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Review Article

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"MANAS PRAKRITI (SATTVA, RAJAS, TAMAS) AND MODERN PERSONALITY FRAMEWORKS: A CRITICAL REVIEW OF VALIDATED ASSESSMENT TOOLS"

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ABSTRACT:

Background: Ayurveda describes mental constitution (Manas Prakriti) through the three Gunas, Sattva, Rajas and Tamas. Over the last three decades, psychologists and Ayurveda researchers have tried to measure these Gunas with structured questionnaires and to relate them to modern trait models of personality. **Objective:** To review the classical basis of Manas Prakriti, the instruments developed to measure the Gunas, the evidence on their psychometric quality, and their reported links with mental health outcomes. **Methods:** Narrative review of classical Ayurvedic texts and of published literature retrieved from PubMed, Google Scholar, DOAJ and AYUSH Research Portal using the terms Triguna, Manas Prakriti, Sattva, Rajas, Tamas, personality, scale and validation. **Results:** The Vedic Personality Inventory and the Mysore Triguna Scale are the most frequently used and best documented instruments. Studies using them report higher Rajas and Tamas and lower Sattva scores in people with anxiety disorders and major psychiatric illness than in healthy controls. A 2025 critical review of 64 Prakriti tools found that only 20 had undergone any validation, and very few addressed the mental constitution. Correlations between Gunas and Big Five traits have been explored, but mostly in small, convenience samples. **Conclusion:** The Triguna model is measurable and shows consistent associations with psychological distress. Its clinical use is limited by weak validation, lack of norms across populations, and conceptual overlap with Western trait measures. Standardised, cross-culturally tested Manas Prakriti instruments are a research priority.

Keywords: Manas Prakriti; Triguna; Sattva; personality assessment; Vedic Personality Inventory; Mysore Triguna Scale

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INTRODUCTION:

Ayurveda treats the mind (Manas) as a distinct entity whose qualities shape health, behaviour and susceptibility to disease. Charaka describes three broad classes of mental constitution, Sattvika, Rajasika and Tamasika, and further subdivides them into sixteen types named after deities, sages and animals (Charaka Samhita, Sharira Sthana 4/36–40)[1]. Sushruta gives a parallel classification with detailed behavioural descriptions [2]. The same three Gunas appear in the Samkhya and Yoga schools and in the Bhagavad Gita, where they are presented as the basic qualities of all nature, including the human psyche[3].

In modern psychology, personality is most often described in terms of stable traits. The Five-Factor Model, measured by instruments such as the NEO Personality Inventory, organises traits into neuroticism, extraversion, openness, agreeableness and conscientiousness[4]. Trait models have strong psychometric foundations but were developed largely in Western populations.

The Triguna model offers a culturally rooted alternative. It is dynamic rather than fixed: classical texts state that Sattva can be increased and Rajas and Tamas reduced through diet, conduct and spiritual practice. This makes it of interest both for assessment and for intervention in mental health. However, construction is only as useful as the tools used to measure it.

This review addresses three questions. First, how do classical texts describe Manas Prakriti? Second, which instruments have been developed to measure the Gunas, and how well are they validated? Third, what does current evidence say about the relationship between Gunas, modern personality traits and mental health?

METHODS:

A narrative review was carried out. Classical sources were the Charaka Samhita and Sushruta Samhita in standard editions with English translation[1,2]. Modern literature was searched in PubMed, Google Scholar, DOAJ and the AYUSH Research Portal up to [month year] using combinations of: Triguna, Manas Prakriti, Manasika Prakriti, Sattva, Rajas, Tamas, guna, personality, scale, inventory, validation and psychometric. Articles in English describing development, validation or application of a Guna measure were included. Opinion pieces without data were used only for background. Reference lists of key papers were hand-searched.

Classical concept of Manas Prakriti

The Three Gunas

In Ayurvedic and Samkhya thought, Sattva is associated with clarity, lightness, knowledge and balance; Rajas with activity, desire, restlessness and passion; and Tamas with heaviness, inertia, delusion and dullness[1,3]. Sattva is regarded as the healthy, non-pathological quality of the mind, while Rajas and Tamas are called the two Manasika Doshas, the mental factors that produce disease when they become dominant.

Classification of mental constitution

Charaka names seven Sattvika types (Brahma, Arsha, Aindra, Yamya, Varuna, Kaubera, Gandharva), six Rajasika types (Asura, Rakshasa, Paishacha, Sarpa, Praita, Shakuna) and three Tamasika types (Pashava, Matsya, Vanaspatya) [1]. Each is defined by a cluster of behaviours: for example, the Brahma type is described as pure, truthful and devoted to learning, whereas the Asura type is described as brave, fierce and self-indulgent.

These descriptions function as behavioural prototypes rather than numeric traits. In clinical terms, they guide the physician in understanding the patient's psychological strength (Sattva Bala), which Charaka lists among the factors to be examined before treatment (Dashavidha Pariksha).

Sattva Bala and disease

Charaka grades mental strength as Pravara (superior), Madhyama (moderate) and Avara (inferior) Sattva. People with Avara Sattva are said to be overwhelmed even by minor stress and pain, whereas those with Pravara Sattva endure severe illness without distress[1]. This idea parallels the modern notion of psychological resilience and is the most clinically applied part of the Manas Prakriti concept.

Instruments for measuring the Gunas

EARLY INVENTORIES:

Indian psychologists began developing Guna inventories in the 1970s and 1980s, but most early tools were small, published in regional sources, and not widely validated. Several are cited in later reviews but are hard to obtain today.

Vedic Personality Inventory

Wolf developed the Vedic Personality Inventory (VPI) and published its psychometric analysis in 1999[5]. The VPI is a self-report questionnaire with separate subscales for Sattva, Rajas and Tamas. Wolf reported acceptable internal consistency and evidence that the three subscales measure distinct but related constructions. The VPI has since become the most widely used Guna instrument in research. It was used, for example, in a 2023 trans-diagnostic study of 113 patients with major psychiatric disorders and 113 matched healthy controls[6].

A limitation of the VPI is that it was developed in a devotional (Vaishnava) context and in a Western sample. Its item content has been criticised for reflecting a particular religious reading of the Gunas.

Mysore Triguna Scale

Shilpa and Venkatesha Murthy developed the Mysore Triguna Scale from descriptions in classical texts and published its standardisation in 2012[7]. The authors described item generation from Ayurvedic and philosophical sources, expert review, and psychometric testing of reliability and validity. They also developed a companion Mysore Tridosha Scale for physical constitution and an advanced Triguna scale intended as an adjunct to the main scale[8,9]. In a 2014 paper they proposed combining the two instruments to describe both traits and types of personality[9].

The Mysore scales are closer to Ayurvedic sources than the VPI, but they have been tested mainly in Indian student and adult samples by the developers themselves.

Other instruments

Organisational researchers have developed shorter Guna measures for use in workplace studies. These link Sattva to job performance and ethical behaviour, and Tamas to negative dispositions[10]. They are useful for management research but were not designed for clinical use.

Within Ayurveda, numerous Prakriti questionnaires exist. A critical review published in 2025 identified 64 unique Prakriti assessment tools across 94 studies[11]. Only 20 had undergone any form of validation. Only two instruments, the CCRAS Prakriti

Assessment Scale and the AyuSoft-based ACPI, met seven of nine quality criteria. Most tools lacked tests of dimensionality, few tested test–retest reliability, and almost all were validated by their own developers. Importantly for this review, among the validated tools only one, the Mathew IAS rating scale, assessed mental constitution[11]. Manas Prakriti assessment therefore remains far less developed than Sharirika (physical) Prakriti assessment.

Gunas and modern personality frameworks

Several Indian studies have compared Guna scores with Big Five traits and related constructs. The general pattern reported is that Sattva correlates positively with agreeableness, conscientiousness and well-being; Rajas with extraversion and impulsivity; and Tamas with neuroticism and low conscientiousness. However, most of these studies used student samples, small numbers and cross-sectional designs, and many were published in journals with limited peer review. They should be treated as hypothesis-generating.

Conceptually, the two models differ. The Five-Factor Model describes relatively fixed dimensions that are largely independent of one another[4]. The Triguna model describes three interdependent qualities present in every person, whose balance can change with diet, lifestyle and practice. A person is never purely Sattvika or Tamasika; rather, one Guna predominates at a given time. This dynamic view makes direct statistical mapping difficult, and simple correlation tables may miss what is distinctive about the Ayurvedic model.

There is also a link to biological typology. Genome-wide expression studies of extreme Prakriti types defined by Ayurvedic phenotyping have reported differences in biochemical and haematological profiles and in gene expression between Vata, Pitta and Kapha individuals[12]. A later genome-wide genotyping study found that Prakriti classification correlated with genetic variation, including in genes related to cellular processes[13]. These studies concern physical constitution, but they support the broader idea that Ayurvedic constitutional typing captures real biological variation. Comparable biological work on Manas Prakriti has not yet been done.

Gunas and mental health

The most clinically relevant evidence concerns differences in Guna profiles between patients and healthy people.

Sharma and colleagues compared 30 people with anxiety disorders with 30 community participants. The clinical group had higher Rajas and Tamas scores, the community group had higher Sattva scores, and quality of life was significantly better in the community group[14].

Bhargav and colleagues conducted a larger trans-diagnostic study using the VPI in 113 patients with major psychiatric disorders and 113 age-, gender- and education-matched healthy controls[6]. Patients had higher Rajas and Tamas and lower Sattva scores than controls, consistent with three earlier preliminary studies they reviewed. The authors proposed that Gunas could be used to predict outcomes and to design lifestyle and psychotherapeutic interventions.

Intervention studies suggest that the Guna balance can change. In randomised controlled trials in healthy volunteers, an integrated yoga programme increased Sattva and decreased Tamas scores compared with a physical exercise control, and improved self-reported health and self-esteem[15,16]. These findings support the classical claim that the Gunas are modifiable, although the trials were conducted by a single research group and need replication.

CLINICAL APPLICATION OF MANAS PRAKRITI:

Sattva Pariksha in routine examination

Charaka includes Sattva among the ten factors (Dashavidha Pariksha) that a physician must assess to judge the patient's strength and plan treatment[1]. In practice, Sattva Pariksha is usually done by observation and interview: how the patient tolerates pain, whether they are anxious or composed, how they respond to the diagnosis, and whether they can follow a demanding regimen. The physician then adjusts the intensity of treatment. A patient of Avara Sattva, for example, may not tolerate strong purification (Shodhana) and may need gentler palliative care (Shamana), more counselling, and closer follow-up.

This bedside assessment is useful but subjective. Two physicians examining the same patient may disagree. A short, validated Sattva Bala scale that could be used at intake would make this assessment reproducible and would allow its predictive value for treatment adherence and outcome to be tested.

Diet, conduct and the Gunas

Classical texts link food and daily conduct to the Gunas. The Bhagavad Gita classifies food as Sattvika (fresh, juicy, nourishing and pleasant), Rajasika (very bitter, sour, salty, hot, pungent and dry) and Tamasika (stale, tasteless, putrid and left over), and states that food preferences reflect and reinforce mental qualities[3]. Ayurveda gives similar guidance, and Charaka describes a code of good conduct (Sadvritta) and a rejuvenative conduct (Achara Rasayana) that are expected to strengthen the mind[1].

From a modern perspective, these ideas can be framed as testable hypotheses about the relationship between dietary patterns, lifestyle and personality-linked mental states. Nutritional psychiatry has shown associations between dietary quality and mood, but no study has yet tested whether a Sattvika dietary pattern, defined in measurable terms, changes Guna scores or mental health outcomes. This is a clear opportunity for Ayurveda researchers.

Sattvavajaya Chikitsa

Charaka describes three classes of treatment: Daivavyapashraya (spiritual and faith-based), Yuktivyapashraya (rational, using diet and drugs) and Sattvavajaya (control of the mind by withdrawing it from harmful objects)[1]. Sattvavajaya is the classical psychological therapy of Ayurveda. It includes the cultivation of knowledge (Jnana), scientific understanding (Vijnana), courage (Dhairya), memory (Smriti) and concentration (Samadhi).

Manas Prakriti assessment could guide the choice of Sattvavajaya techniques. A person with Rajas dominance might benefit most from techniques that reduce restlessness and impulsivity, while a person with Tamas dominance might need behavioural activation and structured routine. This mapping is close to how modern clinicians match psychotherapy to patient characteristics, but it has not been tested in trials. Studies comparing tailored and non-tailored Sattvavajaya interventions,

with Guna scores as both moderator and outcome, would be informative.

USE IN RESEARCH:

In research settings, Guna instruments have three main uses. They can describe study populations, so that results can be interpreted in terms of mental constitution. They can serve as outcome measures in trials of yoga, Rasayana and Sattvavajaya, as shown by the yoga trials discussed above [15,16]. And they can be used as stratification variables, testing whether treatment effects differ by mental constitution. For any of these uses, investigators should report which instrument was used, its version and language, and its reliability in their own sample.

DISCUSSION:

The Triguna model has three strengths for modern mental health research. It is culturally familiar to Indian patients and practitioners. It includes a clear direction for improvement (towards Sattva), which suits preventive and lifestyle interventions. And existing data, though limited, consistently link Rajas and Tamas dominance with psychological distress [6,14].

Its weaknesses are equally clear. First, measurement quality is uneven. Even for physical Prakriti, most tools are poorly validated, and very few tools address mental constitution[11]. Second, most instruments have been tested by their own developers, in limited populations, without published norms. Third, the conceptual relationship to established trait models is unresolved: if Guna scores merely restate neuroticism or conscientiousness, their added value is small. Fourth, some items carry religious or moral content that may bias responses in secular or non-Hindu populations.

Future work should include: development of a Manas Prakriti instrument following accepted scale-development steps (item generation from classical sources, expert content validity, exploratory and then confirmatory factor analysis, test–retest reliability); testing measurement invariance across regions, languages and religions; incremental validity studies showing whether Gunas predict outcomes beyond Big Five traits; and longitudinal studies of whether Guna profiles change with treatment and predict relapse. Guidelines such as COSMIN can structure this work.

CONCLUSION:

Manas Prakriti is a coherent and clinically meaningful classical concept that can be measured with existing instruments, notably the Vedic Personality Inventory and the Mysore Triguna Scale. Available evidence links higher Rajas and Tamas with psychiatric illness and poorer quality of life, and suggests that yoga-based interventions can shift the Guna balance. However, current tools are not validated well enough for individual clinical decisions. A rigorous, independently validated Manas Prakriti scale is the main gap for the field.

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