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SHORT COMMUNICATION

A Cross-Sectional Study of Jihwa Pariksha in Ashmari with Special Reference to Urolithiasis

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ABSTRACT
Ashmari is a prevalent condition affecting the Mutravaha srotas (urinary system), caused by impaired kidney filtration. Acharya Susruta regarded it as a severe and life-threatening disorder, classifying it among the most dangerous diseases (Astamahagad). Due to variations in diet and lifestyle, the incidence of Ashmari has become a global concern, with its occurrence differing across regions, genders, and age groups. This disease is characterized by a high recurrence rate. Although there are numerous conservative treatment options available, if left untreated or inadequately managed, urolithiasis can lead to complications such as urinary tract infections, urinary blockages, chronic kidney disease, end-stage renal failure, and hypertension.In the diagnosis and understanding of Ashmari in individuals with disorders related to Mutravaha Srotodushti, the examination of the tongue (Jihwa Pariksha) is an important diagnostic tool in Ayurveda. By carefully observing different aspects of the tongue—such as its color, coating, fissures, texture, and movements—practitioners can identify underlying imbalances. This detailed observation provides valuable insight into the patient's overall health and helps detect conditions linked to Mutravaha Srotodushti and related disorders. To conduct Jihwa Pariksha in patients with Ashmari (Urolithiasis). To study changes in Jihwa manifested in patients of Ashmari (Urolithiasis). Jihwa of 65 patients of Ashmari (Urolithiasis) are observed for color, coating, fissures, texture and movements. In Ashmari coating is observed on the Jihwa, it was seen that maximum patients have coating present whether it is thin, thick or patchy.
Keywords: *Jihwa, Mutravaha Srotodushti Vikara, Ashmari, Urolithiasis, Tongue examination, Ashtavidha Pariksha.*

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INTRODUCTION

In Ayurveda, determining the root cause of a disease involves a thorough examination of the patient, which is divided into three stages known as "Rogi Pariksha," or patient observation. This comprehensive evaluation includes: Darshana**:** Visual observation of the patient. **Sparshana:** Physical touch to assess symptoms. Prashna**:** Questioning the patient to understand their symptoms and lifestyle.[1] In addition to these three main methods, a more detailed examination may be conducted when necessary to identify all potential factors contributing to the illness. The three steps are then elaborated in two ways Dashavidha Pariksha[2] (tenfold examination) and Ashtasthana Pariksha [3](eightfold examination). In Ayurveda, the tongue is viewed as a reflection of the body's overall condition, with each area corresponding to different aspects of physical health or imbalance. An excessive coating on the tongue indicates the buildup of toxins (ama) and disturbances in digestion, assimilation, or elimination processes. The tongue serves as a mirror, reflecting the interior workings of the body; the color of its coating can be used to determine which imbalance is more prevalent in the body. Ashtavidha pariksha, an Ayurvedic scholar, suggests that eight elements be carefully considered first. One of them is Jihwa (tongue). A typical tongue has no marks and has a bright pink color with a thin, wet covering [4]. Ashmari, also known as kidney or urinary stones.

It is among the most common types of urinary diseases. It is a worldwide problem that affects all geographical, cultural, and racial groupings.The occurrence of stones has decreased significantly during the last two decades, although they are still recorded in portions of the developing world, particularly in children and individuals with neurogenic bladders and benign prostatic hypertrophy.[5] Urolithiasis is a difficult condition to treat across all medical systems. Despite contemporary methods, the recurrence rate of urolithiasis is over 50% within 5 years.[5]

Need of Study

The appearance of the tongue serves as an important indicator of overall health, making it a valuable tool for disease diagnosis. By examining the tongue, practitioners can assess not only the state of the doshas but also the condition of tissues, organs, and the presence of ama (toxins). Since the tongue is the starting point of digestion, it is crucial for diagnosis, yet little research has focused on its role as a diagnostic method. This study aims to enhance our understanding of using the tongue for disease diagnosis.

In previous work, significant changes were found in color, coating, and fissures in *Ashmari vikara* .

This study aims to explore further changes in *Ashmari vikara* by examining Jihwa.

Aim and Objective

AIM: To conduct *Jihwa pariksha* in patients of Ashmari with special reference to *Urolithiasis*.

OBJECTIVE: To conduct and analyse changes in Jihwa manifested in patients of *Ashmari* with special reference to *Urolithiasis.*

MATERIAL AND METHODS

Clinical Sources

Patients were taken from OPD & IPD from Parul Ayurved Hospital, Parul Sevashram Hospital, Khemdas Ayurved Hospital, Waghodia, Vadodara, Gujarat.

Subjective criteria: Classical lakshanas of Ashmari Vikaras [6] were assessed.

Type of Study: Observational study.

Details of Clinical Study: An observational trial on 65 diagnosed patients of Ashmari (Urolithiasis) was conducted for a research study.

Data Collection: Separate case paper Performa had been prepared and observations were noted**.**

Study duration: 18 Months

RESULTS

Inclusion Criteria:

Selection of patients were done irrespective of gender, socioeconomic status. The diagnosed patients with *lakshan of Ashmari (Urolithiasis)* between the age of 18-60 years were included in this study.

Exclusion criteria:

Patient with local tongue infection and congenital anomalies were excluded. Patients having major ailments of other systems.

Table1: Distribution based on changes in *Jihwa* in disease of *Ashmari*

SR. NO	*Ashmari*	Changes in *Jihwa* (Total = 65)		
1.		**Color of *Jihwa***	**f**	**%**
		Normal	65	100
		Abnormal	0	0
2.		**Coating on *Jihwa***		
		No Coating	0	0
		Patchy Coating	6	9.23
		Thin Coating	32	49.23
		Thick Coating	27	41.53
3.		**Fissure on *Jihwa***		
		No Fissure	49	75.38
		Fissures 1-3 in Number	16	24.62
		Fissure 4-10 in Number	0	0
		Fissures more than 10 in Number	0	0
4		**Texture on *Jihwa***		
		Normal	56	86.15
		Mild Rough	9	13.85

DISCUSSION

Changes On *Jihwa in ashmari*

- Sushruta states that the main organs where Mutra is generated and then enters Basti are Pakwashaya and Aamashaya. These organs are loaded with urine leaking that is transported by channels from the area between Aamashaya and Pakwashaya day and night.
- In order to illustrate the pathology of calculus formation, Acharya Sushruta uses the example of how pure water stored in a fresh pitcher eventually becomes murky, and how calculus forms in Basti when urine is saved.[7]
- Here, we can interpret it as Nidus or Sedimentation theory. When Vata-Pitta-Kapha dosha enters into Basti like how mutra enters into Basti from Pakwashaya then due to increased ruksha guna of Vata & Ushna guna of Pitta, tykta dravtwa of mutra is happened which consolidates Kapha that leads to ashmari formation by Upsneha nyay.
- Acharya Sushruta provides an additional illustration to clarify the Ashmari structure. Similar to how air and thunder's energy cause rainwater to turn into ice, Pitta, which is located in the bladder, conjugates Vayu to combine Kapha and make Ashmari. [8]
- Here we can interpret as Hyper concentration theory where tridosha are involved equally.
- Although Acharya Charaka has emphasized on aggravated Vata as the main samprapti ghataka of Ashmari that we can correlate with seeing fissures on the tongue surface of patients.[9]
- And Acharya Sushruta has emphasized on aggravated Kapha dosha as the main samprapti ghataka of Ashmari that we can correlate with seeing coating variations on the tongue surface of patients.
- Acharya Madhavakara has also emphasized on Kapha predominancy in Ashmari formation as pradhana ghataka.[10]

Changes On *Jihwa in ashmari*:

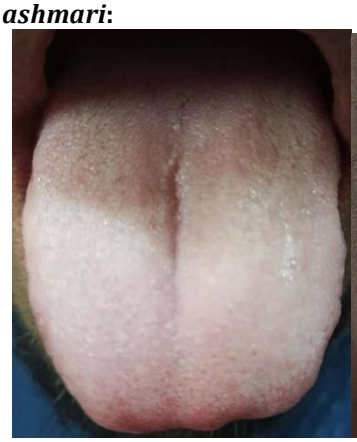

Fig 1.

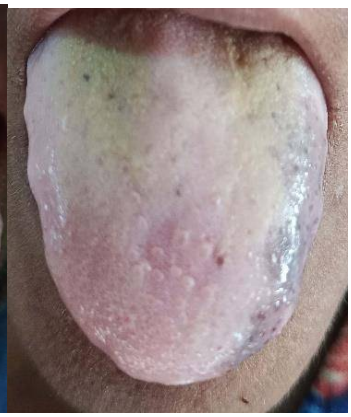

Fig 2.

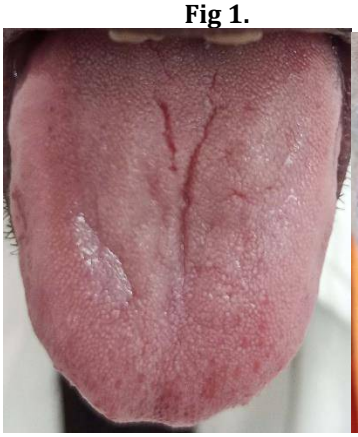

Fig 3

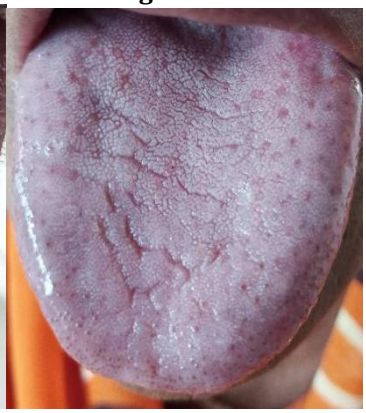

Fig 4

Fig 1 - OPD No.PSH - 318005, Colour - Pale, Coating - Thin, Fissure - 1 to 3
Fig 2 - OPD No.PSH - 320075, Colour - Pale, Coating - Thick
Fig 3 - OPD No.PSH - 330035, Fissure - 1 to 3
Fig 4 - OPD No.PSH - 322354, Coating - Thin

CONCLUSION

- Statistically, in *ashmari* coating is observed on the *jihwa,* it was seen that maximum patients have coating present whether it is **thin**, thick or patchy**.**
- From this study, it can be validated that the *mutravaha srotodusti vikaras* mainly, *Ashmari* in *Jihwa* have significant relation both clinically & statistically.
- It is also validated that there is also significant relationship between healthy and diseased individuals for the coating and fissure parameter in all age groups.
- As *Klaedavahan* is the main function of *mutra*, pathology in that phenomenon surely be linked with Vitiated *Kledaka kapha* function. Therefore patchy, thin or thick coating on the tongue were manifested on tongue in the *mutravaha srotodushti Vikaras like ashmari* which is proven clinically & statistically in the study

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