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UNDERSTANDING OJAS: THE ULTIMATE ESSENCE OF DIGESTION AND IMMUNITY

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ABSTRACT

Background: *Ayurveda envisions the human body as sustained by three pillars (Trayopastambha) — Ahara (food), Nidra (sleep), and Brahmacharya (regulated conduct) — the ultimate product of which is Ojas, the finest essence of all seven Dhatus. Ojas is described as the physical seat of Bala (strength), the substratum of Varna (complexion), and the biological correlate of immunity, yet its origin is inseparable from the process of digestion (Agni) and sequential tissue metabolism (Dhatu Poshana). Despite its central place in classical physiology (Kriya Sharira), Ojas remains difficult to localize within a single modern organ system, prompting the need for a structured conceptual correlation.*

Objective*: To comprehensively review the classical Ayurvedic understanding of Ojas as the terminal product of digestion and metabolism; to examine its qualities, classification, sites, and functions as described across the Brihat Trayi; and to correlate its physiological role and its recognized states of depletion or vitiation with the modern physiological concepts of immune competence, metabolic reserve, and stress-immune interaction.*

Methods: *This is a narrative and conceptual review based on classical Ayurvedic literature (Brihat Trayi — Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya) along with their major commentaries, and contemporary textbooks and peer-reviewed literature on digestive physiology, immunology, nutrition science, psychoneuroimmunology, and gerontology. References were compiled, cross-referenced, and thematically organized before critical analysis.*

Key Findings: *Classical descriptions distinguish Para Ojas (Ashta Bindu Parimana Ojas, seated in the Hridaya and indispensable for life) from Apara Ojas (a larger, circulating essence of roughly half an Anjali that nourishes and stabilizes all Dhatus). These map conceptually onto a concentrated core reserve of vital/immunological integrity versus a broadly distributed pool of circulating immune and metabolic resources. The classical qualities (Gunas) of Ojas — Snigdha, Shita, Mridu, Shlakshna, and Sthira — parallel descriptions of a well-regulated, non-inflammatory ("cool," stable) immune milieu. Three graded pathological states — Ojakshaya (quantitative loss), Ojovisramsa (displacement), and Ojovyapat (qualitative vitiation) — correspond respectively to immunodeficiency, functional immune/allostatic dysregulation, and chronic low-grade inflammatory or autoimmune-type disturbance. Rasayana therapy, aimed explicitly at Ojas enhancement, parallels the modern concept of immunomodulation and anti-immunosenescence intervention.*

Conclusion: *Ojas represents a unifying Ayurvedic construct linking digestive-metabolic competence with systemic resilience and immunity. Its formation through the Dhatu Poshana Nyaya provides a physiological rationale for Ayurveda's Agni-centered approach to immune health, while its recognized patterns of depletion offer a clinically graded framework applicable to modern integrative management of immunodeficiency, chronic fatigue, and inflammatory disease.*

KEYWORDS: *Ojas, Agni, Dhatu Poshana Nyaya, Vyadhikshamatva, Bala, Rasayana, Immunity.*

INTRODUCTION

Ayurveda, as a system of life-science (*Ayu* = life, *Veda* = knowledge), conceives the body not merely as an assembly of anatomical structures but as a dynamic continuum sustained by the balanced interaction of *Dosha, Dhatu,* and *Mala*, powered fundamentally by *Agni* [1]. Among the many subtle physiological entities described in classical texts, *Ojas* occupies a singular place: it is described simultaneously as a *Dhatu-sara* (the essence of tissue metabolism), as an *Upadhatu* in some interpretations, and as an independent vital entity whose presence or absence determines whether an individual can be called healthy [2]. *Acharya Charaka* states unequivocally that a being cannot exist without *Ojas*, comparing its pervasive relationship with the body to oil pervading a sesame seed, and notes that *Ojas* is the first-formed substance in the developing embryo along with *Hridaya*, underscoring its foundational, life-sustaining character [3].

Historically, *Ojas* has often been loosely translated as "vital energy" or "vigour," but such translations understate its precise physiological description in the classical texts. *Ojas* is assigned a definite quantity, a definite seat, definite qualities (*Guna*), and a definite pathophysiology of depletion and vitiation—features that lend themselves to structured scientific correlation rather than purely metaphorical interpretation [4].

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In the contemporary scientific landscape, there is a growing and well-substantiated recognition of the intimate relationship between gut physiology, nutritional status, metabolic health, and immune competence [5]. The gut is now understood to house the majority of the body's lymphoid tissue, and nutrient sufficiency, microbial balance, and metabolic regulation are increasingly seen as foundational to immune calibration, rather than peripheral to it [6]. This mirrors, with remarkable conceptual proximity, the *Ayurvedic* assertion that *Ojas*—the substrate of *Vyadhikshamatva*, or disease resistance—cannot be formed independent of an intact digestive-metabolic sequence, and that impaired digestion (*Agnimandya*) is the root cause of diminished immunity [7]. Additionally, the classical description of *Ojas* depletion through excessive physical or emotional stress anticipates, in principle, the modern field of psychoneuroimmunology, which documents the suppressive effects of chronic stress on immune function via neuroendocrine pathways [8].

This review undertakes a structured examination of the classical model of *Ojas*—its origin, classification, qualities, functions, and pathology—and correlates each dimension with the corresponding modern physiological or immunological concept**,** with the aim of building a coherent, clinically useful bridge between the two systems**.**

Objectives of the Study

1. To examine the classical *Ayurvedic* description of *Ojas* as the terminal product of digestion and sequential *Dhatu Poshana*.
2. To analyze the classification of *Ojas* into *Para* and *Apara* forms, along with their respective seats, quantities, and functional significance.
3. To review the classical qualities (*Gunas*) attributed to *Ojas* and their physiological implications.
4. To correlate the three recognized pathological states of *Ojas* — *Ojakshaya, Ojovisramsa,* and *Ojovyapat* — with modern concepts of immunodeficiency, allostatic/functional immune dysregulation, and chronic inflammatory disease.
5. To examine the role of *Rasayana* therapy as the classical therapeutic strategy for *Ojas* enhancement, and to correlate it with modern immunomodulatory and anti-aging interventions.
6. To explore the influence of lifestyle factors—diet, sleep, physical activity, and psychological stress—on *Ojas* and their modern physiological correlates.

MATERIALS AND METHODS

Study Design: This is a conceptual and narrative review based on classical Ayurvedic literature and modern medical science.

Data Collection: Relevant references pertaining to *Ojas, Agni, Dhatu Poshana Nyaya, Bala, Vyadhikshamatva,* and *Rasayana* were systematically collected from the *Brihat Trayi — Charaka Samhita, Sushruta Samhita,* and *Ashtanga Hridaya —* along with commentaries such as the *Ayurveda Dipika* of *Chakrapanidatta*, the *Nibandhasangraha* of *Dalhana*, and the *Sarvangasundara* of *Arunadatta*. Modern references were obtained from standard textbooks of physiology, immunology, nutrition science, psychoneuroimmunology, and gerontology, along with peer-reviewed literature on gut-immune interaction, nutritional immunology, and immunosenescence, identified through relevant academic search resources.

Inclusion Criteria: Classical references directly describing *Ojas*, its formation, classification, qualities, and pathology; modern references providing physiological, immunological, or nutritional correlates relevant to the classical descriptions.

Exclusion Criteria: References describing *Ojas* purely in a philosophical or spiritual context without physiological correlation, and modern references unrelated to digestion, metabolism, or immune physiology.

Data Analysis: The collected material was critically analyzed, thematically organized under headings corresponding to formation, classification, qualities, function, pathology, and therapeutics, and interpreted to establish conceptual and physiological correlations between the *Ayurvedic* understanding of *Ojas* and modern immune and metabolic physiology**.**

REVIEW OF LITERATURE

The Genesis of Ojas: Dhatu Poshana Nyaya

According to *Acharya Charaka*, ingested food (*Ahara*) is acted upon sequentially by *Jatharagni* (the central digestive fire), giving rise to *Ahara Rasa* (the digested nutrient fluid), which is then distributed and further transformed by the respective *Dhatvagnis* of each of the seven *Dhatus — Rasa, Rakta, Mamsa, Meda, Asthi, Majja,* and *Shukra* [9]. At each successive stage, a portion of the nutrient fluid is utilized for the nourishment (*Poshana*) of that particular *Dhatu*, while the subtlest, most refined essence (*Sara*) is passed onward to nourish the next, culminating finally in the formation of *Ojas* as the ultimate *Sara* of the entire cascade [10].

This sequential model, termed *Dhatu Poshana Nyaya*, is elaborated through several competing theoretical explanations by classical commentators — the *Kshira-Dadhi Nyaya* (analogy of milk transforming to curd), the *Kedari Kulya Nyaya* (analogy of sequential irrigation of adjoining fields), and the *Khale-Kapota Nyaya* (analogy of pigeons feeding simultaneously from a threshing

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floor) — each attempting to explain whether *Dhatu* nourishment occurs sequentially or simultaneously [11]. Regardless of the mechanistic model favored, all agree that *Ojas* represents the terminal, most concentrated product of an intact and efficient metabolic sequence, and that any disruption at an earlier stage of the cascade compromises the quantity or quality of *Ojas* ultimately formed [12].

In modern physiological terms, this cascading model can be compared to the cumulative efficiency of macronutrient digestion, intestinal absorption, hepatic processing, and downstream anabolic tissue synthesis—culminating, when unimpaired, in an adequately nourished and immunologically competent state. Conversely, malabsorption, protein-energy malnutrition, or chronic catabolic states are well documented to impair both tissue repair and adaptive immune function, providing a clear physiological analogue to the classical assertion that faulty *Dhatu Poshana* yields deficient *Ojas* [13].

Para and Apara Ojas: Classification, Quantity, and Seat

Ayurveda describes two forms of *Ojas*, differentiated by quantity, location, and clinical significance. *Para Ojas*, also referred to as *Hridayastha Ojas*, is described in a fixed and minute quantity of eight drops (*Ashta Bindu Parimana*), situated specifically in the *Hridaya* (heart) [14]. Its complete loss is considered incompatible with life, and its disturbance is associated with grave, often fatal, clinical states [15].

Apara Ojas, in contrast, is described as circulating throughout the body in a comparatively larger quantity of approximately half an *Anjali* (a traditional unit of measure), distributed via the *Dhamanis* (vessels) to nourish, lubricate, and stabilize all bodily tissues [16]. Unlike *Para Ojas*, fluctuations in *Apara Ojas* are compatible with life but manifest clinically as graded degrees of debility, susceptibility to disease, and diminished vitality [17].

This dual model offers a loose but instructive parallel to the modern physiological distinction between an indispensable core reserve—analogous to critical cardiovascular, neuroendocrine, and immunological integrity, whose catastrophic failure is fatal—and a broadly distributed circulating pool of nutritive and immune resources (including circulating immunoglobulins, complement proteins, and nutrient reserves) that buffer day-to-day physiological stress and whose gradual depletion produces a spectrum of non-fatal but clinically significant debility [18].

Gunas (Qualities) of Ojas and Their Physiological Implications

Classical texts describe *Ojas* as possessing qualities that are *Snigdha* (unctuous), *Shita* (cool), *Mridu* (soft), *Shlakshna* (slimy/smooth), *Bahula* (abundant/viscid), *Madhura* (sweet), *Sthira* (stable), *Prasanna* (clear), *Somatmaka* (predominantly of lunar/*Soma* constitution), and *Pichchhila* (slightly sticky) [19]. These qualities are described as being opposed to the qualities of aggravated *Doshas*, particularly the *Ushna* (hot), *Ruksha* (dry), and *Tikshna* (sharp) qualities associated with inflammatory or degenerative processes [20]. *Sushruta* further notes that healthy *Ojas* is responsible for maintaining *Sneha* (unctuousness) in the tissues and for imparting compactness and cohesion to bodily structures [21].

A conceptual correlation may be drawn between the "cool, stable, unctuous" description of healthy *Ojas* and the modern physiological ideal of a well-regulated, non-inflammatory immune milieu, in contrast to states of chronic activation characterized by heat-generating inflammatory mediators, oxidative stress, and tissue-damaging cytokine cascades. The *Somatmaka* (lunar/nourishing) character attributed to *Ojas* is similarly consistent with its role as an anabolic, protective, and reparative rather than catabolic or destructive physiological entity [22].

Functional Attributes of Ojas

Ojas is credited with maintaining *Bala* (physical strength and stamina), *Varna Prasada* (complexion and lustre of the skin), *Sneha* (unctuousness and suppleness of tissues), *Sarvesham Cheshtitanam Anuguna* (the smooth performance of all physiological activities), and stability of consciousness, cognition, and sensory-motor function [23]. *Acharya Charaka* lists eight visible signs of abundant, healthy *Ojas* (*Vyaktalinga*), including unimpaired function of the sense organs, well-developed musculature, and a naturally cheerful and stable state of mind, drawing an explicit connection between *Ojas* and both physical and psychological well-being [24].

Most significantly, *Ojas* is regarded by later *Ayurvedic* scholars, notably in the commentarial tradition following *Chakrapanidatta*, as the material basis of *Vyadhikshamatva*—the capacity both to resist the onset of disease and to limit its severity and duration once contracted [25]. This concept of *Vyadhikshamatva* has been extensively discussed in contemporary *Ayurvedic* and integrative medicine literature as broadly correlating with the composite modern notion of immune competence, encompassing innate barrier defenses, cellular and humoral adaptive immunity, and the capacity for immune homeostasis and resolution of inflammation [26].

Pathological States: Ojaksaya, Ojovisramsa, and Ojovyapat

Three distinct pathological states of *Ojas* are described in the *Sutrasthana* of *Charaka Samhita*, forming a graded spectrum of severity.

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Ojakshaya refers to a quantitative reduction of *Ojas*, arising from causes such as excessive physical exertion, prolonged fasting or starvation, suppression of natural urges, excessive anger or grief, injury, and chronic wasting disease. It manifests clinically as generalized debility, loss of complexion and lustre, unsteadiness of the sense organs, and an underlying state of fear or anxiety [27].

Ojovisramsa denotes a state in which *Ojas* becomes loosened from its normal seat and is displaced from its proper channels, without necessarily being reduced in absolute quantity. It results in laxity of the joints, generalized exhaustion, heaviness, and an increased susceptibility to the onset of disease, reflecting a functional rather than purely quantitative disturbance [28].

Ojovyapat describes a qualitative vitiation of *Ojas*, most often precipitated by the involvement of aggravated *Kapha Dosha* or the accumulation of *Ama* (incompletely metabolized toxic byproduct). It produces a state of turbidity, heaviness, obstruction of the microchannels (*Srotas*), and is associated with more chronic, deep-seated pathology [29].

These three states have been correlated in the integrative literature respectively with (a) classical quantitative immunodeficiency, comparable to states of malnutrition-associated or exhaustion-associated immune suppression; (b) a functional, allostatic form of immune dysregulation marked by disproportionate fatigue and vulnerability despite structurally intact immune components, comparable to post-viral or chronic fatigue-type syndromes; and (c) qualitative immune disturbance characterized by persistent low-grade inflammation, immune complex deposition, or autoimmune-type dysregulation, in which the character of the immune response rather than its magnitude is disordered [30].

Agni–Ojas Correlation and Modern Gut-Immune Physiology

Since *Ojas* is the terminal product of sequential *Dhatu* metabolism, its formation is entirely and directly dependent upon the functional status of *Agni* [31]. Impaired *Agni*—whether manifesting as *Manda Agni* (hypofunctioning, sluggish digestion) or *Vishama Agni* (irregular, inconsistent digestion)—interrupts the *Dhatu Poshana* sequence at its very point of origin, producing *Ama*, a state of incompletely processed and physiologically obstructive metabolic byproduct, which is explicitly stated to further vitiate and diminish *Ojas* [32]. Conversely, *Samagni* (balanced digestive function) is considered the single most important prerequisite for the sustained and adequate formation of healthy *Ojas* [33].

This relationship finds a striking parallel in modern gut-immune physiology. The intestinal mucosa, through its gut-associated lymphoid tissue, constitutes one of the largest immune organs of the human body, and disturbances of digestion, nutrient absorption, and gut microbial balance are now recognized as central—not peripheral—to the development of chronic inflammatory and immune-mediated disease [34]. The gut microbiota is understood to play a direct educational and regulatory role in the calibration of both innate and adaptive immune responses, and dysbiosis has been implicated in a broad range of immune-related disorders, from allergic and autoimmune conditions to states of heightened infection susceptibility [35]. This offers a coherent physiological rationale for the *Ayurvedic* assertion that impaired digestion is the fundamental root of diminished immunity and explains the classical therapeutic emphasis on *Agni Dipana* (correction of digestive function) as a prerequisite for any intervention aimed at restoring *Ojas* [36].

***Rasayana* Therapy: The Classical Approach to *Ojas* Enhancement**

Rasayana, one of the eight specialized branches (*Ashtanga*) of classical *Ayurveda*, is defined as the science of optimizing *Dhatu* nourishment to achieve longevity, disease resistance, and enhanced physical and mental capacity [37]. *Acharya Charaka* explicitly states that *Rasayana* therapy acts by promoting excellence of *Rasa* and other *Dhatus* and thereby indirectly promotes the quality and quantity of *Ojas*, since *Ojas* is their ultimate product [38]. Specific *Rasayana* formulations, such as Chyawanprash, Guduchi (*Tinospora cordifolia*), Ashwagandha (*Withania somnifera*), and Amalaki (*Emblica officinalis*), are traditionally indicated for the enhancement of *Bala* and *Vyadhikshamatva* [39].

A substantial body of modern pharmacological research has evaluated many classical *Rasayana* botanicals for immunomodulatory activity, including effects on macrophage activation, natural killer cell activity, cytokine modulation, and antioxidant capacity, providing a degree of experimental correlation to the classical claim that these substances enhance *Ojas*-related resistance to disease [40]. Conceptually, the goal of *Rasayana* therapy—optimizing baseline physiological reserve and resilience rather than treating a specific disease—parallels the modern therapeutic aims of immunomodulation and anti-immunosenescence intervention, both of which seek to preserve or restore immune competence in the context of aging, chronic stress, or cumulative physiological wear [41].

Influence of Lifestyle Factors on Ojas: Diet, Sleep, and Psychological State

Beyond digestion, *Ayurveda* identifies sleep (*Nidra*) and regulated conduct (*Brahmacharya*), together with diet (*Ahara*), as the three sustaining pillars (*Trayopastambha*) of the body, each with a direct bearing on *Ojas* [42]. Disturbed or inadequate sleep is explicitly stated to diminish *Ojas* and impair *Bala*, while excessive indulgence or emotional excess—particularly anger, grief, and fear—is similarly implicated in *Ojakshaya* [43].

This anticipates, in principle, the substantial modern literature on the bidirectional relationship between sleep deprivation and impaired immune function, as well as the well-established field of psychoneuroimmunology, which documents the suppressive effects

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of chronic psychological stress on immune competence via sustained activation of the hypothalamic-pituitary-adrenal axis and consequent glucocorticoid-mediated immune modulation [44].

The classical inclusion of psychological and behavioral factors alongside purely nutritional ones within the framework of *Ojas* formation reflects an early, integrated model of what would today be termed the neuro-endocrine-immune axis [45].

RESULTS

Table 1: Comparative Analysis of Ojas and Modern Immune-Metabolic Physiology

Parameter	Classical Āyurvedic Concept	Modern Physiological Correlate
Origin	Terminal essence of sequential Dhātu Poshana via Agni	Product of efficient digestion, absorption, and anabolic metabolism
Forms	Para Ojas (fixed, cardiac, vital) and Apara Ojas (circulating, distributed)	Core physiological/immunological reserve vs. distributed circulating immune and nutritive mediators
Quantity	Para: 8 drops (Ashta Bindu); Apara: ~half Añjali	Not directly quantifiable; conceptually corresponds to critical vs. buffer physiological reserve
Guṇas (Qualities)	Snigdha, Shita, Mridu, Sthira, Prasanna	Non-inflammatory, well-regulated, low-oxidative-stress immune milieu
Primary Function	Bala, Varṇa, Sneha, stability of mind and senses	Physical vigor, tissue integrity, cognitive and emotional stability
Core Attribute	Vyādhikṣamatva (disease resistance)	Innate and adaptive immune competence
Quantitative Depletion	Ojakṣaya — debility, loss of lustre, fear	Immunodeficiency, malnutrition-associated immune suppression
Displacement	Ojovisraṃsa — laxity, exhaustion, susceptibility	Functional/allostatic immune dysregulation; chronic fatigue-type states
Qualitative Vitiation	Ojovyāpat — turbidity, obstruction (Kapha/Āma involvement)	Chronic low-grade inflammation; autoimmune-type disturbance
Root Cause of Depletion	Agnimāndya (impaired digestive fire), Āma formation	Dysbiosis, malabsorption, impaired gut-immune signaling
Contributing Lifestyle Factors	Disturbed Nidrā, emotional excess, Atiyoga/Ayoga/Mithyāyoga of Āhāra	Sleep deprivation, chronic psychological stress, dietary irregularity
Restorative Approach	Agni Dīpana, Bṛhaṇa, Rasāyana therapy	Nutritional rehabilitation, immunomodulation, stress reduction, anti-immunosenescence intervention

DISCUSSION

The classical model of *Ojas* formation situates immune competence not as an isolated organ-based system but as the cumulative outcome of the entire digestive-metabolic continuum, integrated further with sleep and psychological regulation. This is a conceptually significant departure from a purely compartmentalized understanding of immunity and instead frames disease resistance as a whole-body, whole-lifestyle phenomenon—a perspective that resonates strongly with the modern, increasingly systems-based understanding of immune function as inseparable from metabolic, microbial, and neuroendocrine status.

The distinction between *Para Ojas* and *Apara Ojas* is clinically useful in appreciating why certain states of exhaustion remain compatible with survival while others are catastrophic. Depletion of the broadly distributed *Apara Ojas* manifests as generalized debility and graded susceptibility, comparable to a spectrum of declining immune and metabolic reserve, whereas compromise of the minute, cardiac *Para Ojas* is described as incompatible with life—echoing the modern recognition that failure of core homeostatic, cardiovascular, and neuroimmune regulatory function represents a terminal physiological event rather than a graded one.

The qualitative description of healthy *Ojas* as cool, unctuous, and stable, in explicit contrast to hot, dry, and sharp pathological qualities, offers an early conceptual anticipation of the modern distinction between a well-regulated, tolerogenic immune state and a chronically activated, inflammatory one. This distinction has considerable clinical relevance, since much of contemporary chronic disease—from cardiometabolic disorders to autoimmune conditions—is now understood to involve not immune weakness per se, but immune dysregulation characterized by persistent low-grade inflammatory activity.

The three-tier classification of *Ojas* pathology—quantitative loss, displacement, and qualitative vitiation—offers a clinically graded and diagnostically useful framework. *Ojakshaya* corresponds most closely to classical immunodeficiency states arising from malnutrition, exhaustion, or chronic wasting illness and would typically present with objective evidence of tissue and functional depletion. *Ojovisramsa*, with its emphasis on displacement and functional laxity rather than absolute reduction, resonates strongly with syndromes of chronic fatigue and post-illness debility, in which structural immune components remain quantitatively intact yet functionally uncoordinated—a distinction increasingly recognized in modern chronic fatigue and post-viral syndrome research.

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Ojovyapat, implicating *Kapha* and *Ama*, aligns most closely with chronic low-grade inflammatory and dysregulated immune states, including autoimmune-type disturbance, wherein the quality and coordination of the immune response, rather than its raw magnitude, is disordered.

Central to this entire framework is *Agni*. Because *Ojas* cannot be formed independent of an intact digestive-metabolic sequence, *Ayurvedic* therapeutics for immune-related disorders consistently begin with *Agni Dipana* rather than direct immune stimulation—a therapeutic sequence that anticipates, in principle, the modern recognition that gut health, nutrient sufficiency, and microbial balance are foundational to immune competence, and that interventions bypassing digestive and metabolic correction often yield only partial or transient clinical benefit. The classical emphasis on *Rasayana* therapy further extends this logic, aiming not at symptomatic disease treatment but at the sustained enhancement of baseline physiological reserve—a therapeutic philosophy that parallels the modern shift toward immunomodulatory and resilience-oriented, rather than purely reactive, approaches to immune health.

Finally, the explicit inclusion of sleep and psychological state as determinants of *Ojas* reflects an early, integrated model of what modern medicine now terms the neuro-endocrine-immune axis and lends further coherence to the classical framework as a genuinely systems-oriented model of health rather than a metaphorical one.

CONCLUSION

The present review indicates that *Ojas* functions as the *Ayurvedic* biological correlate of immune competence and physiological resilience, inseparably linked to the integrity of digestion and tissue metabolism through the *Dhatu Poshana Nyaya*, and further modulated by sleep, psychological state, and lifestyle regulation.

The classification into *Para* and *Apara* forms, the description of its stabilizing and non-inflammatory qualities, and the three recognized patterns of its disturbance—*Ojakshaya, Ojovisramsa,* and *Ojovyapat*—together provide a graded and clinically applicable framework that parallels modern concepts of immunodeficiency, functional immune dysregulation, and chronic inflammatory or autoimmune disease.

The classical therapeutic strategy of *Agni Dipana* followed by *Rasayana* therapy reaffirms *Agni* preservation and sustained physiological nourishment as the foundation of immunity, offering a rationale for digestion-centered, whole-body approaches to immune health that anticipate, in substantial conceptual detail, several major themes of contemporary integrative and nutritional immunology.

REFERENCES

1. *Agnivesha. Charaka Samhita. Sutrasthana, Atreyabhadrakapiya; 1/57.*
2. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/74–75.*
3. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/75, 117.*
4. *Chakrapanidatta. Ayurveda Dipika commentary on Charaka Samhita, Sutrasthana 17/74.*
5. *Guyton AC, Hall JE. Textbook of Medical Physiology. 13th ed. Elsevier; 2016.*
6. *Belkaid Y, Hand TW. Role of the microbiota in immunity and inflammation. Cell. 2014;157(1):121–141.*
7. *Sushruta. Sushruta Samhita. Sutrasthana, Doshadhatumalakshayavriddhivijnaniya; 15/19–20.*
8. *Segerstrom SC, Miller GE. Psychological stress and the human immune system: a meta-analytic study of 30 years of inquiry. Psychol Bull. 2004;130(4):601–630.*
9. *Agnivesha. Charaka Samhita. Chikitsasthana, Grahanidoshachikitsita; 15/15–17.*
10. *Vagbhata. Ashtanga Hridayam. Sutrasthana, Doshabhediya; 11/38–40.*
11. *Sushruta. Sushruta Samhita. Sutrasthana, Doshadhatumalakshayavriddhivijnaniya; 15/3–5.*
12. *Dalhana. Nibandhasangraha commentary on Sushruta Samhita, Sutrasthana 15/3.*
13. *Kumar V, Abbas AK, Aster JC. Robbins Basic Pathology. 10th ed. Elsevier; 2017.*
14. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/74.*
15. *Sushruta. Sushruta Samhita. Nidanasthana, Arshonidana; 2/25–26.*
16. *Vagbhata. Ashtanga Hridayam. Sutrasthana, Doshabhediya; 11/40–41.*
17. *Arunadatta. Sarvangasundara commentary on Ashtanga Hridayam, Sutrasthana 11/40.*
18. *Abbas AK, Lichtman AH, Pillai S. Cellular and Molecular Immunology. 9th ed. Elsevier; 2018.*
19. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/74.*
20. *Vagbhata. Ashtanga Hridayam. Sutrasthana, Doshabhediya; 11/38–39.*
21. *Sushruta. Sushruta Samhita. Sutrasthana, Doshadhatumalakshayavriddhivijnaniya; 15/24.*
22. *Monier-Williams M. Sanskrit-English Dictionary. New Delhi: Marwah Publications; 1986.*
23. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/74–76.*
24. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/76.*
25. *Chakrapanidatta. Ayurveda Dipika commentary on Charaka Samhita, Sutrasthana 28/7.*
26. *Valiathan MS. The Legacy of Caraka. Orient Longman; 2003.*
27. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/71.*
28. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/72.*

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EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 11| November 2026 - Peer Reviewed Journal

29. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/73.*
30. *Delves PJ, Martin SJ, Burton DR, Roitt IM. Roitt's Essential Immunology. 13th ed. Wiley-Blackwell; 2017.*
31. *Sushruta. Sushruta Samhita. Sutrasthana, Doshadhatumalakshayavriddhivijnaniya; 15/3.*
32. *Vagbhata. Ashtanga Hridayam. Sutrasthana, Doshabhediya; 13/25.*
33. *Agnivesha. Charaka Samhita. Sutrasthana, Matrashitiya; 5/3–4.*
34. *Round JL, Mazmanian SK. The gut microbiota shapes intestinal immune responses during health and disease. Nat Rev Immunol. 2009;9(5):313–323.*
35. *Levy M, Kolodziejczyk AA, Thaiss CA, Elinav E. Dysbiosis and the immune system. Nat Rev Immunol. 2017;17(4):219–232.*
36. *Agnivesha. Charaka Samhita. Sutrasthana, Matrashitiya; 5/4.*
37. *Agnivesha. Charaka Samhita. Sutrasthana, Dirghanjivitiya; 1/4.*
38. *Agnivesha. Charaka Samhita. Chikitsasthana, Rasayanadhyaya; 1/7–8.*
39. *Agnivesha. Charaka Samhita. Chikitsasthana, Rasayanadhyaya; 1.1/29–62.*
40. *Patwardhan B, Gautam M. Botanical immunodrugs: scope and opportunities. Drug Discov Today. 2005;10(7):495–502.*
41. *Rege NN, Thatte UM, Dahanukar SA. Adaptogenic properties of six Rasayana herbs used in Ayurvedic medicine. Phytother Res. 1999;13(4):275–291.*
42. *Agnivesha. Charaka Samhita. Sutrasthana, Tasyashitiyadhyaya; 6/26 (Trayopastambha reference); also Sutrasthana 21.*
43. *Agnivesha. Charaka Samhita. Sutrasthana, Kiyantashirasiya; 17/71–73.*
44. *Besedovsky HO, del Rey A. Immune-neuro-endocrine interactions: facts and hypotheses. Endocr Rev. 1996;17(1):64–102.*
45. *Ader R, Cohen N, Felten D. Psychoneuroimmunology: interactions between the nervous system and the immune system. Lancet. 1995;345(8942):99–103.*