



Review Article

A REVIEW OF DOSHA-BASED DRAVYA PRAYOGA: SIDDHAMANTRA'S REVERSE PHARMACOLOGICAL METHODOLOGY AS A UNIQUE CONTRIBUTION TO INDIAN MATERIA MEDICA

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ABSTRACT

Siddhamantra, authored by *Vaidyacarya Keshava* in the first half of the 13th century A.D., represents a distinctive contribution to Ayurvedic Materia Medica. The text introduces an innovative reverse methodology of drug description, classifying substances primarily according to their effects on *Doshas*, rather than beginning with *Rasa, Guna, Virya, Vipaka* and *Prabhava*. Edited and published in 1898, the work has remained largely unexplored in modern scholarship. This article critically examines the historical background, structural framework, pharmacological principles, and doctrinal positions of Siddhamantra, along with its authoritative commentary *Prakasha* by Vopadeva. The study highlights the relevance of this text in the evolution of *Dravyaguna Vijñana*.

INTRODUCTION

Ayurvedic pharmacology mainly depends on Nighantus for the systematic understanding of medicinal substances. Classical works such as Dhanvantari Nighantu, Kaiyadeva Nighantu, and Bhavaprakasha generally explain drugs through *Rasa, Guna, Virya, Vipaka* and *Prabhava*, and therapeutic actions are inferred from these parameters. This approach represents the traditional and well-accepted method of studying Dravyaguna.

The Siddhamantra of Vaidyacarya Keshava, composed in the early 13th century A.D., stands apart from this conventional framework. Keshava introduces a distinct and practical methodology by giving primary importance to the direct effects of drugs on the *Doshas*, rather than beginning with theoretical attributes. The text is intentionally concise and structured to help physicians quickly understand the true action of drugs, thereby enabling prompt and effective treatment. Because of this immediate and result-oriented approach, Keshava compares the work to a “Siddha

mantra”- something that produces assured results when properly applied.

Keshava strongly asserts that drug actions not understood through this method cannot be clearly grasped through other texts. Despite its originality and clinical relevance, Siddhamantra has remained relatively neglected in the study of Ayurvedic Materia Medica. Therefore, the present study aims to examine Siddhamantra, focusing on its historical background, unique methodology, and fundamental pharmacological concepts, and to highlight its importance in the field of Ayurvedic Dravyaguna.

MATERIALS AND METHODS

Source Material

The primary source for the present study is Siddhamantra, published in 1898 by Jñyanasagar Press, edited by Vaidya Sankardaji Shastri Pade with assistance from Balacandra, along with its commentary *Prakasha* by Vopadeva^[1].

Methodology

A qualitative textual analysis was undertaken focusing on:

- Authorship and historical context.
- Structural organization and classification of drugs.
- Pharmacological principles and doctrinal positions.
- Comparative references to earlier Ayurvedic authorities.

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Classical Ayurvedic texts such as Caraka Samhita, Sushruta Samhita, Ashtanga Hridaya, and major Nighantus and their commentaries were used for contextual comparison.

RESULTS

Authorship and Chronology

Vaidyacharya Keshava identifies himself as the son of Mahadeva, disciple of Bhaskara, and protégé of King Simharaja (Singhana) of the Yadava dynasty (1210–1247 A.D.). Vopadeva further clarifies that Mahadeva resided at Vedapada on the banks of river Varada, the capital of Simharaja. These details firmly place Keshava in the first half of the 13th century A.D.^[2]

लेभे जन्म महादेवादायुर्वेदञ्च भास्करात् ।

सम्मानं सिहराजाद्यः केशवः कारकोऽस्य सः ॥१६९॥

Acharya Vopadeva, the son of Vaidyacharya Keshava, authored the Prakasha commentary on Siddhamantra, a work originally written by his father. This act reflects the profound scholarly dedication, reverence, and commitment of Acharya Vopadeva toward preserving and elucidating his father's intellectual legacy.

Structural Framework

1. The text begins with an invocation to Dhanvantari, indicating the precedence of Dhanvantari Nighantu^[3].

आयुर्वेदसुधाम्भोधिसारसारणिकाः गिरः ।

उल्लासितौषधं ग्रामाः जयन्त्यमृतजन्मनः ॥ १ ॥

2. The work is deliberately kept brief so that physicians can quickly and easily grasp the true nature of the powers of medicinal drugs^[4].

ग्रन्थः संग्रथ्यतेऽत्यल्पः सिद्धमन्त्राह्वयो मया ।

वैद्याः सुखेन द्राग् द्रव्यशक्तितत्त्वं विदन्त्विति ॥ २ ॥

3. The strength or action of a substance is determined on the basis of its *Rasa* (taste), *Virya* (potency), and *Vipaka* (post-digestive effect). However, whether it aggravates or pacifies the *Doshas* cannot always be clearly understood only from these factors^[5].

*रसवीर्यविपाको द्रव्यशक्तित्वविच्यते ।

कोषे शमे वा दोषाणां सा तु स्पष्टा न तेन ते ॥ ३ ॥

4. The qualities described for a substance are also considered to be present in its parts, its varieties, and its modified forms, unless there is a specific exception stated^[6].

ये यत्रोक्ताः गुणाः द्रव्ये ते तस्यावयवेष्वपि ।

भेदेष्वपि विकारेष्वप्यपवादादृते मताः ॥ ४ ॥

5. Acarya Charaka describes a substance as *Vatala* (*Vata*-aggravating), whereas Acarya Sushruta calls the same substance *Vataghna* (*Vata*-pacifying). Other authorities have also used different terms. Therefore, a clear decision regarding these meanings is explained here as *Udasina*^[7].

वातलं चरको ब्रूते वातघ्नं वष्टि सुश्रुतः ।

खारणादिर्वदत्यन्यदित्युक्तेरत्र निर्णयः ॥ ५ ॥

6. A *Vataghna* drug is one that reduces or controls *Vata Doshha*. This term only tell about the action on *Vata* and does not clearly mention what the drug does to *Pitta* or *Kapha*^[8].

वातघ्नमेव यद्द्रव्यं तद्वातं हन्ति केवलम् ।

सान्यं च केवलावन्यौ न हन्ति न करोति च ॥ ६ ॥

A *Vataghna-Anyajanana* drug is one that reduces *Vata*, but at the same time increases one or both of the other *Doshas* (*Pitta* or *Kapha*)^[9].

वातघ्नमन्यजननं द्रव्यं यद्भ्रन्ति तच्चलम् ।

केवलं केवलौ सान्यावन्यो वर्धयते मलौ ॥ ७ ॥

A *Vataghna-Anyodasina* drug is one that reduces *Vata* and does not affect *Pitta* or *Kapha* at all- it neither increases nor decreases them^[10].

वातघ्नमन्योदासीनं यत्तच्छुद्धा निलापहम् ।

शुद्धौ सान्यौ न हन्यन्तौ न करोतीति सर्वतः ॥ ८ ॥

Dravyas are grouped according to how they act on *Vata*, *Pitta*, and *Kapha*. Some drugs reduce a *Dosha*, some increase it, and some do not affect it at all. By observing all these possible effects on one, two, or all three *Doshas*, different combinations are formed. In this way, drugs are systematically divided into fifty-seven distinct categories^[11]. (Table 1.)

Table 1: 57 categories of the *Dravyas*

<i>Doshaghna</i>	22. <i>Doshaghna</i> with <i>Doshala</i> (Aggravating)	<i>Doshaghna</i> with <i>Udasina</i> (Neutral)
1. <i>Vataghna</i>	14. <i>Vataghna-Pittala</i>	26. <i>Vataghna-Pittodasina</i>
2. <i>Pittaghna</i>	15. <i>Vataghna-Shleshmala</i>	27. <i>Vataghna-Shleshmodasina</i>
3. <i>Shleshmaghna</i>	16. <i>Vataghna-Pittashleshmala</i>	28. <i>Vataghna-Pittashleshmodasina</i>
4. <i>Vataghna-Pittaghna</i>	17. <i>Pittaghna-Vatala</i>	29. <i>Pittaghna-Vatodasina</i>
5. <i>Vataghna-Shleshmaghna</i>	18. <i>Pittaghna-Shleshmala</i>	30. <i>Pittaghna-Shleshmodasina</i>
6. <i>Pittaghna-Vataghna</i>	19. <i>Pittaghna-Vatashleshmala</i>	31. <i>Pittaghna-Vatashleshmodasina</i>
7. <i>Pittaghna-Shleshmaghna</i>	20. <i>Shleshmaghna-Vatala</i>	32. <i>Shleshmaghna-Vatodasina</i>
8. <i>Shleshmaghna-Vataghna</i>	21. <i>Shleshmaghna-Pittala</i>	33. <i>Shleshmaghna-Pittodasina</i>

9. Shleshmaghna-Pittaghna 10. Doshaghna (Vata-Pitta-Shleshmaghna)	22. Shleshmaghna-Vatapittala	34. Shleshmaghna-Vatapittodasina
11. Vata-Pittaghna 12. Vata-Shleshmaghna 13. Pitta-Shleshmaghna	23. Vata-Pittaghna-Shleshmala 24. Vata-Kaphaghna-Pittala 25. Pitta-Kaphaghna-Vatala	35. Vata-Pittaghna-Shleshmodasina 36. Vata-Kaphaghna-Pittodasina 37. Pitta-Kaphaghna-Vatodasina
Doshala (Aggravating)		Doshala with Udasina
38. Vatala 39. Pittala 40. Shleshmala 41. Vata-Pittala 42. Vata-Shleshmala 43. Pitta-Shleshmala 44. Doshala (Vata-Pitta-Shleshmala) -		45. Vatala-Pittodasina 46. Vatala-Shleshmodasina 47. Vatala-Pitta-Shleshmodasina 48. Pittala-Vatodasina 49. Pittala-Shleshmodasina 50. Pittala-Vata-Shleshmodasina 51. Shleshmala-Vatodasina 52. Shleshmala-Pittodasina 53. Shleshmala-Vata-Pittodasina 54. Vata-Pittala-Shleshmodasina 55. Vata-Shleshmala-Pittodasina 56. Pitta-Shleshmala-Vatodasina
Sarvadosha Udasina 57. Doshatrayodasina		

7. Drugs are classified into eight groups based on their action on *doshas* (*Hitkara & Ahitkara*)^[12]:

वाते पित्ते कफे वातपित्ते वातकफे क्रमात् ।

कफपित्ते त्रिषु हिता वर्गाः सप्ताहितोऽष्टमः ॥ ९ ॥

Hitkar varga

1. Vataghna
2. Pittaghna
3. Kaphaghna
4. Vata-Pittaghna
5. Kapha-Vataghna
6. Kapha-Pittaghna
7. Doshaghna

Ahitkar varga

8. Doshala

These nine verses which are mentioned above explained the fundamentals of the *Dravyaguna*. Vopadeva in his *Prakasha* commentary called *Nava-Shloki* specifically for these nine verses^[13].

Speciality of Siddhmantra

1. The reverse methodology adopted in Siddhmantra marks a significant conceptual shift in Ayurvedic pharmacology. By prioritizing observed effects on *Doshas*, Keshava emphasizes clinical outcomes over theoretical descriptors. This approach reflects a pragmatic and experience-based tradition within Ayurveda.
2. The *Doshala Varga* describes drugs that increase one *Dosha* or multiple *Doshas* in combination. This

distinctive feature of the text is based on the Charaka principle that certain substances cause *Dhatu* vitiation by aggravating the *Doshas*^[14].

Examples^[15]

- *Vatalaḥ*: Tila-shaka, Mocaka
- *Vatalaḥ, Alpa-kapha-pittalaḥ*: Rūnayaka phala
- *Pittalaḥ*: Shami phala, Taila-pakta māṃsa (meat cooked in oil)
- *Shleshmalaḥ*: Shalmali veshta, Bandhūka
- *Shleshmalaḥ, Nati-pittalaḥ*: Peya, Sanyava
- *Vata-pittalaḥ*: Bala-amra, Virūḍha
- *Vata-shleshmalaḥ*: Yashtimadhu, Guggulu, Putrajiva
- *Shleshma-pittalaḥ*: Amra, Nalini jala

(In the *Prakasha* commentary- Tila-shaka-Tila pushpa shaka, Rūnayaka phala-Karantha phala, Nalini jala-Pushkarini toya)

3. Another unique feature of this book is the concept of *Udasina Dosha*, where a drug remains neutral to a *Dosha* and neither increases nor decreases its level.

For example:

Vataghna-Pittodasina: It reduces *Vata doṣa* and neither increases nor decreases *Pitta*.

Pharmacological Concepts in the Commentary

In the *Prakasha* commentary, Vopadeva elaborates fundamental *Dravyaguna* concepts through the *Nava-Shloki*. Definitions of *Kopana* and *Samana*, *Rasa*, *Virya*, and *Vipaka* are systematically presented. Eight types of *Virya* are accepted following Caraka,

while three types of *Vipaka* are acknowledged in accordance with Vagbhata^[16].

Rejection of Prabhava

Vopadeva explicitly rejects Prabhava as an independent property, arguing that it lacks inherent characteristics and arises from extraneous factors (*Aupadhika bala*) rather than natural determinants (*Svabhavika bala*)^[17].

Exceptions in Drug Properties

The commentary records notable exceptions where drug properties vary between plant, part, variety, and product, such as *Badari*, *Palanḍu*, and *Ikshu*, demonstrating nuanced pharmacological reasoning^[18].

1. *Badari* is *Kaphaghna* (alleviates *Kapha*), but its fruit is not.
2. *Palanḍu* (onion) is *Vataghna* (alleviates *Vata*), but *Kshira-Palanḍu* (a particular variety/preparation of onion) is *Pittaghna* (alleviates *Pitta*).
3. *Ikshu-rasa* (sugarcane juice) increases *Kapha*, but *Mishri* (rock sugar) does not.

DISCUSSION

Siddhamantra along with Vopadeva's Prakasha commentary is a concise yet highly systematic work in Ayurvedic Dravyaguna. Written in the early 13th century A.D., the text reflects a mature pharmacological understanding aimed at practical application. Unlike many extensive Nighantus, this work is deliberately brief so that physicians can quickly grasp the real action of drugs on the *Doshas*.

A distinctive feature of Siddhamantra is the reverse methodology adopted by Keshava. Instead of beginning with theoretical descriptors such as *Rasa*, *Virya*, and *Vipaka*, the text first focuses on the observed effects of drugs on the *Doshas*. By prioritizing clinical outcomes over theoretical classification, Keshava emphasizes direct therapeutic experience. This marks a significant conceptual shift in Ayurvedic pharmacology and reflects a pragmatic, practice-oriented tradition within Ayurveda.

The most important contribution of Vopadeva is the *Nava-Shloki*, which explains the core principles of Dravyaguna. He clearly states that although *Rasa*, *Virya*, and *Vipaka* are essential to understand drug potency, they do not always explain *Dosha* aggravation or pacification. Therefore, drugs must be evaluated directly on the basis of their effect on *Vata*, *Pitta*, and *Kapha*.

A major innovation is the classification of drugs into fifty-seven categories. Drugs are grouped according to whether they pacify, aggravate, or remain neutral (*Udasina*) to one, two, or all three *Doshas*. The concept of *Udasina dosha* is especially significant, as it acknowledges drugs that neither increase nor decrease

a *Dosha*, adding precision to therapeutic decision-making.

The division into *Hitkara* and *Ahitkara* groups further enhances clinical utility by clearly identifying beneficial (*Doshaghna*) and harmful (*Doshala*) substances. The detailed *Doshala Varga* highlights how diet and drugs contribute to *Dosha* aggravation, supporting Charaka's disease causation principle.

Vopadeva's commentary strengthens the text's theoretical foundation while engaging critically with earlier authorities, particularly Dalhana and Vagbhata. His rejection of *Prabhava* aligns with a rationalistic school of thought within Dravyaguna, limiting drug action to empirically explainable factors.

The extensive use of authoritative sources and resolution of controversies through scriptural reasoning suggest that Siddhamantra served as both a scholastic and clinical guide during its time.

CONCLUSION

Siddhamantra and its Prakasha commentary represent a highly practical and experience-based approach to Ayurvedic pharmacology. By focusing on the direct effects of drugs on *Doshas*, the text moves beyond purely theoretical descriptions and supports better clinical decision-making. The innovative classification into fifty-seven categories, inclusion of *Udasina Dosha*, and clear distinction between *Hitkara* and *Ahitkara* substances make the work especially useful for physicians. Vopadeva's logical explanations, rejection of *Prabhava* as an independent property, and acknowledgment of exceptions further strengthen its scientific value. Overall, Siddhamantra remains a concise yet profound guide for understanding drug action in Ayurveda.

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