

## VĪRYA IN AYURVEDIC PHARMACOLOGY: THE SPECIALIZED POTENCY BEYOND MOLECULAR MECHANISMS

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### ABSTRACT

Vīrya (potency) occupies a central and distinctive position in the Ayurvedic conceptualization of medicinal action, transcending simplistic paradigms of taste, quality, or chemical composition. This article explores the nature, classification, and clinical implications of vīrya as the *vishiṣṭa-sāmarthyā-sampanna* guna — a specialized, high-capacity quality responsible for eliciting *parināma* (physiological change) in the body. We argue that vīrya is not a static property of a substance but emerges through the interaction of a dravya's gunas with the recipient's *adhikāra* (susceptibility locus). Three modes of action are elaborated: (i) Guna-Prabhāva, where the action is attributable directly to a specific guna functioning as vīrya; (ii) Dravya-Guna Prabhāva, where a particular guna expresses itself powerfully within a dravya, overriding other attributes; and (iii) Dravya Prabhāva (Achintya vīrya/prabhāva), where the action defies rational deduction and is known only through consistent observation. The clinical domain is then examined, focusing on how vīrya interacts with pathological *adhikāra*, initiates *karma*, and must be selected in a *viparīta* (opposing) relationship to disease guna. The concept of **cumulative vīrya** is introduced to underscore that therapeutic efficacy depends on the net potency generated by drugs, diet (*āhāra*), and regimen (*vihāra*). We caution against integrating modalities whose vīryas are incongruent, as conflicting vīryas can neutralize or reverse intended effects. Ultimately, mastery of vīrya is proposed as the keystone for rational, individualized, and evidence-informed Ayurvedic practice, offering a conceptual bridge to modern pharmacodynamics that remains grounded in Ayurveda's unique ontology.

**Keywords:** Vīrya, Ayurvedic Pharmacology, Guna-Prabhāva, Dravya Prabhāva, Cumulative Potency, Adhikāra, Viparīta Vīrya.

### 1. INTRODUCTION

#### Deconstructing the Functional Core of Dravya

Ayurveda, the science of life, presents a refined and multifaceted framework for interpreting the therapeutic potential of a substance (*dravya*). At the center of this pharmacological paradigm lies the concept of *vīrya* — the functional attribute that governs a drug's *karma* (action) in the living organism. Vīrya is not simply “strength”; instead, it is defined as the *vishiṣṭa-sāmarthyā-sampanna* guna — the most specialized, potent, and efficient quality inherent in a dravya that directly precipitates *parināma* (change) within the human body.

Classical treatises on Dravyaguna Vijnana delineate the structural and functional uniqueness of substances via their *gunas* (qualities). Among these gunas, only a select few — those endowed with the greatest innate capacity (*sāmarthyā*) — ascend to the status of vīryas. This concept is critical because it offers the ultimate predictive framework for a substance's clinical impact, transcending more superficial classifications based solely on taste (*rasa*) or other gunas. This article examines the precise definition, classification, and profound clinical ramifications of vīrya, establishing its distinctive role as the specialized engine of Ayurvedic therapeutics, and contrasts its predictive power with the limitations inherent in modern pharmacodynamics (PD) and pharmacokinetics (PK).

#### The Specialized Nature of Vīrya: *Vishiṣṭa-Sāmarthyā-Sampanna* Guna

Vīrya is fundamentally a *guna* (quality), but one distinguished by a high degree of specificity (*vishiṣṭa*) and inherent potency (*sāmarthyā*). While every dravya manifests multiple gunas, only those that are both potent and specialized enough to trigger a decisive physiological effect are classified as vīryas. This elevates vīrya from a passive attribute to an active, functional determinant of a substance's *karma*.

#### Vīrya as the Catalyst of Change (*Parināma*)

The concept of vīrya transcends medicinal substances (*bheshaja*) to encompass dietary agents (*āhāra dravyas*) as well. The classical insight here is that the distinction between a beneficial (*pathya*) and detrimental (*apathya*) dietary factor depends on which gunas act as the specialized vīryas within the body's internal milieu:

• **Pathya-āhāra dravyas:** In a healthy individual, these deliver nourishment through compatible gunas and maintain homeostasis. In a diseased state, the pathya-gunas may act as vīryas (restoring homeostasis) and thus reduce the momentum of disease. Acharya Kashyapa therefore regards *pathya āhāra* as *mahābhaiṣajya* (the supreme medicine) (9).

• **Apathya-āhāra dravyas:** These disrupt internal homeostasis. In a disease-prone recipient (susceptible *adhikāra*), the apathya-gunas may dominate and manifest as potent vīryas, interacting rapidly with *adhikāra* (disease loci), escalating *samprāpti* (pathogenesis) and accelerating pathology (9).

Thus, vīrya should be understood as a functional quality that arises from the specific interaction between a substance's gunas and the recipient's status (*adhikāra*). It is not merely an intrinsic, fixed quality, but the operative component that yields either beneficial or deleterious outcomes, fundamentally determining health maintenance or disease progression.

### The Threefold Modes of Action: *Dravya – Guna – Prabhāva*

A substance's *karma* may operate via three distinct modes, often dictated by which vīrya dominates:

1. **Guna-Prabhāva** (*action attributable solely to a specific guna/vīrya*) In this scenario, the pharmacological effect is directly traceable to a specific guna acting as the vīrya. The therapeutic action is “presumed by its gunas,” meaning the effect aligns with expected physiological consequences of that guna.

Guna/Veerya Combination	Rasa	Example Dravya	Karma (Action)
Rooksha-Ushna	Katu	Jeeraka	Ushna-Graahi (Heating-Absorbent)
Snigdha-Ushna	Amla	Daadima	Vata Anulomana (Direction of Vata downwards)
Laghu-Sheeta	Tikta	Parpataka	Pittajvara Shamana (Fever reduction)
Guru-Sheeta	Kashaya	Khadira	Stambhana (Styptic/Astringent)

2. For instance, *Gudūci* exerts *viṣa-śamana* (anti-poison effect) through its *Tikta* rasa. Here, the *Tikta* guna functions as the specialized vīrya driving the specific action, illustrating a predictable *guna-prabhāva* (4).

3. **Dravya-Guna Prabhāva** (*action of a specific guna/vīrya within a particular dravya*) This mechanism underscores how a potent guna (vīrya) within a specific dravya or compound (*yoga*) can override the expected effects of other dominant properties. The dravya becomes a vehicle through which a particular guna expresses itself forcefully as the operative vīrya.

○ **Example 1:** *Br̥hat-Pañcamūla Gana* is known to pacify *Vāta* due to its *Uṣṇa* vīrya, even though its constituent herbs exhibit *Tikta-Kaśāya* rasa, which would typically aggravate *Vāta*. In this case, the *Uṣṇa* vīrya overrides *rasa* in manifesting the primary effect (2).

○ **Example 2:** *Nāgara* (dry ginger) has *Katu* rasa, which conventionally is *avīrya* (non-aphrodisiac). However, it exhibits *vṛṣya* (aphrodisiac) properties due to its *Madhura vipāka* (sweet post-digestive effect), which functions as the specialized vīrya responsible for its unique karma (7).

4. **Dravya Prabhāva (Achintya vīrya / Prabhāva)** This is the most specialized and least predictable form of vīrya, termed *prabhāva*. It denotes a specific action of a dravya that cannot be rationally deduced from its detectable *rasa*, *guna*, or *vipāka* — it is an *achintya* (inconceivable) potency known only through consistent observation or authoritative testimony.

○ **Example:** *Danti* is primarily used for *virecana* (purgation). Yet it possesses *Katu* rasa and *Katu vipāka*. Substances with these characteristics are typically associated with *deepana* (digestive stimulation) or *lekhana* (scraping) rather than forcible purgation. The purgative action of *Danti* is therefore attributed to an *achintya vīrya*, a specialized and unpredictable potency that defies conventional rules of *rasa* and *vipāka* (2).

The emergence of *rasa-pāñcaka* (whether homogeneous or heterogeneous) depends on the proportions of *mahābhūta* transformation during processing (*pākā*). While *cintya* vīrya may follow elemental rules, *achintya* vīrya represents the ultimate expression of a substance's unique, irreducible elemental configuration.

### Clinical Significance: Interaction of Vīrya with Adhikaraṇa

In clinical practice, administering a drug (*bheshaja*) or regimen instigates a precise interaction between the drug's vīrya and the patient's *adhikaraṇa* (the pathological substrate or locus).

### Initiation of Karma

Once a dravya is ingested, its vīrya (the *vishīṣṭa-sāmarthyā-sampanna* guna) engages with the specific *adhikaraṇa* in the recipient, initiating the *karma* (the therapeutic response).

- **Example:** A *deepana* vīrya substance (e.g. from *Katu* or *Tikta* rasa, *Uṣṇa* guna, or *Katu vipāka*) will interact with *āgni adhikaraṇas* (metabolic fire loci), triggering the action of kindling *agni*.

### Principle of *Viparīta Vīrya*

The success of therapy hinges on selecting a vīrya that is *viparīta* (opposite) to the *hetu* gunas (causative qualities) of the *āgantū doshas* and their particular stage (*avasthā*) in *samprāpti*.

- **Favorable outcome:** If the selected vīrya is opposite to the pathology, disease reversal begins instantly.
- **Unfavorable outcome:** If the administered vīrya is *apathya* (etiological) with respect to the pathological gunas, disease may worsen immediately, intensifying *samprāpti* and accelerating patient decline.

Hence, vīrya is the crucial determinant of the net effect, instigating either homeostatic restoration or disease progression depending on its alignment with pathology.

### The Importance of Cumulative Vīrya in Integrative Contexts

The clinical efficacy of a therapeutic plan depends on the **cumulative net vīrya** generated by all administered agents and practices — including drugs, diet (*āhāra*), and lifestyle (*vihāra*).

This article warns against the uncritical integration of Ayurvedic interventions with methods (such as certain physiotherapy or yogic practices) that do not conform to the rigorous predictability of vīrya:

- **Conflict of vīryas:** Vigorous exercise or forced movement during inflammation may produce *uṣṇa* or *rūkṣa* vīryas that are *apathya* to the metabolic processes needed for resolution, exacerbating the condition.
- **Kriyā-sankara (mixing of actions):** Merging Ayurvedic strategies (based on vīrya predictability) with therapies whose vīryas are contradictory or indeterminate undermines the therapeutic plan. Because outcomes depend on net cumulative vīrya, adopting inconsistent *āhāra-vihāra* may neutralize or negate the effect of *bheshaja*. As the saying goes, “there is no use of consuming *bheshaja* when *apathya āhāra-vihāra* are practiced.”

This principle emphasizes the need for a coherent, unified therapeutic strategy grounded in vīrya, rather than a jumble of interventions lacking mutual alignment.

## 2. CONCLUSION

Vīrya constitutes the specialized functional core of Ayurvedic pharmacology. As the *vishiṣṭa-sāmarthyā-sampanna* guna, it serves as the ultimate predictor of a substance’s therapeutic *karma*. By distinguishing between *cintya* vīrya (predictable via *rasa/guna/vipāka*) and *achintya* vīrya (*prabhāva*, unpredictable yet reproducible), Ayurveda offers a comprehensive paradigm for classifying drug action that integrates physical qualities and energetic potency.

Clinically, the interaction of vīrya with *adhikaraṇa* functions as the Ayurvedic analogue of pharmacodynamics, directly initiating physiological change. The concept of cumulative vīrya further mandates that all components of therapy — drug, diet, and behavior — must be congruent. Mastery of vīrya is therefore indispensable not only for competent Ayurvedic practice but also for developing a rational, evidence-informed integration with modern science that respects the specialized potency of dravyas in individual patients.

## 3. REFERENCES

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