

THE PSYCHODYNAMIC PARADIGM OF TRIGUNA IN MENTAL HEALTH: A CLASSICAL SAMHITA SIDDHANTA REVIEW

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ABSTRACT

Background: Contemporary psychiatric frameworks focus heavily on neurochemical models, often overlooking the deeply rooted cognitive-philosophical structures of the mind. Classical Ayurveda offers a comprehensive psychodynamic model built upon the Triguna framework—Sattva, Rajas, and Tamas—to explain both stable psychological constitutions and the pathogenesis of mental disorders. **Aim:** To critically analyze the concept of Triguna in the Brihatrayi and other classical Ayurvedic texts, and to elucidate their systematic significance in understanding and managing mental health. **Brief Review:** This review explores the Vyutpatti (derivation), Nirukti (definition), and functional attributes of Sattva, Rajas, and Tamas. It investigates how Rajas and Tamas act as Mano-doshas (mental morbidities), examines the classification of Manasika Prakriti (mental constitutions), and breaks down the Samprapti

(pathogenesis) of mental disorders when Sattva is obscured. Finally, it outlines the classical Chikitsa Siddhanta (therapeutic principles), emphasizing Sattvavajaya Chikitsa (psychobehavioral restraint). **Conclusion:** The Triguna framework provides an invaluable, non-reductionist approach to mental health. By focusing on enhancing Sattvabala (psychological resilience) through structured classical interventions, Ayurveda addresses the root etiological factors of behavioral and mental disharmony.

KEYWORDS: Triguna, Manasika Dosha, Sattvavajaya Chikitsa, Brihatrayi, Samhita

Siddhanta, Mental Health.

INTRODUCTION

The philosophical and clinical architecture of Ayurveda treats the human being as an indivisible conglomerate of Satva (mind), Atma (soul), and Sharira (body), collectively designated as the Tridanda.^[1] Within this holistic tripod, Manas (mind) serves as the central hub for sensory processing, motor execution, and emotional governance. Unlike modern reductionist psychiatry, which often isolates mental phenomena within synaptic clefts and neurotransmitter concentrations, Ayurvedic psychology anchors its diagnostic and therapeutic foundations in the cosmic and biological doctrine of the Triguna—Sattva, Rajas, and Tamas.^[2]

Originating from Sankhya cosmology and seamlessly integrated into Ayurvedic clinical practice, these three primordial attributes dictate the structural, functional, and behavioral disposition of the individual.^[3] Sattva represents purity, illumination, and balance; Rajas signifies dynamics, passion, and agitation; while Tamas embodies mass, inertia, and ignorance. While Sattva is intrinsically devoid of morbidity, Rajas and Tamas are recognized as the Mano-doshas, capable of defiling psychological functions when their homeostatic equilibrium is disrupted.^[4] In an era marked by rising psychological vulnerabilities, cognitive fragmentation, and behavioral disorders, revisiting the classical Siddhanta of the Triguna is essential. This review critically analyzes the textual interpretations, psychopathological mechanisms, and therapeutic frameworks of the Triguna as preserved within the Brihatrayi and their authoritative commentaries.

AIM

To critically analyze the concept of Triguna (Sattva, Rajas, and Tamas) within the Brihatrayi and other classical Ayurvedic texts, and to elucidate their systematic significance in understanding mental health and psychopathology from a classical perspective.

MATERIALS AND METHODS

This study is a narrative and literary review focusing on the fundamental principles of Samhita Siddhanta. The primary source materials comprise the Brihatrayi—namely the Caraka Samhita,^[1] Susruta Samhita,^[5] and Ashtanga Hridaya,^[4] alongside the Ashtanga Sangraha.^[6] To enrich the textual analysis, classical commentaries were thoroughly examined, including the Ayurvedadipika by Chakrapanidatta on the Caraka Samhita,^[7] the Nibandhasangraha by Dalhana on the Susruta Samhita,^[8] and the Sarvangasundara by Arunadatta on the Ashtanga

Hridaya.^[9] Secondary references were sourced from relevant Upanisads, the Bhagavad Gita, and classical textbooks on Padartha Vijnana. The literature search focused on tracking terms such as Triguna, Mano-dosha, Sattvavajaya, Manasika Prakriti, and Manovaha Srotas. The compiled data was critically analyzed and structured into a coherent philosophical and clinical commentary.

Classical Review

Nirukti, Vyutpatti, and Paribhasha of Triguna

The term Guna in Ayurvedic philosophy refers to the fundamental fabric of cosmic intelligence that manifests within individual human consciousness.^[3]

Sattva: Derived from the root word Sat, implying existence, truth, and purity. Sattva is characterized by Prakasaka (illumination) and Prasada (serenity). It is inherently faultless (Dosharahita) and acts as the stabilizing force of the psyche.^[7]

Rajas: Derived from the root Ranj, meaning to color, dye, or attract. It represents the kinetic principle, characterized by Upastambhaka (stimulation) and Cala (mobility). It drives action but also breeds passion, ego, and emotional turbulence.^[10]

Tamas: Derived from the root Tam, meaning to choke, darken, or become stagnant. It is characterized by Guru (heaviness) and Varanatmaka (obscuration). It provides stability and sleep but, when pathological, produces ignorance, delusion, and lethargy.^[10]

The classical text Caraka Samhita describes the mind as a singular entity that appears diverse based on its shifting alignment with these three qualities.^[11]

Textual Citations across the Brihatrayi

The foundational texts maintain a unified stance on the classification of these qualities, though they emphasize different clinical angles. In Caraka Samhita, Sutra Sthāna, the author explicitly defines the etiology of both somatic and psychological disorders. While Vata, Pitta, and Kapha govern physical pathogenesis, Rajas and Tamas are named the dual pathogenic factors of the mind:

रजस्तमश्च मनसो दोषौ, तयोर्विकाराः। कामक्रोधलोभमोहद्वेषेर्ष्यामिमानमदशोकचत्तोद्वेगभयहर्षादियाः।

[१२]

This verse demonstrates that every emotional outburst or chronic behavioral issue is rooted in the excitation of Rajas or Tamas.

Susruta introduces a cosmological perspective in Sharira Sthana, explaining how the individual unrolls from the unmanifest Avyakta through the dance of the Triguna.^[5] He emphasizes that these three qualities are all-pervading (Sarvagata) and co-exist in an interdependent relationship, akin to three strands of a rope weaving individual human experience.^[8] Vagbhata succinctly summarizes this relationship in the opening chapter of Ashtanga Hridaya, declaring that Rajas and Tamas constitute the twin Mano-doshas.^[4] establishing a streamlined diagnostic model for clinical practitioners.

The Doctrine of Manasika Prakriti

A key contribution of the Brihatrayi to psychological medicine is the classification of Manasika Prakriti (mental constitutions), determined by the dominance of specific Gunas during embryonic development (Sukra-Sonita Samyoga)^[13] Caraka provides a highly detailed taxonomy in Sharira Sthana, dividing human mental temperaments into sixteen distinct profiles:^[14]

Sattvika Prakriti (7 types): Characterized by high moral character, purity, self-control, and wisdom. These include the Brahma (pure and equitable), Arsa (devoted to sacred study), Aindra (authoritative and courageous), Yama (unafraid and orderly), Varuna (clean and patient), Kauvera (wealthy and benevolent), and Gandharva (fond of arts and music) types.

Rajasika Prakriti (6 types): Driven by passion, restlessness, pride, and sensory indulgence. These include the Asura (valiant but cruel), Raksasa (gluttonous and angry), Paisaca (deceitful and unhygienic), Sarpa (sharp-tempered and fearful), Prita (covetous and lazy), and Sakuna (passionate and unstable) types.

Tamasika Prakriti (3 types): Marked by ignorance, mental dullness, fear, and lack of hygiene. These include the Pasava (dulled intellect and obstinate), Matsya (unstable and continuously desirous of water or food), and Vanaspatya (completely devoid of ambition and static) types.

Susruta expands this list to eighteen types by adding specific sub-types, illustrating that these psychological profiles help clinicians assess a patient's natural mental resilience (Sattvabala) during clinical evaluation.^[5]

Siddhantika Vivechana

The Dynamics of Mano-Dosha vs. Sharirika Dosha

A foundational axiom of Samhita philosophy is that while Vata, Pitta, and Kapha can act as both physiological structures and pathogenic factors, Sattva can never become a Dosa.^[7] Chakrapanidatta clarifies this by stating that a Dosa must possess the inherent capacity to cause vitiation (Dusana svabhava). Sattva is pure balance; it cannot cause disorder. Therefore, only Rajas and Tamas assume the role of Mano-doshas.^[7]

The somatic and mental Doshas share an intimate, bidirectional relationship. The physical attributes of the Sharirika Doshas complement the energetic qualities of the Mano-doshas:

Vata and Rajas: Vata is inherently Cala (mobile) and Ruksha (dry). It aligns closely with Rajas, which provides the kinetic power for physical movement. When Rajas is elevated, it destabilizes Vata, manifesting as anxiety, panic, and hyper-locomotion.

Pitta and Rajas: Pitta is Usna (hot) and Tikсна (sharp). It relies on Rajas to drive ambition, courage, and concentration. However, an excess of Pitta and Rajas triggers anger (Krodha), jealousy (Irsya), and aggression.

Kapha and Tamas: Kapha is Guru (heavy), Manda (slow), and Sthira (stable). It shares these qualities with Tamas. Normal Kapha paired with stable Tamas ensures healthy sleep (Nidra) and psychological stability. When over-activated, they produce depression (Visada), stupor, and excessive sleep (Tandra).

Pathological Mechanics of Mental Disorders (Samprapti)

The classical pathogenesis of major psychological disorders like Unmada (psychosis) and Apasmara (epilepsy) demonstrates how physical and mental factors intertwine. The Samprapti unfolds through a predictable sequence

Intellectual or behavioral error (Prajñāparādha)

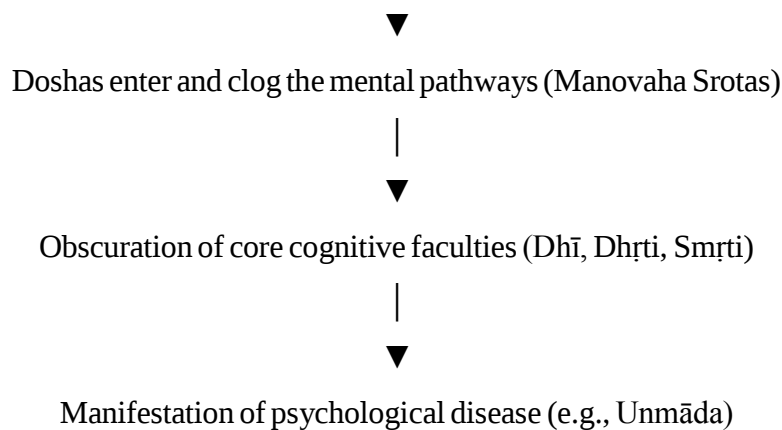


Aggravation of Rajas and Tamas (Mano-doshas)



Vitiation of somatic Doshas (Vāta, Pitta, Kapha)





Caraka stresses that when the Manovaha Srotas (the channels of mental expression) are blocked by these vitiated elements, the individual loses touch with reality. The intellect (Dhi), willpower (Dhriti), and memory (Smriti) undergo complete breakdown (Vibhramsa), leaving the mind vulnerable to environmental stressors.^[15]

Chikitsa Siddhanta

Ayurvedic therapeutics organizes psychiatric care into a clear three-tiered framework (Trividha Chikitsa): Daivavyapasraya (spiritual interventions), Yuktivyapasraya (rational, somatic therapies), and Sattvavajaya (psychobehavioral restraint).^[16]

Sattvavajaya Chikitsa: The Principal Psychotherapeutic Framework

The term Sattvavajaya means conquering or subduing the lower mind to elevate pure consciousness. Caraka provides its definitive clinical definition: Sattvavajayah Punah Ahitebhyo Arthebhyo Manaso Nigraha.^[16] This translates to consciously restraining the mind from unwholesome or harmful thoughts, objects, and sensory experiences.

Unlike modern talk therapy, which often simply revisits past trauma, Sattvavajaya uses active cognitive retraining. It seeks to strengthen Dhriti (willpower), enabling patients to consciously steer their senses away from damaging environments (Asatmyendriyarthasamyoga).

Clinical Integration of Shamana, Shodhana, and Pathya

Nidana Parivarjana (Root Cause Avoidance): The first step in stabilizing Rajas and Tamas is removing the behavioral triggers that provoke them, such as abusive relationships, chaotic environments, or volatile sleep habits.^[17]

Shodhana Chikitsa (Somatic Cleansing): Because physical toxins can cloud mental function, cleansing treatments like Shirodhara, Nasyam (nasal administrations), and Vastis (medicated

enemas) are used to clear blockages in the Manovaha Srotas.^[15] These therapies reduce the physical pressure of excess Vata or Pitta on the mind.

Shamana and Medhya Rasayana (Nootropic Support): Herbs like Brahmi (*Bacopa monnieri*), Mandukaparni (*Centella asiatica*), Shankhapushpi (*Convolvulus pluricaulis*), and Ashvagandha (*Withania somnifera*) are given specifically to nourish Sattva, improve retention, and lower excessive nervous energy.^[18]

Achara Rasayana (Behavioral Rejuvenation): Ayurveda emphasizes that ethical, calm, and truthful conduct acts as a direct behavioral medicine (Rasayana). Practicing kindness, speaking truth, and staying disciplined naturally reduces Rajasic agitation and Tamasic stagnation, fostering a stable, Sattvika mind.^[19]

Academic Matrix

Table 1: Matrix of Triguna Dynamics, Clinical Manifestations, and Therapeutic Targets.

Guṇa	Physiological / Natural Role ^[5,11]	Psychopathological Expressions when Vitiated ^[12,15]	Interacting Śārīrika Doṣa ^[7]	Core Shastriya Therapeutic Target ^[16,18,19]
Sattva	Promotes clarity, wisdom, self-control, happiness, and truth.	None (Sattva is faultless; it cannot become pathological).	None (Acts as a stabilizing force for all physical Doshas).	To be sustained and nurtured using Medhya Rasāyana, Yogābhyāsa, and Ācāra Rasāyana.
Rajas	Drives motivation, physical movement, passion, and enthusiasm.	Triggers anger (Krodha), greed (Lobha), anxiety, jealousy, and restlessness.	Vāta and Pitta	To be pacified using Sattvāvajaya Cikitsā, meditation, and calming, sweet, grounding nourishment.
Tamas	Induces sleep, physical stability, rest, and anchoring.	Causes depression (Viśāda), delusion (Moha), ignorance, and lethargy.	Kapha	To be countered using stimulating treatments (Pratimarṣa Nasya), active exercise, and intellectual study (Vidyā).

Brief Contemporary Relevance

The classical Triguna framework translates directly into contemporary mental healthcare. Modern models frequently categorize psychological disorders as lifetime chemical imbalances, requiring lifelong medication. While pharmaceuticals are useful for acute stabilization, they rarely address the behavioral choices and cognitive style of the patient. Reinterpreting Sattva, Rajas, and Tamas as cognitive-affective processing styles creates a clear,

non-stigmatizing vocabulary for mental health assessment. For instance, Rajasic over-activation closely mirrors modern Type-A behavior patterns, hyper-reactivity, and generalized anxiety disorders. Conversely, Tamasica dominance reflects clinical depression, avolition, and emotional numbness. By applying Sattvavajaya Chikitsa alongside modern lifestyle medicine, clinicians can offer patients practical tools for cognitive restraint. This approach directly addresses the lifestyle errors, screen overexposure, and irregular sleep cycles that strain modern urban public health.^[20]

DISCUSSION

Analyzing the Triguna framework within Samhita literature reveals that classical Ayurvedic psychology treats mental health as a dynamic spectrum rather than a rigid binary of healthy versus diseased. The Mano-doshas—Rajas and Tamas—are not inherently evil; they are essential for human life. Without Rajas, the mind could not process information, initiate work, or adapt to new environments. Without Tamas, the brain could not rest, sleep, or maintain psychological boundaries. Pathology arises only when these two qualities slip out of their natural roles and overwhelm Sattva.

The commentator Chakrapanidatta highlights that the principal diagnostic goal is evaluating a patient's Sattvabala (mental resilience).^[7] A person with high Sattvabala (Pravara Sattva) can process major physical or emotional trauma without developing psychiatric disease. Conversely, an individual with low mental resilience (Avara Sattva) is vulnerable to severe distress from minor life challenges, as their weak Sattva is easily overridden by Rajasic or Tamasic reactions.

A comparative reading reveals subtle differences in emphasis between the Samhitas. Charaka explores Triguna primarily through an internal, cognitive lens, focusing on how intellectual errors (Prajnaparadha) trigger emotional instability. Sushruta approaches the Triguna from a structural, developmental standpoint, showing how embryonic configurations establish long-term mental constitutions (Manasika Prakriti). Vagbhata integrates both views, offering an elegant clinical synthesis that guides doctors to assess the physical Doshas and mental Gunas together during treatment. This holistic approach ensures that Ayurvedic practitioners treat the unique individual experiencing the disorder, rather than just treating a generic diagnostic label.

CONCLUSION

The classical Ayurvedic doctrine of the Triguna offers an elegant, multi-dimensional framework for understanding human psychology and behavioral health. By establishing Rajas

and Tamas as the core drivers of mental morbidity and identifying Sattva as the marker of cognitive balance, the Brihatrayi provides a clear path to root-cause psychiatric care. This model shifts the clinical focus from simply masking symptoms with pharmaceuticals to actively building a patient's psychological resilience (Sattvabala). Future research in Ayurveda should focus on validating structured Sattvavajaya Chikitsa protocols and tracking how Sattvika behavioral changes correlate with objective markers of neuroendocrine health and stress tolerance.

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