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"VAISHESHIKA DARSHANA AND AYURVEDA: PADARTHA VIGYAN AND ITS CLINICAL CORRELATES"

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ABSTRACT

Background: The Vaisheshika school classifies reality into categories called padarthas. Ayurveda adopts a closely related scheme in the first chapter of the Charaka Samhita and uses it to explain the human body, drugs, diseases and treatment. **Objective:** To review the Vaisheshika categories, to compare them with the padartha scheme of Charaka, and to describe their clinical correlates in the concepts of samanya, vishesha, dravya, guna and karma. **Methods:** Classical Ayurvedic and Vaisheshika sources were studied in translation, together with standard works on Indian philosophy. PubMed was searched in November 2026 for indexed literature on Ayurveda and Vaisheshika or padartha. **Results:** Vaisheshika lists six categories (dravya, guna, karma, samanya, vishesha, samavaya) and later adds abhava. Charaka accepts the six, adds the notion of the aggregate of causes in a drug or disease, and applies the theory of samanya and vishesha to the increase and decrease of body constituents. The scheme underlies the pharmacology of dravya, rasa, guna, virya, vipaka and prabhava. **Conclusion:** Padartha vigyan supplies the ontological basis for Ayurvedic physiology and pharmacology. Correct understanding of the categories prevents common errors in correlating classical terms with modern concepts.

KEYWORDS: Ayurveda, Vaisheshika, Padartha, Dravya, Guna, Karma, Samanya, Vishesha, Samavaya

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INTRODUCTION

Vaisheshika, traditionally attributed to Kanada, is the school of Indian philosophy concerned with the classification of the constituents of the world and with the atomic theory of matter. It is usually paired with Nyaya, which supplies the logic, while Vaisheshika supplies the ontology[1,2]. The Charaka Samhita opens its account of medicine by stating that the knowledge of dravya, guna, karma, samanya, vishesha and samavaya is a foundation for correct treatment (Ch. Su. 1/28-52)[3]. This review sets out the categories, shows how Ayurveda uses them, and discusses their clinical correlates.

MATERIALS AND METHODS

The Vaisheshika Sutras were consulted in English translation[4], with secondary sources on the history and structure of Indian philosophy[1,2,5]. The Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya were read in standard translations[3,6,7]. PubMed was searched in November 2026 with combinations of the terms Ayurveda, Vaisheshika, padartha, Nyaya and darshana. No indexed paper dealing specifically with Vaisheshika and Ayurveda was found, so the review rests on primary and monograph sources, supplemented by indexed papers on classical pharmacology and the use of the categories[8,9].

OBSERVATION AND RESULTS

1. The categories of Vaisheshika

The Vaisheshika Sutra states that the highest good arises from knowledge of the true nature of six categories: dravya (substance), guna (quality), karma (action), samanya (generality), vishesha (particularity) and samavaya (inherence) (VS 1.1.4)[4]. Nine substances are recognised: earth, water, fire, air, space, time, direction, self and mind. Of these, the first five are the elements, and the first four are composed of atoms. Qualities are listed as twenty-four in the later tradition, and actions are the movements by which substances change place. Samanya explains similarity among individuals, vishesha explains the difference between them, and samavaya is the inseparable relation, as between a whole and its parts or a substance and its quality. Abhava, absence, is added to the scheme in later works[1,2].

2. The padartha scheme of Charaka

Charaka lists the six categories of Vaisheshika and treats them as basic tools of a physician. Dravya is described as the substrate in which guna and karma reside, with inherent causal relation (samavayi karana); guna is the inseparable property that is itself without action; and karma is the movement that depends on dravya and is the cause of conjunction and disjunction (Ch. Su. 1/50-52)[3]. The Samhita names the Vaisheshika list of substances but reorganises it for the study of the living body. The substances are the five mahabhutas, atma, manas, kala and dik, and are divided into sentient (chetana) and insentient (achetana) (Ch. Su. 1/48)[3]. Charaka adds that a number of the properties used in clinical work, such as gurvadi gunas, parartha gunas and adhyatma gunas, are also part of the scheme.

3. Samanya and vishesha as the basis of treatment

Of all the categories, samanya and vishesha have the strongest clinical role. Charaka states that samanya is the cause of increase and vishesha the cause of decrease of all things (Ch. Su. 1/44)[3]. The principle is used in the formulation of treatment: a substance similar in its properties to a body constituent increases it, and a substance with opposite properties decreases it. A diet rich in heavy and cold foods increases kapha, and heating and light drugs reduce it. This statement guides the selection of ahara, the rationale for brimhana and langhana, and the use of rasa and guna in the treatment of dosha imbalance[3,7]. Studies of the correlation between the taste of medicinal plants and their reported actions show that the principle can be tested, since a statistically significant relation between predominant rasa and traditionally recorded karma has been reported[8].

4. Dravya, guna and karma in pharmacology

In the Charaka Samhita, a drug is understood as a dravya with a particular combination of rasa, guna, virya, vipaka and prabhava, and its action (karma) follows from these (Ch. Su. 26/66)[3]. Rasa is the only property perceived directly by the physician, and the other properties are inferred from it, so that rasa nirdharana becomes a basic step in evaluating an unfamiliar drug[9]. The same chain, from perceived rasa to inferred guna and karma, can be seen as an application of the Nyaya-Vaisheshika view in which a quality is known through its substrate and an action through its result. Work on extraoral taste receptors and on the role of the gut microbiota in drug metabolism has been used to propose biological

correlates for rasa and vipaka[10,11].

5. Samavaya and the idea of the whole

Samavaya, the relation of inherence, has a counterpart in the Ayurvedic stress on the integrity of the person as an inseparable union of body, senses, mind and self (Ch. Su. 1/46)[3]. The relationship between dosha and dushya or between guna and dravya is not that of two independent things that happen to meet, but of qualities that exist only in their substrate. This helps to explain why Ayurveda treats the patient as a whole rather than the disease as an isolated entity.

DISCUSSION

The padartha scheme links metaphysics and practice. It tells the physician what the objects of study are, how they are related, and why like increases like. Three limits should be acknowledged. First, the Vaisheshika list is not applied mechanically in the Samhitas; Charaka often compresses, modifies or supplements it. Second, modern translations of dravya, guna and karma as substance, property and function are approximate, and the categories carry assumptions that differ from those of modern chemistry or physiology. Third, correlations proposed between Ayurvedic and biomedical concepts need to preserve the logic of the classical category rather than treating it as a loose synonym. Within these limits, the scheme offers a coherent vocabulary for describing drugs, foods and body constituents, and a framework for testing claims about the relation between taste, property and action.

CONCLUSION

Padartha vigyan supplies the ontological base of Ayurvedic pharmacology and physiology. Its categories, especially samanya and vishesha, explain the logic of treatment, and its treatment of dravya, guna and karma underlies the classical study of rasa and its associated properties. Careful reading of these categories will help to place future correlational and experimental work on a sound conceptual footing.

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