

Conceptual Understanding and Clinical Relevance of Gurvadi Gunas in Ayurveda**Dr. Ruita Sudhir Rande**

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Abstract

In Ayurveda, **guna** represents a fundamental attribute of dravya and plays a decisive role in determining its functional and therapeutic actions. Among the various categories of gunas described in classical texts, **Gurvādi guṇas** hold special clinical importance due to their presence in both the human body and medicinal substances. These gunas serve as vital tools for understanding physiological balance as well as pathological deviations. Although classical Ayurvedic literature enumerates the pañcabhautika composition of gunas, a clear and clinically applicable explanation regarding their evolution and manifestation in disease conditions remains limited.

The concept of **bhūtasamyoga**, as elaborated by Vaidya Purushottam Hirlekar, provides a pragmatic framework for understanding the evolution of Gurvādi guṇas through varying combinations and proportions of the pañcamahābhūtas. This approach explains how gunas emerge dynamically and influence doṣa predominance, dhātu involvement, and disease progression. Assessment of diseases based on qualitative changes in gunas allows a deeper interpretation of samprāpti, particularly in complex and chronic disorders.

Application of this conceptual model enables stage-wise evaluation of disease and supports rational selection of therapeutic measures in accordance with the principles of sāmānya-viśeṣa siddhānta. By correlating clinical manifestations with specific gunas, the physician can individualize treatment strategies and improve therapeutic outcomes. Thus, understanding the evolution and application of Gurvādi guṇas offers a valuable diagnostic and therapeutic perspective, reinforcing the scientific relevance and clinical depth of Ayurvedic principles.

Keywords: Gurvādi Guṇas; Bhūtasamyoga; Pañcamahābhūta; Guna Siddhānta; Samprāpti; Clinical Application; Ayurveda

Introduction

Ayurveda, revered as the most ancient comprehensive science of life, accords paramount importance to the concept of **guna**, as it is fundamentally responsible for the diverse actions exhibited by a substance (aneka-karmatva)¹. Every **dravya** serves as the substratum (āśraya) in which **guna** resides, and without dravya, the manifestation of guna is inconceivable². The spectrum of gunas is extensive and multidimensional, hence described as possessing *viśva-lakṣaṇa*—universal characteristics³. In Ayurvedic epistemology, the systematic enumeration of **padārthas** begins with **sāmānya** and **viśeṣa**, owing to their direct applicability in clinical practice, as Ayurvedic therapeutics is firmly rooted in the principle of *sāmānya-viśeṣa siddhānta*⁴.

Following these, **guna** is enumerated prior to **dravya** and **karma**, which itself signifies the extensive functional relevance of guna in comparison to the substance and action. The identity, selection, and therapeutic utility of a dravya are primarily determined by the gunas inherent within it.

Among the various categories of gunas described in classical Ayurvedic literature, **Gurvādi guṇas**, also referred to as **śārīrika guṇas**, occupy a unique position. These twenty gunas possess immense clinical relevance, as the same gunas are inherently present within the human body^{5,6}. In their natural state (*prakṛti*), these gunas remain balanced, whereas in diseased conditions (*vikṛti*), their derangement becomes evident, thereby offering a valuable framework for diagnostic assessment and therapeutic planning⁷.

The classification and conceptualization of gunas in Ayurvedic Samhitās have been profoundly influenced by classical Indian philosophical systems, particularly Nyāya and Vaiśeṣika darśanas⁸. These texts also elaborate on the **pañcabhautika** constitution of gunas^{9,10}. Detailed references are available regarding the sequential evolution of the **pañcamahābhūtas** (*śrṣṭi-utpatti krama*), their **pradhāna guṇas** (innate or specific properties), and **bhūtāntara-praveśa-kṛta guṇas**—those properties acquired during the evolutionary process^{11,12}.

The doctrine of **pañcīkaraṇa**, explained predominantly in Vedānta philosophy, elucidates the formation of gross material substances (*kārya dravyas*) from subtle elements, along with the incorporation of gunas during this transformation. However, despite its philosophical depth, this concept remains insufficiently explicit for direct application in understanding disease pathogenesis and therapeutic decision-making.

An important contribution toward bridging this conceptual gap was made by **Vaidya Purushottam Hirlekar** in his seminal work “*Śarīram Tattva Darśanam Nāma Vātādi Doṣa Vijñānam*”, wherein he attempted to provide a systematic explanation for the **evolution of gunas**¹³. His theory of **bhūtasamyoga**—the combination of mahābhūtas in varying proportions—offers a more pragmatic and clinically applicable understanding of how a wide range of gunas emerge from the five fundamental elements.

It is well established that all gunas invariably reside within a dravya, which acts as their physical support¹⁴, and these gunas are the primary determinants of the pharmacological action of that dravya¹⁵. Guna is that attribute which enables recognition, selection, and therapeutic utilization of a substance, as conveyed by the classical dictum “*Gunyate āmantryate loka anena iti guṇaḥ*”¹⁶.

All material entities are inherently **pañcabhautika** in nature¹⁷. During cosmic evolution, the interaction of **taijasa ahaṅkāra** with **bhūtādi ahaṅkāra** leads to the manifestation of **pañca tanmātras**—śabda, sparśa, rūpa, rasa, and gandha—each corresponding to a specific mahābhūta. From these tanmātras, the **pañcamahābhūtas** emerge sequentially, with each successive bhūta inheriting the gunas of the preceding ones, a process known as **bhūtāntara anupraveśa**¹⁸.

Subsequently, through **pañcīkaraṇa**, each mahābhūta contributes in fixed proportions to form **sthūla bhūtas**, wherein one bhūta predominates while the others remain subsidiary¹⁹. These bhūtas combine in diverse permutations to generate *kārya dravyas* of specific physical forms, a principle universally accepted in Ayurveda²⁰. Though all dravyas are constituted by all five mahābhūtas, they are designated as *pārthiva*, *āpya*, *taijasa*, *vāyavīya*, or *ākāśīya* based on the predominance of a particular element²¹.

Despite detailed enumeration of gunas associated with various dravyas in classical texts, a clear explanation regarding the **origin and manifestation of individual gunas** within dravyas remains largely unexplored. This lacuna becomes particularly significant in the context of Gurvādi guṇas, where their **pañcabhautika** basis is mentioned but not elaborately correlated with disease mechanisms or therapeutic rationale²². Since Ayurvedic treatment fundamentally relies on **pañcamahābhūta** theory and *sāmānya-viśeṣa siddhānta*²³, understanding the evolution of gunas becomes indispensable for rational drug selection and clinical success. In Ayurveda, **gunas** do not exist independently; they invariably reside within **pañcabhautika dravya** and are responsible for the functional expression (*karma*) of that dravya¹⁴. The therapeutic action of any substance can only be understood through the gunas it possesses, as gunas become perceptible solely through the medium of dravya¹⁵. Hence, the classical statement “*Gunyate āmantryate loka anena iti guṇaḥ*” emphasizes that gunas guide the selection of drugs for specific therapeutic purposes¹⁶.

All dravyas are constituted by the **five mahābhūtas**—*pṛthvī*, *jala*, *tejas*, *vāyu*, and *ākāśa*—making every substance inherently **pañcabhautika** in nature¹⁷. During the evolutionary process (*śrṣṭi-utpatti krama*), interaction between **taijasa ahaṅkāra** and **bhūtādi ahaṅkāra** gives rise to the **pañca tanmātras**, namely *śabda*, *sparśa*, *rūpa*, *rasa*, and *gandha*. These tanmātras subsequently lead to the sequential manifestation of the **pañcamahābhūtas**¹⁸.

Each mahābhūta carries its **naisargika guna** (innate quality) and also acquires additional properties from previously evolved bhūtas, termed **ārjita guṇas**. This progressive inheritance of properties is known as **bhūtāntara anupraveśa**.

Thus, ākāśa possesses śabda guna; vāyu carries śabda and sparśa; tejas embodies śabda, sparśa, and rūpa; jala contains śabda, sparśa, rūpa, and rasa; while pṛthvī encompasses all five—śabda, sparśa, rūpa, rasa, and gandha¹⁸.

Following this subtle evolution, the process of **pañcīkaraṇa** facilitates the formation of gross elements (*sthūla bhūtas*). According to this doctrine, each bhūta is divided into two halves, one of which further subdivides into four equal parts. The half portion of one bhūta combines with one-eighth portions of the remaining four bhūtas, resulting in a gross element predominated by one bhūta while retaining contributions from all others¹⁹. Consequently, every material substance contains all five bhūtas, differing only in their proportions.

Ayurveda unequivocally accepts that **kārya dravyas** arise from different permutations and combinations of mahābhūtas²⁰. Although all dravyas are pañcabhautika, they are designated as pāṛthiva, āpya, taijasa, vāyavīya, or ākāśīya based on the dominance of a particular bhūta²¹. Each category of dravya exhibits characteristic gunas reflective of its predominant mahābhūta.

Classical Ayurvedic texts enumerate the **gunas associated with different pañcabhautika dravyas**, yet they do not elaborate on the precise mechanism through which these gunas originate or manifest within substances. In the context of **Gurvādi guṇas**, the pañcabhautika basis of each guna is described, but without a dynamic explanation of their evolution²². Since Ayurvedic treatment is fundamentally grounded in pañcamahābhūta theory and *sāmānya-viśeṣa siddhānta*²³, this conceptual gap limits deeper clinical application.

To address this lacuna, **Vaidya Purushottam Hirlekar** proposed a practical explanation of guna evolution based on **bhūtasamyoga**—the interaction of mahābhūtas in varying proportions²⁴. According to him, gunas reside in the **nitya (paramāṇu) form** of dravya, while their expression becomes evident in the **anitya (sthūla or kārya) form**²⁷⁻²⁸. Thus, guna represents the inherent potential or power (*vīrya*) present at the subtle level, which manifests as observable action at the gross level.

Supporting this view, classical texts describe **vīrya** as the factor responsible for action—“*Veeryam tu kriyate yena yā kriyā*”—and both **Charaka** and **Suśruta** equate guna with vīrya in functional

terms²⁵⁻²⁶. Among the five mahābhūtas, pṛthvī, jala, tejas, and vāyu exist in both subtle (*nitya*) and gross (*anitya*) forms, whereas ākāśa remains exclusively subtle and all-pervading (*vibhu*)²⁷.

Hirlekar further explains that the interaction of **four bhūtas—pṛthvī, jala, tejas, and vāyu—within ākāśa** gives rise to various pairs of opposing gunas such as snigdha-rukṣa, guru-laghu, and manda-tīkṣṇa²⁹. While classical Saṁhitās attribute the formation of gunas to all five bhūtas, this interpretation allows a functional understanding wherein dominance or diminution of specific bhūtas determines guna manifestation³⁰.

The pañcabhautika composition of **Gurvādi guṇas** clearly illustrates this principle. For example, **guru** and **manda** gunas arise from the predominance of pṛthvī and jala, whereas **laghu** and **tīkṣṇa** are governed by tejas and vāyu. Similarly, **snigdha** is jala-dominant, **rukṣa** vāyu-dominant, **śīta** influenced by jala and vāyu, and **uṣṇa** by tejas²². These pairings explain the mutually antagonistic nature of many gunas.

Through this conceptual framework, Hirlekar establishes that **gunas are not static attributes** but dynamic expressions resulting from quantitative and qualitative variations in bhūta combinations. This understanding transforms gunas from merely descriptive properties into **functional diagnostic and therapeutic tools**, capable of explaining disease progression, doshic dominance, and drug action at a deeper level³¹⁻⁴⁶.

The concept of **bhinnāmśa anuyoga**, which explains the emergence of various gunas due to differential combinations and sequential interactions of mahābhūtas, has been elucidated comprehensively by **Vaidya Purushottam Hirlekar** in *Śarīram Tattva Darśanam Nāma Vātādi Doṣa Vijñānam*³¹. This conceptual model offers a valuable framework for understanding disease evolution, assessment of doṣa predominance, and rational therapeutic planning in clinical Ayurveda.

It is well recognized that **tridoṣas and saptadhātus** interact in innumerable permutations and combinations, leading to the manifestation of diverse disease conditions. One of the important modes of pathogenesis described in Ayurveda is **vikalpa samprāpti**, wherein disease is assessed based on the fractional involvement (*amśāmśa kalpanā*) of doṣic gunas³⁷. The model proposed by

Hirlekar provides clarity in such assessment by correlating specific gunas with the stage and severity of disease.

Application in Prameha

In the pathogenesis of **prameha**, all patients initially exhibit **kaphaja prameha**, characterized predominantly by **snigdha guna**, resulting from sedentary habits and excessive intake of calorie-dense, unctuous food. At this stage, kapha dominance is evident and the disease remains manageable. However, continued indulgence in **pittakara āhāra-vihāra** leads to the association of **uṣṇa guna** with **snigdha**, resulting in **vibhajana of dhātus** and conversion of the condition into a **saṁsrṣṭa doṣa** state, rendering it difficult to treat (*yāpya*)³⁸.

Further aggravation occurs when **vāta-provoking factors** are introduced, leading to the manifestation of **rukṣa guna**, which causes further depletion and instability of dhātus, eventually making the disease **asādhya**. Conversely, if a **kaphaja pramehī** continues to accumulate **snigdha guna** without pitta association, **guru** and **sthira gunas** become predominant, leading to excessive kapha and meda accumulation and culminating in **sthaulya**. This observation is supported by classical references that identify **snigdha-guru āhāra** as primary etiological factors for obesity³⁹.

Application in Kuṣṭha

In **kuṣṭha**, the involvement of multiple dhātus—particularly **tvak**, **māṁsa**, **rakta**, and **lasikā**—with inherent **snigdha** and **drava gunas** results in a wide spectrum of clinical presentations. The innumerable varieties of **kuṣṭha** arise due to differential involvement of doṣas, dhātus, and gunas, a phenomenon described as *aparisaṅkhyeya*⁴⁰.

For instance, in **kapāla kuṣṭha**, the **snigdha-drava dhātus** come under the influence of **vāta doṣa** through its **rukṣa guna**, leading to skin lesions characterized by dryness, roughness, and hardness. In contrast, **udumbara kuṣṭha** involves predominance of **uṣṇa and tikṣṇa gunas** of pitta acting on **drava dhātus**, resulting in suppuration (*puya*), inflammation (*koṭha*), burning sensation (*santāpa*), and even infestation (*krimi*)⁴⁰.

Application in Raktapitta

In the **samprāpti** of **raktapitta**, pitta aggravated by **nidānas** possessing **uṣṇa**, **tikṣṇa**, **snigdha**, or **rukṣa** properties initially afflicts **rakta**

dhātu, which itself is **drava** in nature³⁵. Due to the similarity in properties—particularly **varṇa** and **gandha**—between **rakta** and **pitta**, **pitta** readily vitiates **rakta**, leading to excessive fluidity (*atisravaṇa*) and movement across dhātus.

The characteristic **visra gandha** observed in **raktapitta** results from the action of **uṣṇa** and **tikṣṇa** gunas of **tejas** on the natural **gandha** of **rakta**. Understanding this **guna-based** interaction enables stage-wise therapeutic intervention. In the early stage, before overt bleeding manifests, **śīta** and **snigdha dravyas** are preferred to pacify aggravated **pitta** and promote **rakta prasādana**. Drugs such as **Sārīvā**, **Uśīra**, **Guḍūcī**, **Nimba**, and **Paṭola** are effective at this stage⁵¹.

When **pitta** becomes associated with **sara guna** and active bleeding ensues, **śīta** and **rukṣa dravyas**—predominantly of **kaṣāya rasa**—become more appropriate. Substances like **Candana**, **Nāgakeśara**, **Kuṭaja**, **Śyōṇaka**, **Vāsā**, and **Pañcavalka** act effectively in controlling **raktasrāva**⁵².

Therapeutic Application in Prameha Variants

In **kaphaja prameha**, drugs possessing **kaṣāya rasa** with pronounced **rukṣa guna** are ideal due to their **pañcabhautika** composition dominated by **pṛthvī** and **vāyu**. In **pittaja prameha**, **tikta rasa dravyas**, though secondarily **rukṣa**, play a crucial role by virtue of their **pittahara** action. For **vātaja prameha**, therapy should emphasize **mṛdu guna** along with **rasāyana effect**, using drugs such as **Āmalakī**, to prevent further **vāta** aggravation and **dhātu** depletion.

Clinical Significance

Thus, assessment of disease through **arṁśāṁśa kalpanā of doṣa gunas** enables a nuanced understanding of pathogenesis and facilitates **precision drug selection**. Rather than treating diseases solely based on nomenclature, this **guna-oriented** approach allows the physician to address the dynamic interplay of doṣas, dhātus, and bhūtas at various stages of disease evolution.

Conclusion

A comprehensive understanding of **gunas** is indispensable for the accurate interpretation of disease processes and their effective management in Ayurveda. Gunas serve as the functional link between **dravya**, **doṣa**, and **karma**, and their assessment provides deeper insight into both

physiological balance and pathological deviation. Merely identifying the involved *doṣas* is insufficient unless their qualitative expression through specific *gunas* is clearly understood.

The attempt made by **Vaidya Purushottam Hirlekar** in his treatise “*Śarīram Tattva Darśanam Nāma Vātādi Doṣa Vijñānam*” to elucidate the **evolution of *gunas*** through ***bhūtasamyoga*** offers a practical and clinically applicable framework. By explaining how varying combinations and proportions of *mahābhūtas* give rise to diverse *gunas*, this concept bridges the gap between classical philosophical doctrines and bedside clinical practice. Understanding disease manifestation as a dynamic interplay of ***mahābhūtas* → *gunas* → *doṣas* → *dhātus*** enables the physician to appreciate the stage-wise evolution of pathology. Such an approach not only enhances diagnostic precision but also supports **rational drug selection**, ensuring that therapeutic interventions are aligned with the qualitative nature of the disease rather than merely its nomenclature.

This conceptual clarity proves particularly valuable in complex, chronic, and multifactorial disorders where disease progression occurs through gradual alteration of *gunas*. By applying the principles of ***aṁśāṁśa kalpanā*** of *doṣic gunas*, the physician can tailor treatment strategies to counteract the dominant and evolving *gunas* at each stage of the disease process.

Furthermore, the practical application of this concept reinforces the relevance of classical Ayurvedic principles such as ***pañcamahābhūta siddhānta*** and ***sāmānya-viśeṣa siddhānta*** in modern clinical settings. When *gunas* are systematically assessed and appropriately addressed, therapeutic outcomes become more predictable and effective.

For wider clinical utility, there is a pressing need to develop **standardized assessment tools or questionnaires** for evaluating *gunas* in both health and disease. Such tools would facilitate objective evaluation, enhance reproducibility, and promote evidence-based Ayurvedic practice. Once proper assessment is achieved, treatment becomes more individualized, targeted, and successful.

In conclusion, the conceptual framework of ***guna evolution through bhūtasamyoga*** emerges as a valuable diagnostic and therapeutic model in Ayurveda. Its thoughtful application in clinical

practice holds the potential to significantly improve disease understanding, treatment planning, and overall patient outcomes, reaffirming the timeless scientific relevance of Ayurvedic principles^{53,54}.

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