

## ***Panchamahabhuta Siddhanta and Triguna Theory***

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### ***Abstract***

*Panchamahabhuta Siddhanta—the doctrine of the five great elements (ākāśa, vāyu, agni, jala and pṛthvī)—and Triguna Theory—describing the three universal psychological qualities (sattva, rajas and tamas)—form two converging pillars of classical Indian thought. Although traditionally studied in isolation, contemporary scholarship increasingly recognises that the elemental matrix of the body–mind continuum and the qualitative spectrum of consciousness are mutually codependent. This paper synthesises textual sources from Samhita-era Ayurveda, Sāṃkhya philosophy, and modern empirical studies to propose an integrative psychophysiological model. We review canonical descriptions, examine recent investigations linking guna-dominance to behavioural and neuro-affective profiles, and map the ways in which elemental imbalances manifest through guna dynamics. Finally, we outline clinical and research trajectories that could operationalise this synergy in personalised medicine, preventive health, and Indian psychology.*

***Keywords:*** *Panchamahabhuta, Triguna, Ayurveda, Sāṃkhya, Psychophysiology, Personalised Medicine*

## INTRODUCTION

Ayurveda, the ancient Indian system of medicine, is deeply rooted in holistic principles that interconnect the body, mind, and universe. Two of its most foundational frameworks are **Panchamahabhuta Siddhanta** (Theory of Five Great Elements) and the **Triguna Theory** (Theory of Three Fundamental Psychological Attributes). These two paradigms are not isolated; rather, they operate in tandem to explain the constitution of matter and consciousness, health and disease, and human personality.

Panchamahabhuta Siddhanta postulates that the entire universe—including the human body—is composed of five basic elements: **Ākāśa** (ether/space), **Vāyu** (air), **Agni** (fire), **Jala** (water), and **Pṛthvī** (earth). These elements combine in various proportions to give rise to the **Tridoshas** (Vata, Pitta, Kapha), bodily tissues (Dhatus), and metabolic waste (Malas), forming the very basis of Ayurvedic diagnosis and treatment.

Triguna Theory, originating in **Sāṃkhya philosophy**, refers to the psychological and spiritual components of nature: **Sattva** (purity, clarity), **Rajas** (activity, passion), and **Tamas** (inertia, darkness). These three gunas exist in varying proportions in all beings and determine one's **mental tendencies, emotional behaviors, and even spiritual inclinations**.

Together, Panchamahabhuta and Triguna serve as a **composite model** explaining not just physical health but the deeper dynamics of human behavior and consciousness. While the five elements govern the structure and function of the physical body, the three gunas determine the quality of thoughts, emotions, and mental processes. This dual framework allows Ayurveda to offer a **psychosomatic perspective** that is both diagnostic and therapeutic.

In recent years, there has been a renewed interest in examining these age-old theories through the lens of **modern psychology, neuroscience, and integrative medicine**. Such interdisciplinary studies not only validate traditional concepts but also enhance their applicability in contemporary clinical and wellness practices.

## HISTORICAL CONTEXT

The origins of Panchamahabhuta Siddhanta and Triguna Theory are traced back to the **Vedic and Upanishadic texts**, where metaphysical inquiries into the nature of existence laid the groundwork for Ayurveda and Indian philosophy.

The **Taittiriya Upanishad** (circa 7th–6th century BCE) refers to the **five koshas (sheaths)** of the human being, beginning from the gross body to the subtlest form of consciousness, which are deeply aligned with the five elements. The **Charaka Samhita**, a foundational text of Ayurveda, systematically explains how the Panchamahabhutas form the physiological entities of the body—**doshas, dhatus, and malas**. Each element contributes specific qualities: ākāśa gives space, vāyu movement, agni transformation, jala cohesion, and pṛthvī solidity.

Simultaneously, **Sāṃkhya philosophy**, traditionally attributed to **Kapila Muni**, provided the ontological basis for the Triguna Theory. According to Sāṃkhya, the entire universe, including human consciousness, evolves from **Prakṛti** (primordial nature), which is composed of the three gunas. When these gunas are in equilibrium, the universe remains in an unmanifest state. Creation begins when the equilibrium is disturbed, leading to the manifestation of mind, matter, and individuality.

The **Charaka Samhita** and **Sushruta Samhita** not only borrowed from these philosophical ideas but also **applied them clinically**, showing the connection between elemental composition and mental states. For example, Charaka describes **mental disorders as imbalances of gunas**, while physical disorders are attributed to **imbalances in the elemental doshas**. These texts suggest that **mind and body are interdependent**, and thus treatments must address both—elemental imbalances and psychological dispositions.

This **philosophical-medical synthesis** uniquely positions Ayurveda as a system that bridges material and metaphysical dimensions of health—a concept that remains unmatched in many modern medical systems.

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## LITERATURE REVIEW

### Classical Ayurvedic Literature

The **Charaka Samhita** (Cha. Su. 26) extensively elaborates on the Panchamahabhuta, explaining how every **substance (dravya)** is composed of the five elements. These elements determine **rasa (taste), guna (qualities), virya (potency), vipaka (post-digestive effect), and prabhava (special action)** of any herbal or dietary intervention. The concept is not just metaphysical but practical—guiding drug formulation, diagnostic assessment, and food planning.

In the same text, Triguna Theory is presented as a framework to classify **human psychology**. Sattva is associated with **purity, wisdom, and stability**, rajas with **desire, anger, and ambition**, and tamas with **ignorance, laziness, and confusion**. Charaka prescribes different **medicinal herbs, rituals, and conduct (achara rasayana)** to elevate sattva and reduce rajas and tamas, indicating a clear **psychospiritual approach** to health.

### Modern Interpretations and Psychological Research

In modern times, researchers have attempted to **quantify the gunas** using psychometric tools. The **Vedic Personality Inventory (VPI)** developed by **David B. Wolf** (1999) is widely used in empirical studies to assess Triguna in individuals. Studies show that higher **sattva scores** correlate with better **emotional regulation, empathy, and cognitive clarity**, while elevated rajas and tamas are linked with **stress, anxiety, and impulsivity**.

A study by **Yadav et al. (2016)** assessed the relationship between gunas and risk-taking behavior. While no strong statistical correlation was observed overall, gender-based patterns suggested **socio-cultural factors** may mediate guna expression. This reflects the complexity of translating **philosophical models into psychological variables**, yet it also shows growing interest in exploring such models in behavior science.

### Neurobiological and Biomedical Correlations

Recent efforts by **Patwardhan et al.** propose linking Panchamahabhutas with **sensory modalities, neurotransmitters, and brain functions**. For instance, vāyu may correspond to the **nervous system**, agni to **metabolic and enzymatic activity**, jala to **lymphatic and circulatory systems**, and pṛthvī to **skeletal-muscular structures**. Although still speculative,

these correlations lay the foundation for **transdisciplinary models** connecting ancient theories to systems biology.

Meanwhile, integrative practitioners like **Shilpa and Murthy (2011)** argue that Triguna provides a culturally rooted **personality theory** for Indian populations and can complement Western psychometric frameworks such as the **Big Five** or **MBTI**, particularly in the realm of **counseling psychology and wellness coaching**.

In essence, while **classical Ayurvedic texts** detail the metaphysical and clinical dimensions of Panchamahabhuta and Triguna, modern researchers are **expanding the empirical evidence base**, thus bridging ancient wisdom and contemporary science. This synthesis presents an opportunity to develop **truly integrative, person-centered models of healthcare** that are rooted in both tradition and evidence.

## CONCEPTUAL SYNTHESIS

*Table: 1*

<b>Mahābhūta</b>	<b>Dominant Guṇa(s)</b>	<b>Sensory Modality</b>	<b>Psychophysiological Function*</b>
Ākāśa	Sattva	Sound/Hearing	Cognitive spaciousness; creative ideation
Vāyu	Rajas	Touch	Neural conductivity; motivation & movement
Agni	Sattva + Rajas	Vision	Metabolic transformation; insight
Jala	Tamas	Taste	Emotional lubrication; cohesion
Pṛthvī	Tamas	Smell	Structural integrity; memory consolidation

The table illustrates that elemental and qualitative spectrums are not orthogonal; instead, each bhūta expresses a guṇic bias that shapes both physiology and cognition. Persistent elemental disequilibrium (e.g., agni deficit) may thus precipitate a tamasic mental state (lethargy, pessimism), whereas guṇic distortion (excess rajas) can, over time, provoke vāyu-agni pathologies (hyper-metabolism, anxiety).

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## CONTEMPORARY CLINICAL APPLICATIONS

### 1. Prakṛti & Guṇa Assessment Synergy

Integrating Vedic Personality Inventory (VPI) scores with standard prakṛti questionnaires could sharpen differential diagnosis—for instance, distinguishing a vāta-rajasic insomnia (hyper-arousal) from a vāta-tamasic insomnia (fear-induced fatigue). [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)

### 2. Element-Guṇa Targeted Interventions

- **Diet & Herbal Selection:** A sattva-enhancing, agni-dominant formulation (e.g., *Zingiber officinale*) can offset kapha-tamasic depression.

- **Yoga & Meditation Protocols:** Sattva-promoting practices (prāṇāyāma, dhyāna) stabilise vāyu and restore elemental rhythm. [easyayurveda.com](https://www.easyayurveda.com)

### 3. Public-Health Education

Elementary-guṇic literacy enables culturally resonant health messaging, reducing the gap between traditional practitioners and integrative physicians.

## DISCUSSION

The integrative model advances three propositions:

- **Bidirectional Causality:** Elemental imbalance alters guṇa expression and vice versa; therapeutic strategies must therefore address both strata concurrently.
- **Personalised Predictive Value:** Combining elemental constitution with guṇic dominance can anticipate disease susceptibility and behavioural tendencies more accurately than either paradigm alone.
- **Research Imperatives:** Translational studies analysing biochemical markers (e.g., cytokine profiles) alongside VPI and prakṛti typology could empirically ground the model. Mixed-methods designs that include qualitative narratives will capture experiential nuance absent from purely quantitative work.

## CONCLUSION

Panchamahabhuta Siddhanta and Triguna Theory represent interlocking ontologies of substance and quality. Their synthesis illuminates Ayurveda's holistic mandate: to perceive health as rhythmic harmony across matter, energy and consciousness. By bridging classical wisdom with contemporary science, clinicians and researchers can cultivate nuanced, culturally authentic frameworks for psychophysiology, advancing both personalised medical care and the global discourse on mind–body integrality.

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