Grahani and Kesha: A Conceptual Understanding Through Agni, Dhatu and Romakupa

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Kesha (hair) is conventionally approached as a local structure. Classical Ayurveda, however, places it within a continuous physiological sequence that begins with *Ahara Paka* at the level of *Grahani* and *Agni* and proceeds through *Dhatu Poshana* to the local functional state of the *Romakupa*. This letter outlines a conceptual framework linking *Grahani*, systemic and tissue-level *Agni*, and *Romakupagata Agni* and *Dosha* for a more integrated understanding of *Kesha Roga*[(1)].

Agni is not restricted to gastrointestinal digestion. It governs transformation, assimilation, utilisation and nourishment at every level of the body-from *Ahara Paka* to *Dhatu Poshana* and the maintenance of tissue integrity. Wherever transformation occurs, the role of *Agni* becomes relevant. *Grahani*, understood functionally rather than merely anatomically, is the primary seat of this initial transformation. Proper *Ahara Paka* and *Sara–Kitta Vibhajana* at this level determine the quality of material available for subsequent *Dhatu Poshana*[(2)].

The classical description of *Dhatu Paka* establishes the continuity of nourishment and the formation of *Prasada* and *Kitta*:

Kesha and Loma are described here in relation to *Asthi Mala*. Sarngadhara further includes *Kesha* among the *Dhatu-bhava Upadhatu*. These references indicate that *Kesha* is not an isolated structure but an external expression of the continuous process of *Dhatu* transformation governed by successive *Dhatvagni*[(3)].

The physiological relationship may therefore be represented as:

Grahani → Agni → Sara–Kitta Vibhajana → Dhatu Poshana → Dhatvagni → Romakupagata Agni → Romakupagata Dosa → Kesha

The classical description of *Khalitya* provides a basis for extending this understanding to the local level of the *Romakupa*:

The reference to *Romakupanuga Pitta* is significant because *Pitta* is closely related to the functional principle of *Agni*. This permits the conceptual consideration of a local transformative function—*Romakupagata Agni*. The local functional state may be understood in relation to *Sama, Manda, Tiksna* and *Visama Agni*. Importantly, *Romakupagata Agni* need not be identical to systemic *Agni*. A patient may exhibit satisfactory systemic digestion yet demonstrate an altered local response at the *Romakupa*, and vice versa.

The same principle applies to *Dosa*. The *Romakupa* is a site of local *Dosa* interaction. *Romakupagata Vata* may express *Ruksata*, *Khara* quality and *Pracyavana* of *Kesha*; *Romakupagata Pitta* may influence metabolic and pigmentary aspects; and *Romakupagata Kapha* may produce excessive accumulation and obstruction. *Sarvasariragata* and *Romakupagata Do□a Vikrti* need not be identical in predominance. Consequently, local therapeutic selection (including *Kesya Dravya* and *Taila*) should take into account the local *Dosa* and *Guna*[(4)].

A further clinical extension concerns the response of the *Romakupa* to *Sneha*. Analogous to the classical classification of *Kostha* as *Mrdu, Madhyama* and *Krura*, the *Romakupa* may exhibit differential absorption and surface retention of *Taila*. This provides a rational basis for individualising the quantity, frequency and choice of local *Sneha*[(5)].

The clinical relevance of this framework does not imply that every *Kesha Roga* originates from *Grahani Roga*. Rather, *Grahani* represents an important functional beginning of the *Agni*-dependent chain that ultimately supports *Dhatu Poshana* and *Kesha* maintenance. Disturbance may occur primarily at the level of systemic *Agni* and *Grahani*, at a particular *Dhatvagni*, or at the local *Romakupa*. These levels are interconnected but need not demonstrate identical pathology. Assessment and treatment should therefore be directed to the level of *Vikrti* identified clinically-employing *Dipana–Pacana* where systemic *Agni* is disturbed, *Dhatu*-specific measures when indicated, and locally oriented *Kesya* approaches (including consideration of *Romakupagata Agni* and *Dosa*) when the pathology is predominantly local[(6)].

In summary, *Kesha*, although externally visible, reflects the integrated functioning of *Grahani, Agni, Dhatu, Dhatvagni* and the *Romakupa*. Understanding this continuity allows *Kesha Roga* to be approached not merely as a local disorder of hair, but as a manifestation that may reflect disturbance at

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one or more levels of the broader *Agni–Dhatu–Dosa* framework. We hope this conceptual extension stimulates further clinical observation and research correlating classical *Agni* assessment with objective parameters of hair and scalp physiology[7].

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