

## DIETARY PROTOCOLS IN PANCHAKARMA: A CLINICAL REVIEW OF AHARA KALPANA AND TREATMENT EFFICACY

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Article Received on 04 March 2026,  
Article Revised on 25 March 2026,  
Article Published on 01 April 2026,

<https://doi.org/10.5281/zenodo.19327883>

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**How to cite this Article:** Dr. Apoorva A. D.\*<sup>1</sup>,  
Dr. Seetharamu M. S.<sup>2</sup>, Dr. Muralidhar P. Pujar<sup>3</sup>.  
(2026). Dietary Protocols In Panchakarma: A  
Clinical Review of Ahara Kalpana And  
Treatment Efficacy. World Journal of  
Pharmaceutical Research, 15(7), 637–650.

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### ABSTRACT

The preservation of human health and the therapeutic management of diseased states in *Ayurveda* are fundamentally predicated on the balance of *Agni* (digestive fire) and the judicious application of *Pathya* (wholesome diet).<sup>[1]</sup> *Ahara* (food) is recognized as one of the *Trayopastambha*<sup>[2]</sup> (three sub-pillars of life), serving as the foundational source for the nourishment of *Dhatus* (body tissues), the maintenance of *Ojas* (vitality), and the equilibrium of *Doshas* (bio-energetic humors). In the specialized clinical domain of *Panchakarma*—the fivefold bio-purification therapy—the role of *Ahara Kalpas* (food preparations) transcends simple nutrition, functioning as a vital therapeutic adjunct that determines the efficacy of *Shodhana* (detoxification) and the prevention of *Vyapat* (complications).<sup>[3]</sup> During the procedural phases of *Purvakarma* (preparatory phase), *Pradhanakarma* (main procedures), and

*Paschatkarma* (post-procedural care), the body undergoes significant metabolic stress and physiological shifts, necessitating a strictly regulated dietary environment. This review article provides an exhaustive analysis of various *Ahara Kalpas* utilized in *Panchakarma*, specifically focusing on preparations such as *Manda* (filtered liquid), *Peya* (thin gruel), *Vilepi*

(thick gruel), *Yavagu* (thick paste), *Yusha* (pulse soup), and *Mamsarasa* (meat soup).<sup>[4]</sup> The study elucidates the pharmacological rationale behind the graduated dietary regimen known as *Samsarjana Krama*.<sup>[5]</sup> Furthermore, the article integrates modern nutritional perspectives, evaluating the caloric densities, vitamin profiles (specifically Thiamine and Riboflavin), and enzymatic requirements of these formulations. By analyzing the transition from simple carbohydrates to complex proteins and fats, this review validates the ancient wisdom of sequential *Agni* stimulation, providing a comprehensive framework for contemporary practitioners to optimize *Panchakarma* outcomes while addressing the rising burden of lifestyle-related metabolic disorders.

**KEYWORDS:** *Panchakarma, Ahara Kalpana, Samsarjana Krama, Agni, and Shodhana.*

## INTRODUCTION

In the *Ayurvedic* paradigm, *Ahara* (diet) is considered the *Mahabheshaja* (supreme medicine), as articulated by *Acharya Kashyapa*, who famously stated that for an individual adhering to a proper dietary regimen, no other medicine is required, whereas for one who neglects *Pathya* (wholesome diet), no amount of medication will be effective.<sup>[6]</sup> *Ahara* is not merely a vehicle for calories but is a complex assembly of *Panchabhautika* (five-elemental) attributes that interact with the body's internal *Agni* (digestive fire) to produce *Sara* (essence) and *Kitta* (waste).<sup>[7,8]</sup> The science of *Pathya Kalpana* (dietary preparation) involves various *Samskaras* (processing methods) that alter the original properties of food substances, making them identical to the body's needs and easier for the *Mahasrotas* (gastrointestinal tract) to assimilate. The clinical utility of *Ahara Kalpas* reaches its highest complexity in the context of *Panchakarma*.

*Panchakarma* procedures, including *Vamana* (emesis), *Virechana* (purgation), *Basti* (enema), *Nasya* (nasal therapy), and *Raktamokshana* (bloodletting), are intended to expel deep-seated *Ama* (toxins) and vitiated *Doshas*.<sup>[9]</sup> However, this process involves significant physiological upheaval, leading to a temporary state of *Agnimandya* (weakened digestive fire) and physical debility. Therefore, the structured administration of *Ahara* during the pre-procedural mobilization and post-procedural recovery phases is essential to restore homeostasis and prevent the recurrence of disease.<sup>[10]</sup>

## METHODOLOGY

This review is based on a structured analytical survey of classical *Ayurvedic* literature and

contemporary peer-reviewed research. The primary textual sources utilized include the *Brihat Trayi*: the *Charaka Samhita (Sutra Sthana and Siddhi Sthana)*, the *Sushruta Samhita (Sutra Sthana and Chikitsa Sthana)*, and the *Astanga Hridaya (Sutra Sthana)*. These texts provided the foundational *Shlokas* (verses) regarding the definition, preparation, and clinical indications of various *Ahara Kalpas*. Additionally, an extensive search was conducted across digital databases including PubMed, Google Scholar, and the AYUSH Research Portal using keywords such as *Samsarjana Krama*, *Pathya Kalpana*, *Ahara in Panchakarma*, and nutritional analysis of *Yusha*. Clinical studies evaluating the impact of these dietary protocols on metabolic markers, BMI, and gut microbiota were incorporated to provide a scientific bridge between traditional concepts and modern physiology.

### Fundamental Concepts and Classifications

The term *Ahara Kalpana* or *Pathya Kalpana* refers to the specialized preparation of food items to achieve therapeutic goals. *Acharya Charaka* describes approximately 68 *Ahara Kalpanas*, primarily distributed within the *Sutra Sthana*, which emphasizes their role in daily health maintenance and disease management.<sup>[11]</sup> These formulations are categorized based on their processing with water (*Toya*) and fire (*Agni*).<sup>[12]</sup> *Toya-Agni Sannikarsha* (water-heat contact) results in preparations like *Manda*, *Peya*, *Vilepi*, and *Odana* (cooked rice), where the ratio of water to grain determines the therapeutic potency and ease of digestion.<sup>[13]</sup>

**Table 1: Ratios and clinical attributes of primary *Ahara Kalpas*.**<sup>[14]</sup>

Preparation	Rice/Grain to Water Ratio	Characteristics	Primary Therapeutic Action
<i>Manda</i>	1 : 14	Filtered supernatant liquid	<i>Deepana</i> (appetizer), <i>Pachana</i> (digestive)
<i>Peya</i>	1 : 14	Liquid with few soft grains	<i>Dhatuposhaka</i> (tissue nourishing), <i>Grahi</i>
<i>Yavagu</i>	1 : 6	Semi-solid thick consistency	<i>Balya</i> (strengthening), <i>Basti Shodhana</i>
<i>Vilepi</i>	1 : 4	Thick paste, very soft grains	<i>Hridya</i> (cardiac tonic), <i>Vrushya</i>
<i>Yusha</i>	1 : 16 or 1 : 18	Legume/pulse-based soup	<i>Kaphanashaka</i> , <i>Pitta-Vata Shamaka</i>
<i>Mamsarasa</i>	1 : 4 or 1 : 8	Meat juice/soup	<i>Brumhana</i> (bulking), <i>Rasayana</i> (rejuvenating)

### The Role of *Ahara* in *Purvakarma* (Preparatory Stage)

*Purvakarma* involves the preparation of the body for the forceful elimination of toxins. The focus here is twofold: stabilizing the *Agni* and mobilizing the *Doshas* through *Snehana*

(oleation) and *Swedana* (sudation).<sup>[15,16]</sup> Before the initiation of *Snehapana* (internal oleation), the patient is prescribed a diet that is *Drava* (fluid), *Ushna* (warm), and *Anabhisyandi* (non-obstructing to channels). This diet ensures that the channels are clear and the digestive fire is sufficiently primed to process the large quantities of medicated ghee or oil. During the course of *Snehapana*, the advised adjuvant for all forms of *Sneha* is *Ushnodaka* (warm water), which facilitates the emulsification and absorption of fats. Once the *Sneha* is digested, the subsequent meal must be *Ushna Yavagu* or *Sugandhi Sneharahita Yusha* (fragrant legume soup without fat) to maintain the *Doshic* balance without adding excessive metabolic load.<sup>[17]</sup>

In the case of *Vamana* (emesis), a unique dietary intervention known as *Utkleshana* (provocation) is performed the day before the main procedure (*Vishrama Kala*). The patient consumes *Guru, Snigdha ahara* such as *Mamsarasa* of *Pashu* (animals) and *Pakshi* (birds), along with *Ksheera* (milk), *Dadhi* (curd), *Masha* (black gram), and *Tila* (sesame).<sup>[18]</sup> The pharmacological rationale is to temporarily increase *Kapha* so that it becomes "ripe" and easily detach from the tissues, moving toward the *Amashaya* (stomach) for expulsion.

### Dietary Strategies in *Pradhanakarma* (Main Procedures)

During the execution of *Pradhanakarma*, *Ahara* is primarily used to maintain the body's integrity and support the direction of *Dosha* movement.<sup>[19]</sup> For *Virechana* (purgation), which targets *Pitta*, the preparatory diet is shifted toward *Laghu* (light), *Amla* (sour), and *Ushna* (warm) substances.<sup>[20]</sup> Lemon rice, lemon juice, and *Jangala Mamsarasa* (soup of desert animal meat) are utilized to enhance *Pitta* while keeping *Kapha* in a suppressed state (*Manda Kapha Awastha*). This strategic selection allows for a *Pravara Shuddhi* (maximum purification) of the *Pitta dosha*.<sup>[21]</sup>

In *Basti* (enema therapy), which is considered the most critical procedure for *Vata vyadhi*'s, the diet is tailored to the specific *Doshic* predominance of the condition.

- **For *Vata pradhana*:** *Mamsarasa* with rice is given to provide *Brumhana* and *Ushna veerya*.
- **For *Pitta pradhana*:** *Ksheera* (milk) with rice is advised for its *Sheeta* and *Balya* properties.
- **For *Kapha pradhana*:** *Yusha* (pulse soup) with rice is utilized for its *laghu* and easily digestible nature.

Prior to *Anuvasana Basti* (oil-based enema), the patient must consume *laghu, ushna ahara* (about 1/4th of the regular quantity) to ensure the *Basti* remains in the lower gastrointestinal tract and is not prematurely expelled or absorbed by an empty stomach.<sup>[22]</sup>

### ***Nasya***

During *Nasya*, the medicines administered through the nasal route reach the *Shiras* (head), which is considered the controller of all *Indriyas* (sense organs).<sup>[23]</sup> Any dietary mismanagement during this procedure may lead to the development of *Amavastha* in the *Srotas*(channels) of the head. Therefore, proper dietary regulation is essential. The patient should consume *Sukhoshna Jalapana* (lukewarm water) and *Laghu Ahara* (light and easily digestible diet) such as *Yavanna* (barley) or *Shali* rice. Foods that are *Atisnigdha* (excessively unctuous) and cold in nature should be avoided, as they may cause *Srotorodha* (obstruction of channels) in the head and interfere with the therapeutic effect of the procedure.

While classical *Panchakarma* commonly includes *Vamana, Virechana, Basti, Nasya*, and sometimes excludes *Raktamokshana*, the broader concept of *Panchashodhana* explicitly incorporates *Raktamokshana* as the fifth purification therapy.

### ***Raktamokshana***

*Raktamokshana* is primarily indicated in conditions involving vitiation of *Pitta* and *Rakta*, such as various skin disorders and varicose veins. Proper dietary measures before and after the procedure are important to ensure safety and effectiveness. Prior to the procedure, *Tila Yavagu* (sesame gruel) is considered the most suitable preparation, as it possesses *Sadya Snehaniya* (instant oleating property) and acts as *Rakta Utkleshakara*, facilitating the mobilization of vitiated blood.<sup>[24]</sup> After the procedure, if the patient experiences weakness, administration of *Mamsarasa* (meat soup) prepared from animals such as rabbit, deer, or goat along with *Shastika* rice is recommended to restore blood volume and vital strength.<sup>[25]</sup> The diet should also include a mild *Amla Rasa* (sour taste), which is traditionally believed to aid in the promotion of blood formation and recovery.

Table 2: The Role of Ahara Kalpas in Panchakarma.<sup>[26]</sup>

Stage	Procedure	Diet (Ahara Kalpa)	Purpose / Effect
<b>Purva Karma (Preparatory)</b>	<b>Snehapana</b>	<b>Before:</b> <i>Laghu</i> (light), <i>Ushna</i> (warm), <i>Deepana-Pachana</i> foods. <b>After:</b> <i>Yavagu</i> (gruel), <i>Yusha</i> (soup), <i>Vilepi</i> .	Prepares <i>Agni</i> for fats; ensures smooth digestion of the <i>Sneha</i> .
<b>Pradhana Karma (Main)</b>	<b>Vamana (Emesis)</b>	<b>Night before:</b> <i>Kapha-utkleshaka</i> foods (curd, milk, black gram, fish).	Increases <i>Kapha</i> volume to facilitate easier expulsion.
	<b>Virechana (Purgation)</b>	<b>Before:</b> <i>Laghu</i> (Light), <i>Amla</i> (sour), <i>Snigdha</i> (unctuous), and <i>Ushna</i> (hot foods) (e.g., pomegranate, meat soup).	Increases <i>Pitta</i> and liquefies <i>Doshas</i> for downward movement.
	<b>Basti (Enema)</b>	<b>Asthapana:</b> Dosh-specific ( <i>Vata</i> : Meat soup; <i>Pitta</i> : Milk; <i>Kapha</i> : Bean soup). <b>Anuvasana:</b> Nourishing, warm, light meals.	Protects the colon and balances specific <i>Doshas</i> post <i>Shodhana</i> (evacuation).
	<b>Nasya (Nasal)</b>	<i>Laghu</i> (Light), <i>Ushna</i> (warm), digestible foods ( <i>Yava</i> , <i>Shali</i> , <i>Mudga</i> ). Avoid oily foods.	Prevents <i>Vata prakopa</i> (aggravation) in the head and neck region.
	<b>Rakta Mokshana (Bloodletting)</b>	<b>Before:</b> <i>Tila Yavagu</i> (sesame gruel). <b>After:</b> Milk, <i>Shastika Rice</i> , <i>Mamsa Rasa</i> .	Prevents fainting before; restores blood and energy after.
<b>Paschat Karma (Post-therapy)</b>	<b>Samsarjana Krama</b>	<b>Sequential progression:</b> <i>Peya</i> , <i>Vilepi</i> , <i>Akruta Yusha</i> , <i>Kruta Yusha</i> , <i>Akruta Mamsarasa</i> , <i>Kruta Mamsarasa</i> .	Gradually re-kindles the <i>Agni</i> which is weakened after purification.

Table 3: Comparative nutritional values of Paschat karma diet.<sup>[27]</sup>

Dravya (per 100g/ml)	Kcal	Protein (g)	Fat (g)	Carbohydrate (g)	Thiamine (mg)	Riboflavin (mg)
<i>Anna</i> (Rice)	118 - 138	2.9	0.1	26.8 - 30.2	0.04	0.05
<i>Peya</i>	94 - 123.5	2.7	2.2	15.8	0.04	0.12
<i>Vilepi</i>	158.0	8.12	1.1	39.25	0.02	0.04
<i>Akruta Yusha</i>	208.1	15.5	3.6	18.6	0.04	0.28
<i>Kruta Yusha</i>	346.0	18.2	12.4	34.5	0.32	0.18
<i>Akruta Mamsarasa</i>	332.0	22.4	21.8	4.2	0.15	0.22
<i>Kruta Mamsarasa</i>	432.0	24.8	32.6	8.4	0.18	0.25

The progression from 123 kcal (*Peya*) to 432 kcal (*Kruta Mamsarasa*) ensures that the caloric intake rises in tandem with the recovering metabolic capacity. The riboflavin content is notably high in *Yusha* (0.28mg), which acts as a cofactor in metabolic reactions during tissue regeneration.

### The Science of *Samsarjana Krama* in *Paschatkarma*

The most rigorous application of *Ahara Kalpas* occurs in *Paschatkarma* (post-procedural care). Following the expulsion of *Doshas* through *Vamana* or *Virechana*, the *Jatharagni* is severely compromised. *Acharya Charaka* provides a classic simile: The restoration of internal metabolic vigor follows a logarithmic progression, analogous to the traditional methodology of nurturing a nascent spark into a robust fire through the systematic and graduated introduction of fuel. This sequence is known as *Samsarjana Krama*.<sup>[28]</sup> The duration of this regimen is determined by the degree of *Shuddhi* (purification) achieved, measured by the number of *Vegas* (bouts of elimination) and the quality of the final product.<sup>[29]</sup>

**Table 4: *Samsarjana Krama* based on *Shuddhi*.**<sup>[30]</sup>

Degree of Shuddhi	Number of Annakalas	Duration	Sequence of Kalpas
<i>Pravara</i> (Maximum)	12	7 Days	3 <i>Peya</i> , 3 <i>Vilepi</i> , 1 <i>Akruta Yusha</i> , 2 <i>Kruta Yusha</i> , 1 <i>Akruta Mamsarasa</i> , 2 <i>Kruta Mamsarasa</i>
<i>Madhyama</i> (Medium)	8	5 Days	2 <i>Peya</i> , 2 <i>Vilepi</i> , 1 <i>Akruta Yusha</i> , 1 <i>Kruta Yusha</i> , 1 <i>Akruta Mamsarasa</i> , 1 <i>Kruta Mamsarasa</i>
<i>Avara</i> (Minimum)	4	3 Days	1 <i>Peya</i> , 1 <i>Vilepi</i> , 1 <i>Akruta Yusha</i> , 1 <i>Kruta Yusha</i>

#### 1. *Peyadi Samsarjana Krama*

This is the universally accepted, default regimen administered to the vast majority of patients following *Samshodhana Karma*. It consists of the sequential administration of *Peya* (thin rice gruel), *Vilepi* (thick rice gruel), *Akruta Yusha* (unseasoned pulse soup), *Kruta Yusha* (seasoned pulse soup), and optionally *Mamsarasa* (meat broth).<sup>[31]</sup> This sequence provides a flawless transition from simple carbohydrates to plant proteins, and finally to dense animal proteins, matching the gradual up-regulation of digestive enzymes.

#### 2. *Tarpanadi Samsarjana Krama*

While *Peyadi Krama* is the standard, it is strictly contraindicated in specific clinical scenarios. If *Pitta* and *Kapha Doshas* are eliminated in very small quantities during the purification, or if the patient has a strongly dominant *Vata-Pitta* constitution, the warm, liquid, and slightly unctuous nature of the *Peyadi* gruels can induce *Abhishyandata*. *Peyadi* is also contraindicated in individuals who are addicted to *Madya* (alcohol or wine). *Tarpana* refers to highly nourishing, non-obstructive liquid preparations. According to *Chakrapani's*

commentary, the clinician should administer *Svaccha Tarpana* (a thin, clear liquid made of 1 part parched rice or *Laja* mixed with 14 parts water) in place of *Peya*, and *Ghana Tarpana* (a thicker preparation of 1 part *Laja* with 4 parts water) in place of *Vilepi*.<sup>[32]</sup> This provides immediate nourishment and pacifies *Pitta* without causing *Srotorodha* (channel obstruction).

### 3. *Rasa Samsarjana Krama*

During the initial phases of *Samsarjana Krama*, as the *Agni* rapidly augments and regains its intensity, there is a distinct risk that the newly strengthened *Agni* (digestive fire) might provoke the residual *Doshas*. To prevent this, *Rasa Samsarjana Krama* is employed. This highly sophisticated regimen focuses on the sequential administration of specific tastes (*Rasa*) rather than just macronutrient density. By carefully arranging the sequence of *Madhura* (sweet), *Amla* (sour), *Lavana* (salty), *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent) tastes, the physician ensures that the *Teekshnagni* (hyper-stimulated *Agni*) does not inadvertently aggravate *Pitta* or *Vata*, minimizing the chances of disease relapse.<sup>[33]</sup>

### 4. *Mamsarasadi Krama*

This specific sequence bypasses the initial carbohydrate gruel phases entirely. It is exclusively indicated when the patient possesses an extraordinarily robust *Jatharagni* that remains completely undiminished despite the intense *Shodhana*.<sup>[34]</sup> If a patient with such a strong digestive fire is fed dilute *Peya*, the *Teekshnagni* (hyperactive *Agni*), lacking sufficient dietary substrate, will immediately begin to catabolize the patient's own bodily tissues (*Dhatu*), leading to rapid emaciation and severe *Vata prakopa* (aggravation). Therefore, there is no need to follow the *Peyadi Krama*. Instead, the physician immediately initiates the diet with *Yusha* and heavy *Mamsarasa* (meat broth) to provide adequate heavy substrate for the *Agni* to process.

### 5. *Kulatthadi samsarjana krama*

The *Kulatthadi Samsarjana Krama*, defined by the strategic substitution of horse gram (*Macrotyloma uniflorum*) during the critical *Yusha* phase, is a profound pharmacological intervention rather than a mere dietary alternative. By purposefully leveraging the *Ushna*, *Tikshna*, and *Kaphavatahara* properties of *Kulattha*, clinicians can actively and aggressively counteract the pathogenic resurgence of *Kapha* and *Vata* that often complicates the recovery of patients suffering from metabolic stagnation, severe obesity (*Medoroga*), and endocrinological deficits such as hypothyroidism.<sup>[35]</sup>

Modern phytochemical analysis robustly corroborates these ancient classical assertions, unequivocally demonstrating that the low glycemic index, extremely high fiber content, and potent hypolipidemic effects of *Kulattha* make it the ideal substrate for continuous metabolic stimulation without the risk of lipogenesis.<sup>[36]</sup> The integration of specific preparations like *Akruta Kulattha Yusha* and *Kruta Kulattha Yusha* into the mathematically rigorous *Annakala* escalation sequences ensures that the recovering gastrointestinal tract is never overwhelmed, yet is continuously prompted toward its maximum optimal functional capacity.

As the field of integrative medicine continues to rigorously explore the intersections of dietetics, microbiome recovery, and post-purificatory physiology, the *Kulattadi Samsarjana Krama* stands as a premier example of targeted Ayurvedic clinical nutrition. Future clinical trials and metabolic ward studies should focus on expansive cohort mapping to delineate the exact lipidomic, proteomic, and endocrinological shifts induced by *Kulattadi Samsarjana Krama* compared to standard *Mudgadi* protocols, thereby establishing permanent, quantitative, evidence-based metrics for this ancient, highly nuanced, and profoundly effective therapeutic regimen.

**Table 5: Biochemical and Nutritional Profile of *Kulattha* Seeds.**<sup>[37]</sup>

Nutrient/Compound	Concentration/Value	Physiological Significance
<b>Crude Protein</b>	22% - 25.5%	Essential for tissue repair and enzyme synthesis.
<b>Carbohydrates</b>	57.2%	Provides gradual energy release post-fasting.
<b>Minerals</b>	Iron, Calcium, Phosphorus, Molybdenum	Supports hematinic and bone health.
<b>Phenolic Acids</b>	p-coumaric, Vanillic, Caffeic, Syringic	Strong antioxidant and anti-inflammatory action.
<b>Total Minerals (Ash)</b>	3.2%	Provides essential electrolytes during rehydration.
<b>Soluble Fiber</b>	High	Aids in cholesterol management and bowel regularity.

### Pharmacology of *Peyadi Samsarjana Krama*

The sequential administration from *Peya* to *Mamsarasa* reflects a deep understanding of nutritional biochemistry.

- **Carbohydrate Phase (*Manda* and *Peya*):** These are liquid formulations containing simple carbohydrates and starch. They provide instant cellular fuel for the brain and central nervous system without demanding complex enzymatic breakdown. *Peya* is

*Laghu* (light), *Deepana* (appetizer), and *Vatanulomaka* (maintains the downward movement of gas).

- **Transition Phase (*Vilepi*):** As the *Agni* begins to stabilize, *Vilepi* is introduced. It is semi-solid and contains higher carbohydrate levels than *Peya*. Its sticky consistency aids in coating the intestinal mucosa and providing bulk to the stool, which is essential after the inflammatory irritation caused by purgatives.
- **Protein Phase (*Yusha*):** *Yusha* is made from pulses like *Mudga* (green gram), *Kulatta* (horse gram) which is the most easily digestible legume. *Akruta Yusha* (unseasoned) is given first to provide pure plant protein. Then *Kruta Yusha* (seasoned with fat and spices) is introduced to stimulate bile secretion and activate pancreatic enzymes, preparing the system for heavier nutrients.
- **Complex Nutrient Phase (*Mamsarasa*):** In the final stage, *Mamsarasa* provides animal protein, lipids, and micronutrients such as Vitamin B12, iron, and zinc.<sup>38</sup> This phase focuses on *Brumhana*—regenerating the tissues that were depleted during the purification process.

### Comparative Nutritional Analysis

The therapeutic success of *Ahara Kalpas* is supported by their precise nutritional profiles. The following table highlights the caloric and vitamin distribution as documented in clinical dietetics and Ayurvedic research.

**Table 7: Condition-specific *Ahara Kalpas* in practice.<sup>[39]</sup>**

Clinical Condition	Recommended <i>Ahara Kalpa</i>	Rationale
<i>Jwara</i> (Fever)	<i>Manda / Peya</i> with <i>Shunthi</i>	<i>Dipana, Pachana</i> , relieves thirst
<i>Atisara</i> (Diarrhea)	<i>Peya</i> with <i>Saindhava</i>	<i>Grahi</i> , prevents dehydration
<i>Medoroga</i> (Obesity)	<i>Mudga Yusha</i>	<i>Lekhaniya</i> (scraping), low fat
<i>Kshaya</i> (Emaciation)	<i>Mamsarasa</i>	<i>Brumhana</i> , restores <i>Dhatus</i>
<i>Vatarakta</i> (Gout)	<i>Ksheera</i> with <i>Shastika</i>	<i>Sheeta</i> , pacifies <i>Pitta-Rakta</i>

### DISCUSSION

The integration of *Ahara Kalpas* in *Panchakarma* represents a sophisticated form of "therapeutic fasting" and "regenerative nutrition". From a modern perspective, the *Samsarjana Krama* sequence provides the gastrointestinal tract with the necessary time to replenish acidic and alkaline secretions that were disturbed during *Vamana* and *Virechana*. By starting with *Manda* and *Peya*, the body receives simple glucose molecules that fuel cellular recovery without placing a demand on the liver or gallbladder.<sup>[40]</sup> The subsequent

introduction of *Yusha* and *Mamsarasa* mirrors the increasing complexity of protein and lipid metabolism. Plant proteins in legumes are easier to hydrolyze than animal proteins, allowing the *Dhatvagni* to rebuild systematically. This graduated approach prevents the formation of *Ama*—the intermediate metabolic toxins that arise from undigested food—which is the root cause of almost all chronic diseases in Ayurveda. The comparative study of the *Brihat Trayi* reveals that while the core principles are consistent, each text adds unique clinical value. *Charaka* provides the system's logic, *Sushruta* ensures the patient's structural integrity (*Bala*), and *Vagbhata* integrates these into an accessible daily regimen. Modern studies further validate this by showing that *Panchakarma* combined with Ayurvedic nutrition significantly reduces BMI, fat mass, and fasting glucose levels, especially in individuals with a *Kapha prakruthi* (constitution).<sup>[41]</sup> Furthermore, the modulation of gut microbiota through these protocols offers a promising avenue for treating autoimmune and inflammatory disorders.<sup>[42]</sup>

## CONCLUSION

Dietary formulations (*Ahara Kalpa*) function as the foundational metabolic substrate, acting as both the primary energy source for biochemical shifts and a crucial driver for the systematic rebuilding of bodily tissues. The structured administration of *Manda*, *Peya*, *Vilepi*, *Yusha*, and *Mamsarasa* provides a scientifically sound bridge for the body to transition from acute detoxification to long-term health. By adhering to the principles of *Samsarjana Krama*, the physician ensures that the benefits of *Shodhana*(purification) are stabilized and that the *Agni* is restored to its optimal functional state. The synthesis of classical textual guidelines with modern nutritional data confirms that these ancient protocols are not only relevant but essential in the contemporary management of complex metabolic and lifestyle disorders.

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