

## REVIEW ARTICLE ON CONCEPT OF SOPHA (INFLAMMATION)

<sup>1\*</sup>Dr. Chandranshu, <sup>2</sup>Dr. Shikha Nayak, <sup>3</sup>Dr. Priyanka Barange<sup>1</sup>P.G Scholar, P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya, Khurja, U.P.<sup>2</sup>Professor and Guide, P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya,  
Khurja, U.P.<sup>3</sup>Assistant Professor P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya, Khurja,  
U.P.Article Received on 15 March 2026,  
Article Revised on 05 April 2026,  
Article Published on 16 April 2026<https://doi.org/10.5281/zenodo.19627396>**\*Corresponding Author****Dr. Chandranshu**P.G Scholar, P.G Dept. of Shalya  
Tantra, VYDS Ayurveda  
Mahavidhyalaya, Khurja, U.P.**How to cite this Article:** <sup>1\*</sup>Dr. Chandranshu,  
<sup>2</sup>Dr. Shikha Nayak, <sup>3</sup>Dr. Priyanka Barange  
(2026). Review Article on Concept of Sopha  
(Inflammation). World Journal of  
Pharmaceutical Research, 15(8), 996-1001.This work is licensed under Creative Commons  
Attribution 4.0 International license.**ABSTRACT**

**Background:** In modern medicine, inflammation plays a central role in the pathogenesis and classification of numerous diseases. In Ayurveda, the concept of *Sopha* is considered fundamental in understanding disease processes, as it reflects underlying doshic disturbances and tissue reactions. **Objective:** To review classical Ayurvedic literature to understand the role of *Sopha* in disease development, its types, causative factors, and therapeutic principles. **Methods:** Relevant descriptions of *Sopha* were collected and analyzed from classical Ayurvedic texts such as *Bruhatrayee*, *Madhava Nidana*, and *Bhela Samhita*. Information regarding etiology, classification, pathogenesis, and treatment was critically evaluated and correlated with contemporary scientific understanding.

**Enumeration:** *Sopha* arises when the normal functional

characteristics of *srotas* are disturbed by factors such as *vidahi* and *abhishyandi* substances, leading to impairment in fluid transport. It may appear as an independent disease, as a symptom, or as a complication of other disorders. It is broadly classified into *Antah Sopha* (internal inflammation) and *Bahir Sopha* (external inflammation). **Discussion:** The Ayurvedic concept of *Sopha* was examined in the context of modern pathological mechanisms of inflammation, emphasizing similarities in vascular and cellular responses. **Conclusion:** *Sopha* is associated with a wide range of infectious and non-communicable diseases. Understanding this concept can enhance both diagnostic and therapeutic approaches in Ayurveda.

**KEYWORDS:** Sopha, Sotha, Svayathu, Inflammation, Antah Sopha, Bahir Sopha.

## 1. INTRODUCTION

Inflammation is a complex protective response of vascularized tissues to harmful stimuli such as pathogens, toxins, and physical injury. Classical features of acute inflammation include pain (*dolor*), heat (*calor*), redness (*rubor*), swelling (*tumor*), and loss of function (*functio laesa*).<sup>[1]</sup>

This response aims to eliminate the injurious agent and initiate tissue repair. However, persistent or uncontrolled inflammation may lead to tissue destruction, fibrosis, and long-term functional impairment.<sup>[2],[3]</sup> Chronic inflammatory processes are also implicated in several non-communicable diseases including metabolic disorders, cardiovascular diseases, autoimmune conditions, and malignancies.<sup>[4]</sup>

Ayurveda describes disease manifestation as a result of imbalance in the three regulatory systems—*dosha*, *agni*, and *dhatu*. The body's defensive response to such imbalance often presents in the form of swelling or inflammatory changes, collectively referred to as *Sopha*. Ancient texts use various terms such as *Sotha*, *Svayathu*, and *Vrana-sopha* to describe different forms and stages of inflammatory swelling. Many disease entities including *vidradhi*, *arbuda*, *granthi*, and *kushta* are understood to have an inflammatory basis in their pathogenesis.

## 2. OBJECTIVE

To analyze the concept of *Sopha* in classical Ayurvedic literature with special emphasis on its role in disease development, pathological progression, classification, and therapeutic management.

## 3. METHODS

A comprehensive literature review was conducted using primary Ayurvedic sources such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, and *Bhela Samhita*. Descriptions related to causes, clinical features, stages, classification, and treatment of *Sopha* were systematically compiled and interpreted. These findings were further compared with modern biomedical explanations of inflammatory processes to establish conceptual correlations.

#### 4. ENUMERATION

The concept of *Sopha* is essential for understanding disease mechanisms in Ayurveda. The human body is described as *srotomaya*, meaning it is composed of a network of channels responsible for the circulation of *dosha*, *dhatu*, and *mala*. Proper functioning of these channels ensures physiological equilibrium. Disturbance in the normal properties of *srotas*, particularly due to intake of *vidahi* and *abhishyandi* substances, results in obstruction and accumulation of fluid, leading to the manifestation of *Sopha*.

Clinically, *Sopha* is characterized by swelling that may be firm or soft (*grathita*), regular or irregular (*sama* or *vishama*), localized to a specific region, and involving superficial tissues such as skin and muscle.

According to classical descriptions, inflammatory features can be correlated with doshic involvement: redness and heat are associated with *Pitta*, swelling with *Kapha*, and pain with *Vata*.<sup>[7],[8]</sup> These features parallel the classical signs of inflammation described in modern pathology.

#### Nidana(Etiology)

*Sopha* may arise due to both endogenous (*nija*) and exogenous (*agantuja*) causes. Traumatic factors such as injury, pressure, burns, poison, and insect bites contribute to *agantuja sopha*, whereas dietary indiscretions, suppression of natural urges, improper therapeutic procedures, and complications of systemic diseases lead to *nija sopha*.<sup>[9],[10]</sup>

#### Synonyms and Conceptual Understanding

The terms *Sopha*, *Sotha*, and *Svayathu* are used interchangeably in classical texts with subtle differences in severity. Mild swelling is referred to as *Sopha*, moderate fluid accumulation as *Svayathu*, and severe edematous swelling as *Sotha*.

#### Classification of Sopha

*Sopha* is classified in multiple ways in classical literature:

- Based on duration: *Asukari* (acute) and *Chirakari* (chronic)
- Based on origin: *Nija* and *Agantuja*
- Based on location: *Bahir* (external) and *Antah* (internal)
- Based on extent: *Ekanga* (localized) and *Sarvanga* (generalized)

Internal inflammation may occur without visible swelling, affecting organs such as the liver, spleen, lungs, or heart. External inflammation is more commonly observed in clinical practice and may present as localized or generalized edema.

### Pathogenesis (Samprapti)

The development of *Sopha* follows the classical stages of *Satkriyakala*: accumulation (*sanchaya*), aggravation (*prakopa*), spread (*prasara*), localization (*sthana samshraya*), manifestation (*vyakti*), and complication (*bheda*). During this process, aggravated *Kapha*, *Pitta*, and *Rakta* obstruct the normal movement of *Vata*, resulting in impaired circulation and fluid accumulation in tissues.<sup>[11], [12]</sup>

### Etiology of Bahir and Antah Sopha

External swelling is commonly associated with factors such as improper diet, trauma, toxic exposure, and local infections. Internal swelling may result from metabolic disturbances (*mandagni*), tissue depletion, obstruction of channels, chronic diseases, and psychological factors such as excessive attachment (*raga*).

## 5. DISCUSSION

The descriptions of *Sopha* are scattered across multiple Ayurvedic texts, yet collectively they provide a comprehensive understanding of inflammatory pathology. The concept of *srotas* and microcirculation in Ayurveda closely resembles the modern understanding of vascular and cellular transport systems. Alterations in vascular permeability, dilation, and leukocyte migration—recognized as key features of inflammation—can be correlated with Ayurvedic descriptions of *siranam ayama* and *srotorodha*.<sup>[15]</sup>

In Ayurvedic pathology, aggravated *Kapha*, *Pitta*, and *Rakta* interact to produce swelling and tissue changes. Similarly, modern biomedical science explains inflammation as a coordinated response involving vascular changes, immune cell infiltration, and release of inflammatory mediators. The process of lipid accumulation and inflammatory plaque formation in atherosclerosis can be conceptually compared with *meda-kapha* obstruction described in Ayurveda.<sup>[16]</sup>

If untreated, *Vrana-sopha* may progress to more severe conditions such as *vidradhi* and *arbuda*, reflecting the potential of chronic inflammation to contribute to tumor formation.<sup>[18]</sup> This demonstrates the clinical relevance of early recognition and management of

inflammatory states.

### **Chikitsa Siddhanta (Treatment Principles)**

Management of *Sopha* primarily involves elimination of causative factors (*nidana parivarjana*), correction of doshic imbalance, and restoration of channel patency. Therapeutic approaches include

- *Langhana* and *Pachana* in *ama-janya sopha*
- *Shodhana* therapies such as *Vamana*, *Virechana*, and *Basti* based on the site of swelling
- Local treatments and supportive measures for traumatic inflammation

Classical texts describe several formulations such as *Dashamoola*, *Haritaki*, and *Punarnava* for their anti-inflammatory, analgesic, and diuretic properties.<sup>[19],[20], [21]</sup> These formulations have been shown in modern studies to possess anti-inflammatory and antioxidant effects, supporting their traditional usage.

## **6. CONCLUSION**

The Ayurvedic concept of *Sopha* provides a broad framework for understanding inflammatory processes in both localized and systemic diseases. It encompasses the etiological, pathological, and clinical dimensions of swelling and tissue reaction. The parallels between classical descriptions and modern inflammatory mechanisms highlight the scientific relevance of Ayurvedic concepts. Integrating the study of *Sopha* into academic curricula can strengthen the conceptual foundation of students and practitioners in both traditional and modern medical sciences.

## **SOURCES OF FUNDING**

No specific financial support was received for this study.

## **CONFLICT OF INTEREST**

The author declares that there is no conflict of interest.

## **REFERENCES**

1. Signore A. About inflammation and infection. *EJNMMI Res.*, 2013; 3(1): 8.
2. Kumar V, Abbas AK, Fausto N, Aster JC. *Robbins and Cotran Pathologic Basis of Disease*. 8th ed.
3. Manabe I. Chronic inflammation links cardiovascular, metabolic and renal diseases. *Circ.*

- J., 2011; 75: 2739–2748.
4. Ward SG. New drug targets in inflammation: efforts to expand the anti-inflammatory armoury. *Br. J. Pharmacol*, 2008; 153(1): S5–S6.
  5. Aggarwal BB, Prasad S, Reuter S, et al. Identification of novel anti-inflammatory agents from Ayurvedic medicine for prevention of chronic diseases. *Curr., Drug Targets*. 2011; 12(11): 1595–1653.
  6. Debnath T, Kim DH, Lim BO. Natural products as a source of anti-inflammatory agents associated with inflammatory bowel disease. *Molecules*, 2013; 18(6): 7253–7270.
  7. Charaka Samhita, Sutrasthana, Tri Sothiya Adhyaya.
  8. Charaka Samhita, Chikitsa Sthana, Svayathu Chikitsa Adhyaya.
  9. Sushruta Samhita, Chikitsa Sthana, Sopha Chikitsa Adhyaya.
  10. Ashtanga Hridaya, Nidana Sthana, Pandu-Sopha-Visarpa Nidana.
  11. Ashtanga Hridaya, Chikitsa Sthana, Sopha Chikitsa.
  12. Bhela Samhita, Chikitsa Sthana, Svayathu Chikitsa.
  13. Madhava Nidana, Sotha Nidana Adhyaya.
  14. Keener J., Sneyd J. Cellular Homeostasis. *Mathematical Physiology*. Springer; 2009.
  15. Balkwill F, Mantovani A. Inflammation and cancer: back to Virchow? *Lancet*, 2001; 357: 539–545.
  16. Hansson GK. Inflammatory mechanisms in atherosclerosis. *J Thromb Haemost*. 2009; 7(1): 328–331.
  17. Yang X, Chang Y, Wei W. Endothelial Dysfunction and Inflammation. *Mediators Inflamm*. 2016.
  18. Munn LL. Cancer and inflammation. *Wiley Interdiscip Rev Syst Biol Med.*, 2017; 9(2).
  19. Parekar RR, Bolegave SS, Marathe PA, Rege NN. Experimental evaluation of Dashamoola. *J Ayurveda Integr Med.*, 2015; 6(1): 11–18.
  20. Bag A, Bhattacharyya SK, Pal NK, Chattopadhyay RR. Anti-inflammatory activity of Terminalia chebula. *Pharmaceutical Biology*. 2013.
  21. Gharate M, Kasture V. Evaluation of Punarnavasava. *Orient. Pharm. Exp. Med.*, 2013.
  22. Aggarwal BB, et al. From traditional Ayurvedic medicine to modern medicine: therapeutic targets for inflammation and cancer.