

## REVIEW ARTICLE

# Jivha Pariksha – An Ayurvedic Diagnostic tool: A Review

Vandana Sharma<sup>1</sup>, Chhaju Ram Yadav<sup>2</sup>, Sarika Yadav<sup>3</sup>

<sup>1</sup>PG Scholar, Department of Kriya Sharir, National Institute of Ayurveda, Deemed University, Jaipur, Rajasthan, India.

<sup>2</sup>Dean (Research) and Head, Department of Kriya Sharir, National Institute of Ayurveda, Deemed University, Jaipur, Rajasthan, India.

<sup>3</sup>Assistant Professor, Department of Kriya Sharir, National Institute of Ayurveda, Deemed University, Jaipur, Rajasthan, India.

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### ABSTRACT

**Introduction:** The tongue is the most convenient approach to observe changes in the body's fundamental components and assess disease progression. The *Ayurvedic Samhita* lists several types of *Rogi Pariksha* that can be used to diagnose the disease. The *Ashtavidha Pariksha* is described by *Acharya Yogratnakar*. *Jivha Pariksha* is one among them. *Jivha Pariksha* involves shape, color, moisture, movement, and the coating on the tongue. *Jivha Pariksha* reveals our main constitution (normal *Prakriti*), imbalance of *dosha*, state of *Agni* (digestive fire), and *Koshtha* (*Annavaaha srotas*). According to *Ayurveda Agnimandya* (hypo functioning of digestive fire) is the root cause of all diseases. *Saam Jivha* (Coated tongue) indicates the presence of *Ama* (undigested food) in the digestive system. Thick coating indicates the progression of the disease so *Jivha Pariksha* is very important in the diagnosis as well as prognosis of various diseases.

**Aim:** To Study the significance of *Jivha Pariksha* in diagnostic tools.

**Objectives:** To Study the importance of *Jivha Pariksha* in diagnostic methodology from Ayurveda texts and its application in diagnosing various diseases.

**Materials and Methods:** This is a conceptual study for which various Ayurveda and modern texts, *Samhitas*, published articles, research papers, and information available on the internet are used.

**Discussion:** *Jivha Pariksha* is very important in routine patient examination as it is a part of *Ashtavidha Pariksha*. During examination, one should know the tongue's shape, color, and coat. For appropriate disease diagnosis and treatment, a proficient understanding of *Jivha Pariksha* is required.

**Result:** *Jivha Pariksha* is a very important tool in Ayurveda for the diagnosis and prognosis of disease. The *Jivha Pariksha* is a significant diagnostic and prognostic tool in the medical field.

**Conclusion:** *Jivha Pariksha* is a very important tool in Ayurveda for the diagnosis and prognosis of disease. The *Jivha Pariksha* is a significant diagnostic and prognostic tool in the medical field.

## 1. INTRODUCTION

A precise diagnosis is essential for the effective management of any disease. *Acharyas*'s profound observations and understanding resulted in the development of several methods. *Ayurveda* defines several methods for examination known as "*Rogi Pareeksha*," including *Dwividha Pareeksha* (two-fold examination), *Trividha Pareeksha* (threefold examination), and *Ashtavidha Pareeksha*<sup>[1,2]</sup> (eight-fold examination). The *Ashtavidha Pariksha*, or eight-fold examination, is a crucial diagnostic method in

*Ayurveda* used to identify the various factors contributing to diseases. It involves evaluating and conducting tests on patients based on eight specific parameters to determine the underlying causes of their conditions. *Ashta Sthana Pariksha* includes the examination of *Nadi* (pulse), *Mala* (stools), *Mutra* (urine), *Jivha* (tongue), *Shabda* (ears), *Sparsh* (skin), *Drik* (eyes), and *Akruti* (physical).<sup>[3,4]</sup>

Tongue examination is an important aspect of *Ayurveda*, and the tongue can provide information about the health status of a person. *Jivha Pariksha* helps to assess the imbalance of *dosha* and the status of *Agni*. The imbalance of *Dosha* and *Agni Dushti* are the main part of the pathophysiology of various diseases.<sup>[5]</sup>

#### Corresponding Author:

Vandana Sharma, MD, Scholar of PG, Department of Kriya Sharir, National Institute of Ayurveda, Jaipur, Rajasthan, India.  
Email: [vandysharma1233@gmail.com](mailto:vandysharma1233@gmail.com)

The tongue should be observed for its shape, color, moisture, movement, and the coating over it. Production of *Ama* (undigested food) in the digestive system is indicated by *Saam Jivha* (Coated), as the tongue is a mirror of the digestive system and other diseases. *Ama* is derived from undigested, unabsorbed, or unassimilated food because of *Agnimandya*.<sup>[6]</sup> The presence of *Ama* (toxins) in the stomach and small intestine is indicated by coating in the middle region of the tongue. The presence of *Ama* (toxins) in the large intestine is indicated by a coating on the back of the tongue.<sup>[7]</sup>

## 2. ASTHAVIDHA PARIKSHA<sup>[8]</sup>

The eight components of the *Asthavidha Pariksha* are as follows:

### 2.1. Nadi Pariksha (Pulse Examination)

*Nadi Pariksha*, or pulse examination, involves assessing parameters such as rate, volume, tension, and pulsation type. This examination considers the condition of *Dosha* relative to factors such as age, gender, constitution, time of day, season, physical activity, and dietary habits.

### 2.2. Mala Pariksha (Stool Examination)

The condition of the digestive system is commonly indicated by the characteristics of stool.

### 2.3. Mutra Pariksha (Urine Examination)

Urine is evaluated based on its appearance, clarity, volume, color, and other relevant characteristics.

### 2.4. Jivha Pariksha (Tongue Examination)

During the examination of the tongue, evaluation encompasses the assessment of taste perception, color variations, and the texture of its surface. These observations provide significant insights into the individual's digestive well-being and potential health conditions.

### 2.5. Sparsha Pariksha (Touch)

Touch can be examined by palpation and percussion. Palpation plays a crucial role in assessing tenderness, temperature fluctuations, texture modifications, and changes in the contour of body structures.

### 2.6. Shabda Pariksha (Sound Examination)

The examination focuses on assessing the quality and characteristics of patient voices, which vary based on the psychosomatic constitution of individuals.

### 2.7. Druk Pariksha (Vision Examination)

The alterations in color, expression, and other manifestations reflect the characteristics of the underlying pathological condition, aiding in the determination of diagnosis and prognosis.

### 2.8. Akriti Pariksha (Stature)

The general appearance of patients may change in the presence of neurological disorders, nutritional disturbances, disabilities, and similar conditions.

## 3. JIVHA PARIKSHA

*Jivha* is called *Rasanendriya*<sup>[9]</sup> as it is an organ of taste. It is formed of *Jala Mahabhuta*<sup>[10]</sup> predominantly, *Kapha dosha*, *Rakta*, and *Mamsa*

*dhatu*.<sup>[11]</sup> *Jivha Pariksha* is one of the *Ashta Sthana Pareeksha Vidhi* as explained by *Yogaratanakara*.

## 4. HEALTHY TONGUE<sup>[12]</sup>

It is *Shuchi* (clean; doesn't release an unpleasant smell or taste) and *Shlakshan* (neither too dry nor too moist). There is no dilating or distention of the veins beneath the tongue.

Color – *Shyavarakta* (Uniformly pink, similar skinned chicken or pale red)

Shape – *Tanu* (neither too thick nor too thin and has even width or shape been oval)

Moisture – *Shlakshan* (A healthy tongue is moist)

Coating – *Nirlipta* or *Ishatlipta* (Thin transparent or white coating)

Movement – *Akampa* (That is when the tongue protrudes it is steady) (Tables 1-5).

## 5. EXAMINATION OF TONGUE<sup>[13]</sup>

Examination of the tongue should be done early in the morning before brushing or cleaning the mouth. The factors that are studied in the examination of the tongue are *Prakrut Avastha* (healthy or physiological state), *Vikrut Avastha* (pathological state), *Varna* (color), *Pramana* (size), *Jivhatala* (surface), *Chalana* (movement), and *Upalepa* (coating).

- The examination of the tongue should be conducted with the patient in a seated or supine position.
- Advise the patient to open their mouth and extend their tongue for optimal visibility.
- Thoroughly assess the surface texture, size, coloration, coating, and other pertinent characteristics of the tongue to ascertain the patient's overall health status.
- The essential tools required for evaluating intraoral structures are a mouth mirror and a strong illuminating light source.
- Initially, a thorough examination of the oral cavity is conducted. Subsequently, both the dorsal and ventral surfaces of the tongue are inspected.
- The patient is instructed to extend their tongue and move it laterally during examination.
- Cotton or gauze is used to stabilize the tongue, facilitating the assessment of its color, shape, size, and surface characteristics.
- A tongue depressor is employed to depress the tongue and inspect the circumvallate papillae and tongue base for any abnormalities.
- Additional observations include alterations such as papillary atrophy or hypertrophy, ulceration, fissures, and edema.
- It is crucial to document any pathological or physiological changes observed. Tongue palpation should be conducted using a gloved hand for a thorough assessment.

## 6. JIVHA LAKSHANA ACCORDING TO DOSHA<sup>[12]</sup>

*Jivha Pariksha* helps to assess the imbalance of *dosha* in the body. *Acharya Yogaratanakar* explained the characteristics of *Jivha* according to *Dosha*.

As stated earlier during tongue examination, one should examine the size, color, surface, and movements these are as follows

### 6.1. Size

The tongue is considered healthy when it is adequately long and wide, smooth, slender, and exhibits a normal coloration.<sup>[14]</sup> However,

there are certain medical conditions where the tongue can be either elongated or shortened.<sup>[15,16]</sup>

## 6.2. Color

A tongue in good health usually shows a pinkish-red<sup>[17]</sup> coloration, although some individuals may present with a coppery tint.<sup>[18]</sup> Various diseases exhibit distinct tongue colors. Here are the examples of different tongue colors associated with various diseases.<sup>[12]</sup>

## 6.3. Dryness (Ruksha)

*Acharya Sushruta* mentioned the specific character of a healthy tongue is Snigdha.<sup>[18]</sup> In *Vikratavastha*, the tongue becomes dry due to conditions such as dehydration, coma, hemorrhage, atropine use, mouth breathing, Sjogren's syndrome, uremia, and increased *Vata dosha*.<sup>[12,16]</sup>

## 6.4. Surface

According to *Acharya Charak*, a healthy tongue should exhibit the qualities of Shalkshan and Tanu. Here are several examples of an unhealthy tongue condition<sup>[12]</sup>

## 6.5. Pigmentation

In a healthy state, the tongue exhibits its natural coloration, but in cases of illness, it may become pigmented. Such conditions include Addison's disease, Nelson's syndrome, Peutz-Jegher's syndrome, chronic cachexia, and malnutrition.<sup>[16]</sup>

## 7. MOVEMENTS<sup>[12]</sup>

1. Slow rhythmic tremor stopping on voluntary extrusion of tongue in *Kampavata* (Parkinsonism), *Adhajihvika* (backward and forward), and *trombone tremor of GPI*
2. Lizard tongue: (Jack-in-the-box or watch spring tongue, *Jihva Vepana* in rheumatic chorea. *Trushna nirodhaja daha*).
3. Deviated tongue: Hypoglossal nerve paralysis, malignant infiltration, *Mukhapaka* (severe ulceration), *Ardhita* or *Pakshaghata* (facial paralysis).
4. *Sthabda jihva* (Immobile tongue): Bilateral lingual paralysis, bulbar palsy, syringomyelia. Sluggish and slow protrusion in mental retardation. The increasingly slow movement in *myasthenia gravis*, *Jihvastambha*.

## 8. SOME CONDITIONS EXPLAINED IN THE *AYURVED SAMHITA*

- In *Prameha Poorvarupa* there is a thick coating on the tongue.<sup>[21]</sup>
- According to *Acharya Vagbhat*, children who experience chest discomfort tend to bite their own tongues.<sup>[22]</sup>

## 9. DISCUSSION

As everyone knows, a physician must be proficient in taking a patient's history and performing a thorough examination to proper diagnosis of the disease. The accurate diagnosis of a disease is the result of a competent history taking and appropriate examination. Numerous diseases can be identified based on their characteristic features. As previously described, the tongue has several typical features as well. Ayurvedic diagnosis includes analysis of the *Jivha* (tongue) in addition to *Nadi* (pulse), *Mala* (stools), *Mutra* (urine), *Shabda* (ears), *Sparsha* (skin), *Druk* (eyes), and *Akriti* (physical). Because it reflects the state

of the body's internal organs, the tongue is known to be the mirror of the digestive system. However, the tongue is the most neglected part of the zone of interest. It is mandatory to examine the tongue during the routine physical examination of a patient. The tongue should be examined in daylight to avoid wrong observations. We may standardize the examination process by using various hardware equipment and computer-assisted tongue picture development, which is a necessity in the modern age.

## 10. CONCLUSION

*Jivha Pariksha* is non-invasive, easy, and important in clinical examinations to understand overall health. The tongue is a reflection of what is happening inside the body. The tongue examination is indispensable to knowing *Sama*, *Nirama* and *Vruddi*, *Kshaya Avastha* of the *dosha*, and finally in the *Sapekshanidana* (diagnosis) of the disease. There are several diseases we can diagnose from tongue examination so we can say that tongue examination is an important tool for the diagnosis.

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## 16. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from the authors.

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**Table 1:** Characters of *Jivha* according to *Dosha*

<i>Dosha</i>	<i>Jivha Lakshana</i>
<i>Vataja</i>	blackish or brown, rough, and fissured
<i>Pittaja</i>	Red, Yellow, and Blue
<i>Kaphaja</i>	White and Slimy
<i>Sannipataj</i>	Black and thorny eruptions
<i>Dvandvaja</i>	Mixed features





**Table 2:** Examples of *Dirghjivha* and *Hrisvajivha* in various diseases

<i>Dirghajivha (macroglossia)</i>	<i>Hrisvajivha (microglossia)</i>
Acromegaly	Pseudobulbar palsy
Cretinism	Facial Hemiarthopathy
Myxedema	Starvation
Lymphangioma	Marked dehydration
Amyloidosis	<i>Bijadosha</i>
Down's syndrome tumors angioedema	
<i>Bijadosha</i>	

**Table 3:** The different colors of the tongue in various diseases

<i>Shwetabha (Pale)</i>	Anemia, malnutrition, <i>Vatajakshaya</i> , <i>Pandu</i>
<i>Paridagdha</i> (Redraw/Angry looking)	Sprue, pellagra, severe and untreated diabetes, prolonged febrile illness. <i>Pittaja vruddi</i> , <i>Sannipataja jwara</i>
<i>Shweta</i> (White)	Lichen planus, HIV, small number of non-HIV infected immunocompromised individuals, <i>Khapakshaya</i> , <i>Ojakshaya</i>
<i>Neela</i> (Blue)	Central cyanosis, <i>Kaphavruddi</i> , <i>Madatyaya Asadhya Lakshana</i>
Purple	Polycythemia vera, <i>Pittavruddi</i>
Dark red or bluish-red	Polycythemia vera, riboflavin deficiency, <i>Raktavruddi</i> .
Strawberry ( <i>Paridagdha</i> )	scarlet fever, <i>Kawasaki's</i> disease, and toxic shock syndrome, <i>Sannipataja Jwara</i> <sup>[19]</sup>
<i>Peeta</i> (Yellow)	rarely in jaundice, <i>Kamala</i> , <i>kumbakamala</i> , <i>pandu</i> <sup>[20]</sup>
<i>Krishna</i> (Black)	fungus infection, iron, bismuth, opium, or tobacco, <i>Vatavruddi</i>
Furred tongue ( <i>Liptajihwa/upadehajihwa</i> )	in all febrile illnesses especially typhoid, heavy smoke, poor oral hygiene, <i>Sannipataja jwara</i> , <i>Amlapitta</i> , <i>Prameha Poorvarupa</i>

**Table 4:** Various examples of tongue surfaces observed in different conditions

<i>Atitanu</i> (Smooth or bald tongue)	Iron-deficiency anemia, pernicious anemia, B complex deficiency, or malabsorption. <i>Kapha vaishamy</i>	
<i>Kharajihva/kantakajihva</i> (Fissured tongue)	Vitamin B complex deficiency, acute glossitis, acromegaly, congenital scrotal tongue. <i>Tridoshaja</i>	
Scarred tongue	Scars on the tongue may be traumatic, secondary to ulcer from tongue-biting as in epilepsy, <i>Abhigataja</i>	
Mushroom like tongue	Sore tongue covered with whitish slough in acid poisoning	

**Table 5:** Presents various states of the tongue corresponding to different *Graha Roga*

<i>Skandapsmar Graha</i> <sup>[21]</sup>	The child bites his or her tongue
<i>Shwana Graha</i> <sup>[21]</sup>	The child bites his or her tongue
<i>Shakuni Graha</i> <sup>[21]</sup>	The child got a wound on the tongue and a soft or hard palate
<i>Shushkarewati Graha</i> <sup>[21]</sup>	The child gets pit on the middle of the tongue