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Review Article

Dravya in Ayurveda: Philosophical Foundations, Pañcamahābhūta Constitution and Therapeutic Classification

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A B S T R A C T

Background: Dravya is a foundational concept of Ayurvedic pharmacology and represents the physical substratum in which pharmacologically relevant attributes such as rasa, guṇa, vīrya, vipāka, prabhāva and karma reside. Classical Ayurvedic texts describe dravya not merely as a material substance but as an operational therapeutic entity capable of influencing doṣa, dhātu, mala and the maintenance of health. A systematic understanding of dravya is therefore essential for rational drug selection, dietary prescription and individualized clinical practice.

Objective: To critically review the classical concept of dravya with particular emphasis on its defining characteristics, Pañcamahābhūta constitution, medicinal potential, major systems of classification and relevance to Ayurvedic therapeutics.

Materials and Methods: A narrative review was undertaken using relevant descriptions from the Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya, Aṣṭāṅga Saṅgraha, Vaiśeṣika Darśana and Bhāvaprakāśa, along with their principal commentaries. The concepts were arranged under the domains of dravya-lakṣaṇa, pañcabhautika constitution, auṣadhatva, source-based classification, therapeutic use, prabhāva, doṣa modulation and rasa-based classification.

Results: Dravya is defined as the inherent substratum of guṇa and karma and as the material cause capable of independently initiating an action. All functional substances are considered pañcabhautika, although one or more Mahābhūtas may predominate and determine their observable qualities and actions. Classical texts affirm that no substance is absolutely devoid of medicinal utility when administered with proper yukti. Dravyas are classified according to predominating Mahābhūta, biological or mineral origin, intended use, effect on doṣa and dhātu, rasa and therapeutic action. Their clinical effects depend upon the correspondence or opposition between the qualities of the drug and those of the body and doṣas.

Conclusion: The Ayurvedic concept of dravya provides an integrated framework connecting ontology, pharmacology, nutrition and

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therapeutics. It supports individualized treatment through qualitative assessment rather than drug identification alone. Reinterpretation of this framework may contribute to systems pharmacology, personalized medicine and rational evaluation of Ayurvedic medicinal substances.

Keywords: Dravya Vijñāna, Pañcamahābhūta, Ayurvedic pharmacology, Rasa, Guṇa, Vīrya, Vipāka, Prabhāva, Doṣa, Auṣadha

Introduction

Dravya Vijñāna is the branch of Ayurveda concerned with the identity, properties, actions and therapeutic applications of substances. The term *dravya* is broader than the modern concept of a pharmaceutical drug. It includes medicinal plants, foods, animal products, minerals and other substances capable of interacting with the human body.

Ayurvedic therapeutics is founded on the functional relationship among dravya, guṇa and karma. A substance becomes clinically meaningful because it serves as the locus of qualities and actions. Its therapeutic effect is interpreted through rasa, guṇa, vīrya, vipāka and prabhāva, which collectively determine its influence on doṣa, dhātu, mala, agni and srotas.

Caraka identifies the physician, drug, attendant and patient as the four essential limbs of treatment. Dravya occupies the second position after the physician, indicating its central importance in successful clinical management. However, the classical texts also emphasize that therapeutic success does not depend merely on the availability of a drug. Correct identification, appropriate processing, rational combination, dose, timing, route of administration and compatibility with the patient are equally important.

The present review examines the classical foundations of dravya and organizes its major classifications in a clinically applicable form.

Materials and Methods

This narrative review was based on classical Ayurvedic descriptions of dravya available in the Bṛhattrayī, Laghutrayī and relevant philosophical texts. References related to dravya-lakṣaṇa, Pañcamahābhūta constitution, auṣadhatva, source-based classification, prayoga, prabhāva, doṣa modulation and rasa were identified and thematically organized.

Primary textual sources included:

- Caraka Saṃhitā
- Suśruta Saṃhitā
- Aṣṭāṅga Hṛdaya
- Aṣṭāṅga Saṅgraha
- Vaiśeṣika Darśana
- Bhāvaprakāśa

Classical explanations provided by Cakrapāṇidatta, Dalhaṇa, Aruṇadatta and other commentators were considered where relevant. The findings were synthesized descriptively, with emphasis on conceptual coherence and clinical utility.

Concept and Defining Characteristics of Dravya

Dravya as the substratum of guṇa and karma

Caraka defines dravya as that in which karma and guṇa reside through an inseparable or inherent relationship and which acts as their material cause.[1] Suśruta similarly states that dravya is the inherent cause possessing guṇa and kriyā.[2] Vaiśeṣika philosophy also recognizes dravya as the substratum in which qualities and actions exist through *samavāya sambandha*.[3]

The defining features of dravya may therefore be summarized as follows:

- It provides a locus for guṇa.
- It provides a locus for karma.
- It has an inseparable relationship with its qualities and actions.
- It can serve as the material cause of an effect.
- It possesses an independent capacity to initiate action.

Guṇa and karma cannot exist or function independently of dravya. For example, heaviness, unctuousness, heat or cooling action must be expressed through a substance. Dravya is therefore the observable and administrable basis through which pharmacodynamic attributes become clinically operative.

Dravya as the shelter of pharmacological determinants

Later Ayurvedic authorities describe dravya as the substratum of rasa, guṇa, vīrya, vipāka and prabhāva.[4] These factors do not act in isolation; they are expressed through the substance in which they are situated.

This formulation offers a multidimensional approach to pharmacology:

- Rasa provides the first sensory and functional indication.
- Guṇa describes inherent physical and functional properties.
- Vīrya represents the principal active potency.
- Vipāka denotes the post-digestive metabolic effect.
- Prabhāva explains a specific or exceptional action not completely predictable from the other attributes.
- Karma represents the ultimately manifested biological or therapeutic action.

Thus, drug action in Ayurveda is understood through an interacting network of attributes rather than through a single active constituent.

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Pañcamahābhūta Constitution of Dravya

Universality of pañcabhautika composition

Caraka states that all functional dravyas are composed of the five Mahābhūtas: Pṛthvī, Ap, Tejas, Vāyu and Ākāśa.[5] The expression *sarva dravya* in this context primarily refers to *kārya dravya*, or composite substances available for practical use.

Although every substance contains all five Mahābhūtas, their proportions are unequal. The predominant Mahābhūta determines the principal qualities, sensory attributes and actions of the substance. Accordingly, dravyas may be described as pārthiva, āpya, taijasa or āgneya, vāyavya and ākāśīya.[6]

Functional contribution of the Mahābhūtas

Pṛthvī provides structural support, solidity, density and stability. Ap contributes cohesion, moisture and softness. Tejas supports transformation, heat, colour and digestion. Vāyu produces movement, dryness, lightness and mobility. Ākāśa creates space, porosity, subtlety and accommodation.

The process may be conceptually represented as:

Avyakta → Mahat → Ahaṅkāra → Pañcatanmātra → Pañcamahābhūta → Kārya Dravya

The theory of *anyonyānupraveśa*, or mutual interpenetration, explains why each gross element contains contributions from the others. Nevertheless, a characteristic sensory quality predominates in each:

Clinical significance

The body and the substances used for nourishment and treatment are both pañcabhautika. Consequently, substances can interact with corresponding constituents of the body. Suśruta explains that pañcabhautika food is digested and assimilated into the corresponding pañcabhautika components of the body.[7]

Table 1.Characteristics and Functional Attributes of the Pañca Mahābhūta According to Ayurveda

Mahābhūta	Predominant sensory attribute	Major qualities	Principal actions
Pṛthvī	Gandha	Guru, sthira, kathina, sāndra, sthūla	Upacaya, saṅghāta, gaurava, sthairya
Ap	Rasa	Drava, snigdha, śīta, mṛdu, picchila	Kledana, snehana, bandhana, mardava
Tejas	Rūpa	Uṣṇa, tīkṣṇa, sūkṣma, laghu, viśada	Dāha, pāka, prakāśa, varṇa
Vāyu	Sparśa	Laghu, rūkṣa, khara, śīta, sūkṣma	Gati, raukṣya, vaiśadya, lāghava
Ākāśa	Śabda	Mṛdu, laghu, sūkṣma, ślakṣṇa	Sauṣirya, mardava, lāghava

The principle provides a logical basis for:

- selection of diet according to tissue requirements;
- assessment of drug qualities;
- understanding doṣa aggravation and pacification;
- predicting tissue-building or tissue-reducing actions;
- selecting substances according to the patient's constitution and pathological state.

Dravya as Auṣadha

Classical Ayurveda maintains that no substance in the universe is absolutely devoid of medicinal potential when it is used appropriately with due consideration of purpose and rational planning.[8–10] This statement does not imply that every substance should be used indiscriminately. Rather, it emphasizes that therapeutic value depends on knowledge of the substance and its proper application.

The term *yukti* includes rational consideration of:

- the disease;
- the patient;
- doṣa and dūṣya;
- stage and strength of disease;
- season and habitat;
- dose;
- formulation;
- route;
- timing;
- adjuvant;
- expected therapeutic action.

A substance may act as medicine when correctly selected, processed and administered, whereas even a well-known medicine may become harmful when improperly used. Caraka illustrates this through the principle that poison, when appropriately administered, may become an excellent medicine, while a medicine used irrationally may behave like poison.[11]

Essential qualities of an ideal medicinal substance

Caraka enumerates four desirable qualities of an effective drug:[12]

- **Bahutā**: It should be sufficiently and consistently available.
- **Yogyatva**: It should be appropriate for the intended therapeutic purpose.

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- **Anekavidha-kalpanā**: It should be suitable for preparation in multiple dosage forms.
- **Sampat**: It should possess optimal identity, maturity, potency and quality.

These criteria remain relevant to contemporary concerns regarding authentication, sustainability, pharmaceutical adaptability and quality control.

Classification According to Mahābhūta Predominance

Pārthiva dravya

Pārthiva substances are generally guru, khara, kathina, manda, sthira, sāndra and sthūla. They promote firmness, accumulation, nourishment, stability and heaviness. They are useful where structural support and tissue development are required but may aggravate conditions characterized by excessive heaviness or obstruction.

Āpya dravya

Āpya substances are drava, snigdha, śīta, manda, mṛdu and picchila. They promote hydration, softness, lubrication, cohesion and contentment. They may be beneficial in dryness and depletion but require cautious use in excessive kapha, kleda or meda.

Taijasa dravya

Taijasa substances demonstrate uṣṇa, tīkṣṇa, sūkṣma, laghu and viśada qualities. They facilitate digestion, transformation, illumination, colour and penetration. Excessive use may provoke pitta, burning, inflammation or tissue depletion.

Vāyavya dravya

Vāyavya substances are laghu, rūkṣa, khara, śīta, viśada and sūkṣma. They promote movement, lightness, dryness and separation. They may be useful in kapha-dominant conditions but can aggravate vāta when used excessively.

Ākāśīya dravya

Ākāśīya substances are subtle, light, soft, clear and space-producing. They contribute to porosity, openness and movement through channels. Excessive predominance may contribute to emptiness or depletion.

Classification According to Source

Caraka's threefold classification

Caraka broadly classifies dravya according to source into:[13]

- **Jāṅgama**: substances of animal origin;
- **Audbhida**: substances of plant origin;
- **Pārthiva**: substances of mineral or earth origin.

Suśruta provides a broader division into *sthāvara* and *jāṅgama*, with plant and mineral substances generally considered under the non-mobile category.[14]

Audbhida or plant-origin substances

Audbhida substances originate from vegetation that sprouts and grows through the soil. Caraka classifies plants into four major categories:[15]

- **Vanaspati**: plants in which flowers are not readily visible before fruiting, such as Vata and Udumbara;
- **Vānaspatya or Vṛkṣa**: plants bearing visible flowers followed by fruits, such as Āmra and Jambū;
- **Vīrudha**: creepers, climbers and shrubs with relatively weak stems;
- **Oṣadhi**: plants that complete their life cycle after fruiting or maturation, such as Śāli, Tila, Mudga and Godhūma.

Plant-derived medicinal materials include roots, bark, heartwood, exudates, stems, fresh juice, tender leaves, alkalis, latex, fruits, flowers, ash, oils, thorns, leaves, buds, tubers and aerial structures.

Jāṅgama or animal-origin substances

Suśruta classifies living creatures according to mode of birth into:[16]

- **Jarāyuja**: placental or viviparous;
- **Aṇḍaja**: egg-born;
- **Svedaja**: traditionally described as arising in moisture or decomposing environments;
- **Udbhijja**: emerging from beneath the earth or concealed environments.

Therapeutically employed animal products include honey, milk, ghee, bile, fat, marrow, blood, urine, skin, semen, bone, ligaments, horns, nails, hooves and hair.

Pārthiva or mineral-origin substances

Pārthiva substances include metals, minerals, ores, salts, stones and earth-derived medicinal materials. Classical examples include Suvarṇa, various metals, Śilājatu, Sikata, Sudhā, Manaḥśilā, Lavaṇa and Gairika.[13]

The inclusion of plant, animal and mineral materials demonstrates the wide material scope of Ayurvedic pharmacology. However, mineral and potentially toxic substances require purification, processing, quality control and specialist supervision.

Classification According to Therapeutic Use

Cakrapāṇidatta distinguishes dravyas into two major groups according to their principal use:[17]

- Āhāra dravya
- Auṣadha dravya

Āhāra dravyas are predominantly rasa-oriented and primarily nourish rasa and the succeeding dhātus. Examples include Śāli and Godhūma. Auṣadha dravyas are considered vīrya-dominant and produce a more specific corrective or pharmacological action. Examples include Pippalī and Śuṇṭhī.

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Auṣadha dravyas may further be classified according to potency as:

- **Tīkṣṇa-vīrya**: strongly acting substances, such as Śuṇṭhī;
- **Madhya-vīrya**: moderately acting substances, such as Bilva and Agnimantha;
- **Mṛdu-vīrya**: mildly acting substances, such as Āmalakī.

This distinction is clinically relevant because food and medicine lie on a continuum. Certain substances may function as food in one context and as medicine in another, depending on dose, preparation, indication and intended action.

Classification According to Prabhāva and Biological Effect

Caraka classifies dravyas into three groups according to their principal biological influence:[18]

- **Doṣa-praśamana**: substances that pacify aggravated doṣas or support correction of disturbed dhātus;
- **Dhātu-pradūṣaṇa or doṣa-kopana**: substances that vitiate doṣas and tissues;
- **Svasthahita**: substances conducive to the maintenance of health.

Aṣṭāṅga Hṛdaya similarly describes dravya as śamana, kopana and svasthahita.[19]

Doṣa-praśamana dravya

These substances correct increased or vitiated doṣas through qualities opposite to those of the pathological state. Āmalakī is traditionally described as tridoṣa-pacifying in an appropriate context, while other substances may selectively pacify one or two doṣas.

Doṣa- or dhātu-pradūṣaṇa dravya

Certain substances aggravate physiologically balanced doṣas or impair tissues because of their inherent qualities, improper processing, excessive quantity, incompatibility or inappropriate administration.

Svasthahita dravya

Svasthahita substances promote health and physiological balance when regularly and appropriately consumed. Caraka identifies representative substances considered superior within their respective categories, such as Lohita Śāli among cereals, Mudga among pulses, Saindhava among salts, cow's milk among milks, cow's ghee among fats, sesame oil among plant oils and Śarkarā among sugarcane products.[20]

These substances are not universally beneficial in every quantity or disease. Their selection must remain compatible with agni, doṣa, constitution, season and health status.

Dravya and Doṣa Modulation

The foundational principle of doṣa management is that similar qualities increase one another, whereas opposing qualities reduce one another. Thus, drugs possessing qualities opposite to an aggravated doṣa are generally employed for pacification.

Vāta-pacifying substances

Vāta is characterized by rūkṣa, laghu, śīta, sūkṣma, cala, viśada and khara qualities. Therefore, substances that are snigdha, uṣṇa, guru, sthira, mṛdu and picchila generally pacify vāta.[21]

Commonly associated attributes include:

- Madhura, amla and lavaṇa rasa;
- Madhura vipāka;
- Uṣṇa vīrya;
- Snigdha and guru guṇa.

Pitta-pacifying substances

Pitta is predominantly uṣṇa, tīkṣṇa, drava, laghu and sara. It is generally pacified by śīta, mṛdu, stable and soothing substances.[22]

Commonly associated attributes include:

- Madhura, tikta and kaṣāya rasa;
- Madhura vipāka;
- Śīta vīrya.

10.3 Kapha-pacifying substances

Kapha is guru, śīta, mṛdu, snigdha, sthira and picchila. It is generally pacified by laghu, uṣṇa, tīkṣṇa, rūkṣa and viśada substances.[23]

Commonly associated attributes include:

- Kaṭu, tikta and kaṣāya rasa;
- Kaṭu vipāka;
- Uṣṇa vīrya.

Doṣa-aggravating substances

A substance tends to aggravate a doṣa when its qualities resemble those of that doṣa:

- Rūkṣa, laghu and śīta substances may aggravate vāta.
- Uṣṇa, tīkṣṇa, amla, lavaṇa and vidāhī substances may aggravate pitta.
- Guru, snigdha, śīta, madhura and picchila substances may aggravate kapha.

These rules are not absolute. The final action depends on the totality of rasa, guṇa, vīrya, vipāka, prabhāva, dose, processing, combination, time and patient-related variables.

Classification According to Rasa

Dravyas are divided into six principal groups according to rasa:

- Madhura;
- Amla;
- Lavaṇa;
- Kaṭu;

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- Tikta;
- Kaṣāya.

Rasa is the first attribute perceived during contact with the tongue and serves as an initial indicator of probable action. Nevertheless, rasa alone cannot completely predict therapeutic effect. Two substances possessing the same rasa may act differently because of differences in guṇa, vīrya, vipāka or prabhāva.

The rasa-based classification therefore functions as an important but non-exclusive component of Ayurvedic pharmacological assessment.

Discussion

The classical concept of dravya combines philosophical ontology with practical therapeutics. Unlike a reductionist model in which a drug is characterized primarily through one active chemical, Ayurveda evaluates a substance through a constellation of sensory, physical, metabolic and specific attributes.

The dravya-guṇa-karma relationship resembles a systems-oriented model. Dravya represents the material entity, guṇas describe its measurable or inferable properties, and karma represents the observed biological outcome. Rasa, vīrya, vipāka, and prabhāva further explain different stages and dimensions of drug action.

The Pañcamahābhūta framework provides a common language for describing the body, food, medicine, and environment. Because the same fundamental qualities are believed to operate in each domain, substances can be selected according to similarity or opposition. This supports individualized treatment rather than uniform prescription.

The statement that no substance is devoid of medicinal value should be interpreted with scientific caution. It emphasizes therapeutic possibility, not unrestricted safety. Clinical utility requires knowledge of identity, purity, dose, processing, indication, and contraindication. This principle is especially important for toxic botanicals, metals, and mineral preparations.

The classification into āhāra and auṣadha also illustrates the preventive orientation of Ayurveda. Food and medicine are not completely separated; rather, they differ in predominant purpose, potency, and mode of use. This continuum may be relevant to contemporary nutraceutical research and food-based preventive strategies.

The four qualities of an ideal drug—abundance, suitability, versatility of formulation, and excellence—remain applicable to present-day medicinal plant research. They correspond broadly to sustainability, appropriateness, pharmaceutical feasibility, and quality assurance.

However, several challenges arise when translating classical pharmacological categories into contemporary research. Sanskrit terms such as guru, laghu, snigdha, rūkṣa, sūkṣma and vyavāyi are context-dependent and cannot always be equated with one physicochemical variable. Their investigation requires multidisciplinary protocols integrating textual analysis, pharmacognosy, chemistry, pharmaceutics, experimental pharmacology, and clinical assessment.

Contemporary Research Implications

The classical framework of dravya may guide research in the following areas:

- Development of standardized tools for evaluating rasa, guṇa, vīrya and vipāka;
- Correlation of Mahābhūta predominance with physicochemical and pharmacological characteristics;
- Investigation of multi-component and multi-target actions of Ayurvedic formulations;
- Study of processing-induced changes in therapeutic action;
- Development of constitution- and doṣa-specific therapeutic response models;
- Evaluation of food substances as preventive and supportive interventions;
- Safety assessment of potentially toxic plant, animal and mineral drugs;
- Integration of classical quality parameters with modern authentication and standardization.

Rather than attempting one-to-one equivalence between every Ayurvedic and biomedical term, research should evaluate whether classical classifications generate testable and clinically useful predictions.

Limitations

The present article is a narrative synthesis of selected classical descriptions. It does not constitute a systematic review of all available manuscripts, commentaries or contemporary experimental research. Variations in editions, translations and interpretation of technical terminology may influence the presentation. Further studies should compare textual interpretations and examine their empirical applicability.

Conclusion

Dravya is the material and functional foundation of Ayurvedic pharmacology. It acts as the substratum of guṇa and karma and expresses therapeutic activity through rasa, vīrya, vipāka, prabhāva and other attributes. Every functional substance is considered pañcabhautika, with the predominance of specific Mahābhūtas determining its principal properties and actions.

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The classical systems of classification—according to elemental predominance, biological source, therapeutic use, prabhāva, doṣa action and rasa—enable a substance to be understood from multiple complementary perspectives. These classifications support rational selection of food and medicine according to the disease, patient and therapeutic objective.

Dravya Vijñāna therefore represents more than descriptive materia medica. It is an integrated framework of qualitative pharmacology, individualised therapeutics and preventive healthcare. Its rigors study may provide valuable conceptual foundations for systems pharmacology, personalised medicine and evidence-informed evaluation of Ayurvedic interventions.

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