

## SHORT COMMUNICATION

# A Cross-Sectional Study of Jihwa Pariksha in Vishada with Special Reference to Depression

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### ABSTRACT

Acharya charak has described srotas as channels that transports asthaya and poshya dhatus. The term srotas refers to channels or systems within the body through which tissues are developed, materials are metabolized, secreted, or transported. Mind or manas is one of the most important parts of human health and is known to be very complex. Manovaha strotas moola is said to be Hridaya and Dash Dhamani in the Charak Samhita Chakrapani commentary. Acharya Bhela has mentioned that Shiras is the seat of the mana. Manovaha Strotas is explained under several sthanas instead of strotas prakarana in any Shastra. Jihwa pariksha and Manovaha Strotas can be studied because of the involvement of mastulunga or mashtishka majja in the manas vyadhi. In diagnosing and understanding Vishada in patients with Manovaha Srotodushti Vikar, Jihwa Pariksha, or tongue examination, serves as a valuable diagnostic tool. This examination involves observing various features of the tongue, such as its color, coating, presence of fissures, texture, and movements. By assessing these characteristics, practitioners can gain insights into the patient's overall health, including potential imbalances in the Manovaha Strotas and related conditions. Aim: To conduct Jihwa Pariksha in patients with Vishada (Depression). Objective: To study changes in Jihwa manifested in patients of Vishada (Depression). Material & Methods: Jihwa of 49 patients of Vishada (Depression) are observed for color, coating, fissures, texture and movements. In Vishada coating is observed on the Jihwa, it was seen that maximum patients have coating present whether it is thin, thick or patchy.

**Keywords:** Jihwa, manovaha Srotodushti Vikar, Vishada, Depression, Tongue examination, Ashtavidha Pariksha.

Received 27.06.2025

Revised 03.08.2025

Accepted 13.09.2025

### How to cite this article:

Komal K, Sachin D and Abhinay A. A Cross-Sectional Study of Jihwa Pariksha in Vishada with Special Reference to Depression. Adv. Biores. Vol 15[5] September 2025. 435-438

## INTRODUCTION

In his reference to Rogi Pariksha, Acharya Charaka emphasized that the doctor's work should only begin once a patient has undergone a comprehensive checkup. The idea of Asthavidha Pariksha, an eight-part Ayurvedic examination that is crucial for determining the different causes of illnesses, was first proposed by Acharya Yog-Ratnakara. Mootra (urination), Mala (fecal matter), Jihwa (tongue), Shabda (patient voice), Sparsha (touch), Druk (eyes and vision), Akriti (general body build), and Nadi (pulse) are all part of this eight-part test. Jihwa Pariksha is a very important technique in Rogi Pariksha. The tongue is viewed by Ayurveda as a map of the body, with each characteristic representing a different facet of the body's imbalance or constitution. To determine the main imbalances in the body, the tongue's appearance—including its coating and color—can be used as a diagnostic tool [1]. According to the Vagbhata and Sushruta Samhita, srotas are compared to the minuscule pores and canals in flower stems. By facilitating the body's distribution of rasadi and poshya dhatu, these routes provide vital nourishment [2]. According to the Charaka Samhita Chakrapani commentary, Manovaha strotas moola is Hridaya and Dasha Dhamani [3]. The mind, or manas, is one of the most important aspects of human health and is recognized to be extremely complicated.[4] Acharya Bhela has mentioned Shiras as the site of Manas [5]. Manovaha strotas is explained under several sthanas. For example, Charaka Chikitsa is explained in the fifth chapter of Vimana sthana, Unmada, Apasmara. Samjnavaha nadi is the word used by Acharya

Sushruta [6]. Avasaada/Vishhada is a "shift in mood" marked by a "tone of sadness" that can range from mild despondency to the deepest despair [7]. This "shift in mood" is largely permanent and lasts for days, weeks, months, or even years when a person is depressed.[8]

**Vishada-** "Vishadschetasa bhanga upayabHAVANashayo" [9] (Sahitya darpana)

It comes under one of the eighty Vataja Nanatmaja Vikaras [10] which indicates that it cannot occur without the involvement of Vata Dosha. Three types of Lakshanas are mentioned in Ayurveda i.e Kaayika, Vachika and Manasika lakshanas. [11] Lakshanas are Anidra Atinidra Aruchi Hritspandana Aplacheshta, Aalasyata, Alpavaka, Ativaka, Atichinta, Bhaya, Dukha, Asthirata of Mana, Loss of self-confidence, Arati, Smritinasha etc. Vishada, often compared to Depression in modern medicine, is characterized by depressed mood, markedly diminished interest, insomnia or hypersomnia, psychomotor agitation, fatigue, indecisiveness, recurrent thoughts of death.[12]

## NEED OF STUDY

Depression is the most prevalent psychiatric condition that either directly or indirectly impacts the lives of the majority of people. The WHO estimates that 350 million individuals worldwide suffer from Depression. Psychosocial stress has been acknowledged by Ayurveda as being important for maintaining both mental and physical well-being. Both Sharira and Mana are sites where illness can appear. Early diagnosis and effective management are crucial in mitigating this condition. Depression is frequently misdiagnosed until serious problems occur. A non-invasive, reasonably priced initial diagnostic method that may be able to spot early indicators of Vishada is Jihwa Pariksha. In order to identify the stages of doshik imbalance, such as Sama (with toxins) and Nirama (without toxins), as well as the circumstances of Vriddhi (aggravation) and Kshaya (depletion) of the doshas, tongue examination is a straightforward yet essential method [13]. It gives information about internal body processes by reflecting the body's nutritional, metabolic, and digestive conditions. Tongue examination is an important Ayurvedic examination technique; however, it has no solid scientific support. However, tongue examination may be very useful in diagnosing diseases like Vishada (Depression). By examining the tongue changes linked to Vishada (Depression), this study hopes to improve Ayurvedic diagnostic procedures and make a distinctive contribution to the field's literature.[13]

To conduct and analyse changes in Jihwa manifested in patients of Vishada with special reference to Depression.

## MATERIAL AND METHODS

### Sources of data:

#### Literary Sources:

1. A comprehensive review of classical Ayurvedic texts, modern medical literature, and published research articles was undertaken to understand the conceptual framework of Vishada, Manovaha Srotas, and the diagnostic significance of Jihwa Pariksha.
2. Ayurvedic classical texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Yogaratanakara* were reviewed to study the description of Vishada, Manovaha Srotodushti, and Ashtavidha Pariksha.
3. Modern medical textbooks were referred to understand the contemporary concept of Depression and its clinical features.
4. A total of 7 published research articles and review papers related to Vishada, Depression, tongue examination, and Manovaha Srotas were reviewed.
5. Authenticated internet sources were consulted for recent conceptual and epidemiological data.
6. The outcomes from these secondary sources helped in correlating the Ayurvedic understanding of Vishada with modern Depression and provided a theoretical basis for assessing Jihwa changes in relation to Manovaha Srotodushti.
7. 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 Vishada were assessed.

**Type of Study:** Observational study.

**Details of Clinical Study:** An observational clinical study was conducted on 49 patients clinically diagnosed with Vishada (Depression) based on classical Ayurvedic lakshanas of Vishada and modern diagnostic criteria of Depression. All selected patients fulfilled the inclusion criteria and were assessed using a structured case record proforma.

Diagnosis was made after detailed history taking, mental status assessment, and evaluation of classical Manasika and Sharirika Lakshanas described in Ayurvedic texts.

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

**Study duration:** 18 Months

**IEC Certificate No:** PU/PIA/IEC/07/2023/265

**Inclusion Criteria:**

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

**Exclusion criteria:**

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

## RESULTS

Among the 49 patients of *Vishada* examined, tongue colour was normal in all cases (100%), with no abnormal variations observed. Coating on the tongue showed considerable diversity: patchy coating was most frequent (47.0%), followed by thin coating (40.8%), whereas thick coating and absence of coating were each noted in 6.12% of cases. Fissures were present in the majority of patients, with 63.3% showing 1-3 fissures and 30.6% exhibiting 4-10 fissures. Only 6.1% had no fissures, and none presented with more than ten. Regarding surface texture, 95.9% had a normal tongue surface, while mild roughness was reported in 4.1%. Tongue movement was preserved in most cases (93.9%), with slight restriction seen in 6.1%. These findings indicate that although tongue colour and texture largely remained normal, variations in coating and fissures were relatively common features in *Vishada* patients.

## DISCUSSION

**Age:** It is observed that the significant percentage of patients were from age group 18-30 years. We can conclude that due to the increase in the stressful lifestyle, more patients from mentioned age group are suffering from Depression.

**Gender:** In this study, It was observed that 51.3% of patients are Females and 48.7% patients are Male.

**Diet:** It was observed that 92% of the patients were vegetarian and 8% were of mixed diet.

**Addiction:** The addiction distribution in this study shows that 77.3 % of patients had an addiction of tea, 9.3% had no addiction, and some of them had an addiction to alcohol, smoking and tobacco.

**Appetite:** It was observed that 69.3% had medium appetite while 30.7% had poor appetite.

**Deha Prakriti:** In this study It was observed that 89.3% of patients were Vata-Pitta prakriti, 9.3 % of patients were of Vata-Kapha prakriti and 1.3% were of Pitta-Kapha prakriti.

**Sleep:** In this distribution pattern, it was observed that 10.7% of patients were having sound sleep, 82.7% of patients were having disturbed sleep, 4% of patients were having sleep with continuous dreams and 2.7% were having Insomnia.

**Changes On Jihwa in Vishada:**

**Colour:** Most of the patients have normal colour of tongue (pink) i.e. Out of total patients of *Vishada* all 49 (100%) had normal color of Jihwa.

**Coating:** Out of 49 patients, 03 (6.12%) had no coating, 23 (47.0%) had patchy coating, 20 (40.8%) had thick coating.

**Fissures:** 31 (63.3%) patients were found with 1-3 fissures in this disease. 15 (30.6%) patients were having 4-10 fissures and 3 (6.1%) were found with no fissures.

## CONCLUSION

Statistically, in *Vishada* coating and fissures are observed on the Jihwa, it was seen that maximum patients have coating and fissures present. From this study, it can be concluded that there is a significant relationship between *Vishada Roga* and changes in the Jihwa, both clinically and statistically. The presence of coating, fissure, and texture alterations on the Jihwa indicates a correlation with *Vishada Roga*. In *Vishada*, vata pradhana tridosha or Tamas guna leads to the rasadhatu dushti or Oja dushti leading to lodgment of dosha in the heart and causes bhaya, shoka, chinta etc and ultimately *Vishada*. Due to rasavaha sroto dushti along with manovaha srotas the jihwa coating and fissures can be seen on the tongue. These results highlight how important it is to assess Jihwa changes in order to diagnose and comprehend *Vishada Roga*, particularly with regard to Depression.

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