Received: 10 July 2026 | Revised: 16 Aug 2026 | Accepted: 15 Sept 2026

AJAS
Its All About Basics

Review Article

ISSN: 3048-5746

"OJAS, TEJAS AND PRANA: THE CONCEPT OF VITAL ESSENCE AND IMMUNITY (VYADHIKSHAMATVA)"

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FUNDING INFORMATION:
Not Applicable

How to cite this article:
Rahul Chopra, "Ojas, tejas and prana: the concept of vital essence and immunity (vyadhikshamatva)" Asian Journal of Ayurveda Siddhant. 2026;3(3):8-11.
Sri. 2026.1010.ajas.03.03

ABSTRACT

Background: Ojas is described in Ayurveda as the essence of all dhatus and the basis of strength and resistance to disease. Together with tejas and prana it forms a triad of vital principles. The concept is often compared to immunity but its classical scope is broader. **Objective:** To review the classical description of ojas, its types, functions and disorders, the associated concepts of tejas and prana, and recent attempts to link ojas with immunity, cholesterol-derived molecules and clinical outcomes. **Methods:** Classical texts were read in translation. PubMed was searched in November 2026 for papers on ojas, immunity and vyadhikshamatva in Ayurveda. **Results:** Ojas is described as unctuous, cool, stable and clear, located in the heart and pervading the body. Two kinds are recognised: para (central, in limited quantity) and apara (circulating). Its disorders are visramsa, vyapat and kshaya. The classical texts link its state to strength, immunity and survival. A recent hypothesis proposes cholesterol and its products as candidate biomarkers for ojas, and clinical studies describe agni and ojas as outcome concepts in diabetes. **Conclusion:** Ojas is a multidimensional concept that includes but is not limited to immunity. Operational definitions and biomarker studies are needed before its relationship with immune and metabolic parameters can be established.

KEYWORDS: Ayurveda, Ojas, Tejas, Prana, Vyadhikshamatva, Immunity, Bala, Rasayana

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INTRODUCTION

Ayurveda describes three vital principles which sustain the living body: prana, tejas and ojas. They are connected respectively with vata, pitta and kapha in their normal, supportive form, and are sometimes called the essence of the three doshas. Of these, ojas is the most discussed in relation to immunity because it is described as the factor that gives strength and resists disease (Ch. Su. 30/7-12; Su. Su. 15/19-24)[1,2]. The word vyadhikshamatva, meaning the power to hold back disease, is commonly used for immunity and is understood in the classical commentary as comprising both the ability to resist the onset of disease and the ability to limit its severity[1,3]. The relationship between these ideas and modern immunology needs to be treated with care.

MATERIALS AND METHODS

The Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya were read in translation[1,2,4]. PubMed was searched in November 2026 for papers using the terms ojas, immunity, bala and vyadhikshamatva in the context of Ayurveda. Indexed sources used were a general account of ama, ojas, rasa and immunity[3], a hypothesis paper on cholesterol as a biomarker for ojas[5], a clinical study of Rasayana drugs in type 2 diabetes in which agni and ojas were considered outcomes[6], a review of Ayurveda in clinical practice[7], and the clinical paper on COVID-19 which describes abnormal immune responses in terms of rasa, rakta and ojas[8].

OBSERVATION AND RESULTS

1. Description and location

Ojas is said to be the first essence to arise in the embryo, and the final and most refined product of the dhatus, formed from all of them. It is described as having a colour like that of ghee, the taste of honey and the smell of fried grain, and as unctuous, cool, stable, clear, soft and slimy (Ch. Su. 30/7-12; Su. Su. 15/19-24)[1,2]. Its seat is the heart, and it is said to pervade the entire body, so that when it is lost the person dies. Two kinds are distinguished: para ojas, eight drops in quantity, located in the heart and essential to life, and apara ojas, which circulates and is described as half an anjali in measure, and which is the source of the strength and tone of the tissues[1,3].

2. Functions and bala

The functions of ojas include strength of the body (bala), growth, steadiness of mind, clarity of senses and resistance to disease. The Samhita divides bala into three kinds: sahaja (natural), kalaja (related to time and age) and yuktikrita (acquired through diet, exercise and treatment) (Ch. Su. 11/36)[1]. These can be seen as innate, developmental and acquired aspects of resistance. The commentators tie bala to vyadhikshamatva, holding that those with abundant ojas are less likely to fall ill, and if they do so, are more likely to recover.

3. Disorders of ojas

Three disorders are recognised: ojo visramsa (displacement), ojo vyapat (vitiation) and ojo kshaya (depletion) (Ch. Su. 17)[1]. Visramsa is characterised by looseness of joints, fatigue and impairment of function. Vyapat by rigidity, discolouration, drowsiness and swelling. Kshaya, the most severe, is characterised by fear, weakness, anxiety, dryness, loss of sensation and emaciation, and may be fatal. Causes include excess exertion, hunger, grief, worry, dry food and excessive loss of body fluids. Because these causes include psychological as well as physical factors, ojas is regarded as a sensitive marker of the integrated state of the person.

4. Tejas and prana

Tejas is the subtle form of pitta that gives lustre, transformation and discrimination, and prana is the vital breath associated with vata, which maintains respiration, circulation and the activities of the nervous system. Together with ojas they form the triad, and they are said to be maintained by a good diet, adequate sleep, regulated conduct and Rasayana therapy (Ch. Chi. 1; A.H. Su. 11)[1,4]. The interdependence of the three is not elaborated in detail in the classical texts, and the correlation of tejas and prana with modern parameters has received little study.

5. Ojas and immunity in modern research

Ojas has often been identified with immunity, but classical statements define it more widely. The account of Amruthesh treats ama, ojas and rasas together with immunity and the prevention of disease[3]. In the clinical paper on COVID-19, abnormal immune responses are related to disturbances of rasa, rakta and ojas, with the initial phase linked to one pattern of dosha and the later

stage of excessive immune response to another, and strategies for conserving ojas are proposed as host-centred approaches[8]. A study in type 2 diabetes treated the Rasayana drugs Silajatu and Mamajjaka as agents that promote agni and ojas, and found a good response in the subjective and objective parameters, with Mamajjaka performing better overall and Silajatu better for post-prandial glucose[6]. As this study was relatively small and the outcomes included subjective and objective parameters, it should be seen as hypothesis-generating.

6. Cholesterol and ojas

A recent hypothesis paper proposes that cholesterol and its products can serve as biomarkers for ojas. It builds on an earlier suggestion of equivalence between ojas and cholesterol, and argues that the properties of ojas suggest a complex lipid, that eight biomolecules synthesised from cholesterol function at the physiological sites of ojas activity, that cholesterol and its products explain key functions such as reproduction, stress responses, brain function and immunity, and that low cholesterol and depleted ojas both increase mortality risk. It suggests that HDL cholesterol may be a surrogate marker of healthy apara ojas[5]. The authors present this as correlative and potentially causal evidence supporting a hypothesis, not as proof. Direct testing in cohorts with a standard assessment of ojas status would be needed to evaluate it.

DISCUSSION

Ojas is a concept that combines structural, functional and psychological dimensions. Its identification with immunity is partial, and its identification with a single molecule or a single cell type is problematic. A reasonable research strategy is to treat ojas as a latent construct, assessed by a set of clinical indicators (strength, resilience, recovery, sleep, appetite, mood), and to examine its relation with defined biomarkers of immune and metabolic function. Preliminary proposals such as the cholesterol hypothesis can be tested as part of such a strategy, but they should not be taken as established correspondences.

The main limitations are the lack of a validated tool for assessing ojas in clinical practice, the small sizes of most clinical studies, and the overlap of the concept with those of bala and agni. Work on Rasayana and immunity may be improved by defining ojas-related outcomes in advance, reporting baseline constitution, and using both classical and standard biomedical measures.

CONCLUSION

Ojas, with tejas and prana, forms the Ayurvedic account of vitality and resistance. The concept is wider than immunity, and its study requires defined measures and cautious correlation. Hypotheses relating ojas to cholesterol-derived molecules and to agni in metabolic disease deserve systematic testing.

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