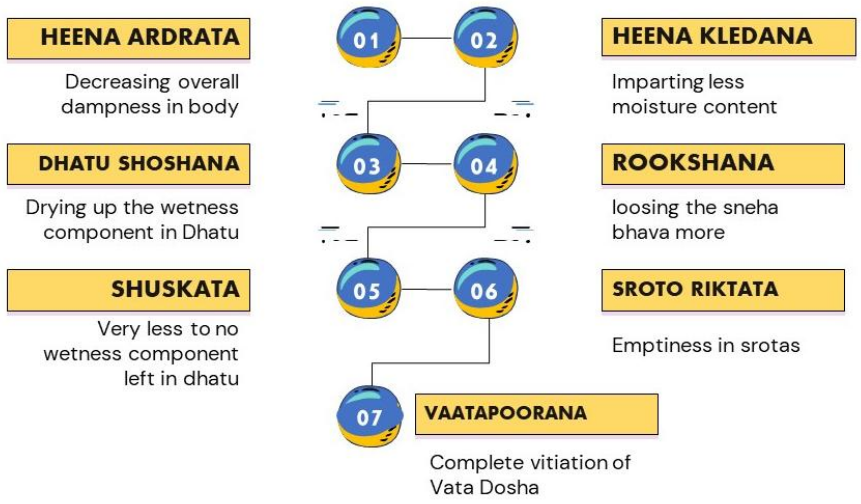


Fig 8 .Kleda Kshaya- samprapti

C. VYADHI

Sl no	*Guṇa*	*Kleda Vrddhi*	*Vyadhi*
1.	*Shīta*	*Ati - Shīta*	*Ãma vraṇa*
2.	*Stimita*	*Ati - Stimita*	*Kaphaja Shotha*
3.	*Guru*	*Ati - Guru*	*Kaphaja Vrana – Srāva*
4.	*Sāndra*	*Ati - Sāndra*	*Māmsadhātu pradoshaja Vikāra / Granthi*
5.	*Drava*	*Ati - Drava*	*Atīsāra*
6.	*Sara*	*Ati - Sara*	*Visarpa*
7.	*Snigdha*	*Ati - Snigdha*	*Medodhātu pradoshaja Vikāra / Prameha*
8.	*Manda*	*Ati - Manda*	*AmāAjīrṇa / Ama Vāta*
9.	*Mrudu*	*Ati - Mrudu*	*Pittaja Kushta*
10.	*Picchila*	*Ati - Picchila*	*Kaphaja Yonivyapat*

Table 2 : ***Kleda Guna, Kleda Vrddhi* and the *Vyadhi* resulting from it**

With practice of specific aetiologies, optimum *Kledatā* will not be produced in each *Avasthāpāka,* alters the *Prākruta Guṇa* of *Dosha* and leads to *Kledapradhāna Vyādhi*. Few examples of the same are as below.

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Kledayukta Kapha	***Kledayukta Pitta***	***Kledayukta Vāta***
Prameha	*Jwara*	*Amavāta*
Sthoulya	*Raktapitta*	*Pakshāghāta*
Kushta	*Visarpa*	*Urustambha*
Shlīpada	*Pidakā*	
Udāvarta	*Amlapitta*	
Kledayukta Rasa Dhātu	***Kledayukta Medo Dhātu***	***Kledayukta Majjā Dhātu***
Prameha	*Sthoulya*	*Shirah Shūla*
Sthoulya	*Prameha*	*Pakshāghāta*
PCOD	*Madhumeha*	*Krimija Shiroroga*
Krimija Hrudroga		
Kledayukta Purīsha	***Kledayukta Mūtra***	***Kledayukta Sweda***
Pittaja Ajīrna	*Jwara*	*Kushtha*
Pittaja Gulma	*Amavāta*	*Vātarakta*
Pittaja Pittaja Grahaṇī	*Prameha*	*Pidakā*
Atīsāra	*Madhumeha*	

Table 3: *Kledapradhāna Vyādhi* according to its *Dushya* association

It can also be analysed according to *Sthānasamshraya.*

Amāshayagata Kleda	***Bastigata Kleda***	***Rasagata Kleda***	***Pakvāshaya gata Kleda***	***Rasa-Rakta gata Kleda***	***Koshtha āshrita Kleda***
Chardi *Anāha*	*Prameha*	*Amavāta* *Jwara*	*Atīsāra*	*Pāndu*	*Udara*

Table 4: *Kledapradhāna Vyādhi* according to its *Sthānasamshraya*

The *Kleda* paradigm can be effectively applied to comprehend disorders detected by modern science as well. As a result, Ayurveda diagnosis and treatment become more accurate.

Amāshayagata Kleda	***Bastigata Kleda***	***Rasagata Kleda***	***Pakvāshaya gata Kleda***	***Majja gata Kleda***	***Rakta gata Kleda***
1. GERD (Acid reflux) 2. Zollinger Ellison Syndrome (excess Gastrin harmone secretion leading to increased secretions of Stomach acid) → *Kledayukta Pitta*	Protenuria Hypernatraemia Hyperkaelaemia Hypercalcaemia UTI Cystitis → *Kledayukta Mutra*	Hyper-tension Hyper thyroidism	IBS → *Kledayukta Purīsha*	Gullian Barre syndrome	Capillary leak syndrome

Table 5: *Kledapradhāna Vyādhi* according to its *Sthānasamshraya* and correlative modern diagnosis

KLEDA DUSHTI [32]

[Table 6]

Ways in which *Kleda* causes *Srotodushti*	*Vyadhi*
Sanga of *Kleda*	*Udara Vyadhi*
Gatishīla / *Sarpaṇa* of *Kleda*	*Visarpa*
Atipravrutti by *Saraṇa* of *Kleda*	*Atīsāra, Chardi*
Atipravrutti followed by *Vimārgagamana* of *Kleda*	*Raktapitta*
Gati followed by *Sanga* of *Kleda*	*Kushta*
Sanga followed by *Vimārgagamana* of *Kleda*	*Udara*
Sanga followed by *Atipravrutti*	*Grahani*

Table 6: *Kleda* related *Srotodushti* & *Vyadhi* as examples

KLEDA VISHESHATA

Kleda can be understood as *Sharīrika Dhātu, Dosha*, *Mala* and also as *Vyādhi Ghataka.*

CHIKITSA

The above-mentioned detailed understanding of *Kleda* must be taken into consideration when designing the *Chikitsā* principle. It would require the treatment modalities to be categorized.

A. BASED ON HETU
   i. *Santarpanajanya hetu* ii. *Apatarpanajanya Hetu*
B. BASED ON DOSHA
   i. Kledayukta Vata *ii. Kledayukta Pitta* *iii. Kledayukta Kapha*

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C. BASED ON AHARA RASA

Usage of optimum amounts of *Madhura, Lavana* and *Amla Rasa*, eases the excretion of *Kleda* in optimum amounts through flatus, urine and stool, as these Rasa have *Snigdha Bhāva*[33]. While continuous practice of *Katu, Tikta, Kashaya Rasa*, causes difficulty for excretion of *Kleda* in optimum amounts through flatus, urine and stool, as these Rasa have *Rūksha Bhāva* which is not in lines with *Guṇa* of *Apya Dravyas*. This principle is better utilized in treatment of *Kleda Pradhāna Vyadhi* and also *Heena Kleda Janita Vyadhi* (80 *Vātaja Nānātmaja Vyādhi*).

Kleda Pradhāna Vyadhi will have excess *Kleda,* hence those *Rasas* which have *Ruksha Guṇa* are to be prescribed.

i. *Katu rasa – Kleda Upahanana* ii. *Tikta rasa – Kleda upashoshana*
iii. *Lavana Rasa – Kleda Chedana* iv. *Kashaya Rasa – Kleda-Medo Vishoshaṇa*

Based on above principles one must carefully prescribe medicines which are of *Katu*, *Tikta, Kashaya* tastes especially when there is *Atikleda Avasthā* causing *Mandāgni*, as they act as the best *Pāchana* and *Dīpana Dravyas*.

Vātaja Nānātmaja Vyādhi will have decreased amounts of *Kleda,* hindering the natural passage of *Apāna* related *Vega.* Here, those *Rasas* which have *Snigdha Bhāva* are to be prescribed, such that increase in the amounts of *Kleda* can be achieved naturally. This is applied in *'Kevalam Nirupasthambam Adau Snehaihi Upacharet',* the *Chikitsa* principle of *Kevala Vata Janya Roga.*

D. BASED ON VYADHI AVASTHA

- Where there is *Atikleda Avasthā* causing *Mandāgni*, *Dīpana* is needed.
  1. *Jwara* – To cause *Sweda Prādurbhāva, where Sweda is one exit way of Kleda,*
  2. *Raktapitta* – To limit *Pitta* from succumbing into aggravated Drava State
  3. *Udara – Shoshaṇa* and *Bhedana Dravya* to reduce stagnation of *Kleda* in *Koshtha* and redirect towards *Mūtra,* by regularizing / redirecting *Kleda.*
  4. *Mūtrakrcchra – Mūtrala Dravya, to induce Mūtra, by imparting Kledatā*
  5. *Atīsāra* – to dry up the Excess Kelda and to cause *Dīpana* of Agni such that *Kleda* is properly digested.
  6. *Vātavyādhi*[34] *– to refill the Srotas by Sneha Amsha (Kleda Amsha), Sneha* through all forms – *Abhyāsa Santarpaṇa – Grāmya, Anūpa, Oudaka Māmsa; Pravichāraṇa Snehapāna – Pāyasa, Krushara along with Sneha; Tarpaṇa Anna, Accha Snehapāna, Nāvana, Sneha Basti* is administered well in accordance with level of *Kleda Dushti*.
- Where decreased *Kleda* in the *Sharīra*, causes *AgniVrddhi - Ex. Hīna Pitta, Vrddha Shleshma* coupled with *Vrddha Vāta*[35]. Here, *Chikitsa* principle should be to increase Sneha Amsha
- In chronic phase of decreased *Kleda* state, Agni becomes Manda. Ex. *Ojo Kshaya*[36]

Conclusion

Vikruta Kleda Samprāpti when best understood, aids for pin point diagnosis and enhances the accuracy in treatment. Agni is vital for every human for his living. Hence *Kleda* also to be evaluated from the perspective of *Jatharāgni.* Once is evaluated at three levels namely – *Abhyavaharana, Jarana, Mala-Mutra pravrtti,* the optimal functioning of *Samana Vāta* and *Vyāna Vāta* has to be investigated. When these are deranged, they point directly at imbalance of *Kleda* as they have potential to directly influence the formation and conduction of *Kelda.* This direct involvement is crucial for identifying *Vikruta state* of *Kelda* in the *Sharira* and hence the *Samprapti* of *Vyadhi* involving *Vikruta Kleda.* This is stage of *Kleda Prakopa,* which is to be categorized as conditions manifested by *Kleda Vrddhi* or *Kleda Kshaya.* One need to identify the key areas of *Sthanasamshraya* of this *Vikruta Kleda,* being associated with *Sama* or *Niram Avastha of Dosha,* to finally make the diagnosis.

Once the diagnosis is clear, physician must proceed for *Chikitsa.* Identify whether there is *Kleda vrddhi* or *Kleda Kshaya* state. If there is *Kleda Kshaya*, then *Snehamsha Vrddhi* has to be done by *Tarpana* line of treatment. This may include, *Drava-Snehayukta-Ushna-Guru Ahara*. When there is *Kleda Vrddhi, Langhana, Pachana, Shodhana* has to be performed, followed by *Shamana Aushadhi*. This *Shamana* line of treatment includes both *Anna* and *Aushadha*.

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