

BEYOND THE MIND-BODY SPLIT: HOW CLASSICAL INDIA'S DARŚANAS ANTICIPATED MODERN PSYCHOSOMATIC MEDICINE

***Dr. Mukesh Kumar, Dr. Suman Sarkar**

Assistant Professor, Samhita Siddhanta, Bellay Sankarpur Rajiv Gandhi Memorial Ayurvedic College and Hospital.

Article Received on 15 Sept. 2026,
Article Revised on 05 October 2026,
Article Published on 16 October 2026,

<https://doi.org/10.5281/zenodo.23383894>

*Corresponding Author

Dr. Mukesh Kumar

Assistant Professor, Samhita
Siddhanta, Bellay Sankarpur Rajiv
Gandhi memorial Ayurvedic
College and Hospital.



How to cite this Article: Dr. Mukesh Kumar, Dr. Suman Sarkar. (2026). Beyond The Mind-Body Split: How Classical India's Darśanas Anticipated Modern Psychosomatic Medicine.. World Journal of Pharmaceutical Research, 15(20), 962-980.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Cartesian dualism has historically kept mental and physical ailments in rigid silos, creating persistent bottlenecks in conventional clinical approaches to psychosomatic disorders. Classical Indian philosophical traditions (darsanas), conversely, resolved this split at the foundation itself by treating the psyche and the soma as a single, interdependent continuum. This paper highlights how the systemic formulations of Samkhya-Yoga and classical Ayurvedic sastras anticipated contemporary developments in psychosomatic medicine and psychoneuroimmunology. Under the Samkhya framework, consciousness (purusa) stands apart, while mind (antahkarana) and the physical body (sarira) are both material manifestations of prakrti, differing only in their subtlety through the play of the three gunas. Classical Ayurveda translates this philosophy into bedside clinical reality: saririka dosas (vata, pitta, kapha)

and manasika dosas (rajas, tamas) continually act and react upon each other, establishing that emotional disturbances invariably disrupt somatic balance and vice versa. Moreover, foundational modalities like astanga yoga, pranayama, dharana, and acara rasayana directly correlate with modern scientific concepts of vagal tone modulation, gut-brain signaling, and stress mitigation. A close reading of original textual traditions alongside present-day evidence establishes that ancient Indian thought did not merely try to connect mind and body, but treated them as intrinsically whole. Integrating these classical darśanic insights into mainstream healthcare can provide a sound theoretical grounding for treating lifestyle diseases, functional somatic complaints, and psychosomatic illness.

- The biophysical and tissue-engineering corollaries of the Pancamahabhuta Siddhanta across Ahara (dietetics) and Ausadha (pharmacognosy);
- The neuropsychiatric mechanisms of Sattvavajaya Cikitsa rooted in Samkhya-Yoga epistemology;
- The behavioral and prognostic stratification offered by Triguna Siddhanta;
- The molecular interfaces bridging Tridosa theory with contemporary epigenetics and exposome science;
- The planetary health paradigm inherent in Loka-Purusa Samya; and
- The clinical diagnostic heuristics derived from Karya-Karana Vada (Satkaryavada and Asatkaryavada).

By contextualising classical Sanskrit references alongside modern physiological, neuroendocrine, and epigenetic mechanisms, we outline a comprehensive, non-dualistic paradigm capable of addressing key structural limitations in contemporary psychosomatic and chronic lifestyle disorder management.

KEYWORDS: Psychosomatic Medicine, Darsana, Samkhya, Ayurveda, Epigenetics, Psychoneuroimmunology, Pancamahabhuta, Sattvavajaya Cikitsa, Triguna, Loka-Purusa Samya.

1. INTRODUCTION

Modern medical science is experiencing an acute ontological crisis at the crossroads of chronic inflammatory pathology, functional visceral disorders, and stress-induced neurodegenerative decline. Cartesian dualism—which severed mental operations (*cogitatio*) from physiological mechanisms (*extensa*)—undeniably facilitated modern triage medicine, operative surgery, and targeted pharmacology by reducing complex bodily processes to mechanical components.

However, this reductionist paradigm proves markedly inadequate when dealing with conditions governed by complex psychoneuroimmunological pathways, such as irritable bowel syndrome (IBS), fibromyalgia, tension-type cephalalgia, metabolic syndrome, and autoimmune flares. In such pathologies, the clear-cut boundary between somatic structural lesions and psychological distress dissolves into bi-directional neuroendocrine feedback loops.

Health (svasthya) is therefore defined in classical Indian medicine as a dynamic multi-dimensional equilibrium encompassing humors, metabolic fire, cellular tissues, waste elimination, sensory clarity, mental poise, and existential awareness.

(Susruta Samhita, Sutrasthana 15.41)

By formally mandating prasanna-atma-indriya-manas (luminous serenity of consciousness, senses, and mind) as an indispensable prerequisite alongside metabolic and physical parameters (sama-dosa, sama-dhatu), ancient Indian masters anticipated George Engel's biopsychosocial model by more than two millennia. Crucially, they grounded this holistic vision in rigorous, systematic metaphysical systems: the Darsanas.

This paper examines the epistemological, pharmacological, epigenetic, and clinical mechanics of these classical systems, demonstrating their profound relevance to contemporary psychosomatic medicine, network pharmacology, and systems biology.

2.1 Textual Corpus and Primary Epistemological Sources

This critical analytical study relies on the classical Sanskrit canons of Indian philosophy and clinical medicine:

- The Brhatrayi (The Great Triad): Caraka Samhita (Agnivesa, redacted by Caraka and Drihabala), Susruta Samhita (Susruta, redacted by Nagarjuna), and Astanga Hrdaya (Vagbhata).
- Philosophical Treatises (Sad-darsana): Samkhyakarika of Isvarakrsna, Patanjala Yogasutra, Nyayasutra of Aksapada Gautama, and the Vaisesika Sutra of Kanada.

Critical philological analysis was carried out to isolate precise technical terms (paribhasika sabda) related to psychosomatic etiology, systemic embryology, pharmacological composition, and environmental homeostasis. Sanskrit verses are transcribed in standard Devanagari script, followed by contextual exposition and transdisciplinary cross-reconciliation.

2.2 Transdisciplinary Epistemological Hermeneutics

The methodology employs transdisciplinary conceptual mapping, juxtaposing ancient systemic formulations against contemporary evidence-based medicine.

- Pancamahabhuta Theory is cross-referenced with modern soft-tissue biomechanics, extracellular matrix (ECM) architecture, structural tissue engineering, and structure-activity relationships (SAR) in natural product chemistry.
- Sattvavajaya Cikitsa is analyzed alongside Cognitive Behavioral Therapy (CBT), neuroplastic downregulation, executive prefrontal inhibition of amygdaloid activity, and parasympathetic vagal neuromodulation.
- Triguna Theory is evaluated through translational psychiatric metrics, behavioral compliance scoring, and neurochemical dominance models (dopaminergic/noradrenergic vs. GABAergic/serotonergic systems).

Tridosha and Epigenetics are investigated via modern exposome science, phenotypic plasticity, histone acetylation/methylation patterns, and neuroendocrine-immune signaling axes (such as the Hypothalamic-Pituitary-Adrenal [HPA] and gut-brain axes).

- Loka-Purusa Samya is mapped onto ecosystem stability, circadian chronobiology, and the human-microbiome-environment continuum.
- Karya-Karana Vada is examined as a formal logical method for clinical differential diagnosis, multi-factorial etiology, and translational research design.

Akasa (Spatial Non-Resistance): Defines interstitial porosity, capillary lumen space, structural open volumes, and cellular freedom of translation. Tissue regeneration fails without this spatial organization; excessive structural density prevents neovascular ingrowth and causes ischemic necrosis.

The development of bio-mimetic scaffolds in modern regenerative medicine mirrors these elemental ratios. Scaffolding must balance compressive modulus (Prthvi) with interconnected pore morphology (Akasa) to preserve cellular perfusion (Jala/Vayu) and localized bioenergetics (Agni).

Classical Indian pharmacology categorises medicinal substances (ausadha) and nutrients (ahara) through a structured framework based on elemental composition: Rasa (taste perceived via gustatory receptors), Guna (physicochemical properties), Virya (potency/pharmacodynamics), Vipaka (post-digestive metabolite profile), and Prabhava (specific non-linear, receptor-selective action).

Diet (ahara) replenishes structural substrates, while medicine (ausadha) actively corrects disordered physiological states:

[illegible]

(Astanga Sangraha, Sutrasthana 12.18)

"Food provides nourishment and sustaining substrates to the bodily tissues (dhatus), whereas medicinal formulations are directed toward the alleviation of pathologically aggravated humors (dosas) and the eradication of disease."

Modern structural biology corroborates how molecular shape and taste-receptor activations influence somatic physiology:

Substances dominated by Prthvi and Jala (forming the sweet/Madhura taste) are naturally dense, anabolic, and anti-catabolic. Biochemically, they are rich in polysaccharides, triglycerides, and structural peptides that upregulate anabolic targets like mTOR, promote glycogen storage, and rebuild degraded tissues.

Substances characterised by Agni and Vayu (forming pungent/Katu and bitter/Tikta tastes) contain high concentrations of bioactive secondary metabolites: alkaloids, polyphenols, terpenes, and flavonoids. These compounds bind selectively to TRP channels (Transient Receptor Potential), stimulate gastric and biliary secretions, downregulate systemic inflammatory kinases (such as NF- κ B), activate AMPK pathways, and accelerate metabolic clearance.

Pharmacological design in classical Indian traditions therefore leverages the elemental blueprint of natural molecules to modulate disordered cellular microenvironments systematically, rather than relying solely on single-target therapeutic agents.

3.2 Satvavajaya Chikitsa

Mind Regulation and the Psychoneuroendocrine Continuum

The Caraka Samhita classifies therapeutics into three distinct domains: Daivavyapasraya (spiritual and ritualistic therapies), Yuktivyapasraya (rational, pharmacological, physical, and dietary interventions), and Sattvavajaya (psychotherapy and intentional cognitive control).

(Caraka Samhita, Sutrasthana 11.54)

"Sattvavajaya cikitsa is defined as the deliberate restraint and conscious withdrawal of the mind (manas) from unwholesome, harmful objects and habit patterns (ahita artha)."

A) Samkhya-Yoga Epistemological Mechanics

To appreciate how Sattvavajaya resolves psychosomatic pathology, one must examine Samkhya-Yoga cognitive psychology. The inner instrument of cognition (Antahkarana) comprises three integrated tiers:

Manas: The processing node and central switchboard, responsible for sensory synthesis, instinctual ideation (sankalpa), and doubt (vikalpa).

Ahankara: The self-referential ego-maker, which ties sensory inputs directly to personal identity ("This is happening to me").

When Prajnaparadha (intellectual transgression or cognitive error) occurs, the mind loses alignment with its discriminating capacity (Buddhi). The individual then engages in self-destructive behaviors despite possessing intellectual knowledge of their harm.

(Caraka Samhita, Sarirasthana 1.102)

Sattvavajaya Cikitsa directly rehabilitates these three corrupted faculties

Dhṛti-Vibhramsa (Failure of Volitional Restraint): The inability to pull the senses away from compulsive behaviors, even when their harm is recognised. Therapy uses focused attention practices and meditation (Dhyana, Yama, Niyama) to restore cognitive restraint.

Smrti-Vibhramsa (Loss of Experiential Memory): The systemic amnesia for past lessons and fundamental truths caused by emotional turbulence (Rajas) or inertia (Tamas). Therapeutic intervention restores situational recall (Smrti) and mindfulness.

B) Mapping to Contemporary Psychoneuroimmunology and Neuroscience

Through a contemporary lens, Sattvāvajaya provides a functional framework for self-directed neuroplasticity. Chronic stress downregulates the prefrontal cortex (PFC), allowing the hyperactive basolateral amygdala to drive chronic Hypothalamic-Pituitary-Adrenal (HPA) axis overdrive.

This sustained dysregulation maintains elevated cortisol and catecholamine levels, altering peripheral immune responses, depleting T-helper 1 (Th1) phenotypes, and sustaining subclinical chronic systemic inflammation via NF- κ B and IL-6 elevation.

Sattvāvajaya and the Meditative Technologies of Yoga Reverse this Downstream Physiological Cascade

Restraining the mind from unwholesome sensory inputs (ahitebhyo arthebhyo mano-nigrahaḥ) matches modern stimulus control and attentional reorientation protocols.

Meditative and cognitive regulation stimulates the anterior cingulate cortex (ACC) and ventromedial prefrontal cortex (vmPFC).

This prefrontal activation restores inhibitory control over the amygdala, reducing excess sympathetic output and tonically upregulating the vagus nerve (cranial nerve X).

Through the cholinergic anti-inflammatory pathway, sustained vagal activity inhibits macrophage synthesis of pro-inflammatory cytokines (such as TNF- α), downregulates peripheral tissue inflammation, and restores healthy heart-rate variability (HRV).

Consequently, Sattvāvajaya functions not as mere philosophical counseling, but as a deliberate neuro-visceral intervention that resolves the mental origins of somatic inflammation.

3.3 Triguna Siddhanta

Neuropsychiatric Architecture and Clinical Compliance

Classical Indian philosophy views the material cosmos (Prakṛti) as sustained by three fundamental dynamic qualities (Triguna):

Sattva: Equilibrium, illumination, lightness, transparency, and clarity

Rajas: Kinetic drive, turbulence, passion, desire, and motor activity.

Tamas: Inertia, obstruction, darkness, heaviness, and cognitive resistance.

Within human psychology, the balance of these three properties defines mental constitution (Manasa Prakṛti). Because mind and body interact continuously, the Triguna balance shapes autonomic stability, neurochemical tone, subjective pain thresholds, and patient compliance in clinical settings.

(Samkhyakarika of Isvarakrsna, Verse 13)

A) Neurochemical and Autonomic Correlates

The Tamasika State: Associated with hypofrontality, impaired dopaminergic reward pathways, prefrontal hypometabolism, lethargy, psychomotor retardation, and chronic fatigue. The patient displays cognitive resistance, denial, and diminished motivation.

Rajasika Patients: Seek rapid therapeutic relief and demand instant symptomatic cures. They present with low frustration tolerance, often alter their own medication dosages, change healthcare providers impulsively, and are susceptible to catastrophic interpretations of benign bodily signals (amplified nocebo effects).

Tamasika Patients: Present with pervasive therapeutic inertia, fatalism, self-neglect, and poor adherence. They often conceal worsening symptoms, miss clinical follow-ups, and resist active lifestyle modifications (such as exercise, dietary shifts, or meditation).

Treating Tamasika pathology demands close family supervision, simple prescriptive regimens rather than complex instructions, and stimulating, clarifying therapies (Dipana, Pacana, dynamic physical movement, and warm stimulating herbs like *Zingiber officinale* and *Piper longum*) to disperse inertia before introducing nuanced cognitive therapy.

The Molecular Axis of Prakriti, Ahara, and Vihara

Vata: Motion, neurotransmission, cellular mechanics, and bio-electric signaling (derived from Akasa and Vayu).

Pitta: Thermogenesis, biochemical metabolism, enzymatic transformation, and cellular oxidation (derived from Agni and Jala).

Kapha: Structural cohesion, anabolism, lubrication, cellular adhesion, and mass (derived from Jala and Prthvi).

The unique genetic-epigenetic configuration set at fertilization determines an individual's constitution (Deha Prakrti), which remains structurally stable throughout life. However, ongoing environmental inputs, diet (Ahara), and daily/seasonal behaviors (Vihara) create continuous shifting functional states (Vikrti).

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☒ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☒ ..

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☒ ☒ ☐ ☐ ☐ ☐ ☒ ☒ ☒ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☒ ☒ .. ||

(Caraka Samhita, Indriyasthana 1.5 & Sarirasthana 8.95)

"At the moment of the union of semen (sukra) and ovum (sonita), whichever dosa is predominantly elevated and active shapes the embryonic constitution; the innate biological constitution (prakṛti) of the individual is generated through that primary humoral imprint."

A) Epigenetic Plasticity and the Exposome

Modern epigenetics demonstrates that while our underlying genome remains largely fixed, our phenotype is dynamic. Gene expression changes continuously through post-translational histone modifications (acetylation, methylation, phosphorylation), DNA methylation at CpG islands, and non-coding RNA interference. This genomic responsiveness maps directly onto Prakṛti-Vikṛti dynamics.

Nutrigenomics (Ahara as an Epigenetic Input): Rather than evaluating food strictly by caloric content, Ayurveda treats food as complex informational input. The classical Asta Ahara-Vidhi-Visesayatana (eight factors of dietary regulation: nature of food, processing, combination, quantity, habitat, time, usage rules, and consumer) outlines a functional framework for nutrigenomics.

Modern evidence indicates that micronutrients and phytochemicals act as direct epigenetic regulators. For example, curcumin (from *Curcuma longa*) acts as a natural histone deacetylase (HDAC) inhibitor and modulates DNA methyltransferase (DNMT-1) activity, which downregulates inflammatory cascades (such as TNF- α and COX-2). In classical terms, this dynamic represents the use of Tikta-Kaṭu substances to clear metabolic toxins (Āma) and reduce inflammatory Pitta-Kapha states.

Behavioral Epigenetics (Vihara and Dinacarya): Epigenetic states are profoundly sensitive to circadian alignment (Dinacarya) and seasonal acclimatisation (Rtucarya). Circadian rhythm disruptions—such as night-shift work, irregular sleep patterns, or chronic blue-light exposure—alter core clock transcription factors (CLOCK and BMAL1). These disruptions impair the nocturnal melatonin surge, increase peripheral insulin resistance, and induce neuroinflammation.

Classical canons anticipated this systemic fragility, warning that Vegadharāṇa (the suppression of natural somatic urges) and Ratrijagarāṇa (staying awake at night) immediately

Ayurgomics (Constitutional Correlation): Modern genomic research confirms that individuals categorised into distinct classical Prakṛti phenotypes display significant variations in single nucleotide polymorphisms (SNPs), baseline biochemical parameters, and gene expression profiles.

Pitta Prakrti: Shows elevated baseline expression of inflammatory, metabolic, and angiogenic genes (including elevated lipid peroxides, reactive oxygen species, and markers matching upregulated CD40 and inflammatory cytokine networks).

Kapha Prakriti: Exhibits baseline upregulation of metabolic-synthesis and lipid-storage pathways, higher native immune stability, but increased susceptibility to insulin resistance, hyperlipidemia, and obesity when exposed to hyper-caloric diets.

3.5 The Concept of Purusha and Loka-Purusha Samya

Planetary and Circadian Biology

One of the most comprehensive systemic theories articulated in the Caraka Saṃhita is the principle of macrocosmic-microcosmic isomorphism: Loka-Purusa Samya. The human organism (Purusa) is not an isolated biological entity; it is an open system that continuously exchanges energy, matter, and regulatory signals with the larger biosphere (Loka).

[illegible]

(Caraka Samhita, Sarirasthana 5.3)

"As many morphologically manifest entities exist in the macrocosm (loka), exactly that many exist within the human microcosm (puruṣa); whatever entities exist within the human microcosm, exist likewise within the macrocosm."

A) The Tri-Focal Universal Mechanics

Caraka explains this functional correspondence through the fundamental environmental drivers of life:

Just as the macrocosm is sustained, energised, and mobilised by the Moon (Soma), the Sun (Surya), and the Wind (Anila), the living body is sustained, metabolised, and coordinated by Kapha, Pitta, and Vata.

Soma / Kapha: Represents cooling energy, cellular hydration, structural synthesis, moisture preservation, and tissue regeneration.

Surya / Pitta: Drives radiant transformation, thermal dynamics, chemical energy release, metabolic conversion, and catabolic breakdown.

Anila / Vata: Governs kinetic force, electrical gradients, atmospheric transport, and neural flux.

B) Planetary Health and the Modern Microbiome Continuum

Viewed through modern environmental medicine, Loka-Purusa Samya anticipates the One Health paradigm and ecological biology. Human biological integrity depends directly on the stability of our surrounding ecosystem.

The Human-Soil-Microbiome Continuum: The human gut microbiome mirrors the ecology of the soil. Depleted, pesticide-laden, and chemically treated soils yield crops lacking diverse microbial symbionts and trace mineral complexes. Consuming these foods compromises the intestinal microbiome, damages the mucosal barrier, and promotes chronic systemic inflammation (endotoxemia).

Circadian and Seasonal Chronobiology (Kala Parinama): The human clock machinery (the suprachiasmatic nucleus and peripheral tissue oscillators) evolved to align with the planetary light-dark cycle.

The seasonal rhythms described in the Sad-Rtucarya (the six seasonal regimens) identify predictable shifts in human physiology: humors accumulate (Sancaya), aggravate (Prakopa), and pacify (Prasama) based on seasonal shifts in humidity, temperature, and solar intensity.

For example, in spring (Vasanta Ritu), melting atmospheric cold releases accumulated winter mucus and compromises digestive fire. This matches modern clinical observations of spring

spikes in allergic rhinitis, upper respiratory infections, and metabolic shifts tied to seasonal gene expression.

Loka-Purusa Samya warns that human somatic health cannot be sustained within a damaged biosphere. When air (Vayu), water (Jala), land (Desa), and seasons (Kala) are corrupted—an environmental crisis classical texts classify as Janapadoddhavamsa (community-wide devastation or epidemic collapse)—individual health practices cannot prevent widespread disease.

3.6 Karya-Karana Vada

The Epistemology of Cause and Effect in Clinical Diagnostics and Research

The epistemological foundations of classical Indian medicine are rooted in Nyaya and Samkhya causal logic (Karya-Karana Vada). No clinical pathology, symptom, or physiological response emerges spontaneously without an antecedent cause.

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

(Vaisesika Sutra 1.2.1)

"The nature, emergence, and presence of the effect (karya) is deterministically established by and through its antecedent cause (karana)."

Classical intellectual history presents two primary viewpoints on causality.

Satkaryavada (Samkhya): Asserts that the effect (karya) pre-exists within the cause (karana) in an unmanifest (avyakta) form, requiring specific catalysts to become manifest.

Asatkaryavada / Arambhavada (Nyaya-Vaisesika): Asserts that the effect is an entirely new emergence (asat), produced through the systematic assembly of component factors.

A) The Trividha Karana (Threefold Causal Model) in Diagnostics

Classical diagnostics traces all pathology back to three primary etiological engines.

Asatmendriyarth-Samyoga: The unwholesome, deficient (hina), perverse (mithya), or excessive (ati) interaction between our sensory faculties and external stimuli. Examples include excessive screen exposure, consuming unwholesome food, or exposure to loud noise.

Prajnaparadha: Prajnaparadha is an concept meaning an intellectual error or a crime against wisdom where a person knowingly acts against their better judgment.

Parinama (Kala): The influence of time, chronobiological rhythms, biological aging, and seasonal shifts.

In clinical practice, this causal structure appears in the six distinct stages of disease evolution, the Sad-Kriyakala

- Sancaya (Initial subclinical humoral accumulation).
- Prakopa (Systemic humoral aggravation and destabilisation).
- Prasara (Systemic circulation and distribution through vascular and lymphatic channels).
- Sthanasamaraya (Localization and adherence within vulnerable tissues or cellular niches).
- Vyakti (Overt, clinical symptom manifestation).
- Bheda (Structural tissue damage, chronicity, and irreversibility).

Modern Western biomedicine typically diagnoses and intervenes late in this trajectory, during stage five (Vyakti) or stage six (Bheda), once cellular damage, clear biomarkers, or structural tissue changes have occurred.

In contrast, classical causal theory provides diagnostic heuristics to identify pathology during stages one through three (Sancaya, Prakopa, and Prasara). By recognising subtle prodromal signs (Purvarupa), clinicians can intervene with preventive lifestyle and pharmacological measures before structural pathology emerges.

B) Application to Modern Research Methodologies

Contemporary clinical trials often rely on monogenic, target-specific linear models suited for single-molecule drugs. However, this approach struggles to evaluate complex multi-component systems, individualised interventions, and functional lifestyle treatments.

Applying Karya-Karana Vada Provides a Rational Framework for Complex System Research

Resolving Network Causality: Chronic diseases are not linear; they are network phenomena. Causal vectors—dietary habits, environmental exposures, mental rumination, and microbiome shifts—feed into intermediate states (Dosa-Dusya Sammurchana) before manifesting as clinical diagnoses.

Nidana Parivarjana (Causal Cessation) as Primary Therapy: Rather than suppressing symptoms with downstream pharmaceutical blockades, causal logic requires identifying and

stopping the primary drivers (Nidana Parivarjana). Removing the root causes breaks the pathogenetic loop, allowing physiological systems to return to native homeostatic balance.

4. DISCUSSION

The integration of classical Indian philosophical frameworks with contemporary psychosomatic medicine helps bridge the Cartesian mind-body divide. Cartesian dualism long encouraged Western medicine to view the body as an independent biological engine and the mind as an epiphenomenal, detached observer. The mind as an epiphenomenal, detached observer.

This model struggled to explain how subjective mental states translate directly into structural pathology, leaving clinical gaps in treating complex chronic diseases. The intellectual tradition of the Sad-darsanas sidesteps this dilemma through its materialist classification of mental operations. By showing that Manas, Ahankara, and Buddhi are subtle evolutes of material nature (Prakrti), these systems eliminate the ontological boundary separating psychological processes from physical tissues. Psychological stress is recognised as immediately physical, altering humoral dynamics (Tridosha), cellular fire (Agni), and tissue substrates (Dhatus). Conversely, structural somatic pathology, such as chronic systemic inflammation or intestinal dysbiosis, directly clouds mental processing (Rajas and Tamas).

The therapeutic implications of this continuum are summarised across five integrated principles:

Panchamahabhuta Siddhanta as a Material Continuum

Classical elemental theory provides a useful lens for tissue engineering and pharmacology. Prthvi and Jala correspond to the mechanical stiffness, tensile properties, and viscoelastic hydration of the extracellular matrix, while Agni, Vayu, and Akasa map to enzymatic turnover, fluid shear forces, and structural porosity. In pharmacology, mapping chemical compounds by elemental attributes (Rasa, Guna, Virya, and Vipaka) complements reductionist receptor models by addressing the broader physiological terrain.

Sattvavajaya Cikitsa as Cognitive Neuromodulation

By systematically re-educating memory (Smṛti), intellect (Dhi), and volitional control (Dhṛti), Sattvavajaya targets the cognitive root of psychosomatic disease: Prajnaparadha. This ancient mind-regulation protocol anticipated the mechanisms of modern Cognitive Behavioral Therapy, mindfulness interventions, and downregulatory neurovisceral feedback via the vagus nerve and HPA axis.

Triguna Siddhanta in Translational Psychiatry

Profiling patients via Sattva, Rajas, and Tamas provides clinicians with reliable behavioral markers. This psychological typing aids in predicting treatment compliance, personalising medication regimens, avoiding nocebo-driven panic in Rajasika patients, and overcoming therapeutic inertia in Tamasika patients.

Epigenetic Plasticity and Tridosha

Linking fixed constitutional types (Prakṛti) with shifting humoral states (Vikṛti) parallels modern gene-environment interactions. Modulating this interface through diet (Ahara), behavioral routines (Dinacarya), and seasonal adjustments (Ritucarya) provides a practical framework for lifestyle-driven epigenetic medicine.

Loka-Puruṣa Samya and Planetary Health

The classical microcosm-macrocosm model bridges individual physiology with broader environmental health. Human well-being cannot be isolated from the integrity of surrounding soil, water, atmospheric balance, and natural circadian cycles.

Despite these clear parallels, integrating classical Indian medicine into contemporary clinical care requires rigorous translational science. Ancient clinical observations must not be mapped onto modern molecular biology based solely on superficial metaphors.

Bridging these fields requires multi-arm clinical trials, high-throughput metabolomic and epigenetic profiling, rigorous multi-component botanical standardisation, and quantitative validation of classical diagnostic markers.

Furthermore, medical education should work toward harmonising Cartesian-derived diagnostic tools with holistic systemic models, helping clinicians move beyond reductionist methods to deliver comprehensive, patient-centred care.

5. CONCLUSION

Classical India's philosophical systems (Darsanas) and medical literature (Samhitas) did not merely anticipate modern psychosomatic medicine—they articulated a coherent, non-dualistic science of human health thousands of years ago. By avoiding the Cartesian mind-body split, these traditions recognised that conscious awareness, cognitive processing, biochemical pathways, and environmental exposures exist on an unbroken functional continuum.

As modern medicine contends with rising rates of chronic lifestyle disorders, autoimmune dysregulation, stress-driven illness, and ecosystem degradation, the classical Indian perspective offers a grounded roadmap for clinical innovation.

Viewing human physiology through these time-tested insights—balancing the elements (Pancamahabhuta), regulating the mind (Sattvavajaya), reading behavioral traits (Triguna), optimising the epigenome (Dosa-Prakrti), maintaining planetary alignment (Loka-Purusa Samya), and addressing root causes (Karya-Karana Vada)—provides a pathway to a unified, deeply integrative model of human healing.