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JIVHA PARIKSHA: BRIDGING CLASSICAL AYURVEDIC WISDOM WITH MODERN DIAGNOSTIC SCIENCE

Dr. Harshita Saxena[1]*, Dr. Nitya Goswami[2], Dr. Deepali Markam[3], Dr. Rita Singh[4], Dr. Sunder Sharma[5]

[1,2,3]M. D. Scholar, Department of Roga Nidan Evum Vikriti Vigyan, Pt. Khushilal Sharma Govt. Autonomous College and Institution Bhopal, Madhya Pradesh India.

[4]HOD, Department of Roga Nidan Evum Vikriti Vigyan, Pt. Khushilal Sharma Govt. Autonomous College and Institution Bhopal, Madhya Pradesh India.

[5]MD (Kayachikitsa) IPGT & R., GAU, Jamnagar, Gujarat Deputy Director Technical (Retd), Govt. of Himachal Pradesh Ex Lecturer Kayachikitsa Cum RMO, MGGV Chitrakoot, M.P.

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***Corresponding Author**

Dr. Harshita Saxena

M. D. Scholar, Department of Roga Nidan Evum Vikriti Vigyan, Pt. Khushilal Sharma Govt. Autonomous College and Institution Bhopal, Madhya Pradesh India.

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ABSTRACT

Introduction: Ayurveda emphasizes the importance of systematic examination of the patient before initiating treatment. Rogi Pariksha plays a significant role in understanding the patient's health status and identifying disease conditions. Among the various methods of clinical examination, Ashtavidha Pariksha, described by Acharya Yogaratnakara, comprises eight important parameters, of which Jivha Pariksha (tongue examination) is an essential component. In modern medicine, tongue examination is also recognized as a simple, non-invasive and accessible clinical assessment method that may provide valuable clues regarding various systemic and local diseases. **Methods**: A narrative review approach was adopted to explore classical Ayurvedic literature and contemporary scientific literature related to tongue examination. Classical concepts of Jivha Pariksha were reviewed and correlated with modern clinical parameters, including tongue colour, size, shape, texture, coating (fur), fissures, papillary changes, moisture, surface abnormalities, sublingual veins and petechial or ecchymotic changes. **Results and Discussion:** The review highlights the diagnostic relevance of tongue examination in both Ayurvedic and modern

clinical practice. In Ayurveda, variations in tongue characteristics mayhelp assess the patient's condition and support clinical understanding of Dosha and Ama involvement. In modern medicine, changes in tongue colour and texture may provide clues regarding nutritional deficiencies, anaemia and dehydration. Coating and surface abnormalities may be associated with infections and gastrointestinal conditions, while papillaryalterations, fissures and sublingual vascular changes may provide additional clinical information in selected systemic disorders. Thus, systematic tongue examination may serve as a supportive clinical tool for identifying various health abnormalities. **Conclusion:** Jivha Pariksha represents an important area of convergence between classical Ayurvedic wisdom and modern diagnostic science. Its non-invasive nature, simplicity and accessibility make it a promising supportive method for clinical assessment. However, further scientific research, standardization of examination parameters and evidence-based validation are necessary to establish its diagnostic accuracy and clinical applicability in modern healthcare.

KEYWORDS: Jivha Pariksha, Ashtavidha Pariksha, Ayurveda, Tongue Examination, Diagnostic Science, Non-invasive Examination, Clinical Assessment.

INTRODUCTION

Ayurveda has two main objectives: “Swasthasya Swasthya Rakshanam” (maintenance of health in a healthyindividual) and “Aturasya Vikara Prashamanam” (treatment and alleviation of diseases in a diseased individual). Before treating a diseased person, proper examination of the patient is essential. Without systematic examination, a physician cannot make an accurate diagnosis or provide appropriate treatment, which may ultimately lead to failure in treatment and loss of reputation. Ayurveda describes various methods of patient examination, including Trividha Pariksha, Chaturvidha Pariksha, Shadvidha Pariksha, Ashtavidha Pariksha and Dashavidha Pariksha. Among these, Ashtavidha Pariksha holds special importance and is described in Yogaratnakara. One of its eight components is Jivha Pariksha (Tongue Examination).

Characteristics of Jivha According to Dosha

Acharya Yogaratnakara has described the characteristic features of the tongue according to the predominance of Vata, Pitta, Kapha and Sannipata Dosha. In Vataja condition, the tongue is rough in texture (Kharasparshi) and cracked or fissured (Sphutita), which may be correlated with tongue changes associated with stress and anxiety. In Pittaja condition, the tongue appears reddish-dark (Raktashyama) or yellowish (Peeta), which maybe correlated

with gastroesophageal reflux disease (GERD) and inflammatory conditions. In Kaphaja condition, the tongue is whitish (Shukla) and excessively moist or watery, which may be correlated with sluggish digestion. In Sannipataja condition, the tongue appears blackish (Krishna) and contracted (Sankuntaka), showing mixed features associated with the involvement of all three Doshas.

Modern Clinical Features of Tongue

Tongue Colour

In modern clinical tongue examination, various morphological and physical characteristics of the tongue are assessed, among which tongue colour is an important parameter. A light pink colour is considered normal, indicating a healthy tongue. A pale tongue may be associated with anaemia, particularly iron deficiency anaemia, and other nutritional deficiencies. A whitish tongue may indicate poor oral hygiene or fungal infections such as oral candidiasis. A bright red tongue is commonly observed in glossitis, enlargement of lingual papillae and vitamin B12 deficiency. A strawberry tongue is a characteristic finding in Kawasaki disease in children and scarlet fever. A yellowish tongue generally occurs due to the accumulation of epithelial cells and bacteria on the tongue surface, commonly associated with poor oral hygiene. Dark brown or black discoloration maybe associated with smoking, excessive coffee consumption and prolonged antibiotic use. Additionally, a bluish discoloration of the tongue may indicate cyanosis, suggesting inadequate oxygenation of the blood.

Tongue Inflammation

Tongue inflammation is medically known as Glossitis, which is characterized by swelling, pain and tenderness of the tongue. It may occur due to various underlying causes, including nutritional deficiencies such as vitamin B12, folate, iron and niacin deficiency. Infectious causes include fungal infections (particularly Candida), bacterial infections and viral infections. Other possible causes include food allergies, drug-induced allergic reactions and autoimmune conditions such as Sjögren's syndrome. Mechanical irritation or injury caused by ill-fitting dentures, tobacco use, alcohol consumption and excessively hot foods may also contribute to tongue inflammation. Furthermore, systemic conditions such as diabetes mellitus and anaemia maybe associated with glossitis. Thus, tongue inflammation is an important clinical finding that may indicate nutritional, infectious, allergic, autoimmune or systemic disorders.

Tongue Ulceration

Tongue ulceration refers to the localized loss or disruption of the epithelial lining of the tongue, resulting in the formation of painful ulcers. It maycause difficulty in speaking and eating due to pain and discomfort. Tongue ulcers commonly occur due to minor mechanical trauma, such as accidental biting of the tongue, irritation from sharp teeth or ill-fitting dentures. However, recurrent tongue ulceration may indicate underlying conditions such as emotional stress, nutritional deficiencies (particularly vitamin B12, iron and zinc deficiency), food hypersensitivity and systemic disorders such as Crohn's disease. Therefore, recurrent tongue ulceration is an important clinical finding that requires proper evaluation to identify its underlying cause.

Tongue Coating

Tongue coating is an important clinical parameter in tongue examination as it provides valuable information about oral and systemic health. A whitish coating may be associated with poor oral hygiene, drymouth and fungal infections such as oral candidiasis, while persistent white patches mayrequire evaluation for conditions such as leukoplakia. A yellowish coating may be associated with acid reflux, poor oral hygiene and tobacco use. A brownish coating mayoccur due to excessive coffee consumption, tobacco use or prolonged antibiotic intake.

Tongue coating also holds special importance in Ayurveda, where the tongue is examined as Saam Jihva and Niram Jihva. According to Ayurvedic principles, Jihva is considered the site of Bodhaka Kapha. Due to Agnimandya (diminished digestive fire), Ama is produced, which may become reflected on the surface of the tongue in the form of coating. Thus, tongue coating is an important feature that connects classical Ayurvedic concepts with modern clinical examination and helps in understanding the patient's health status.

Tongue Size

Assessment of tongue size is an important component of oral examination because variations in tongue size may indicate congenital or systemic conditions. Macroglossia, which refers to enlargement of the tongue, maybe observed in conditions such as Down syndrome, Beckwith-Wiedemann syndrome, hypothyroidism, amyloidosis and allergic reactions. Enlargement of the tongue mayinterfere with speech, swallowing, mastication and airway function. In contrast, Microglossia is a rare congenital condition characterized by an abnormally small or underdeveloped tongue. It may be associated with craniofacial developmental disorders and can interfere with feeding, speech and normal oral development.

Therefore, careful assessment of tongue size is essential for identifying underlying conditions and planning appropriate management.

Tongue Fur

Tongue fur refers to the accumulation of epithelial cells, food debris and microorganisms on the dorsal surface of the tongue. Excessive tongue fur may be associated with dehydration, mouth breathing and bacterial overgrowth.

Brownish tongue fur may occur due to excessive tobacco use, smoking and coffee consumption. The amount, colour and distribution of tongue fur provide useful clinical information regarding oral hygiene and underlying conditions.

Therefore, examination of tongue fur serves as an important clinical parameter for identifying possible causes and guiding appropriate management.

Papillae

Examination of the tongue also includes the assessment of lingual papillae, which are anatomical structures present on the surface of the tongue. There are four main types of papillae: filiform, fungiform, circumvallate and foliate papillae. These papillae contribute to the texture and sensory functions of the tongue, and most taste buds are located on fungiform, circumvallate and foliate papillae.

Fissures

Further examination includes the assessment of tongue fissures, which are characterized bythe presence of grooves or cracks on the dorsal surface of the tongue. Fissured tongue is generally considered a benign condition and may have a genetic association. Although it usually does not cause significant harm, proper oral hygiene is essential to prevent the accumulation of food debris and microorganisms within the fissures, which may lead to irritation.

Dryness

Another important parameter is tongue moisture. A normally moist tongue indicates adequate hydration, whereas a dry tongue may be associated with dehydration, mouth breathing and reduced salivary flow, reflecting changes in salivary gland function.

Movement

Lastly, tongue movement is assessed during clinical examination. Normal tongue movement is smooth, symmetrical and well-coordinated, whereas tongue tremors may be associated with anxiety, neurological disorders or muscle weakness. Thus, systematic examination of these features helps in identifying various oral and underlying systemic conditions.

CONCLUSION

Jivha Pariksha, as described in classical Ayurvedic literature, represents an important component of Ashtavidha Pariksha and provides valuable information regarding the patient's health status and Dosha predominance. The classical description of tongue characteristics in Vataja, Pittaja, Kaphaja and Sannipataja conditions offers a traditional framework for clinical assessment. Similarly, modern clinical tongue examination evaluates various parameters, including tongue colour, size, shape, coating, inflammation, ulceration, papillae, fissures, fur, moisture and movement. These features may provide useful clinical clues towards identifying nutritional deficiencies, infections, inflammatory conditions, systemic disorders and other health abnormalities.

The integration of Ayurvedic Jivha Pariksha with modern clinical examination may help develop a comprehensive and systematic approach to tongue assessment. It has the potential to serve as a simple, economical, non-invasive and preliminary diagnostic aid, particularly in settings where advanced investigations maynot be readilyavailable. Furthermore, advancements in Artificial Intelligence (AI), Machine Learning (ML) and Deep Learning (DL) may help in the objective assessment of tongue images, identification of specific tongue features and classification of different disease conditions. Thus, integrating classical Ayurvedic knowledge with modern diagnostic science and emerging digital technologies mayprovide newopportunities for the standardization of Jivha Pariksha and its application in future clinical diagnosis. However, tongue examination should be considered a supportive diagnostic tool and not a substitute for clinical evaluation and confirmatory investigations.

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