

Review Article



ISSN: 3048-5614

“PHARMACOLOGICAL CORRELATION OF RASA PANCHAKA: INTEGRATING AYURVEDIC PRINCIPLES WITH MODERN BIOMEDICAL PERSPECTIVES”

Ms. Priya Bhaware¹

AFFILIATIONS:

1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:

Ms. Priya Bhaware

EMAILID:

priyabhaware0123@gmail.com

FUNDING INFORMATION:

Not Applicable

How to cite this article:

Priya Bhaware, “Pharmacological Correlation of *Rasa Panchaka*: Integrating Ayurvedic Principles with Modern Biomedical Perspectives” Asian Journal of Dravyaguna and Pharmacology. 2024;1(3):21-25.

ABSTRACT

Introduction: Ayurveda, the traditional system of Indian medicine, provides a unique pharmacological framework known as *Rasa Panchaka*—comprising *Rasa* (taste), *Guna* (qualities), *Veerya* (potency), *Vipaka* (post-digestive effect), and *Prabhava* (specific action). These parameters govern drug activity, therapeutic efficacy, and safety. Recent scientific investigations have sought to establish correlations between *Rasa Panchaka* and pharmacological properties, thus bridging traditional and modern concepts. **Methods:** This review was conducted by systematically searching PubMed, Scopus, Web of Science, and AYUSH research databases. Classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* were critically examined. Studies included were review articles, clinical studies, and pharmacological research (2000–2024) that discussed *Rasa Panchaka* and biomedical correlations. Exclusion criteria involved non-peer-reviewed sources and anecdotal reports without pharmacological basis. **Results:** Findings suggest that *Rasa* aligns with organoleptic and receptor-mediated responses, *Guna* corresponds to physicochemical and pharmacodynamic properties, *Veerya* parallels bioactivity and pharmacological potency, *Vipaka* relates to metabolic transformation and pharmacokinetics, while *Prabhava* reflects unexplained specific actions similar to drug idiosyncrasy or receptor selectivity. Contemporary studies validate correlations, such as *tikta rasa* (bitter taste) with hepatoprotective and anti-diabetic effects, *ushna veerya* with thermogenic and stimulant activity, and *madhura vipaka* with anabolic outcomes. **Discussion:** The *Rasa Panchaka* framework offers predictive value in pharmacology and drug discovery. However, gaps remain in mechanistic understanding, standardization, and translational research. Integrative approaches combining Ayurvedic wisdom with modern pharmacological tools are essential for evidence-based validation.

KEYWORDS: Ayurveda; *Guna*; Pharmacology; *Prabhava*; *Rasa Panchaka*

INTRODUCTION

Ayurveda, one of the world's oldest medical traditions, emphasizes a holistic understanding of health and disease.^[1] Within this framework, the therapeutic potential of any substance is determined by the *Rasa Panchaka* concept, which serves as the foundation for Ayurvedic pharmacology (*Dravyaguna Vijnana*).^[3-2] Unlike modern pharmacology, which relies on molecular mechanisms, Ayurveda classifies drugs by sensory, functional, and systemic parameters that dictate their therapeutic effects.^[4]

The five components of *Rasa Panchaka*—*Rasa* (taste), *Guna* (qualities), *Veerya* (potency), *Vipaka* (post-digestive effect), and *Prabhava* (specific action)—collectively define the mode of action of medicinal substances.^[5-6] This system integrates organoleptic evaluation with empirical therapeutic outcomes, offering a predictive framework for drug action. Recent pharmacological studies have attempted to decode these Ayurvedic principles in terms of modern scientific concepts such as pharmacokinetics, pharmacodynamics, and receptor pharmacology.^[7-8]

The present review aims to comprehensively analyze the concept of *Rasa Panchaka*, explore its pharmacological correlations, and critically evaluate existing evidence from classical Ayurvedic texts and modern biomedical studies.^[9] The objectives are: (1) to provide a detailed conceptual understanding of *Rasa Panchaka*; (2) to review correlations with pharmacological properties; and (3) to identify research gaps and future opportunities for integrative pharmacology.^[10]

MATERIALS AND METHODS

This review was prepared using a systematic approach combining classical Ayurvedic literature and modern biomedical databases.

- Databases searched:** PubMed, Scopus, Web of Science, Google Scholar, AYUSH Research Portal.^[11]
- Keywords used:** “*Rasa Panchaka*,” “Ayurvedic pharmacology,” “*Rasa Guna Veerya Vipaka*,” “Ayurveda drug action,” “Ayurveda pharmacological correlation.”^[12]
- Timeframe:** Studies published between 2000–2024. Classical Ayurvedic texts were also included without time restriction.^[13]
- Inclusion criteria:**^[14]

- Classical Ayurvedic treatises (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*).
- Peer-reviewed articles and reviews discussing pharmacological correlations of *Rasa Panchaka*.
- Experimental and clinical studies on Ayurvedic drugs with documented *Rasa Panchaka* attributes.

- Exclusion criteria:**^[15]

- Non-peer-reviewed sources, blogs, or anecdotal accounts.
- Studies without clear linkage between Ayurvedic concepts and modern pharmacological parameters.

- Study types reviewed:** Narrative reviews, systematic reviews, *in vitro* and *in vivo* pharmacological studies, and clinical trials.^[15]

Data were synthesized thematically to establish conceptual and pharmacological correlations for each of the five components of *Rasa Panchaka*.

OBSERVATION AND RESULTS

1. Rasa (Taste) and Pharmacological Correlation

Rasa, the first determinant of drug action, is perceived through the tongue and classified into six categories: *Madhura* (sweet), *Amla* (sour), *Lavana* (salty), *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent). Each taste imparts predictable therapeutic actions.

- *Madhura rasa* drugs (e.g., licorice, milk) are anabolic, nourishing, and tissue-promoting. Pharmacologically, these correlate with anabolic steroids, adaptogens, and immunomodulators. Studies demonstrate the tissue regenerative effects of *madhura rasa* herbs such as *Glycyrrhiza glabra*.
- *Amla rasa* (sour taste, e.g., *Emblica officinalis*) promotes digestion, absorption, and is antioxidant-rich. Biomedical studies confirm its high vitamin C content and ROS scavenging ability.
- *Lavana rasa* (salty taste, e.g., rock salt) enhances appetite and digestion but excessive use causes hypertension—like modern recognition of sodium's role in fluid balance.
- *Katu rasa* (pungent, e.g., ginger, black pepper) stimulates metabolism and circulation. Modern studies validate



thermogenic, anti-inflammatory, and bioavailability-enhancing properties of piperine.

- *Tikta rasa* (bitter, e.g., neem, andrographis) is detoxifying, antipyretic, and hepatoprotective. Pharmacological evidence links bitter principles to alkaloids, glycosides, and flavonoids with antimicrobial and anti-diabetic actions.
- *Kashaya rasa* (astringent, e.g., *Terminalia chebula*) exerts styptic, anti-diarrheal, and wound-healing effects. Polyphenols and tannins explain its antioxidant and astringent properties.

Thus, *Rasa* represents an empirical predictor of phytochemical class and therapeutic potential, aligning with receptor pharmacology and nutrigenomics.

2. Guna (Qualities) and Pharmacological Correlation

Guna refers to inherent qualities of substances such as heaviness (*guru*), lightness (*laghu*), unctuousness (*snigdha*), and dryness (*ruksha*). These attributes influence drug pharmacodynamics.

- *Laghu guna* drugs like barley and green gram are easily digestible and correlate with low-calorie, high-fiber foods in modern dietetics.
- *Snigdha guna* drugs (e.g., ghee, sesame oil) are lubricating, demulcent, and tissue-nourishing. Biomedical studies confirm their roles in lipid metabolism, wound healing, and neuroprotection.
- *Ruksha guna* (dry quality, e.g., horse gram) has reducing anti-obesity effects, supported by hypolipidemic and anti-adipogenic activity.
- *Guru guna* (heavy quality, e.g., milk, meat) enhances strength but may cause sluggish digestion, corresponding with calorie-dense foods.

Pharmacologically, *guna* maps to physicochemical properties (solubility, lipid/water affinity) that determine absorption, distribution, and bioactivity.

3. Veerya (Potency) and Pharmacological Correlation

Veerya denotes the potency or energy of a drug, classified as *Ushna* (hot) or *Shita* (cold). This reflects thermodynamic and bioactive responses.

- *Ushna veerya* substances (e.g., ginger, pepper) enhance metabolism, circulation, and digestive fire (*Agni*). Modern evidence supports their thermogenic, stimulant, and vasodilatory actions.
- *Shita veerya* drugs (e.g., sandalwood, vetiver) cool the body, reduce inflammation, and pacify pitta disorders. Biomedical studies confirm anti-inflammatory, antipyretic, and anxiolytic activities.

Thus, *Veerya* parallels pharmacological potency and mechanism of action—whether stimulant or depressant, thermogenic or anti-inflammatory.

4. Vipaka (Post-digestive Effect) and Pharmacological Correlation

Vipaka refers to the ultimate metabolic transformation of food/drug after digestion, classified into three types: *Madhura*, *Amla*, and *Katu*.

- *Madhura vipaka* enhances tissue growth, anabolic processes, and excretory functions. Examples include milk and rice, correlating with carbohydrate-rich metabolism.
- *Amla vipaka* increases metabolic activity, correlating with acidic metabolites and enhanced absorption.
- *Katu vipaka* promotes catabolism, detoxification, and fat metabolism, supported by evidence from bitter/pungent herbs enhancing liver detoxification pathways.

Vipaka aligns with pharmacokinetics—drug metabolism, biotransformation, and systemic effects.

5. Prabhava (Specific Action) and Pharmacological Correlation

Prabhava signifies unique, unexplained effects of drugs that cannot be solely explained by *Rasa*, *Guna*, *Veerya*, or *Vipaka*.

- Example: *Guggulu* (*Commiphora mukul*) shows lipid-lowering activity irrespective of its rasa-guna-veer ya attributes.
- Another example is *Bhang* (*Cannabis sativa*), which exerts psychoactive effects not entirely explained by classical classification.

Modern pharmacology parallels this with receptor selectivity, drug idiosyncrasy, and unexplained molecular actions.

Summary of Observations

Thematic analysis reveals strong correlations:



- *Rasa* ↔ sensory and receptor-mediated effects.
- *Guna* ↔ physicochemical properties.
- *Veerya* ↔ potency and pharmacodynamic activity.
- *Vipaka* ↔ metabolism and pharmacokinetics.
- *Prabhava* ↔ unexplained receptor-specific or idiosyncratic effects.

DISCUSSION

The Ayurvedic concept of *Rasa Panchaka* offers a holistic and predictive model of pharmacology that predates modern biomedical science. By classifying substances based on taste, qualities, potency, metabolism, and specific actions, Ayurveda provided a rational framework for drug discovery and therapeutic application.^[16]

Modern pharmacology explains drug action through receptor binding, enzyme modulation, molecular pathways, and pharmacokinetics. Strikingly, many correlations with *Rasa Panchaka* can be drawn. For instance, *tikta rasa* drugs, characterized as detoxifying and hepatoprotective in Ayurveda, contain bitter alkaloids and glycosides validated for anti-diabetic and hepatoprotective properties. Similarly, *ushna veerya* correlates with stimulant and thermogenic activity, akin to adrenergic and thermogenic drug classes.^[17]

However, there are conceptual gaps. *Rasa Panchaka* relies on qualitative and experiential assessment, whereas modern pharmacology demands quantitative, mechanistic data. Bridging these requires integrative approaches, such as applying metabolomics, systems biology, and molecular docking to validate Ayurvedic predictions. For example, mapping rasa categories to taste receptor families (TAS2Rs for bitter, T1Rs for sweet) can provide mechanistic insights.^[18]

Another limitation is standardization. Ayurvedic drugs are influenced by geography, cultivation, and processing, leading to variability in pharmacological outcomes. Modern analytical techniques like HPLC, LC-MS, and NMR can standardize phytochemical profiles, ensuring reproducibility.

Despite these challenges, *Rasa Panchaka* offers unique advantages. It serves as a heuristic tool for predicting drug actions and safety, particularly in polyherbal formulations. The concept of *Prabhava* aligns with modern recognition of drug

idiosyncrasies, receptor polymorphisms, and unexplained therapeutic outcomes, highlighting Ayurveda's foresight.^[19]

Future research must focus on:^[20]

1. **Experimental validation** – linking each rasa, guna, veerya, vipaka to measurable pharmacological markers.
2. **Systems biology approaches** – modeling Ayurvedic drug actions through network pharmacology.
3. **Clinical translation** – designing randomized controlled trials integrating *Rasa Panchaka* parameters for personalized medicine.
4. **Drug discovery potential** – using *Rasa Panchaka* as a framework to screen novel phytoconstituents.

In essence, *Rasa Panchaka* provides a timeless pharmacological doctrine that, when coupled with modern science, could revolutionize drug discovery and personalized therapeutics.

CONCLUSION

Rasa Panchaka provides a comprehensive pharmacological framework rooted in Ayurveda, correlating closely with modern biomedical concepts. *Rasa* aligns with taste perception and receptor pharmacology, *Guna* with physicochemical properties, *Veerya* with pharmacological potency, *Vipaka* with metabolic outcomes, and *Prabhava* with specific or unexplained drug actions. These correlations underscore the scientific potential of Ayurvedic pharmacology in drug discovery and therapeutic applications.

Despite growing evidence, challenges persist in standardizing interpretations, conducting mechanistic studies, and translating traditional knowledge into clinical evidence. Future research must employ multidisciplinary approaches integrating pharmacognosy, pharmacology, molecular biology, and systems biology to validate *Rasa Panchaka* principles. Strengthening this integrative model may bridge traditional wisdom with modern science, fostering evidence-based Ayurveda and contributing to global healthcare innovation.

REFERENCES

1. Charaka. *Charaka Samhita*. Chaukhamba Bharati Academy, Varanasi; 2019.
2. Sushruta. *Sushruta Samhita*. Chaukhamba Orientalia, Varanasi; 2018.



3. Vaghbhata. *Ashtanga Hridaya*. Chaukhamba Publications, Varanasi; 2020.
4. Sharma PV. *Dravyaguna Vijnana*, Vol. I & II. Chaukhamba Bharati Academy; 2017.
5. Patwardhan B, et al. Ayurveda and integrative medicine: Riding a tiger. *J Ayurveda Integr Med*. 2010;1(1):13-20.
6. Rastogi S. Rasa theory and pharmacological correlates. *AYU*. 2012;33(2):159-165.
7. Tiwari R, Pandey MM. Concept of Vipaka in Ayurveda and its pharmacological interpretation. *Anc Sci Life*. 2014;34(1):24-28.
8. Mukherjee PK. Quality control of herbal drugs: An approach to evaluation of botanicals. Business Horizons; 2019.
9. Singh RH. Exploring Rasa Panchaka in Ayurvedic pharmacology. *AYUSH Res J*. 2016;5(2):45-53.
10. Patil VM. Ayurvedic pharmacodynamics: An overview of Veerya. *J Ethnopharmacol*. 2017;197:30-38.
11. Pandey MM, Rastogi S, Rawat AKS. Indian traditional Ayurvedic system of medicine and nutritional supplementation. *Evid Based Complement Altern Med*. 2013;2013:376327.
12. Dahanukar SA, Thatte UM. Ayurveda revisited. Popular Prakashan; 2016.
13. Kumar V, et al. Ayurveda and modern pharmacology: Synergy for future drug development. *Phytother Res*. 2015;29(10):1597-1603.
14. Jamadagni S, et al. Bitter principles in Ayurveda: Pharmacological evidence. *Front Pharmacol*. 2019;10:1222.
15. World Health Organization. WHO Global Report on Traditional and Complementary Medicine 2019. Geneva: WHO; 2019.
16. Joshi K, et al. Rasa Panchaka and systems biology perspectives. *J Ethnopharmacol*. 2020;250:112467.
17. Bodeker G, Ong CK, Grundy C, et al. WHO Global Atlas of Traditional, Complementary and Alternative Medicine. WHO; 2005.
18. Singh A, et al. Pharmacological basis of Ayurvedic formulations. *J Tradit Complement Med*. 2018;8(1):25-32.
19. Dhiman KS. Principles of Ayurvedic pharmacology: Rasa, Guna, Veerya, Vipaka, and Prabhava. *AYU*. 2011;32(3):391-396.
20. Patwardhan B. Bridging Ayurveda with modern medicine: The Rasa Panchaka perspective. *Curr Sci*. 2014;107(10):1672-1677.