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Translational Value of Basic Principles of Ayurveda: A Review Article

Dr. Farheen Ahmad¹, Prof. (Dr.) C. R. Yadav²,
Dr. Sarika Yadav³, Dr. Nana Burdak⁴

¹ PG Scholar, Department of Kriyashareera, National Institute of Ayurveda, Jaipur, <https://orcid.org/0009-0003-3671-8508>

² Professor & Head, Department of Kriyashareera, National Institute of Ayurveda, Jaipur, <https://orcid.org/0000-0002-5467-8365>

³ Assistant Professor, Department of Kriyashareera, National Institute of Ayurveda, Jaipur, <https://orcid.org/0000-0001-7865-9292>

⁴ Assistant Professor, Department of Kriyashareera, KJIAR, Savli, Vadodara, Gujarat, <https://orcid.org/0000-0001-7818-6480>

Abstract

Introduction: Ayurveda, the traditional Indian system of medicine, is founded on core principles such as Tridoṣa, Agni, Dhātu, Mala, Prakṛti, and Pañcamahābhūta. These concepts collectively define physiological balance and disease mechanisms. Modern science increasingly identifies correlations between these Ayurvedic principles and biomedical physiology, supporting an integrative understanding of human health.

Methods: Classical Ayurvedic texts and contemporary biomedical studies were reviewed to analyze physiological, genetic, and metabolic correlations of Ayurvedic concepts. Research findings on Prakṛti-based genomic and metabolic variations were examined to explore the scientific foundation of constitutional typing.

Results: Findings indicate that Tridoṣa corresponds to neurological, metabolic, and structural domains, respectively. Agni reflects enzymatic and microbial metabolism vital for energy regulation, while the seven Dhātu represent sequential tissue nourishment and homeostasis. Prakṛti-based stratification is supported by genomic and epigenetic studies showing differential gene expression, metabolic patterns, and DNA methylation profiles [1]. Figure 1 illustrates genomic clustering of Prakṛti types based on genome-wide SNP analysis.

Discussion: Integrating Ayurvedic principles with modern biomedical research fosters personalized and preventive healthcare. The emerging field of Ayurgenomics combines traditional Prakṛti assessment with multi-omics data, offering individualized therapeutic insights. Such interdisciplinary approaches may enhance clinical outcomes and bridge traditional wisdom with contemporary scientific rigor [2].

Keywords: Agni; Ayurveda; Dhātu; Integrative Medicine; Prakṛti; Tridoṣa

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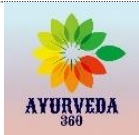
Dr. Farheen Ahmad, PG Scholar, Department of Kriyashareera, National Institute of Ayurveda, Jaipur.
Email ID: ahmad.farheen615@gmail.com

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Introduction

Ayurveda, meaning “science of life,” is a holistic medical system from ancient India with roots in the Vedic era. It emphasizes dynamic balance among physiological principles and the environment [3]. Classical texts like the *Caraka Saṃhitā* and *Suśruta Saṃhitā* (circa 1000–500 BCE) codify a framework of human anatomy, physiology, and therapeutics [4]. Key Āyurvedic tenets include the Tridoṣa theory of Vāta, Pitta, and Kapha (governing motion, metabolism, and structure), seven Dhātu (body tissues in a nutritive hierarchy), and Māla (metabolic wastes). These elements, along with Prakṛti (individual constitution) and Pañcamahābhūta (five elemental forces), guide personalized diagnosis and treatment. Modern practitioners recognize that Āyurvedic principles parallel many biomedical concepts – for example, Agni is likened to digestive/metabolic enzymes and gut microbiota, and Srotas (body channels) parallel circulatory and lymphatic systems. Understanding these parallels is key to translating Āyurvedic wisdom into contemporary health care. This review surveys the core Ayurveda principles and examines their translational relevance in biomedical research, clinical practice, and public health. We detail each principle, cite current evidence linking it to modern science, and present a table and figure to map Āyurvedic concepts onto biomedical correlates and data.

Methods

For this narrative review, we conducted a literature search of scholarly databases (PubMed, Scopus, Google Scholar) and classical sources up to 2024. Keywords included “Ayurveda,” “Doṣa,” “Agni,” “Dhātu,” “Prakṛti,” “personalized medicine,” and “integrative health.” We prioritized recent systematic reviews, primary research, and authoritative Āyurvedic texts [5]. Studies were selected that explicitly addressed correlations between Āyurvedic principles and biomedical parameters (e.g., genetics, metabolism, disease biomarkers). Emphasis was on evidence-based integration: genomic and transcriptomic studies of Prakṛti, clinical trials of Āyurvedic interventions, and reviews on mind-body connections. We also consulted authoritative commentaries on classical Ayurveda for conceptual clarity. The search aimed to be comprehensive but focused on translational aspects.

Review of Āyurvedic Principles

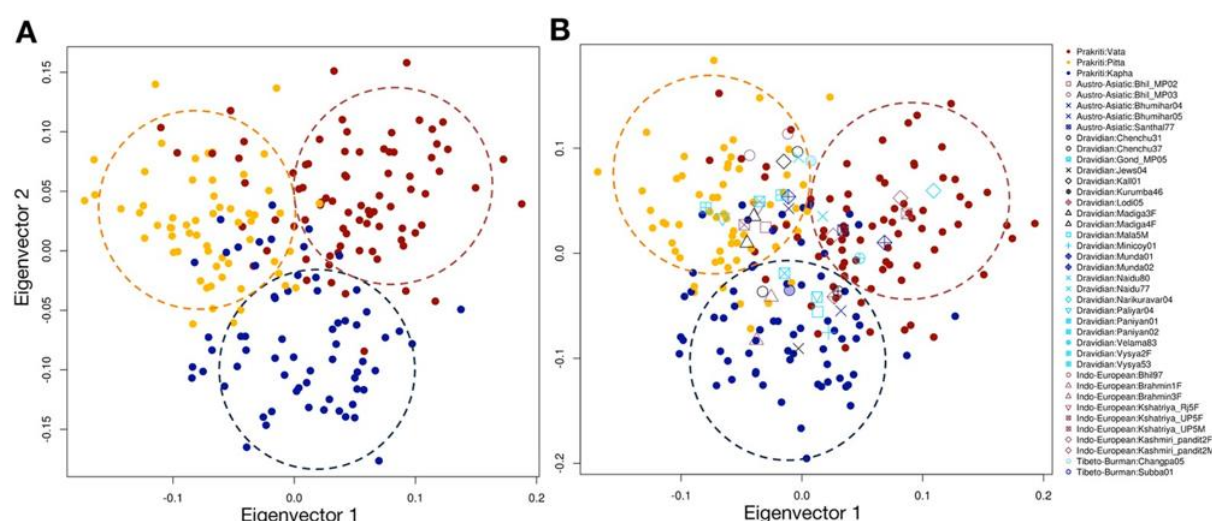
Tridoṣa and Prakṛti

A centerpiece of Ayurveda is the Tridoṣa theory: three fundamental physiological forces called Vāta, Pitta, and Kapha. Each Doṣa is a blend of the five elements (earth, water, fire, air, ether) and governs certain body functions. Modern interpretations correlate Vāta with movement and neural signaling, Pitta with metabolism and enzymatic activity, and Kapha with structural integrity and

anabolic processes. “Vāta is responsible for transfer inside the body, nerve impulses, cell division, signaling, waste elimination, movement, thought,” Pitta “regulates digestion and metabolic processes, energy balance, thermoregulation,” and Kapha “oversees the body’s structure and cohesiveness...storage, stability” [6]. These descriptions echo modern concepts: for instance, Vāta is similar to neurological and musculoskeletal functions, Pitta to endocrine and digestive processes, and Kapha to immune/inflammatory and lipid storage systems.

An individual’s Prakṛti (constitution) is determined by the unique proportion of these Doṣas at birth. Distinct Prakṛti types predispose to certain health profiles: a Pitta-dominant person may have robust digestion and metabolism, whereas

Kapha-dominant individuals might have slower metabolism and stronger build. Table 1 (below) summarizes these analogies. Importantly, systems biology studies have begun to validate Tridoṣa-based stratification. Genome-wide scans of healthy volunteers show that Prakṛti groups cluster by genetic markers, indicating a biological basis for Āyurvedic constitutions. Emerging “Āyurgenomics” research finds Prakṛti-specific gene expression patterns: for example, in one study Vāta types showed upregulation in cell-cycle and DNA repair genes, whereas Kapha types had higher expression of biosynthetic and lipid metabolism genes [7]. These findings support the idea that ancient Prakṛti assessment anticipates modern personalized medicine.



Agni (Digestive/Metabolic Fire)

Agni literally means “fire” and represents all digestive and metabolic processes. In Ayurveda, Agni in the stomach (Jātharagni) breaks down food into nutrients, which are then further refined by tissue-specific Agni (Dhātvaṅni). Proper functioning of Agni is deemed essential for health; impaired Agni leads to accumulation of Āma (toxins) and disease. Modern parallels are evident: Agni aligns with gastrointestinal enzymes, stomach acid, gut microbiota, and even cellular metabolic rate. Balanced Agni determines immunity and wellness, whereas imbalanced Agni is implicated in metabolic disorders like obesity and diabetes[8]. Indeed, chronic metabolic diseases can be seen as Agni pathologies: e.g., Mandāgni (weak Agni) resembles reduced metabolic rate and slowed digestion, while Tikṣṇagni (hyper Agni) mirrors conditions of hyperacidity or thyroid excess. Āyurvedic management (dietary measures, spices like cumin and ginger, Pañcakarma detox) aims to normalize Agni[9]. Contemporary research shows overlaps: factors such as circadian rhythm, gut flora, and enzymatic profiles affect metabolism much as Agni does. For instance, the Āyurvedic emphasis on eating according to one’s Agni (e.g., lighter foods when Agni is weak) parallels modern dietary personalization. Table 1 notes Agni’s functions and modern correlates. Importantly, clinical trials of Āyurvedic interventions (herbal digestives or lifestyle changes) for digestive disorders

or metabolic syndrome derive from Agni theory, reflecting translational uptake of this ancient principle.

Dhātu and Māla

Ayurveda describes Sapta Dhātu (seven primary tissues) that develop sequentially by nourishing each other: Rasa (nutritive fluid, akin to plasma/lymph), Rakta (blood), Māṁsa (muscle), Meda (fat/adipose), Asthi (bone), Majjā (marrow and nervous tissue), and Śukra (reproductive tissue)[10]. Each Dhātu has a distinct role and optimal metabolic fire (Dhātvaṅni). Though expressed in traditional terms, these roughly correspond to modern tissue physiology (e.g., Rakta = blood cells, Meda = adipose lipid metabolism). Māla (waste products, e.g., urine, feces, sweat) represent excretory processes. Like homeostatic compartments, Dhātu balance reflects overall health. For example, anemia might be viewed as Rakta Dhātu deficiency, osteopenia as Asthi Dhātu decline, etc. Ayurveda emphasizes equilibrium of Doṣa, Dhātu, and Māla for health[11]. In translational terms, this is akin to maintaining balanced organ systems and metabolic outputs. Though fewer direct studies exist on Dhātu, related concepts like “Dhātu Agni” have been investigated: imbalances in Dhātvaṅni may underlie conditions like obesity (excess Meda) or frailty (weakened Asthi/Majjā)[12]. The sequential nourishment model also resonates with modern ideas of metabolic flux and trophic

factors during growth and repair. Āyurvedic Rasāyana therapies (rejuvenation) aim to strengthen all Dhātu. Table 1 lists Dhātu with their approximate biomedical analogues and significance.

Pañcamahābhūta and Other Concepts

The Pañcamahābhūta (five elements: earth, water, fire, air, ether) concept underlies all Āyurvedic physiology, attributing elemental qualities to tissues and functions[13]. While elemental theory is metaphoric, it fosters a view of the body as an ecosystem of interacting forces. For instance, air (Vāta) and fire (Pitta) together govern neural and metabolic processes. Imbalance of elements is reflected as doṣic disturbance. This holistic view inspires modern complementary approaches (e.g., mind-body balance with Prāṇāyāma, meditation aligning with Vāta and Kapha stabilizing practices)[14]. Other principles like Srotas (channels) have analogies in vasculature and lymphatics, guiding detoxification therapies (Pañcakarma, emesis, enemas). Though less quantifiable, these principles have translational echoes: personalized environmental and lifestyle interventions (rhythm, sleep, stress reduction) correspond to Āyurvedic Dinacarya and Ritu-carya (daily/seasonal regimens) based on Doṣa patterns[15]. Thus, many Āyurvedic basics, though framed centuries ago, prefigure current holistic health concepts.

Translational Applications

Personalized and Precision Medicine

One of Ayurveda's most timely contributions is its innate personalization. The Prakṛti-based approach is a precursor to modern precision medicine. Systems biologists note that Ayurveda embodies a P4/P5 paradigm (predictive, preventive, personalized, participatory, and psycho-social)[16]. Empirical studies substantiate this: genome-wide analyses reveal that people of different Prakṛti have distinct genotypic and phenotypic profiles. For example, Pitta-predominant individuals have specific SNPs in genes like PGM1 related to metabolism, in line with Āyurvedic descriptors of Pitta as metabolic fire[17]. Similarly, DNA methylation patterns differ across Vāta, Pitta, and Kapha groups, suggesting epigenetic underpinnings of constitution. Āyurgenomic frameworks map these omics differences onto Āyurvedic categories, aiding targeted interventions. Clinically, this can inform tailored lifestyle and medication plans. For instance, knowledge of CYP2C19 polymorphisms correlating with Kapha and Pitta phenotypes guides drug dosing.

In practice, Āyurvedic practitioners assess Prakṛti to customize diet (Āhāra) and regimen. Translationally, integration with nutrigenomics is emerging: Āyurvedic dietary principles (e.g., favoring warming spices for Kapha, cooling foods for Pitta) intersect with metabolic research on gut microbiome and nutrient-gene interactions. Āyurnutrigenomics combines

this knowledge, investigating how traditional diets influence gene expression[18]. Public health initiatives have begun to leverage these insights: for example, constitution-specific lifestyle programs aim to prevent noncommunicable diseases by aligning with one's Doṣa profile. Evidence-based Ayurveda is gaining traction in personalized healthcare models.

Drug Discovery and Therapeutics

Ayurveda has a rich pharmacopeia of plant-based formulations that can enrich modern pharmacology. The concept of reverse pharmacology — starting from traditional use to laboratory validation — exemplifies translational application. An iconic case is reserpine, a compound from *Rauwolfia serpentina* (Sarpagandha) used in Ayurveda for hypertension and mental disorders[19]. Its isolation and study in mid-20th century by researchers (Sanjeev Jain, 2009) elucidated dopaminergic pathways, ultimately leading to modern psychopharmacology. This highlights how Āyurvedic leads can unveil molecular mechanisms. Current research often screens Āyurvedic herbs for bioactive compounds: for instance, many classical decoctions are being tested for antiviral or anticancer properties[20].

In the clinic, integrative trials use Āyurvedic principles to complement conventional treatment. For example, lipid-lowering combinations from Ayurveda (like Arjuna and Arogyavardhini Vāti) have shown hypolipidemic effects

comparable to statins, with potentially fewer side effects[21]. Standardizing such treatments still faces challenges, but the underlying principle of using historical safety/efficacy records to guide modern research is well established.

Clinical Practice and Public Health

Beyond individual medicine, Āyurvedic principles inform broader healthcare. The emphasis on prevention through diet (Āhāra), lifestyle (Vihāra), and seasonal adjustment (Ritu-carya) aligns with public health goals. For instance, recommending seasonal diets to balance Doṣa can help address metabolic imbalances at the population level. Yoga and meditation practices, integrally described in Ayurveda, are now globally recognized for stress reduction and mental health, embodying the Āyurvedic mind-body-spirit unity. Pāñcakarma therapies (therapeutic detox) are being studied as interventions for chronic diseases by reducing systemic inflammation.

Furthermore, the Ayurveda concept of Prakṛti is applied in stratifying patients in epidemiological studies. Population health research in India often accounts for Doṣa prevalence to tailor community health strategies. For example, a region with high “Kapha” predisposition may benefit from campaigns on weight management and lipid control. Education of healthcare providers in Āyurvedic lifestyle guidelines is increasingly incorporated into holistic medicine curricula.

Challenges remain, including the need for standardization of diagnostic criteria and more RCTs. However, translational Ayurveda is maturing: interdisciplinary institutes and consortia are driving projects to digitize traditional knowledge (as in Fig. 1) and to integrate with omics technologies. The synergy between ancient wisdom and modern science holds promise for innovations in health maintenance, chronic disease management, and personalized care.

Discussion

The confluence of Ayurveda and modern medicine is an evolving frontier. Core Āyurvedic principles provide a systemic framework that resonates with contemporary concepts like systems biology and personalized medicine. Our review highlights that what were once metaphors—such as the balance of Vāta/Pitta/Kapha—correspond to measurable traits: neurochemical

signaling, hormonal profiles, and immune/metabolic regulation. The translational value is evident in research linking Āyurvedic types to genomic signatures[22], and in clinical observations of constitution-specific disease patterns.

Integrating these principles requires both respect for traditional knowledge and rigorous scientific validation. Many Āyurvedic recommendations (dietary spices, exercise, meditation) are now recommended by allopathic doctors for general health. Conversely, biomedical insights into microbiomes, circadian biology, and nutrigenomics are enriching interpretations of Āyurvedic notions like “gut fire” (Āgni) and seasonal regimens (Ritu-carya). The provided Table 1 encapsulates several such crosswalks, serving as a practical guide for clinicians and researchers.

Table 1: Comparative overview of selected Āyurvedic principles and their modern biomedical correlates and translational implications

Āyurvedic Concept	Description (Ayurveda)	Modern Correlate	Translational Implication
Vāta Doṣa	Governs movement, neural impulses, breathing, waste elimination (elements: air/space).	Nervous system signaling, musculoskeletal motility, peristalsis.	Relevant to neurology/physiology; links to conditions like hypertension (heart rate) and constipation. Guides therapies (e.g., grounding diet, yoga).
Pitta Doṣa	Controls digestion, metabolism, body heat, vision (elements: fire/water).	Gastrointestinal enzymes, metabolism, endocrine regulation.	Correlates with metabolic syndrome markers; modulated by cooling diet (e.g., bitter flavors) and anti-inflammatory herbs.
Kapha Doṣa	Provides structure, cohesion, lubrication, immunity	Adipose tissue, extracellular matrix, immune complex activity.	Linked to obesity, mucosal congestion; managed by lipid-lowering diet (light

	(elements: earth/water).		foods) and anabolic balancing exercises.
Prakṛti (Constitution)	Individual trait determined by dominant doṣa mix; stable phenotype.	Genetic/epigenetic profile, phenotype, microbiome composition.	Used for personalized prevention and therapy. Genome studies show prakṛti-specific SNPs and gene expression.
Āgni (Digestive Fire)	Digestive/metabolic capacity; 13 types including Jātharagni (stomach).	Digestive enzymes, gut microbiota activity, basal metabolic rate.	Imbalance (low Āgni) parallels metabolic slowdown; treated by digestive herbs/spices. Links Āyurvedic detox to modern gastroenterology.
Dhātu (Tissues)	Seven sequential tissues: Rasa (plasma), Rakta (blood), Māṃsa (muscle), Meda (fat), Asthi (bone), Majjā (marrow/nerves), Śukra (reproductive).	Plasma/lymph, blood cells, muscle fibers, adipose cells, bone matrix, marrow/nervous tissue, gonadal germ cells.	Illustrates holistic regeneration; Rasāyana (rejuvenation) therapies aim to nourish all dhātus. Guides understanding of chronic deficiencies (e.g., anemia as Rakta deficiency).
Māla (Waste)	Body excretions (urine, feces, sweat) – byproducts of digestion.	Kidney/liver excretion, digestive waste, skin/lung elimination.	Emphasizes detoxification; Pāñcakarma modalities (Virecana, Basti) correspond to laxatives/enemas in clinical practice.
Srotas (Channels)	Micro/macro channels for flow (nutrients, wastes).	Vascular, lymphatic, neural networks.	Conceptual basis for circulation-focused therapies. Āyurvedic massage (Abhyanga) and fomentation improve circulation analogous to physical therapy.

The above table is a conceptual guide: it is not exhaustive but illustrates how Āyurvedic categories map to biomedical systems and inform treatment choices. Notably, practitioners assess Prakṛti and Doṣa imbalances to personalize intervention. This is a form of stratified medicine, now supported by genetics and metabolomics.

Challenges in translational Ayurveda include standardizing diagnostic criteria for Doṣas/Prakṛti, and conducting

large-scale clinical trials for complex interventions. Nevertheless, systematic reviews have begun to validate Āyurvedic treatments in areas like musculoskeletal disorders and metabolic health. Importantly, integration efforts are bi-directional: modern medicine can learn preventive lifestyle insights from Ayurveda, while Ayurveda adopts evidence-based validation of its therapies. The synergy can potentially yield novel therapies, e.g., identifying an Āyurvedic

herb and isolating its active compounds (like reserpine) or, vice versa, using Āyurvedic knowledge to explain physiological phenomena (like the concept of Ojas and immune resilience).

Conclusion

Āyurvedic basic principles offer a rich, time-tested framework that complements modern biomedical science. By interpreting Tridoṣa, Āgni, Dhātus, and related concepts in contemporary terms, practitioners and researchers can enhance personalized, preventive, and holistic healthcare. Emerging fields like Ayurgenomics and Āyurnutrigenomics exemplify how ancient wisdom can integrate with genomics and systems biology to inform precision medicine. The evidence so far—from genomic clustering of Prakṛti types to clinical benefits of herbal

formulations—supports the translational potential of Ayurveda.

Future research should continue bridging paradigms: for instance, mapping Doṣa imbalances to specific molecular pathways, and rigorously testing Āyurvedic regimens in controlled trials. As shown in the table and figure, many Āyurvedic ideas find parallels in physiology and metabolic research. Embracing this synthesis can enrich medical practice and public health: combining patient-tailored lifestyle and dietary guidance with modern diagnostics could improve outcomes in chronic disease and wellness. Ultimately, treating Ayurveda's foundational concepts as scientifically meaningful leads may unlock novel preventive and therapeutic strategies, fulfilling the vision of an integrative, personalized healthcare model.

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