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OJAS IN PSORIASIS: AN AYURVEDIC CONCEPTUAL REVIEW

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ABSTRACT

Introduction: *Ojas is a fundamental concept of Ayurvedic physiology and is described as the essence of the Dhatus and an essential factor responsible for life, strength and physiological stability. Psoriasis is a chronic, immune-mediated inflammatory disorder of the skin characterized by recurrent erythematous, well-demarcated and scaly lesions. Although psoriasis is not described as a separate disease entity in the classical Ayurvedic texts, its clinical manifestations can be interpreted within the broader framework of Kushta. The present review explores the concept of Ojas in relation to psoriasis, with particular reference to the Ayurvedic understanding of Kushta and its clinical correlates.* ***Materials and Methods:*** *A narrative review was conducted using classical Ayurvedic texts and contemporary biomedical literature. Major Ayurvedic Samhitas, including Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, were reviewed for descriptions of Ojas, its types, location, quantity, properties, functions, relationship with Bala and Vyadhikshamatva, and pathological states including Ojo-visramsa, Ojo-vyapat and Ojo-kshaya. Classical descriptions of Kushta and the clinical features of EkaKushta, Kitibha, Sidhma and Vipadika were also reviewed. Contemporary biomedical literature was examined for the clinical features and pathogenesis of psoriasis, with particular emphasis on the inflammatory mechanisms involving dendritic cells, T lymphocytes, keratinocytes and the IL-23/IL-17 and TNF-α pathways.* ***Results:*** *Ojas is described as the Sara of the Dhatus and as a factor essential for Bala, vitality and maintenance of physiological integrity. It is broadly classified into Para and Apara Ojas. Disturbances of Ojas are described as Ojo-visramsa, Ojo-vyapat and Ojo-kshaya. Kushta is described as a Tridoshaja disorder involving Twak, Rakta, Mamsa and Lasika/Ambu. The clinical features of Eka-Kushta, Kitibha, Sidhma and Vipadika demonstrate varying degrees of similarity with different manifestations of psoriasis. Modern psoriasis is characterized by persistent immune activation involving the IL-23/IL-17 axis, TNF-α and abnormal keratinocyte proliferation.* ***Discussion:*** *The chronic inflammatory nature of psoriasis and the Ayurvedic description of Kushta involving multiple Dhatus provide a conceptual basis for considering Ojas in psoriasis. Since Ojas is described as the essence of the Dhatus, prolonged disturbance of Dhatu integrity may theoretically influence the qualitative status of Ojas.* ***Conclusion:*** *Ojas provides an important physiological concept through which systemic strength and tissue integrity may be considered in chronic disease. The clinical spectrum of psoriasis may be interpreted through different Kushta correlates, including EkaKushta, Kitibha, Sidhma and Vipadika. The relationship between chronic psoriasis, Dhatu involvement and Ojas represents an important area for further Ayurvedic research.*

KEYWORDS: *Ojas, psoriasis, Kushta, EkaKushta, Kitibha, Sidhma, Vipadika, Bala, Vyadhikshamatva, Ayurveda.*

INTRODUCTION

Ayurveda describes health as a state of equilibrium involving *Dosha, Agni, Dhatu* and *Mala*, together with the proper functioning of the sensory and mental faculties. Within this physiological framework, *Ojas* occupies a fundamental position. It is described as the finest essence of the *Dhatus* and as an essential factor for sustaining life, strength and physiological stability.[1,2] *Ojas* is therefore not restricted to a particular organ or tissue but is understood as a comprehensive physiological principle associated with vitality and resistance to disease.

The classical descriptions of *Ojas* occur predominantly in the context of *Sharira* and the maintenance of life. Charaka describes *Ojas* as essential for the sustenance of the body and associates it with *Bala*, while Sushruta describes it as the *Sara* of the *Dhatus*[1,2]. The concept has therefore been considered important for understanding the qualitative status of the organism as a whole.

Chronic diseases provide an important context in which the concept of *Ojas* may be considered. A prolonged disease process may involve repeated Dosha vitiation, disturbance of tissue integrity and reduction in physical strength. In Ayurveda, the relationship between *Dhatus* and *Ojas* becomes particularly relevant because *Ojas* is described as the essence of the Dhatus.[1],[2] Thus, diseases involving multiple *Dhatus* may be examined not only from the perspective of their local manifestations but also in relation to the overall physiological status of *Ojas*.

Psoriasis is a chronic, relapsing inflammatory skin disorder characterized by erythematous, sharply demarcated plaques with variable scaling. It may involve the scalp, trunk, extensor surfaces, nails, palms and soles and may be associated with psoriatic arthritis.[3,4] Contemporary research has established psoriasis as an immune-mediated disease involving complex interactions among keratinocytes, dendritic cells, T lymphocytes and inflammatory cytokines.[5,8] The IL-23/IL-17 pathway and TNF-α are particularly important in sustaining the inflammatory process.[5,8]

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There is no exact classical disease entity corresponding to psoriasis. Instead, different manifestations of psoriasis demonstrate clinical similarities with several forms of *Kushta*. *EkaKushta, Kitibha, Sidhma* and *Vipadika* possess characteristic descriptions of scaling, roughness, discoloration, thickness and fissuring that may resemble different phenotypes of psoriasis.[9,12]

The present review focuses primarily on *Ojas* in psoriasis, while examining the classical concept of *Ojas*, the Ayurvedic understanding of *Kushta*, the clinical features and pathogenesis of psoriasis, and the possible clinical correlation of psoriasis with *EkaKushta, Kitibha, Sidhma* and *Vipadika.*

MATERIALS AND METHODS

A narrative literature review was undertaken using classical Ayurvedic texts and contemporary biomedical literature relevant to *Ojas* and psoriasis. Classical references were reviewed primarily from Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, with emphasis on the definition, types, location, quantity, properties, functions and physiological significance of *Ojas*, its relationship with *Bala* and *Vyadhikshamatva* and the pathological conditions of *Ojo-visramsa, Ojo-vyapat* and *Ojo-kshaya*. The classical descriptions of *Kushta* and the characteristic features *of EkaKushta, Kitibha, Sidhma* and *Vipadika* were also reviewed. Contemporary biomedical literature was examined for the definition, clinical characteristics, etiological factors and immunopathogenesis of psoriasis, particularly the involvement of dendritic cells, T lymphocytes, keratinocytes, TNF-α, IL-23 and IL-17. Literature relevant to the conceptual relationship between *Ojas*, disease resistance, *Dhatu* integrity and chronic disease was also considered. The reviewed information was critically organized into the domains of *Ojas*, *Kushta*, psoriasis, Ayurvedic clinical correlation and the possible role of *Ojas* in psoriasis.

REVIEW OF *OJAS*

Concept and Definition of *Ojas*

Ojas is one of the important concepts of Ayurvedic physiology. Charaka describes *Ojas* as a vital factor responsible for sustaining life and maintaining strength[1]. Sushruta describes it as the *Sara* or essence of the *Dhatus* and considers it essential for the preservation of life[2].

The term *Ojas* is derived from the verbal root associated with strength, vitality and vigour. Its conceptual significance is therefore closely related to the maintenance of physiological strength and integrity. *Ojas* is described not simply as an anatomical substance but as a physiological principle whose proper status is necessary for normal functioning of the organism.

The importance attributed to *Ojas* is evident from its association with life, *Bala* and resistance to disease [1,2]. Disturbance of *Ojas* is considered capable of producing systemic manifestations, demonstrating that its significance extends beyond an isolated tissue or organ.

Ojas as the *Sara* of *Dhatus*

The seven *Dhatus—Rasa, Rakta, Mamsa, Meda, Asthi, Majja* and *Shukra*—constitute the principal structural and functional tissues described in Ayurveda. *Ojas* is described as the finest essence of these *Dhatus*.[1,2]

The concept of *Dhatu Sara* represents the qualitative excellence of a tissue. *Ojas*, being regarded as the Sara of the Dhatus, represents a further level of physiological refinement. Thus, there is a conceptual relationship between proper Dhatu formation and maintenance of *Ojas*.

This relationship becomes important in diseases involving multiple tissues. If the Dhatus are affected by persistent Dosha vitiation or pathological processes, the overall quality of their Sara may also be considered relevant to *Ojas*. Therefore, *Ojas* provides a systemic perspective in addition to the examination of individual tissues.

Types of *Ojas*

Ojas is broadly classified into two types:

1. *Para Ojas*
2. *Apara Ojas*

Para Ojas is described as the superior and highly vital form of *Ojas*. It is associated with the heart and is considered essential for the sustenance of life[1,2]. Classical descriptions emphasize that significant loss of *Para Ojas* leads to death.

Apara Ojas is distributed throughout the body and is associated with the maintenance of bodily strength and physiological integrity[1,2]. The distinction between *Para* and *Apara Ojas* demonstrates that the concept encompasses both a vital central component and a distributed systemic component.

Location of *Ojas*

Classical descriptions associate *Para Ojas* with the *Hridaya*, while *Apara Ojas* is described as being distributed throughout the body.[1,2] The heart is therefore considered particularly important in relation to the most vital form of *Ojas*.

The description of the distribution of *Ojas* throughout the body supports its interpretation as a systemic physiological principle rather than a substance limited to a single anatomical structure.

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Quantity of *Ojas*

Classical texts describe *Para Ojas* as having a quantity of eight *Bindu*, whereas *Apara Ojas* is described in relation to a quantity of half *Anjali*.[1,2].

Properties of *Ojas*

Classical descriptions attribute properties such as *Guru, Sheeta, Mridu, Shlakshna, Madhura, Sthira, Pichila, Snigdha* and *Manda* to *Ojas*. These qualities collectively indicate stability, nourishment, cohesion and physiological support.

The presence of such qualities in healthy individuals is conceptually associated with strength and vitality, whereas disturbance in the qualitative state of *Ojas* is reflected through characteristic pathological manifestations.

Functions of *Ojas*

Ojas is described as being essential for the sustenance of life, maintenance of strength and preservation of physiological stability.[1,2] It contributes to the capacity of the body to tolerate pathological influences and is closely related to *Bala*.

The functions attributed to *Ojas* can therefore be understood under three broad domains:

- maintenance of life;
- maintenance of strength and physiological stability and
- support of resistance against disease.

These functions make *Ojas* an important concept for understanding chronic diseases in which systemic health may be affected along with localized pathology.

Ojas* and *Bala

Bala refers to strength and is closely associated with the status of *Ojas*. Charaka emphasizes the importance of *Ojas* in maintaining strength and physiological stability.[1] The relationship between *Ojas* and *Bala* suggests that the qualitative status of *Ojas* may be reflected in the overall capacity of an individual to withstand physical and pathological stress.

Bala is not limited to muscular strength. Within the Ayurvedic framework, it represents a broader physiological and psychological capacity of the person. Consequently, *Ojas* and *Bala* are conceptually related to the overall resilience of the body.

Ojas* and *Vyadhikshamatva

Vyadhikshamatva refers broadly to the capacity of the body to resist disease and to withstand pathological processes.[13] *Ojas* is an important physiological factor underlying this capacity.

The relationship between *Ojas* and *Vyadhikshamatva* should not, however, be interpreted as a direct equivalence between *Ojas* and modern immunity. Modern immunity represents a defined network of cellular and molecular mechanisms, whereas *Ojas* is a broader Ayurvedic physiological concept encompassing vitality, strength and tissue integrity.

Nevertheless, the classical association of *Ojas* with resistance to disease makes it relevant when considering chronic inflammatory disorders such as psoriasis.

Ojas* and *Dhatu

Ojas is described as the essence of the Dhatus.[1,2] Therefore, Dhatu status has conceptual importance in understanding *Ojas*.

The relationship can be represented as:

Dhatu formation and nourishment → Dhatu Sara → *Ojas* → Bala and physiological stability

This relationship is particularly relevant to *Kushta* because classical descriptions identify *Twak*, *Rakta, Mamsa* and *Lasika/Ambu* among the principal structures involved in the disease process.[9,10]

A chronic pathological process affecting several Dhatus may therefore provide a conceptual rationale for examining the status of *Ojas*.

***Ojas* in Health**

The healthy state of *Ojas* is associated with strength, vitality, stability and proper physiological functioning.[1,2] An individual with adequate *Ojas* is conceptually expected to possess good strength and the ability to withstand adverse influences.

Ojas should therefore be regarded as a marker of overall physiological excellence within the Ayurvedic framework rather than as a single isolated bodily component.

The classical emphasis on *Ojas* also highlights the importance of maintaining tissue integrity. Since *Ojas* is regarded as the Sara of Dhatus, the preservation of healthy Dhatu status is fundamental to the maintenance of *Ojas*.

Disturbances of *Ojas*

Classical Ayurveda describes three major pathological states of *Ojas*:

1. *Ojo-visramsa*
2. *Ojo-vyapat*
3. *Ojo-kshaya*[1,2]

These represent different forms of disturbance of *Ojas* and are associated with characteristic clinical manifestations.

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Ojo-visramsa

Ojo-visramsa refers to displacement or functional disturbance of *Ojas*. Classical descriptions include manifestations such as *Sandhi-vishlesha, Gatrasada, Dosha-chyavana and Kriya-sannirodha.*[2]

These manifestations indicate impairment of bodily stability and normal physiological functioning.

Ojo-vyapat

Ojo-vyapat refers to qualitative disturbance of *Ojas*. Classical features include *Stabdha-guru-gatrata, Vata-shotha, Alasya, Vivarnata, Klama* and disturbances of normal functioning.[2]

The clinical picture therefore includes alterations in physical function, energy and complexion.

Ojo-kshaya

Ojo-kshaya refers to depletion of *Ojas* and is described with more severe systemic manifestations. Classical descriptions include *Murchha, Mamsa-kshaya, Moha* and *Pralapa*, with severe depletion being associated with life-threatening consequences.[1,2]

Clinical Significance of *Ojas* in Chronic Disease

Ojas becomes particularly relevant in chronic diseases because prolonged pathological processes may affect strength, tissue integrity and overall physiological stability. The relationship between *Dhatus* and *Ojas* provides a conceptual basis for considering whether persistent disease may influence the status of *Ojas*.

In the context of chronic skin disease, this perspective is particularly relevant because *Kushta* is described as involving multiple *Doshas* and *Dhatus* rather than being restricted to the superficial skin.[9,10]

Therefore, the assessment of *Ojas* in psoriasis may be understood as an attempt to examine the broader physiological status of the individual rather than merely the severity of the skin lesion.

REVIEW OF *KUSHTA*

Concept of *Kushta*

Kushta represents a broad group of skin disorders in Ayurveda. Charaka describes eighteen varieties of *Kushta*, comprising seven *MahaKushta* and eleven *KshudraKushta*.[9] Sushruta also provides detailed descriptions of *Kushta* and emphasizes the role of *Dosha* and *Dhatu* involvement.[10]

The classification demonstrates that Ayurveda recognized considerable heterogeneity among skin diseases. Different forms are distinguished by colour, morphology, consistency, distribution, scaling, pain, itching and other clinical characteristics.

Nidana of *Kushta*

The classical etiological factors of *Kushta* include inappropriate dietary practices, excessive intake of certain foods, incompatible food combinations and improper lifestyle.[9,10] These factors are considered capable of disturbing Dosha equilibrium and initiating the pathological process.

The classical understanding therefore places importance on systemic factors rather than considering the skin lesion in isolation.

Samprapti of *Kushta*

Kushta is described as involving *Tridosha*, with variation in the predominance of individual *Doshas* according to the particular type. The principal *Dushyas* include *Twak, Rakta, Mamsa* and *Lasika/Ambu*.[9,10]

Nidana → Tridosha Prakopa → Dosha-Dushya Sammurchana → Twak/Rakta/Mamsa/Lasika involvement → Sthana Samshraya → *Kushta* manifestation

REVIEW OF PSORIASIS

Definition

Psoriasis is a chronic, immune-mediated inflammatory disorder characterized by well-demarcated erythematous plaques with variable amounts of scaling.[3,4] The disease has a chronic relapsing-remitting course and may involve skin, nails and joints.

Plaque psoriasis is the most common clinical form. Other recognized forms include guttate, inverse, pustular and erythrodermic psoriasis.[3,4]

Etiology and Risk Factors

Psoriasis develops through interaction between genetic susceptibility and environmental factors. Trauma, infections, psychological stress, smoking, obesity and certain medications may act as triggers or aggravating factors in susceptible individuals.[3,4]

Genetic factors have a substantial role, but disease expression depends upon interaction between genetic predisposition and environmental or immunological influences.

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Clinical Features

The characteristic lesion of plaque psoriasis is an erythematous, sharply demarcated plaque covered by silvery-white scales.[3,4] Common sites include the extensor surfaces, scalp and lumbosacral region.

Nail involvement may include pitting, onycholysis, subungual hyperkeratosis and other changes. Joint involvement may occur as psoriatic arthritis. Palmoplantar involvement may produce thick plaques, scaling and fissuring.

The morphology, distribution and severity of lesions vary considerably, making psoriasis a clinically heterogeneous disorder.

Pathogenesis of Psoriasis

Psoriasis is currently understood as a complex inflammatory disease involving interaction between innate immunity, adaptive immunity and keratinocytes.[5,8] Genetic predisposition and environmental triggers may initiate activation of the cutaneous immune system.

Activated dendritic cells produce inflammatory mediators, particularly TNF-α and IL-23. IL-23 promotes the survival and expansion of pathogenic Th17/T17-cell populations. These cells produce IL-17A, IL-17F and other inflammatory cytokines.[5,7]

IL-17 acts on keratinocytes and induces the production of inflammatory cytokines, chemokines and antimicrobial peptides. These mediators recruit additional inflammatory cells and further activate keratinocytes, creating a positive feedback loop.[5,8]

TNF-α acts synergistically with IL-17 and contributes to amplification of the inflammatory response. IL-22 also contributes to abnormal keratinocyte proliferation and differentiation.[5,8]

The overall pathogenic sequence may therefore be summarized as:

Genetic susceptibility + environmental trigger
↓
Innate immune activation
↓
Dendritic-cell activation
↓
TNF-α and IL-23 production
↓
Th17/T17 activation
↓
IL-17 and IL-22 production
↓
Keratinocyte activation and hyperproliferation
↓
Chemokine and cytokine production
↓
Recruitment of inflammatory cells
↓
Chronic psoriatic inflammation

The IL-23/IL-17 pathway is supported by both immunological studies and the clinical efficacy of therapies targeting this pathway.[5,8]

Thus, psoriasis represents a sustained inflammatory cycle involving immune cells and epidermal cells rather than a purely localized disorder of keratinocyte proliferation.

Ayurvedic Correlation of Psoriasis with *Kushta*

Since psoriasis does not have a direct classical equivalent, correlation should be based on clinical characteristics rather than assuming an exact diagnostic identity.

EkaKushta

Eka*Kushta* is described among Kshudra*Kushta*. Its important features include extensive involvement, *Asweda* and *Matsyashakalopama* appearance.[9] The scaly and extensive nature of the lesion demonstrates clinical similarity with chronic plaque psoriasis.

The scaling and widespread involvement seen in psoriasis may therefore be compared with the classical description of *EkaKushta*.

Kitibha

Kitibha is described with features including *Shyava, Parushata* and hardness or roughness of the affected skin.[9] These characteristics may resemble thick, rough and chronic psoriatic plaques.

The morphological similarity is particularly relevant in long-standing plaques in which thickening and roughness become prominent.

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Sidhma

Sidhma is described as a lesion with whitish or coppery coloration and fine scaling, with powder-like scaling becoming evident on rubbing.[9] It is classified among *MahaKushta*.

The fine scaling and superficial appearance of *Sidhma* may resemble selected scaly manifestations of psoriasis.

Vipadika

Vipadika is characterized by fissuring of the hands and feet and may be associated with pain.[9,12] This demonstrates clinical similarity with palmoplantar psoriasis, in which thick plaques may develop fissures and painful cracking.

DISCUSSION

The central question in considering *Ojas* in psoriasis is whether the chronic inflammatory nature and tissue involvement of psoriasis can be understood as having implications for the status of *Ojas* within the Ayurvedic framework.

Ojas is described as the *Sara* of the *Dhatus* and as an important factor responsible for *Bala* and physiological stability.[1,2] *Kushta*, meanwhile, is described as a disorder involving *Tridosha* together with *Twak, Rakta, Mamsa* and *Lasika/Ambu*.[9,10] Therefore, the classical description of *Kushta* already establishes a connection between chronic skin pathology and involvement of multiple tissue components.

Psoriasis is a chronic and recurrent inflammatory disorder. Persistent activation of dendritic cells, T lymphocytes and keratinocytes, together with continued activity of the IL-23/IL-17 and TNF-α pathways, results in a sustained inflammatory environment.[5,8] This modern description demonstrates that psoriasis is not simply a transient superficial skin abnormality but a disease involving persistent immunological and cellular processes.

From an Ayurvedic perspective, prolonged disease activity may be considered in relation to sustained *Dosha-Dushya* interaction. Since the *Dushyas* described in *Kushta* include *Twak*, *Rakta* and *Mamsa*, prolonged involvement of these *Dhatus* may have implications for their qualitative integrity. Since *Ojas* is described as the *Sara* of the *Dhatus*, a conceptual relationship may therefore be proposed between chronic *Dhatu* disturbance and altered *Ojas* status.

It is also important to distinguish altered *Ojas* status from Ojo-kshaya. Ojo-kshaya is a specific severe pathological condition described in classical literature and is associated with manifestations such as Mamsa-kshaya, Murchha and Moha.[1,2] Therefore, the mere presence of psoriasis cannot be interpreted as evidence of Ojo-kshaya.

Similarly, *Ojas* should not be directly equated with modern immunity. Modern psoriasis is characterized by defined cellular and molecular pathways, particularly the IL-23/IL-17 axis, TNF-α and keratinocyte-mediated inflammatory amplification.[5,8] *Ojas* represents a broader Ayurvedic physiological concept encompassing vitality, strength, tissue excellence and resistance to disease.

The significance of *Ojas* in psoriasis therefore lies in providing a broader physiological perspective. While dermatological assessment primarily characterizes the lesion and its inflammatory activity, the Ayurvedic concept of *Ojas* permits consideration of the individual's overall strength, tissue integrity and physiological resilience. This provides a rationale for investigating *Ojas* systematically in patients with chronic psoriasis.

Importantly, the present review does not assume that *Ojas* is necessarily reduced in every patient with psoriasis. The actual status of *Ojas* must be determined through appropriate clinical assessment and research methodology. Thus, the conceptual relationship developed here provides the scientific and Ayurvedic rationale for studying *Ojas* in psoriasis.

CONCLUSION

Ojas is a fundamental concept of Ayurvedic physiology, described as the essence of the *Dhatus* and an important determinant of life, *Bala* and physiological stability. Its classification into *Para* and *Apara Ojas* and the classical descriptions of *Ojo-visramsa, Ojo-vyapat* and *Ojo-kshaya* demonstrate its importance in both health and disease.

Kushta is described as a systemic disorder involving *Tridosha* and multiple *Dushyas*, particularly *Twak, Rakta, Mamsa* and *Lasika/Ambu*. Psoriasis can be correlated with Eka*Kushta*, Kitibha, Sidhma and Vipadika based on its clinical manifestation.

Modern psoriasis is characterized by persistent immune-mediated inflammation involving dendritic cells, T lymphocytes and keratinocytes, with the IL-23/IL-17 pathway and TNF-α playing central roles in disease pathogenesis.

From an Ayurvedic perspective, the chronic nature of psoriasis and the involvement of multiple *Dhatus* provide a conceptual basis for considering its relationship with *Ojas*. Since *Ojas* is regarded as the *Sara* of the *Dhatus*, prolonged disturbance of *Dhatu* integrity may potentially influence its status.

The concept of *Ojas* in psoriasis therefore provides a meaningful area for Ayurvedic research, particularly for understanding the systemic physiological dimension of a chronic inflammatory skin disorder.

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