Short Communication Article

Treatment of Sexual Problem in Kaphaja Grahani: A Classical Ayurvedic Perspective

Nitin Bhise[1]
[1]*M.D. (Ayurveda) – Kayachikitsa, Institute for Post Graduate Teaching and Research in Ayurveda, Jamnagar Nigdi, Pune, Maharashtra, India*

Corresponding Author :
Nitin Bhise
E-mail ID : drbhise3@gmail.com

Submission: 06.06.2026 Acceptance: 26.07.2026 Publication: 23.09.2026

https://www.doi.org/10.63778/PDEASIJRAAS-ARJCPL/2026_23922

Classical Ayurvedic texts describe *strisvaharsanam* - loss of sexual desire and pleasure towards women - as a distinctive symptom of *Kaphaja Grahani*, a feature not mentioned under the *Vataja* or *Pittaja* varieties. This letter highlights Acharya Charaka's description of this symptom and the seemingly paradoxical yet logically sound classical treatment approach that prioritises *Deepana-Pacana* over immediate *Vajikarana*[(1)].

Charaka clearly enumerates the features of *Kaphaja Grahani* in *Cikitsa Sthana* 15:

In *Kaphaja Grahani*, food is digested with difficulty; there is nausea, vomiting, anorexia, coated mouth with sweet taste, cough, excessive salivation and rhinitis. The cardiac region feels heavy and stagnant, the abdomen becomes immobile and heavy, and there are foul-smelling sweet belches, exhaustion and *strisvaharsa□am* (lack of sexual desire or pleasure towards women). The stools are broken, mixed with mucus and heavy. Even without emaciation the patient feels weak and lethargic. This symptom is the natural consequence of excess *Kapha*, weak *Agni* and accumulated *Ama* obstructing the *Sukravaha Srotas* and depleting *Ojas*[(2)].

This particular symptom appears only under *Kaphaja Grahani*. *Kapha* is heavy (*guru*), cold (*sita*), unctuous (*snigdha*) and stagnant (*stimita*). Sexual excitement (*harsa*) requires mobility and warmth. When *Kapha* dominates together with *Ama*, the body becomes lethargic, the channels are blocked and desire disappears - even without visible weight loss. In *Vataja Grahani* the dominant features are dryness, pain and emaciation; in *Pittaja Grahani* they are burning, thirst and sour belches. Only the heavy, mucus-laden, low-energy state of *Kapha* produces this characteristic loss of libido[(3)].

Here lies the clinically important paradox. Immediate administration of heavy, sweet, cold *Sukravardhaka* formulations (milk, ghee, *Madhura* rasayanas) feeds the already aggravated *Kapha* and *Ama*, worsens digestion, keeps the channels blocked and intensifies the sexual problem. Charaka's clear instruction is:

In *Kaphaja Grahani*, first administer *Vamana* according to the proper method. Thereafter kindle the digestive fire (*Agni*) with drugs that are *Ka□u* (pungent), *Amla* (sour), *Lava□a* (salty), *Ksara* (alkaline) and *Tikta* (bitter). These substances are predominantly *Usna* and *Laghu*; they reduce *Kapha*, digest *Ama*, open the channels and restore digestive strength. Once *Agni* is strong and the heaviness resolves, *Sukra* begins receiving proper nourishment and sexual desire returns spontaneously[(4)].

The practical classical sequence may be summarised as follows:

1. *Sodhana* - Therapeutic *Vamana* to eliminate excess *Kapha* and *Ama*.
2. *Dipana - Pacana* - Preparations containing *Citraka, Pippali, Pippalimula, Sunthi Haritaki, Patha, Cavya* and similar drugs.
3. Diet - Light, warm food; *Kulattha* or dried radish soup; sour buttermilk (*Takra*) or *Takrarista*; complete avoidance of heavy, sweet, cold and unctuous items and of day-sleep.
4. Later stage — Only after digestion improves may mild *Rasayana* or *Vajikarana* herbs (e.g., *Asvagandha, Kapikacchu, Goksura*) be introduced carefully, preferably with a *Dipana* anupana.

In *Kaphaja Grahani*, the sexual problem is fundamentally a digestive and metabolic problem. Treating the gut with *Usna, Katu* and *Ksara* measures and clearing the channels allows the underlying difficulty to resolve. Administering *Madhura-Sita Sukravardhaka* medicines at the outset is akin to pouring oil onto a fire already smothered by wet wood - it only adds to the heaviness. This remains one of the clearest illustrations of Ayurveda's principle of treating the root cause rather than the presenting symptom, and of why the classical sequence and the exact words of Charaka matter more than popular assumption[(5-6)].

Source of Support: Nil

Conflict of Interest: Nil

© All Rights reserved. Pune District Education Association

Copyright © 2026 PDEA'S International Journal Research in Ayurved and Allied Sciences. This is an open access article, it is free for all to read, download, copy, distribute, adapt and permitted to reuse under Creative Commons Attribution Non Commercial-ShareAlike: CC BY-NC-SA BY 4.0 license.

References

1. Agnivesa. Caraka Samhita, Cikitsa Sthana 15/68-70, 141 (Grahani Cikitsa Adhyaya), with Ayurveda Dipika commentary of Cakrapanidatta. Chaukhambha Surbharati Prakashan, Varanasi.
2. Agnivesa. Caraka Samhita, Cikitsa Sthana 15 (Grahani Cikitsa) – complete chapter for context of Kapha, Ama and Agni. Chaukhambha Surbharati Prakashan, Varanasi.
3. Cakrapanidatta. Ayurveda Dipika commentary on Caraka Samhita, Cikitsa Sthana 15.
4. Vagbhata. Astnga Hrdaya, Cikitsa Sthana 10 (Grahani Cikitsa) – parallel description of Kaphaja Grahani and management principles. Chaukhambha Orientalia, Varanasi.
5. Susruta. Susruta Samhita, Uttaratantra 40 (Grahani Pratishedha) – classical discussion of Grahani and associated symptoms. Chaukhambha Sanskrit Sansthan, Varanasi.
6. Agnivesa. Caraka Samhita, Cikitsa Sthana 2 (Vajikarana) – principles of Vajikarana and the necessity of prior Agni correction. Chaukhambha Surbharati Prakashan, Varanasi.

© All Rights reserved. Pune District Education Association