

Original article

# The Ayurveda concept of *Prakṛti* and the Western construct of personality: A comparative pilot study<sup>☆</sup>

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## Abstract

**Introduction:** In the Indian medical system of Ayurveda, health results from the balanced interplay between three functional principles or *doṣa* – *Vāta*, *Pitta*, and *Kapha* – that regulate psychophysical functions. The relative proportion of the three *doṣa* in an individual determines the person's psychophysical constitution, *Prakṛti*. The aim of this pilot study was to jointly assess individuals' *Prakṛti* and personality and emotional traits, investigating convergences and divergences between the two classification approaches.

**Method:** Data were collected among 391 adult participants through the following self-assessment instruments: Questionnaire on Doṣa *Prakṛti* AyurVeda (QDAV), specifically developed in this study to evaluate *Prakṛti*; Big Five Inventory (BFI) to assess personality; Positive Affect Negative Affect Schedule (PANAS), to evaluate emotional profile; Short Form Health Survey (SF-36), to measure perceived health. Participants' *Prakṛti* profile was identified first through QDAV and subsequently through its implemented version QDAV-R. Individuals characterized by predominant *Vāta*, *Pitta*, or *Kapha Prakṛti* ( $N=173$ ) were selected for subsequent analyses. Personality, emotional profile, and perceived health were compared across these groups through nonparametric procedures.

**Results:** QDAV-R allowed for effectively classifying participants according to their *Prakṛti*. Personality, emotional and health features reported by *Vāta*, *Pitta*, and *Kapha* participants were consistent with the corresponding descriptions provided in the Ayurveda literature.

**Discussion:** Findings suggest that *Prakṛti* classification can be fruitfully integrated into diagnostic and treatment protocols in healthcare and psychotherapy. These results can inform future studies, aimed at combining psychophysical measures derived from different knowledge traditions within an authentically integrated and person-centered approach to health and well-being.

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**Keywords:** Ayurveda; *Prakṛti*; Personality; Person-centered; Biopsychosocial; Integrative medicine; Psychotherapy

## Introduction

The debate around health, well-being and their measurement is becoming increasingly popular worldwide. Recently, the role of individuals' subjective evaluations and psychological features in health and disease management attracted the interest of researchers and practitioners. This topic represents one of the basic pillars of Ayurveda, the traditional Indian

system of medicine. The concept of individual constitution – *Prakṛti* – includes both physical and mental components, whose conditions of balance or imbalance influence health preservation and disease onset. In the light of the current claims for a person-centered approach to prevention and treatment, the joint study of individual *Prakṛti* and the psychological constructs identified by western science, while highlighting their similarities and differences, can foster a more integrated view of health, and contribute to the development of personalized intervention strategies.

### *Health as complete well-being: problems and challenges*

According to the World Health Organization, health is “a state of complete physical, mental and social well-being” [1].

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The potential embedded in this biopsychosocial definition [2] is universally acknowledged, but seldom translated into practice, as highlighted by health and social scientists [3–5]. Western medicine is still dominated by the biomedical approach, and its prominent goal is disease treatment rather than health promotion.

What is more, the WHO health definition entails two terminology problems. The adjective “complete” equals health to a utopian goal of no practical use [6]. The unspecific term “well-being” is *de facto* usually understood as health-related quality of life, and measured through objective indicators such as physical conditions and demographic features. Subjective well-being indicators such as positive emotions, meaning and goal pursuit, and self-actualization are instead neglected, despite growing evidence of their importance for health [7–9]. Two persons with the same degree of physical health may differ in their level of functioning based on psychological features [10,11]. Thus, the claim for person-centered health care makes the assessment of psychological dimensions a compelling need in both research and practice [12–14].

#### *Individual differences and personality*

Within western psychology, a scientific taxonomy of individual types was developed through studies using natural languages as sources of human attributes [15]. These studies led to the identification of a set of individual characteristics, that were variously categorized [16] until a consensus was reached around five recurrent factors, the “Big Five”: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to experience [17,18]. The Big Five represent personality traits at the broadest level of abstraction. They include more specific characteristics [19] and recur across different languages [20].

The Big Five classification shows however some limitations. First, it is atheoretical in nature [21]. Second, although it allows for efficient personality descriptions [22], each factor subsumes different characteristics, whose aggregation results in a loss of information [23]. Third, personality features are but a component of the complex psychological landscape. Therefore, in most studies the analysis of personality is integrated with the investigation of other cognitive, affective and motivational dimensions [24].

#### *The Ayurvedic view: health as balance*

In Ayurveda health is conceptualized from a holistic perspective, and it comprises physiological, psychological, social and spiritual dimensions. Ayurveda is rooted in a philosophical view [25], according to which the manifestation of all living entities stemmed from the interaction between the passive and unchangeable consciousness principle, and the active and dynamic material principle. Within this view, the material elements of reality derive from the spiritual and psychological ones, and the individual soul, or Self (*Ātman*) is ontologically identical to the universal consciousness principle. Life – *Ayus* – is defined as the conjunction of body, sense organs, mind, and self (*Ātman*) (Ātman, *Ātman*: 1, 46–47) [26]. Health

is the harmonious balance of biological, physiological, mental and spiritual functions (Suśruta Samhitā, SūtraSthāna: 15, 38) [27].

Balance is considered as the natural state of the individual. At the psychophysical level, it is described as the interplay of three principles known as *doṣa*–*Vāta*, *Pitta*, and *Kapha*. The *doṣa* regulate strategic life functions at the body and mind levels [28]. *Vāta* governs movement, controlling blood circulation, elimination of waste, breathing, and the flow of perceptions and thoughts. *Pitta* governs heat and transformation, controlling food digestion, elaboration of sensory inputs, and intellectual discrimination. *Kapha* is responsible for the body structure, promotes physical cohesion and immunity, supports memory retention and mental stability.

#### *Prakṛti: the psychophysical constitution in Ayurveda*

According to their relative proportions, the three *doṣa* determine the individual constitution, or *Prakṛti* (Ātman, SūtraSthāna: 30, 25) [26]. Individuals with different *Prakṛti* differ in body structure, physiological functioning, and mental characteristics. The pure *Prakṛti* types, characterized by the predominance of one *doṣa* over the other two, were classified with astonishing precision in Ātman (VimānaSthāna: 8, 96–98) [26]. This classification is based on the qualities characterizing each *doṣa*. In particular, *Vāta* individuals show the qualities of roughness, lightness, mobility, swiftness, coldness and coarseness, reflected in features such as rough skin, fragile body structure, fast movements, intolerance to cold, emotional and behavioral instability. The prominent qualities of *Pitta* individuals are hotness, sharpness, pungency, sourness, and liquidity, resulting into strong appetite, thirst and perspiration, powerful and quick digestion, lax and soft joints, intolerance to heat, willpower and decisiveness. Finally, individuals with predominance of *Kapha* are characterized by unctuousness, smoothness, sweetness, softness, dullness, heaviness, and solidity. They show a compact body, strong joints, little hunger and thirst, slow movements and behaviors, emotional stability, and trustfulness.

Regardless of its componential structure, the healthy *Prakṛti* relies upon a dynamic balance among physiological and psychological dimensions. This balance can be easily disturbed by changes in the relative proportions of *doṣa*. The onset of these changes is influenced by three overarching qualities of the mind, the *Triguna*: *satva*, *rajas*, and *tamas*, that represent the principle of equilibrium, proneness to action and inertia respectively. People sharing the same *Prakṛti* type can differ according to *guna* preponderance. A *sātvic* person shows self-control and serenity. A *rājasic* person is restless and driven by passion and desire. A *tāmasic* person is depressed, lethargic and negligent (Ātman, ŚarīraSthāna: 4, 36) [26]. Therefore, a truly exhaustive evaluation of an individual should include the joint investigation of *doṣa* and *triguna*, since the former do not show spiritual implications, while the latter are not related to physical dimensions [29]. Moreover, although the evaluation of the individual *Prakṛti* plays a prominent role in Ayurveda, “collective” *Prakṛti* types are also described in the classical texts.

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