



Review Article

AADHYATMIKA GUNA IN AYURVEDA: A COMPREHENSIVE REVIEW OF THEIR PSYCHOSOMATIC AND CLINICAL SIGNIFICANCE

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ABSTRACT

Ayurveda emphasizes the role of *Guna* (qualities) in understanding *Dravya* (substance) and *Karma* (action). Among the 41 *Gunas* described in classical texts, *Aadhyatmika Gunas* represent psychosomatic attributes influencing health and disease. **Objective:** To systematically review classical references on *Aadhyatmika Gunas* and explore their clinical relevance. **Methods:** Classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and allied commentaries were reviewed. Conceptual analysis was performed and clinical correlations were interpreted. **Results:** Six primary *Aadhyatmika Gunas*- *Iccha*, *Dweshha*, *Sukha*, *Dukha*, *Prayatna*, and *Buddhi* - significantly influence behavioural tendencies, disease pathogenesis, patient compliance, and therapeutic outcomes. They form the psychosomatic foundation of Ayurvedic practice. **Conclusion:** Consideration of *Aadhyatmika Gunas* enhances physician understanding of patient psychology and improves therapeutic success, contributing to holistic healing.

INTRODUCTION

Ayurveda is the traditional Indian system of health science, aims at maintaining equilibrium of the body and alleviating disease through natural resources. The concept of *Guna* (attributes/qualities) forms the core essence of Ayurvedic therapeutics. Treatment through *Dravya* (substance) becomes meaningful only when its *Guna* is properly understood.

The universe, according to Ayurveda, functions through three fundamental entities: *Dravya* (substance), *Guna* (qualities), and *Karma* (action) [1]. *Guna* helps in understanding the modalities of *Dravya*, thereby enabling the expected *Karma* (action). *Dravya* acts as *Ashraya* (substratum), *Guna* as its inherent attribute, and *Karma* as *Gati Swaroopa* (dynamic expression) due to the presence of *Guna* endowed with *Chaitanyatva* (conscious principle).

Ayurveda describes 41 *Gunas*, including the six *Aadhyatmika* (psychospiritual) *Gunas*, which are essential for understanding the relationship between body, mind, and soul [2], *Aadhyatmika Gunas* are unique as they relate directly to *Atma* and conscious experience. Health (*Swasthya*) is defined not merely as physical equilibrium but also as mental and spiritual well-being[3]. Understanding *Aadhyatmika Gunas* is therefore essential for holistic management. The *Aadhyatmika Gunas*, as described by *Acharya Charaka*, provide insight into psychological and spiritual balance.

This review article systematically compiles classical references related to *Aadhyatmika Gunas* from various Ayurvedic texts and explores their clinical relevance.

MATERIALS AND METHODS

This narrative review was conducted through a comprehensive study of classical Ayurvedic texts including *Charaka Samhita*[2,4], *Sushruta Samhita*[3], *Ashtanga Hridaya* [16], and relevant commentaries such as *Chakrapani* and *Shabdakalpadruma*. Secondary literature including contemporary review articles was also consulted. Data were compiled, categorized, and

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analysed under conceptual definitions, classifications, and clinical applications.

RESULTS

The six *Aadhyatmika Gunas* identified are: [5-10].

1. *Ichha* (Desire)– Inclination towards objects or actions.
2. *Dweshha* (Aversion)– Dislike arising from unfavourable perception.
3. *Sukha* (Pleasure)– Favourable sensation experienced by *Atma*.
4. *Dukha* (Pain)– Unfavourable sensation or suffering.
5. *Prayatna* (Effort)– Volitional effort in sustaining life and performing actions.
6. *Buddhi* (Intellect)– Cognitive faculty responsible for knowledge and decision-making.

Clinical observations indicate that these *Gunas* significantly influence disease manifestation, patient compliance, therapeutic response, and psychosomatic conditions such as *Prameha* [12], *Arsha* [13], *Amavata* [18], and *Kushta* [19].

Review of *Adhyatmika Gunas*

Definition of *Guna*

The term *Guna* is derived from the Root “*Guna*” with the suffix “*Gati*”. *Vachaspati* defines *Guna* as ‘*Amantrane | Gunyate amantrane loke anena iti Gunah*’ the one which attracts the world.

Total of 41 *Gunas* mentioned in ayurveda are classified under different categories like 20 *Gurvadi* (physical), 10 *Paradi* (extrinsic), 5 *Sartha* (sensory) and 6 *Adhyatmika* (psychological) in *Charaka Samhita*, Shri Yogendranath Sen additionally included *Manas*, making it 42 *Guna*. Chakrapani defines *Aadhyatmika Guna* as, ‘*Atamanam Adhikrutya Adhyatmah*’ a attribute related to the *Atma*. In context to the *Swaasthya* (health), Concept of *Aadhyatma Dravya Guna Sangraha* is observed [4], comprises of *Mana*, *Manoarth* (objects of mind), *Buddhi*, and *Aatma*. This entire set is responsible for act of *Subha* (auspicious), *Ashubha* (ominous), *Pravrutti* (initiation), *Nivrutti* (separation) respectively.

Context about *Guna* in Classics

***Ichha* (Desire):** The term *Ichha* is derived from *Eesha*, *Sha*, accomplished with *Tap*. Grammatically this term is defined as desire toward an object for oneself or others. The desires are related to, *Kama*– sexual desire, *Abhilasha*– desire for food, *Raga*– attachment, *Sankalpa*– determination, *Karunya*– compassion, *Vairagya*– detachment, *Upadha*– deceptive desire and *Bhava*– hidden desire. *Amarakosha* describes *Ichha* are of 2 kinds as *Phala Ichha*– desire for favourable outcome *Upaya Ichha*– desire to perform action for goal completion.

2. *Dweshha* (Aversion): The term *Dweshha* is derived from *Dwish* and *Bhave*. This is considered as aversion arising from anger. Thus, the aversion of anger is expressed as *Tanmayatajanita*– based on previous experience, *Drishhta Visheshaja*– by seeing an act (e.g., *Drishhaja Chardi*) and *Jati Visheshaja*– aversion between races/species.

3. *Sukha* (Pleasure): The word derived from *Sukh* and *Acha*, that which produces favourable sensation to *Atma*. Produced from *Dharma* and gives pleasure. It is also defined as the one which gives *Anakula vedana* (devoid of pain) to the *Aatma* [8]. It is produced from action of *Dharma* and it always gives pleasure to the person.

4. *Dukha* (Pain): The word derived from *Khan*, that which produces unfavourable sensation to *Atma*. It has been commented as one which causes *Pratikula Vedana* (pain) to the *Atma* [9]. *Dukha* is also considered as *Roga* (disease). In *Shabdakalpadruma* *Dukha* are classified as, *Adhyatmika* (internal pain), *Adibhoutika* (external pain) and *Adidaivika* (supernatural or divine pain). The internal pain are again considered of *Sharirika* (bodily pain) caused by disorders of the *Doshas* (*Vata*, *Pitta*, *Kapha*), diseases, or physical injuries and *Manasika dukkha* arising from negative emotions and mental states like *Kama* (lust), *Krodha* (anger), *Lobha* (greed), *Moha* (infatuation/ignorance), *Bhaya* (fear), *Irshya* (envy) and *Vishada* (grief/ depression). External pain is caused by other living beings or physical elements of the world likewise harm caused by animals, insects, or other people. Supernatural/divine pain caused by natural forces, disasters, or unforeseen events that are beyond human control. Examples include earthquakes, floods, famine, or atmospheric disturbances.

5. *Prayatna* (Effort): This word is derived from *Pra* suffixed with *Yat*, a primary effort in performing action. These efforts are of *Jeevana Purvaka Prayatna* – Effort for continuation of life (e.g., respiration) and *Ichha-Dweshha Purvaka Prayatna*– effort driven by desire/aversion as described in *Prasasta pada*. It occurs due to association of *Indriya* (sense organs), *Mana*, and *Atma*. In context of *Shabdakalpadruma* the *Prayatna* are again tried to interpreted as *Pravritti Rupa* put forwarded by desire, *Nivrutti Rupa* by aversion and *Jeevana Yoni Rupa* for the continuation of life.

6. *Buddhi* (Intellect): *Buddhi* is derived from words *Budh* and *Klin*, that which is the cause of knowledge. It distinguishes truth from falsehood, manages rational decision-making, and guides consciousness toward higher understanding. The *Buddhi* is of distinguished as *Smriti* and *Anubhava*. The knowledge occurs due to

Smarana (recollection) or recollecting the previous knowledge is called *Smrithi* (memory)^[11]. This is recollection of the *Jnyana* perceived through *Drushta* (seeing), *Shruta* (hearing), *Anabuta* (experiencing). This may be of acquiring knowledge while *Bhavita-Jnyana* acquires in the state of sleep and *Abhavita* - in the awoken state. *Anubhava* is the Knowledge acquires other than *Smriti* (memory). i.e. direct experience other than memory.

Clinical applications of *Adhyatmika Gunas*

The *Adhyatmika Guna's* have major role in the clinics. While narrating the psychosomatic factors influencing the disease Ayurveda described the utility of the *Adhyatmika Guna*. Meanwhile in the management, concept of *Upashaya* (reliving factors) and *Anupashaya* (aggravating factors), *Chikitsa upa karma* (treatment plan) are based on these *Guna*.

Interventions of *Adhyatmika Guna*

Iccha and Disease Initiation

Iccha (desire) represents the fundamental motivational force. When regulated, it promotes survival and social harmony. However, unrestrained *Iccha* leads to indulgence in incompatible dietary habits, addictions, or emotional attachments, thereby disturbing *Dosha* equilibrium. For instance, in *Prameha*, excessive indulgence in *Madhura Ahara*, sedentary lifestyle, and habitual comfort-seeking behaviors (*Asya Sukha*, *Swapna Sukha*) reflect pathological *Iccha*.^[12] Here, desire overrides *Buddhi* (discriminative intellect), leading to *Kapha* aggravation and metabolic dysregulation.

Similarly, in *Rakta Kshaya*, craving for sour and cold substances represents compensatory *Iccha* driven by internal deficiency.^[16] This demonstrates that *Iccha* may serve both as a pathogenic indicator and diagnostic clue.

Dweshha and Defensive Pathophysiology

Dweshha (aversion) emerges from unpleasant sensory or emotional experiences. It often reflects protective responses but may also contribute to disease progression. In conditions such as *Drishhaja Chardi*, visual stimuli evoke immediate aversion leading to vomiting.^[17] This illustrates the direct impact of *Dweshha* on autonomic responses. Furthermore, in chronic disorders requiring purification therapies (e.g., *Kushta* management through *Vamana* or *Virechana*), patients may develop aversion toward therapeutic procedures due to diminished *Satwa*.^[19] This psychological resistance influences compliance and treatment success. Thus, *Iccha* and *Dweshha* function as regulatory polarities that shape behavioral choices and physiological reactions.

Sukha and *Dukha*: Experiential Dimensions of Health

Ayurveda defines health not merely as absence of disease but as equilibrium accompanied by subjective well-being.^[3] *Sukha* and *Dukha* represent experiential correlates of this equilibrium. *Sukha* arises from harmonious interaction between senses, mind, and *Atma*. It reflects physiological balance and ethical conduct (*Dharma*). Therapeutic measures that promote *Sukha* enhance recovery.

In *Shokaja Atisara*, the use of *Harshana Chikitsa* (cheerful interventions) aims to restore emotional balance and induce *Sukha*, thereby arresting disease progression.^[14] This highlights Ayurveda's recognition of emotional therapy long before the advent of psychosomatic medicine. Similarly, in *Amavata*, patients with predominant *Sheeta Guna* experience relief from warmth-inducing therapies such as *Swedana*.^[18] The relief experienced (*Sukha*) becomes both subjective validation and clinical indicator of appropriate treatment.

Dukha as Pathogenic and Therapeutic Factor

Dukha represents unfavorable sensation or suffering. It may arise due to physical strain, psychological distress, or *Dosha* imbalance. Prolonged sitting leading to anorectal disorders such as *Arsha* illustrates *Dukha* as a pathogenic contributor.^[13] Conversely, certain therapeutic measures intentionally produce temporary *Dukha* (e.g., *Pragada Udwartana* in *Prameha*) to achieve long-term correction.^[15] This duality underscores that *Dukha* is not inherently detrimental; its clinical significance depends on context and purpose.

Buddhi: Cognitive Determinant of Therapeutic Outcome

Buddhi (intellect) is the faculty responsible for discernment, memory, and judgment. Classical texts describe *Buddhi* as the cause of knowledge (*Jnanakarana*).^[10] In clinical settings, *Buddhi* operates at two levels: Physician's *Buddhi*- Diagnostic reasoning, selection of appropriate *Dravya*, assessment of *Dosha-Dushya* interactions, and evaluation of *Rogi Bala*. Patient's *Buddhi*- Understanding instructions, adhering to *Pathya-Apathya*, recalling dietary restrictions, and maintaining discipline.

Defective *Buddhi* (*Prajnaparadha*) is recognized as a primary cause of disease in Ayurveda. Impaired judgment leads to improper choices, disrupting *Dosha* balance. Thus, strengthening *Buddhi* through counselling, ethical conduct, and education becomes integral to preventive medicine. Modern parallels may be drawn with cognitive-behavioral frameworks, where maladaptive beliefs influence health

behaviors. Ayurveda, however, integrates cognitive correction within spiritual and ethical refinement.

Prayatna: Volitional Effort in Healing:

Prayatna refers to conscious effort directed toward sustaining life or achieving goals. In therapeutics, *Prayatna* reflects collaborative engagement between physician and patient. Physician-driven *Prayatna* involves accurate diagnosis, meticulous planning, and appropriate drug selection. Patient-driven *Prayatna* includes compliance, exercise, dietary discipline, and lifestyle modification. Without *Prayatna*, even the most effective medicine may fail. Hence, Ayurveda emphasizes shared responsibility in healing.

DISCUSSION

Ayurveda is based on *Hetu* (cause), *Linga* (symptoms), and *Oushadha* (medicine). *Aadhyatmika Gunas* bridge the gap between physical pathology and psychological response. Unlike physical *Gunas* that influence *Dosha* directly, these *Gunas* regulate motivation, cognition, emotional response, and behavioural effort. A physician well-versed in these principles can better understand patient psychology and optimize clinical outcomes. In modern conceptual parallels, these *Gunas* may be compared to motivational drives (*Ichha*), avoidance mechanisms (*Dweshya*), affective experiences (*Sukha-Dukha*), executive functioning (*Buddhi*), and behavioral activation (*Prayatna*). However, unlike contemporary psychological models, Ayurveda integrates these within a unified biopsychospiritual framework. Therefore, understanding these *Gunas* ensures individualized and holistic management.

Limitations and Future Scope

While classical texts provide rich conceptual descriptions, empirical validation of *Aadhyatmika Gunas* in modern clinical research remains limited. Future interdisciplinary studies integrating Ayurveda with psychology and behavioral sciences could provide measurable parameters for these *Gunas*. Development of assessment scales for *Ichha*, *Dweshya*, *Sukha*, *Dukha*, *Buddhi*, and *Prayatna* may facilitate evidence-based validation.

CONCLUSION

Aadhyatmika Gunas play a significant role in disease manifestation and therapeutic success. *Ichha* and *Dweshya* function as motivational polarities influencing dietary habits and lifestyle choices. *Sukha* and *Dukha* correspond to subjective experiences of equilibrium and imbalance. *Buddhi* governs discrimination and decision-making, while *Prayatna* reflects active participation of both physician and patient in the healing process. These *Gunas* integrate psychological and somatic aspects, reinforcing

Ayurveda's holistic framework. Their assessment enhances individualized care and strengthens physician-patient interaction.

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