

THE DIAGNOSTIC AND PROGNOSTIC UTILITY OF MALA PARIKSHA (STOOL EXAMINATION) IN AAMVATA: AN AYURVEDIC PATHOPHYSIOLOGICAL ANALYSIS

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Article Received on 15 Feb. 2026,
Article Revised on 05 March 2026,
Article Published on 16 March 2026,

<https://doi.org/10.5281/zenodo.19045508>

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How to cite this Article: Dr. Neha Gupta^{*1}, Dr. Surendra Kumar Sharma², Dr. Reetu Sharma³, Dr. Mohit Saini⁴, Dr. Rani Ippawar⁵ (2026). The Diagnostic And Prognostic Utility Of Mala Pariksha (Stool Examination) In Aamvata: An Ayurvedic Pathophysiological Analysis. World Journal of Pharmaceutical Research, 15(6), 818-823.

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ABSTRACT

Background: In *Ayurveda*, *Aamvata* is conceptualized as a systemic disorder originating from impaired digestion (*Agnimandhya*) and the formation of *Ama*. *Mala Pariksha*, the detailed examination of stool, is a cardinal diagnostic tool to assess this gut-derived pathology. **Objective:** To analyze the role of *Mala Pariksha* in staging *Aamvata*, guiding its stratified treatment, and providing a functional correlate to the modern "gut-joint axis." **Methods:** A critical review was conducted based on classical Ayurvedic texts (*Madhava Nidana*, *Charaka Samhita*) and their principal commentaries. Pathophysiological concepts (*Samprapti*) were extracted and correlated with the clinical parameters of stool examination. **Results:** *Mala Pariksha* differentiates between two critical pathophysiological stages: *Sama Avastha* and *Nirama Avastha*. *Sama Mala* is characterized by *Guru* (heaviness), *Pichhila* (stickiness), *Durgandha* (foul odor), and abnormal buoyancy. Its presence mandates *Ama-pachana* and *Virechana* as first-line

interventions. Transition to *Nirama Mala* (normal stool) is a primary objective marker of restored Agni (digestion) and indicates suitability for nourishing and joint-specific therapies.

Conclusion: Mala Pariksha provides a critical, low-cost diagnostic window into the gastrointestinal core of Aamvata. It enables a stage-specific treatment protocol that aligns with the sequenced management described in classical texts. This Ayurvedic functional assessment offers a tangible framework for interdisciplinary research on intestinal permeability and microbiome dysbiosis in RA.

KEYWORDS: Aamvata, Mala Pariksha, Stool Examination, Ama, Agni, Gut-Joint Axis, Ayurvedic Diagnosis, Virechana, Samprapti.

1. INTRODUCTION

Aamvata, a debilitating condition described in Ayurvedic classics, presents with a striking similarity to Rheumatoid Arthritis (RA), featuring polyarticular pain (*Sandhishula*), swelling (*Shotha*), and morning stiffness (*Stabdhatta*).^[1,2] Its pathogenesis, however, is distinctly traced to a gastrointestinal origin. The disease is defined by the confluence of *Ama* (a product of impaired digestion) and aggravated *Vata Dosha*.^[3] This *Ama* is not a mere metabolic byproduct but a central pathogenic substance that, when transported systemically, seeds inflammation in the joints and other tissues.^[4]

Modern rheumatology has increasingly recognized the role of the "gut-joint axis," with evidence highlighting intestinal dysbiosis and increased permeability in RA patients.^[5,6] Ayurvedic diagnosis offers a pragmatic tool to assess this axis clinically: *Mala Pariksha* (examination of stool). As a core component of the *Ashtasthana Pariksha* (eight-fold examination), it provides immediate, functional data on the state of digestion (Agni) and the presence of *Ama*.^[7] This article analyzes the structured role of *Mala Pariksha* in diagnosing, staging, and managing Aamvata through an Ayurvedic pathophysiological lens.

2. MATERIALS AND METHODS

A narrative review and conceptual analysis were performed using primary Sanskrit sources: the *Madhava Nidana* (Chapter 25: *Aamavata Nidanam*) and relevant sections of the *Charaka Samhita* (*Chikitsasthana* 29) and *Ashtanga Hridaya* (*Sutrasthana* 13). The disease pathogenesis (*Samprapti*) was deconstructed into its components (*Samprapti Ghatakas*), and the described characteristics of *Mala* were systematically tabulated to establish diagnostic

criteria. These classical findings are discussed in relation to contemporary biomedical concepts.

3. Pathogenesis (Samprapti) of Aamvata: Establishing the Gut-Joint Link

The Samprapti of Aamvata provides the rationale for stool examination.^[8,9]

- **Etiology (Nidana):** Causative factors are tri-fold.
 - **Dietary (Aaharaja):** Intake of Viruddha (incompatible), Guru (heavy), and Snigdha (excessively oily) foods.
 - **Behavioral (Viharaja):** Sedentary lifestyle (Nischesta), daytime sleep (Diva Swapna), improper exercise.
 - **Psychological (Mansika):** Chronic stress from Chinta (anxiety), Shoka (grief), Krodha (anger).

- **Core Pathogenic Sequence**
 1. **Agnimandhya:** The above factors lead to diminished digestive capacity.
 2. **Ama Formation:** Undigested food material transforms into Ama in the Amashaya (gastrointestinal tract).
 3. **Dosha Involvement:** This Ama provokes Vata Dosha, and together they circulate through the Dhamnis (channels).
 4. **Localization:** The Ama-Vata complex, often mixed with vitiated Pitta and Kapha, undergoes Sanga (obstruction) in the Rasavaha and Asthivaha Srotas (channels of plasma and bone) and settles in the Sandhis (joints), the primary Adhishthana (site) of the disease.^[10]

- **Samprapti Ghatakas (Pathological Elements)**
 - **Dosha:** Vata (predominant), Pitta, Kapha.
 - **Dushya:** Rasa, Rakta, Mansa, Asthi, Sandhi (multiple tissues involved).
 - **Agni:** Jatharagni and Dhatvagni Mandhya (weakness at digestive and tissue levels).
 - **Udbhava Sthana:** Amashaya (site of origin).
 - **Adhishthana:** Sandhi (site of manifestation).

4. Mala Pariksha: Diagnostic Criteria and Interpretation

Mala Pariksha serves to identify the active phase of this pathogenesis by distinguishing between *Sama* and *Nirama* states of the stool, which reflect the systemic presence or absence of Ama.^[11]

Table 1: Diagnostic Characteristics of Sama Mala in Aamvata.

Sanskrit Parameter	Clinical Description	Pathophysiological Implication
Guru	Heavy, sinking sensation	Indicates undigested, dense Ama.
Pichhila	Sticky, adheres to container	Reflects the cohesive, morbid quality of Ama.
Durgandha	Foul, putrid odor	Signifies fermentation and toxic accumulation.
Playate Jale	Abnormal buoyancy (floats or sinks abnormally)	Denotes abnormal density/composition due to Ama.
Bhagasha	Poorly formed, amorphous	Confirms severe Agnimandhya (digestive impairment).

The finding of **Sama Mala** confirms the patient is in the *Sama Avastha*—the active, toxin-driven phase of Aamvata where the root cause (Ama production) is ongoing.

Nirama Mala is defined by the absence of these characteristics, indicating normal digestion, the cessation of new Ama production, and a transition to the *Nirama Avastha*.

5. Therapeutic Implications and Clinical Decision-Making

The findings from Mala Pariksha directly dictate a non-negotiable treatment sequence.

1. Management in Sama Avastha (Sama Mala Present)

- **Primary Goal:** Ama Pachana and Agni Deepana.
- **Therapies:** Langhana (lightening therapy), a light diet (Yavagu), and herbs with digestive and carminative properties (e.g., Shunthi/Zingiber officinale, Trikatu).
- **Shodhana (Purification):** *Virechana* is specifically indicated to eliminate Ama from its site of origin in the Kosta.^[12] Administering strong therapies or tonics in this stage is contraindicated, as it may propagate Ama.

2. Management in Nirama Avastha (Nirama Mala Present)

- **Primary Goal:** Addressing the vitiated Doshas in the joints and repairing tissue (Dhatu).
- **Therapies:** Snehana (oleation), Swedana (fomentation), and the use of anti-inflammatory, nutritive, and Vata-alleviating herbs and formulations (e.g., Rasna-erandadi Kwatha, Mahayogaraj Guggulu).

3. **Prognostic Monitoring:** The transition from Sama to Nirama Mala is considered a primary, objective sign of therapeutic efficacy. It signifies that Agni has been restored and the systemic toxic load has been reduced, creating the necessary precondition for joint-focused therapy to be effective.

6. Discussion: Integrating an Ancient Functional Assessment with Modern Science

The Ayurvedic emphasis on stool examination in Aamvata provides a remarkable functional correlate to modern scientific inquiry. The characteristics of Sama Mala align conceptually with several contemporary findings in RA.

- **Intestinal Permeability:** The concept of Ama traversing the GI barrier ("*Ama reaching Dhamnis*") parallels the model of a "leaky gut," where increased intestinal permeability allows microbial antigens and endotoxins to enter systemic circulation and potentially trigger autoimmune responses.^[5,13]
- **Gut Microbiome Dysbiosis:** The foul odor (Durgandha) and abnormal fermentation implied by Sama Mala may correlate with a dysbiotic gut microbiome, which has been consistently observed in RA patients, with genera like *Prevotella* being implicated.^[6]
- **A Point-of-Care Biomarker:** Mala Pariksha represents a readily available, point-of-care "functional biomarker" of digestive health and toxic load. It operationalizes the abstract concept of the gut-joint axis into a tangible clinical sign.

Future Research Directions: Interdisciplinary studies are needed to empirically validate this tool. Correlating specific Mala Pariksha parameters (e.g., stickiness, odor) with quantitative measures such as fecal calprotectin (gut inflammation), serum zonulin (intestinal permeability), or specific microbiome signatures could bridge Ayurvedic clinical wisdom with modern biomarker science.

7. CONCLUSION

Mala Pariksha is not a mere symptomatic observation but a sophisticated diagnostic algorithm rooted in the Samprapti of Aamvata. By differentiating between Sama and Nirama Avastha, it enforces a physiologically logical, staged treatment protocol that begins with gastrointestinal detoxification before addressing peripheral joint pathology. This approach underscores the Ayurvedic principle that systemic inflammatory disease often has a digestive origin. As modern medicine continues to unravel the complexities of the gut-joint connection, this ancient, functional assessment offers a valuable clinical framework for a more holistic and personalized management strategy for Rheumatoid Arthritis.

Conflicts of Interest: The authors declare no conflicts of interest.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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