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Introspection into the *Guna* Wisdom of Ayurveda– A Review From the Clinical Perspective

Abhilash Mangampadath¹

¹- Assistant Professor, Department of Kriya Sharir, Government Ayurveda College, Kannur, Kerala, India

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Corresponding author-

Abhilash Mangampadath

Assistant Professor, Department of Kriya Sharir,
Government Ayurveda College, Kannur, Kerala,
India,

Email-abhilash@ayurvedacollege.ac.in

ABSTRACT:

The clinical scenario in Ayurveda is currently positioned at a juncture where there is immense demand for standardization and development. Researchers are running after the methods to tackle the issues of individual variations and lack of reproducibility when it comes to the systematic practice of Ayurveda. Under these circumstances, the *guna* spectrum in Ayurveda, often neglected as a philosophical area that do not have direct clinical applications needs to be revived so that the quintessence of Ayurvedic clinical decision making is translated into the research arena. For this purpose, a thorough analysis of the concepts and their in-depth meaning has to be considered. Also, critical introspection into the current status and its background realities with focus on the systematic narration of Ayurveda is needed like the classification of *gunas* based upon their clinical importance and therapeutic potentials. This article tries to incorporate this aspect into the science of Ayurveda in light of the clinical and philosophical understanding making it more comprehensive and clinical friendly.

Keywords:

Guna, Dosha, Prakriti, Ayurvedic clinical practice, Philosophy

INTRODUCTION

Emerging from the thoughts and visions of philosophical ultimatum, Ayurveda encompasses many concepts which are unique and practical oriented. Comprehension of those concepts makes the way forward for the practice of Ayurveda in its true sense¹. If not completely understood or if partially understood, it can make huge differences in the choice of treatments and drugs and may eventually worsen the health condition of the patient or of the individual who is in pursue for positive health.

‘Science’ is the systematic study of any aspect of the concerned factor; which can be anything and depending on which different disciplines of science have been evolved.

For this purpose, the only requisition is that the available facilities and evidences should be considered and used to their maximum in order to extract the ‘truth’ from within. The truth that comes out is none other than the science for the time being. While analyzing the conceptualization in Ayurveda, we can notice that the narrators of *Samhita* time have followed such a path that there was no other science to compete with and to compare with the solid fundamentals for the practice of Ayurveda. In other words, they were the most up-to-date medical literature available at that time. But, living in the glory and boasting the deeds of the forefathers does not bring honor to the current



generation. There is a herculean task ahead of us in order to transform the knowledge database to be applied in today’s scientific platform. The lack of developments for centuries has taken away the intellectual advantage from us, so that we cannot directly apply the textual references in the current scenario rendering us to ‘paper tigers’ for the time being.

The bridging between theory and practice is as important in Medicine as the meaning of each word is important for a language. Also, it is neither the theory nor the practice that has to be blamed for the lack of development in the field of Ayurveda; but it is the absence of connection between these two². Currently, there is either no connection or the connection is not real. This scenario is a driving force in explaining things in an analytical style in this work. In the texts, the principles and practices of Ayurveda are explained in a mixed manner. It contains lots of clinical observations; but there are some expressive exaggerations also which only reflects the style of narration during the *Samhita* period. We have to separate between this ‘science’ and ‘exaggerations’ in order to first convince ourselves, then to convince the society that Ayurveda upholds a scientific intend.

Most importantly, only an analytical approach can add to the confidence of the practitioner on the expectations and outcome of treatment in a clinical condition. If we are distinct about what are the physical facts³, what are the applied facts, what are the metaphysical facts⁴ and what are the poetic exaggerations mentioned in Ayurveda; no one can blame Ayurveda to be superstitious and outdated. Accepting the clinical evidence, but keeping the conceptual part still in a cocktail form is never going to help Ayurvedic practice in its long run. So, as far as we are concerned, understanding and application are obverse and reverse of the same coin. Why do the intellectual exercises in Ayurveda often end up in ‘beating around the bush’ manner? The answer is the lack of in-depth analysis of *guna* aspects. The *gunas* should be studied like a periodic table being studied in chemistry. They form such an integral part in the study and development of Ayurveda. Instead, we often consider only *doshas* and neglect the inside story of *gunas* which is like learning physics without the fundamental understanding on mathematics. The practice of Classical Ayurveda without developing the so called *guna* aspects is similar to going back to Stone Age and it brings about a number of legal issues where the fundamental right of the patient to get the most apt treatment available is denied.

***Gunas* – The perception, interpretation and application**

Gunas literally means qualities or the good components; while *doshas* means faults or bad components. Whether it is clinically or practically so is worth discussing. Before going detail into it, let us examine the evolution of human body through the transformation process of various components like *panchabhootas*, and try to analyze the role played by or the status of *gunas* and *doshas* in it. The story of evolution of human body is in fact evolution of *doshas* as a result of interactions between *gunas*. The three types of *ahankaras*, transformed from *avyakta* and *mahat*, give rise to the human body in the process of evolution.

The process of evolution narrated in the *Samhitas* are actually from the perspective of perception only and do not seek answer for complicated questions like the origin of universe. Hence, the clarity of this concept is immense. So, whatever may be the order of events in the whole scenario, we are concerned about only what we perceive and how they can be explained on the basis of our fundamental concepts. This attitude is a highly practical one and hence should be appreciated for clinical understanding.

When the basic components of body are considered as *doshas*; those of mind are still called as *gunas*. The reason for this difference is the essence of the connection between *gunas* and *doshas*⁵. Human body consists of *panchabhootas* and *manas*. All these six factors come under the category of *dravya*. The relation between *dravya* and *guna* is an inseparable one. i.e., when any one of the *panchabhootas* is being mentioned, one recognizes it by its properties; keeping in mind that the substance (*bhoota*, in this example) and its properties (*guna*) are different entities. This becomes complicated when a substance (*dravya*) is having different properties and two different substances are having the same property. So, in order to identify the substance having similar properties (*gunas*) in the body, the concept of *doshas* has been introduced. In the case of mind, since both the *dravya* and *guna* are *amoortha*, the chance of *guna* to get misinterpreted with *dravya* is less; hence the term *guna* is retained.

Any substance in this universe is identified, analyzed and categorized according to its *gunas* in different dimensions⁶. When a group of *gunas* can be attributed to a particular *dravya*, the effect of that *dravya* in the body can be inferred from the *gunas*. This is done, again by considering the fact, to which category the sum total of the *gunas* belong; or which of the trio it has similarity with. The differentiation between *gunas* and *doshas* can be more or less compared with Gandhiji’s principle of ‘trying to hate the sin and not the person who does the sin’. In a situation, where a

particular *dosha* is increased or decreased; the treatment principle is based on identifying the *gunas* or their interactions responsible for the condition and treating with their opposite *gunas*. From the clinical perspective; it is not the *karma* (function) of the *gunas* of a particular *dosha*, but that of the opposite *gunas*, which is important. i.e., when *vata* is caused by, say *seeta*, it is the ability to make *swedana* by *ushna* that is acting to alleviate *vata*, whereas by simply avoiding the chance of *stambhana* by *seeta* cannot serve its purpose. Hence, even though the qualities (*gunas*) are opposite, their functions are not always necessarily opposite and are often influenced by the accompanying *gunas* as well as by the *gunas* of the accompanying *doshas*⁷. Solving this clinical puzzle of *dosha-guna* interaction is the essence of genuine Ayurvedic treatment^{8,9}.

So, the ‘goodness’ of *guna* is pertaining to the opposite *gunas* of *dosha* and the ‘badness’ of *dosha* comes only when it is repeatedly stimulated by the same *gunas*¹⁰. In other words, it is not the *doshas* and *gunas* that are responsible for disease and health; but it is the *gunas* of *doshas* and their complements that are causing disease and health respectively.

Gunās in health and disease – How do they differ?

Ayurveda comprehends a unique conceptualization of *prakriti* (health) and *vikriti* (disease). *Prakriti* denotes individual differences based upon one’s inherent peculiar *dosha* status¹¹. This status is well tolerated by his or her body and thus it will not cause any disease even when apparently it indicates an imbalance. The reason behind this tolerance can also be attributed to the *gunas* linked with the *doshas*. For example, a *kaphapitta* *prakriti* individual will be having *snigdha* as his inherent *guna* and he will be having affinity towards the opposite *guna* (*rooksha*) so as to maintain equilibrium¹². Hence, this *snigdha* as a part of his *dosha* status does not cause disease in his body. But when the same particular *dosha* status and consequent *guna* dominance is attained in another individual in the course of a disease, it can cause disturbances in that individual’s *dosha* equilibrium; hence denoted as *vikriti*.

It is not that much easy to differentiate between these health and disease states owing to the intrinsic and extrinsic interactions and their reflections in the body. But, identifying *prakriti* in a holistic way based upon the concerned *gunas* and their practical implications can make the task a little easier and can give hints to the course and prognosis of the disease since the same *gunas* are responsible for health and disease in different *prakriti*

individuals. This can be used to decide on the diet and lifestyle practices of Ayurveda in a better way¹³⁻¹⁷.

How to give weightage to a *guna* when multiple *gunas* are involved?

While planning a treatment protocol to alleviate a particular *dosha*; the diet^{18,19}, medication and therapeutic procedures²⁰ are determined giving importance to the *guna* opposite to the causative *guna*. But, in conditions where multiple *gunas* and *doshas* are involved, the choice between different *gunas* depends upon several principles, which can be elaborated as follows. This discussion can be started from the consideration of dominant and recessive *gunas*.

Among the 10 sets of *gunas*, each set contain one *guna* that can dominate the other; like *ushna* over *seeta*, *teekshna* over *manda*. This dominance may have different grades in different sets. In the above two examples, it is high grade dominance; but in some cases, like that *sandra* over *drava*, the grade is less. The grade of dominance may also be influenced by the other *gunas* – by their synergistic as well as antagonistic effects on the *gunas* under consideration.

Not only the *doshas*, but also the *dhatu*s as well as *malas* are being driven by their inherent *gunas*. The relation between *doshas* and *dhatu-malas* (*asraya-asrayibandha*) is also due to the presence of nothing else, but *gunas*. So, similarly *doshas* are understood by their inherent *gunas*, *dhatu-malas* are also understood by the intrinsic *gunas*, they also respond to the opposite *gunas* in treatment. When it comes to multiple sites and multiple *doshas*, the issue of whom to target first arises. Under these circumstances, the importance of *sthanika dosha* should come into our mind. Again, *sthanika dosha* is important because of the dominance of particular *gunas* and their interactions in particular sites.

DISCUSSION

How can the *gunas* be better explored? The answer to this question is the applied biochemistry of Ayurveda. The exercise of churning the concept of *dosha* to extract the inherent *guna* component, is helpful to conserve the uniqueness of concepts in Ayurveda. Whatever comparisons or correlations we may do from this platform, they do not harm the essence of the concepts. If someone does the same without this basement, he either loses the identity of Ayurveda or accepts only a theoretical dogma. Clinically, this practice is not so common since the knowledge on *gunas*, both theoretical and practical (collectively called as holistic) is neither upgraded to that

level nor transformed into a workable model. The upgrading of the knowledge and its transformation into a workable model can occur as a simultaneous process. And it results in qualitative assessment of Ayurvedic treatments being made into a scale. If such a scale based on *gunas* is made available for assessment and it is used widely as well as updated with frequent researches; the so-called uncertainty of Ayurvedic treatment can be solved. So, developing a valid and reliable tool to assess the status of *gunas* is the answer for the long-cherished dream of standardization of Ayurvedic diagnosis and treatment. Moreover, it can add to the Excellency of Ayurveda academy also. It increases the confidence in students, teachers, practitioners and researchers. Of the 20 physical *gunas*, 6 can be selected as primary due to their commonness and relation with other *gunas*. These are *seeta*, *ushna*, *guru*, *laghu*, *snigdha* and *rooksha*. The other 14 are secondary since they are connected in some way or the other with the primary *gunas*. Also, beyond these 20 *gunas*, some special *gunas* are there like *vyavayi* and *vikashi* which can be named as tertiary since they are the results of further modifications in the secondary *gunas*. These *gunas*, their nature (dominant or recessive) and their relationship are represented in **table-1**.

CONCLUSION

The answer of why the fundamental works in Ayurveda are stuck to where they have been started lies in the lack of destiny and direction for real progress and updating. The concept of *gunas* is such a neglected area due to the intellectual denial to the progressive works which has its root in the lack of real understanding of basic principles and fear of missing the essence of Ayurveda if exposed to real time testing. When explored for the connection between the concept of *gunas* and their clinical application, it opens up immense possibilities for clinical experimentation and analysis. The consideration of relative dominance and synergetic as well as antagonistic activities between various *gunas* can be a promising link to connect the basic concepts of Ayurveda including *prakriti* and *doshas* to the field of research and Evidence Based Medical Practice.

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Table 1- Classification of *gunas*

Primary <i>gunas</i>		Secondary <i>gunas</i>		Tertiary <i>gunas</i>
Dominant	Recessive	Dominant	Recessive	
<i>Ushna</i>	<i>Seeta</i>	<i>Teekshna</i>	<i>Manda</i>	<i>Vyavayi</i>
<i>Guru</i>	<i>Laghu</i>	<i>Katina</i>	<i>Mridu</i>	<i>Vikashi</i>
<i>Snigdha</i>	<i>Rooksha</i>	<i>Sthoola</i>	<i>Sookshma</i>	<i>Medhya</i>
		<i>Visada</i>	<i>Pichhila</i>	
		<i>Sthira</i>	<i>Sara</i>	
		<i>Sandra</i>	<i>Drava</i>	
		<i>Khara</i>	<i>Slakshna</i>	