

UNDERSTANDING DEEPANA PACHANA IN THE LIGHT OF GUNA SIDHANTHA AND ITS ROLE IN GASTROINTESTINAL DISORDERS***¹Dr. Sivaprasadan V., ²Dr. Shylamma TM, ³Dr. Sunil John Thykkattil, ⁴Dr Sethu Raj K S**¹PG. Scholar Department of Kayachikitsa, Govt. Ayurveda Medical College, Tripunithura.²Professor and HOD, Department of Kayachikitsa, Government Ayurveda College, Thripunithura, Ernakulam.³Associate Professor, Department of Kayachikitsa, Government Ayurveda College, Thripunithura, Ernakulam.⁴Asso Prof Department of Samhitha Samskritha Evum Sidhantha, Govt Ayurveda College Tripunithura, Ernakulam.***Corresponding Author: Dr. Sivaprasadan V.**

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ABSTRACT

Guna siddhanta forms the fundamental cornerstone of ayurvedic pharmacology, offering profound insights into the therapeutic potential and mode of action of various substances^[1] Its relevance is significant in many disorders, where maintaining the functional integrity of agni is central to health.^[2] According to ayurveda, impaired digestion leads to the formation of ama, which in turn initiates a cascade of pathological processes.^[3] In this context, deepana (stimulation of agni) and pachana dravyas are indispensable tools, classified and understood on the basis of their inherent gunas^[4] (qualities). Among these, katu pachana is primarily defined by its ushna veerya, laghu, and ruksha gunas.^[5] These attributes create an optimal internal environment for agni to function effectively, thereby ensuring the proper breakdown of food and elimination of ama.^[6] Classical examples include ginger and black pepper, which demonstrate both deepana and pachana effects, simultaneously enhancing digestive capacity and resolving metabolic toxins.^[7] Such herbs are particularly beneficial in conditions involving kapha and vata imbalance.^[8] where sluggish digestion and ama accumulation are predominant. In contrast, thiktha pachana is characterized by seetha veerya, laghu, and ruksha gunas.^[9] Unlike katu dravyas, these agents focus more on the digestion and elimination of ama without directly stimulating agni.^[10] This makes them particularly suitable in conditions where pitta aggravation is a concern, as they clear toxins gently while preventing excessive stimulation of digestive fire.^[11] A classical formulation representing this group is shadanga panam, which is frequently employed in fevers and digestive disorders associated with toxin accumulation.^[12] By integrating ayurvedic principles with modern clinical understanding, the application of guna siddhanta in the choice between katu and thiktha pachana can provide highly individualized therapeutic outcomes.^[13] Gastrointestinal conditions such as irritable bowel syndrome (IBS), indigestion, hyperacidity, gastroesophageal reflux disease^[14] (GERD) etc highlight the need for precision in drug selection, wherein the practitioner tailors therapy based on constitution (prakriti), doshic imbalance, and disease stage. Thus, understanding the nuanced differences between katu and thiktha pachana in the light of guna siddhanta not only enriches ayurvedic therapeutics but also establishes a rational and scientific approach to managing gastrointestinal disorders.^[15]

KEYWORDS: *Guna sidhantha, katu pachana, thiktha pachana, nijavikara, Sudha chikitsa, asudhachikitsa etc.***INTRODUCTION**

In Ayurveda, the concept of agni is considered the very foundation of health and well-being.^[16] All processes of digestion, metabolism, and transformation in the body are governed by agni.^[17] When agni functions properly, food is digested well, tissues are nourished, and strength is maintained.^[18] But when agni becomes weak or

disturbed, ama is formed.^[19] This ama obstructs the channels of the body (srotas), leading to many gastrointestinal as well as systemic disorders.^[20] Thus, the first line of management in Ayurveda is always directed toward restoring the balance of agni and removing ama.

deepana dravyas alone will not work because stimulating an already active agni may cause athygni may lead to complication. Conversely, if agni is weak without the presence of ama, deepana dravyas are prescribed to rekindle digestive fire. When both ama and poor agni coexist, medicines possessing both deepana–pachana properties should be used.

Katu pachana dravyas, owing to their ushna veerya, are suitable in kapha-vata conditions like indigestion and IBS, where agni requires stimulation. However, their indiscriminate use in pitta-dominant disorders can worsen symptoms may cause inflammation. On the other hand, tikta pachana dravyas, with sheeta veerya, gently digest ama and simultaneously pacify aggravated pitta.^[20] Classical formulations such as guloochyadi kashayam, drakshaadi kashaya etc exemplify all this approach, being particularly effective in vidagdha pitta, paithika jwara, and raktatisara.

The clinical application of these principles highlights the precision of Ayurvedic pharmacology. Thus, the differentiation between *deepana* and *pachana* based on *guna* is not merely theoretical but highly practical. It prevents improper drug selection, ensures targeted therapy, and restores digestive balance without causing adverse effects. The study underscores that treatment guided by *guna siddhanta* enhances therapeutic outcomes and exemplifies the personalized approach of Ayurveda.

CONCLUSION

In ayurveda, the distinction between *sudha Chikitsa* and *asudha chikitsa* is of great importance.^[21,22,23] A common misconception is that ayurvedic medicines never cause adverse reactions. However, if treatment is not guided by the principles of *guna siddhanta* and proper drug selection, it may result in complications and even fatal outcomes. The scientific framework of *guna siddhanta* helps in selecting appropriate *deepana* and *pachana* therapies based on the doshic imbalance. For instance, *katu pachana* is indicated in *kapha-vata* conditions with impaired agni, whereas *tikta pachana* is more suitable in *pitta*-related disorders. Failure to apply these principles correctly may lead to adverse effects, such as slow damage to vital organs like liver or persistent irritation that, over time, could predispose to carcinogenic changes. Thus, Ayurveda strongly emphasizes *Sudha Chikitsa*, ensuring safe, effective, minimise complication and scientifically justified treatment.^[10]

REFERENCES

- Sharma PV. Dravyaguna Vijnana, Vol. I. Varanasi: Chaukhambha Bharati Academy, 2010.
- Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala, with Chakrapani commentary, Chikitsa sthana 15/3 edited by Vaidya Jadavaji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan, 2017; p 512.
- Sushruta. Sushruta Samhita with Dalhana commentary, edited by Jadavaji Trikamji. Varanasi: Chaukhambha Orientalia, 2008.
- Vagbhata. Ashtanga Hridaya with Sarvanga Sundara commentary by Arunadatta and Ayurveda Rasayana commentary by Hemadri, sutra sthana 12/1 Varanasi: Chaukhambha Orientalia, 2016;p 186.
- Murthy KRS. Bhavaprakasha of Bhavamishra, Part I. Varanasi: Chaukhambha Krishnadas Academy, 2008.
- Dash B, Sharma RK. Charaka Samhita: Text with English Translation & Critical Exposition Based on Chakrapani Datta's Ayurveda Dipika, Vol. II. Varanasi: Chaukhambha Sanskrit Series Office, 2005.
- Zaveri M. Ginger and its role in Ayurvedic Deepana and Pachana action. Anc Sci Life, 2014; 33(2): 90-95.
- Tiwari P. Ayurveda and Management of Vata Vyadhi. Delhi: Chaukhambha Publications, 2012.
- Tripathi B. Charaka Samhita (Chikitsa Sthana), Vol. II. Delhi: Chaukhambha Sanskrit Pratishthan; 2009.
- Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: a comparative overview. Evid Based Complement Alternat Med, 2005; 2(4): 465-73.
- Khandelwal K. Prayogika Avum Vyavaharik Dravyaguna Vigyan. Varanasi: Chaukhambha Bharati Academy, 2010.
- Ganesan S, Venkatesh R, Banumathy N. Indigenous traditional medicines used for the treatment of gastrointestinal disorders in humans. Pharmacogn Rev, 2010; 4(8): 13-21.
- Patil VV, Patil VR. Herbal drugs in the treatment of gastrointestinal disorders: A review. Pharmacology online, 2009; 1: 177-95.
- Singh RH. Exploring Issues in the Development of Ayurvedic Research Methodology. J Res Ayurvedic Sci, 2010; 31(1): 1-10.
- Sharma RK, Dash B. Agni and Ama in Ayurveda. Delhi: Chaukhambha Sanskrit Series Office, 2005.
- Pandey GS. Charaka Samhita (Sanskrit with Hindi Commentary). Varanasi: Chaukhambha Academy, 2006.
- Murthy KRS. Ashtanga Sangraha of Vagbhata, Vol. I-III. Varanasi: Chaukhambha Orientalia, 2005.
- Lad V. Textbook of Ayurveda: Fundamental Principles, Vol. I. Albuquerque: The Ayurvedic Press, 2002.
- Frawley D. Ayurvedic Healing: A Comprehensive Guide. Delhi: Motilal Banarsidass, 2012.
- Gogtay NJ, Bhatt HA, Dalvi SS, Kshirsagar NA. The use and safety of non-allopathic Indian medicines. Drug Saf, 2002; 25(14): 1005-19.
- Vagbhata. Ashtanga Hridaya, with Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Sutrasthana 12/64–65. Varanasi: Chaukhambha Krishnadas Academy, 2016; p. 192.
- Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta. Sutrasthana 11/54–55. Varanasi: Chaukhambha Orientalia, 2017; p. 78.
- Sushruta. Sushruta Samhita, with Nibandhasangraha commentary of Dalhanacharya. Sutrasthana 24/12. Varanasi: Chaukhambha Sanskrit Sansthan, 2018; 120.