



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

AN OBSERVATIONAL-SURVEY STUDY OF 'JIHVA PARIKSHAA' IN ANNAVAHA AND PUREESHAHA SROTODUSHTI VIKAR

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Received 4th Nov. 2023; Revised 5th Dec. 2023; Accepted 27th April 2024; Available online 1st Feb. 2025

<https://doi.org/10.31032/IJBPAS/2025/14.2.8668>

ABSTRACT

Pariksha in Ayurveda means viewing or examining from all angles and perspectives. The aim of Pariksha is "Pratipatigyanam". Giving importance to Pariksha it is clearly mentioned in classical texts that patient should be examined before planning any kind of treatment. Rogi Pariksha and Roga Pariksha together complete the protocol of a comprehensive clinical examination. Jihva Pariksha is one of the important parts of Ashtasthana Pariksha and plays an important role in diagnosis of the disease. If Jihva is affected by Vata it will be cold, rough and fissured, if by Pitta it looks red or blackish in colour and if by Kapha it is coated, and excessively greasy and white in colour, If there is involvement of Tridosha it appears like a burnt organ, black in colour, dry and very much rough on touch, If two Doshas are involved characters follow them and with the help of Jihva Pariksha physician can detect the imbalance in the body and prescribe an effective treatment. Among all Srotas Annavaaha and Pureeshavaaha are considered main Srotas as they supply nutrient to next remaining Dhatus of the body. If Annavaaha and Pureeshavaaha not work properly then dhatus nourishment will not take place which may results severe illness. Acharaya Charaka has mentioned that if Annavaaha and

Pureeshavaha get vitiated then Annavaha and Pureeshavaha Srotoduhitjanya Vikaar will appear as by vitiation of Tridosha. In Ayurveda Jihva Pariksha is an important examination tool and said to be the easiest way to see the changes taking place. In Annavaha and Pureeshavaha Srotodushti there may be various specific manifestations in color, size, shape, surface, margins and coating of Jihva, which further can be used as diagnostic criteria.

Keywords: Annavaha Srotas, Pureeshavaha Srotas, Jihva Pariksha (Tongue Examination)

INTRODUCTION

- The word 'srotas' derived from 'sru' gatau dhaatu, which means movement. "sravanaat srotaansi" [1]- It is the path helps for transformation of substances is called srotas. There are mainly four kinds of srotodushti – *Ati pravrutti, sanga, siraa granthi* and *vimaargagamana* [2].
 - "Rogaah sarveapi mande-adnau sutaraamudaaraani tu" [3] Mandagni (Diminution of *agni*) is the root cause for disease. *Amarasa* that is produced due to diminution of *agni*, vitiates all the *doshas and dhatus* and gives rise to many diseases.
 - In *Ayurveda* for the diagnosis of disease various folds of examinations are explained, out of that *Jihva pareeksha* (examination of tongue) is simple and great significance, which is explained by *Acharya Yogaratnakara* under eight folds of examination [4]. Tongue is a reflection of what is happening inside the body specially in *Annavaha and Pureeshvaha srotas*.
 - Due to *Nidan* of *Annavaha srotodushti* *Annavaha srotas* gets vitiated and produces following symptoms- *Annanaabhilashan* (disinclination towards food), *Arochak* (anorexia), *Avipaak* (indigestion) and *Chhardi* (vomiting) [5].
 - Due to *Nidan* of *Pureeshvaha srotas*, *Pureeshvaha srotas* gets vitiated and produces following symptoms. *Kruchchhen* (Difficult defecation), *Alpalam sashabda-shool* (Painful defecation with small quantity of stool), *Atidrava* (watery stool), *Grathitam* (Glandular stool), *Ati bahu* (Passage of large quantity of stool) [6].
- **AIM:**
To observe the changes on *Jihva* in *Annavaha* and *Pureeshvaha srotodushti*.
- **OBJECTIVE:**
To review the concept of *Jihva pariksha*.
To study changes in *Jihva* manifested due to *Annavaha and Pureeshvavaha srotodushti*.

- **Methods of collection of data**
- **Types of study:** Observational survey Study
- **Sampling technique:** Purposive Sampling (Convenience sampling)
- **Sample size – 300**
- **Inclusion criteria**
 - Selection of patients will be done irrespective of gender, socioeconomic status.
 - Patients between the age of 18-60 years will be included
 - Patients with lakshan of *Annavaha srotodushti*.
 - Patients with lakshan of *Pureeshvaha srotodushti*.
- **Exclusion Criteria**
 - Patient with local tongue infection and congenital anomalies will be excluded.
 - Patients having major ailments of other systems.
- **Study duration -18 months**
- **Criteria for diagnosis**

For *Annavaha srotodushti* – [5]

- *Annanabhilasha* (disinclination for food)
- *Arochak* (anorexia),
- *Avipaak* (indigestion) and
- *Chhardi* (vomiting).

There are *Aruchi*, *Agnimaandhya*, *Ajeerna*, *Aanaah*, *Aatopa*, *Grahaneedasha*, *Bhasmak*

rog, *Gulma*, *Amlapita*, *Annadravashool avum Parinaamshool*, *Udarroga* also included.

For *pureeshvaha srotodushti*- [6]

- *Kruchchhen* (Difficult defecation),
- *Alpalpam sashabdashool* (Painful defecation with small quantity of stool)
- *Atidrava* (watery stool) ,
- *Grathitam* (Glandular stool),
- *Ati bahu* (Passage of large quantity of stool).

There are *Alasak*, *Vilambikaa*, *Krimiroga*, *Arsha*, *Vibandh* and *Udavarta* are also included.

- Classical signs for *Jihva* as mentioned in *Yogaratnakar* [7].
- *Vaata Vikaar*: *Sphutita* (fissured tongue), *sheeta* (cold), *khara* (rough)
- *Pitta Vikaar* : *Rakta* (Red) or *shyaam* (blackish in colour)
- *Kapha Vikaar*: Coated, *ati pichchhila* (excessively greasy) and *Shubhra* (white in colour)
- *Sannipaataja Vikaar*: *krushna* (Black in colour), and *shushka* (dry)
- *Dvandvaja Vikaar*: Mixed features of *doshas* involved.

OBSERVATIONS

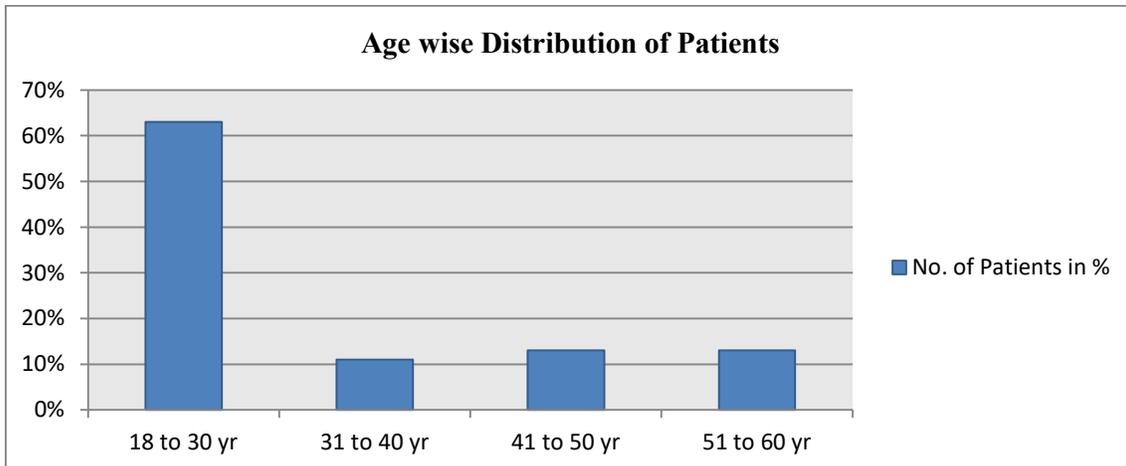


Diagram 1: indicates majority patients were in 18 to 30 years of age i.e., 188(64%) and 32(11%) patients were in 31 to 40 years of age

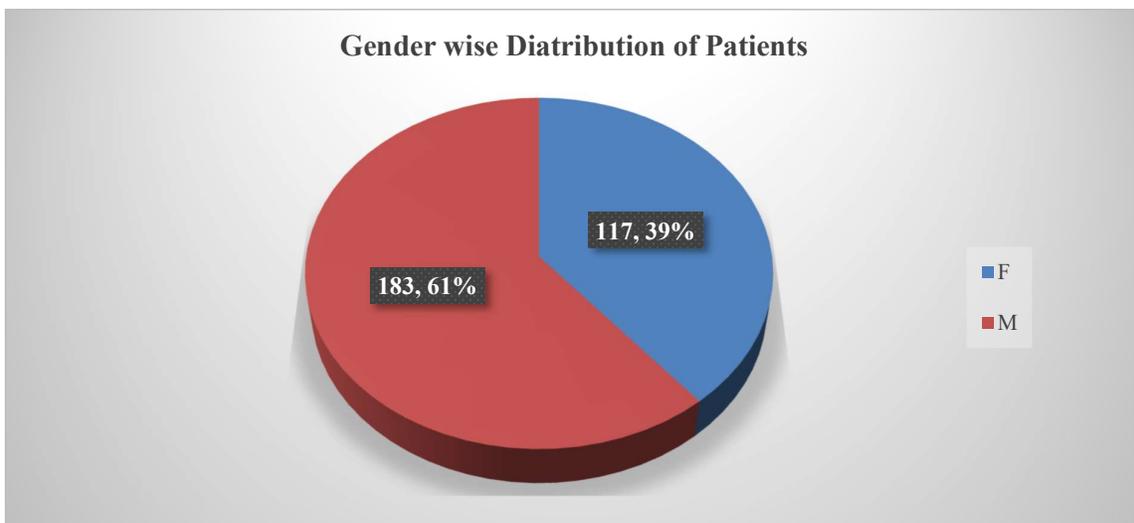


Diagram 2: indicates majority patients were males. i.e., 183(61%) patients were males and 117(39%) patients were females out of 300(100%) patients

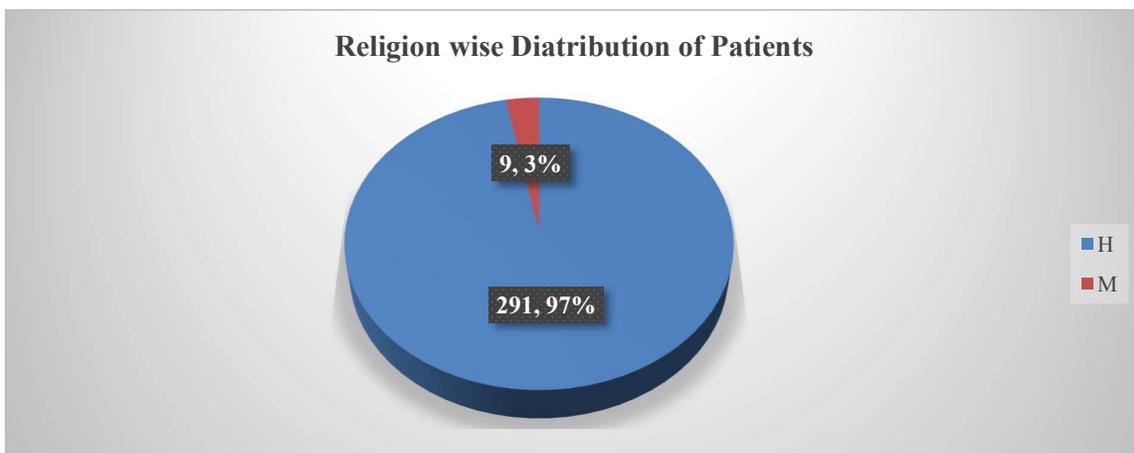


Diagram 3: indicates majority patients were Hindu. i.e., 291(97%) patients were Hindu and 9(3%) patients were Muslim out of 300(100%) patients

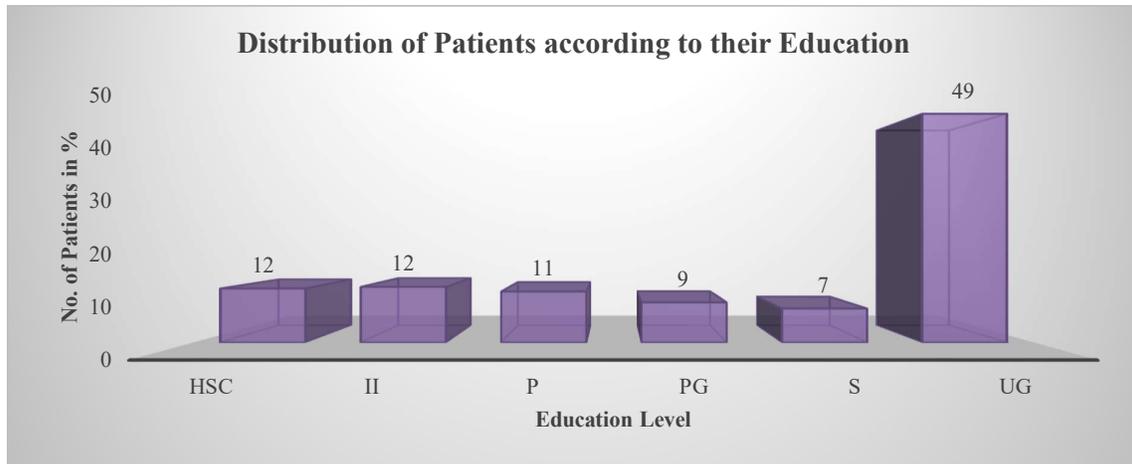


Diagram 4: indicates that majority patients were UG. i.e., 148(49%) patients were UG out of 300(100%) patients

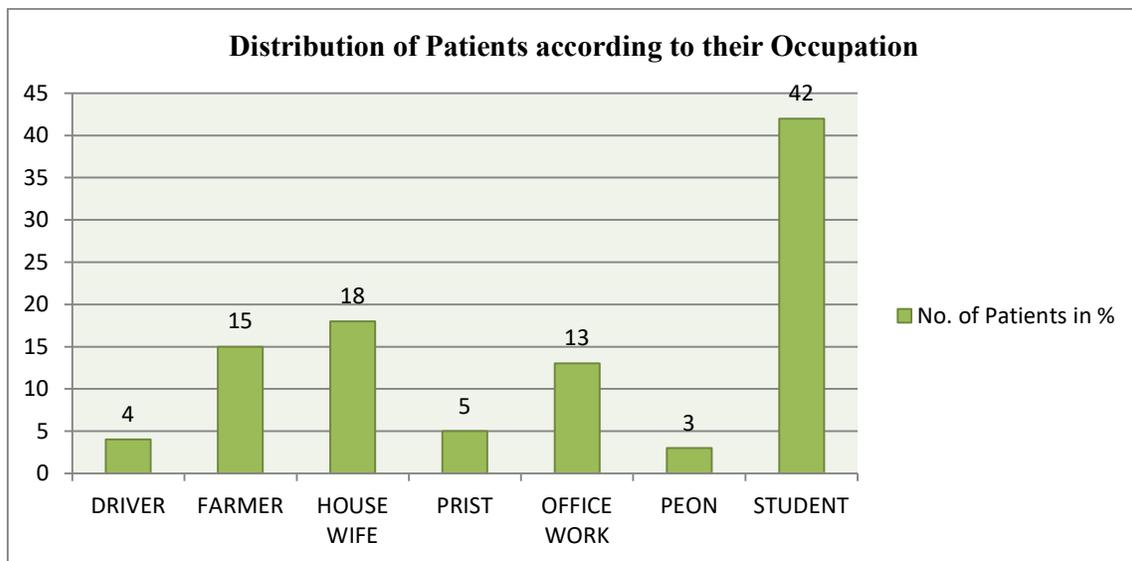


Diagram 5: indicates that majority patients were students. i.e., 125(42%), and only 09(3%) patients were peon

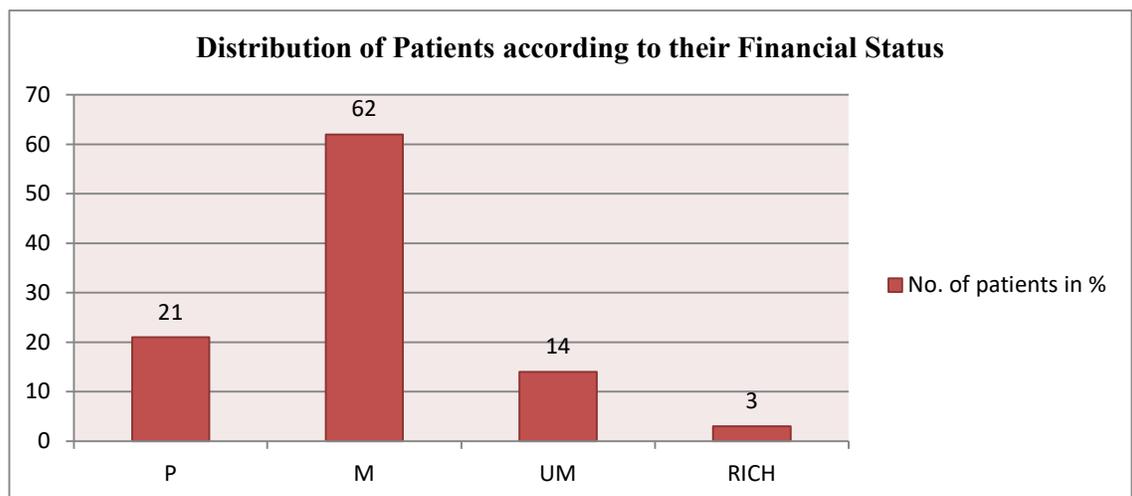


Diagram 6: Indicates that majority patients belong to middle class status. i.e., 186(62%), 21% belong to poor class, 14% belong to upper middle class and 3% belong to rich type of financial status

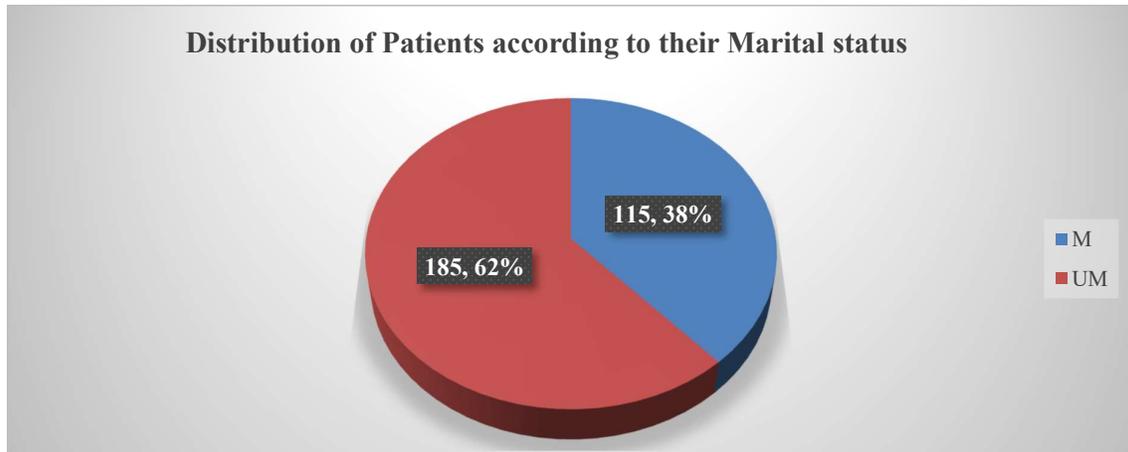


Diagram 7: Indicates that majority patients were unmarried. i.e., 185(62%) and 115(38%) were married

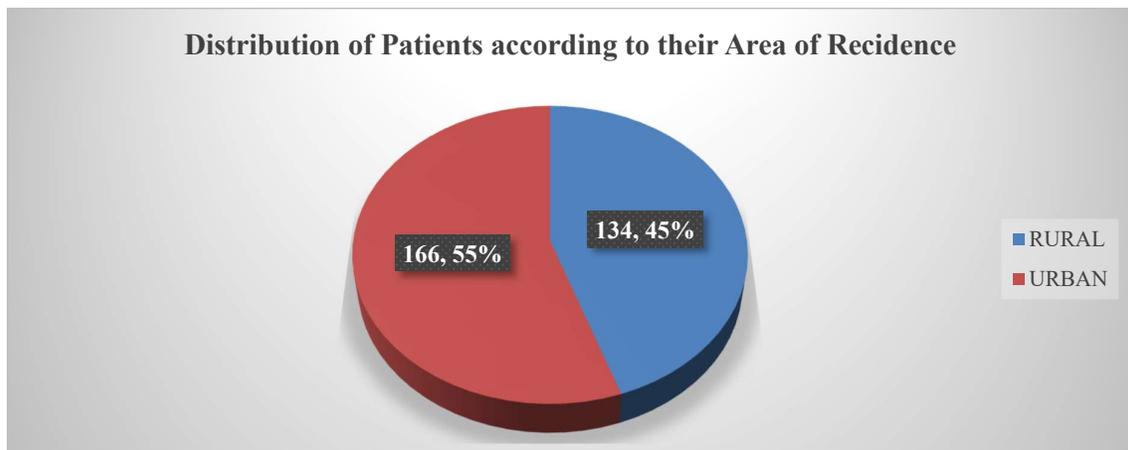


Diagram 8: indicates that majority patients were from Urban area. i.e., 166(55%) and 134(45%) were from rural

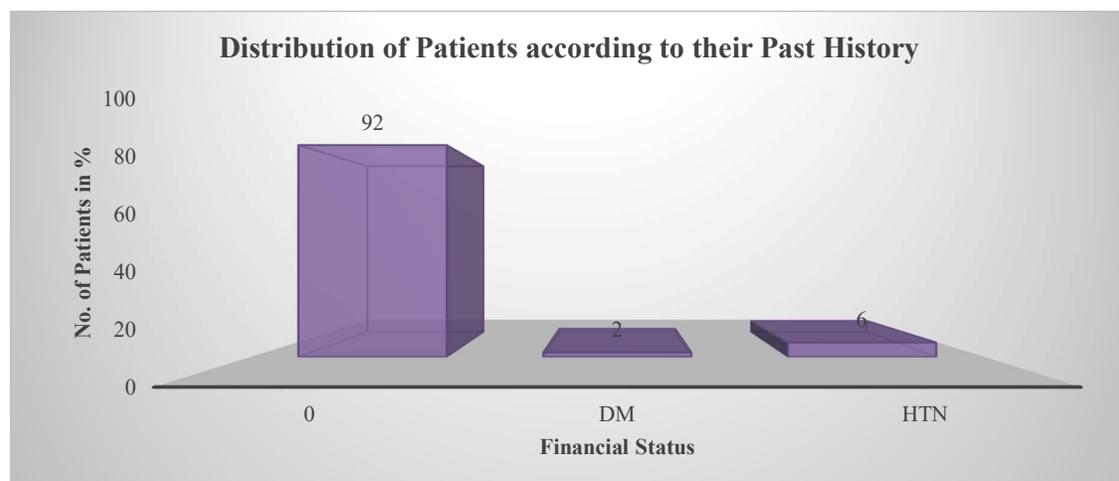


Diagram 9: indicates that 277(92%) patients didn't have any history, 19(6%) patients had HTN and only 6(2%) patients had DM

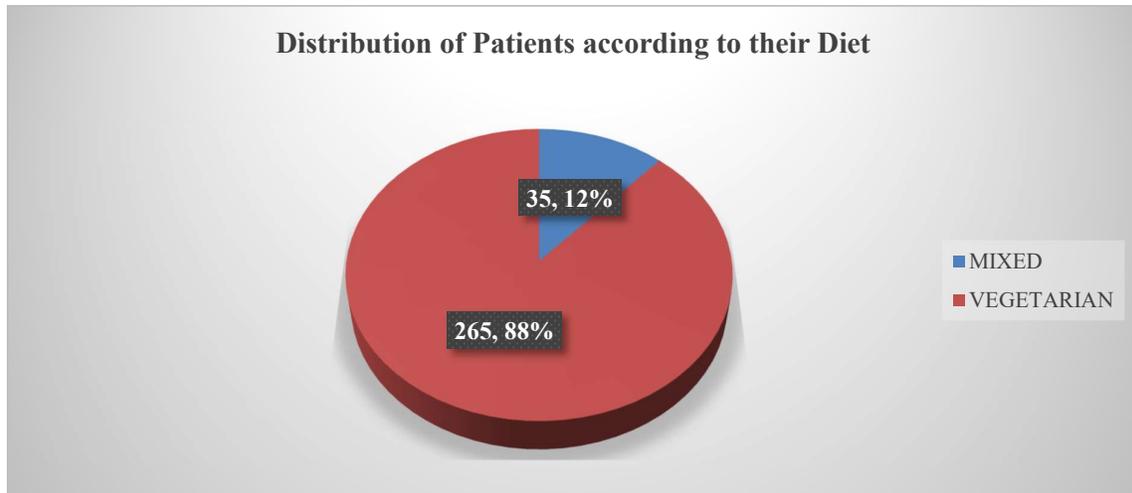


Diagram 10: Indicates that majority patients were vegetarian. i.e., 265(88%) and only 35(12%) patients had mix diet out of 300(100%) patients

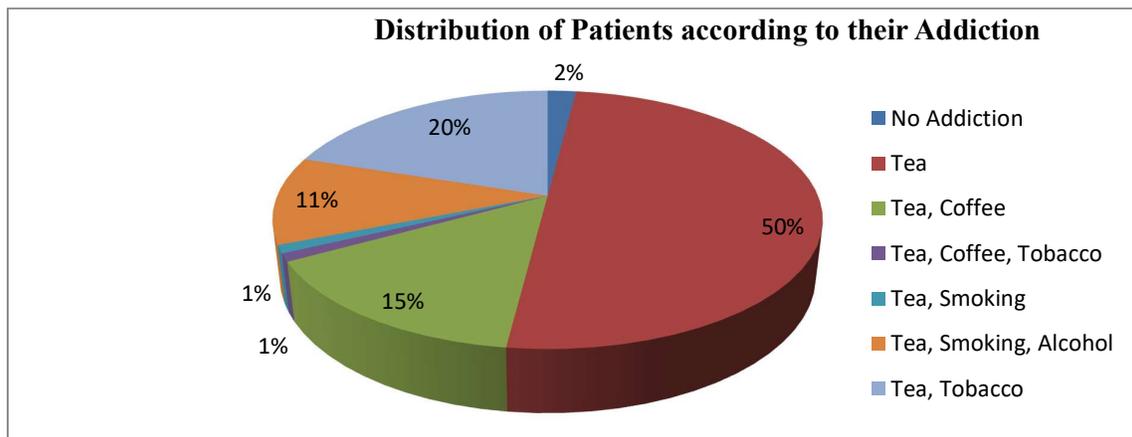


Diagram 11: indicates that majority patients had history of only Tea i.e. 150(50%) and 6(20%) of the patients are away from Tea with Tobacco addiction. And 30(10%) of the patients had history of the smoking

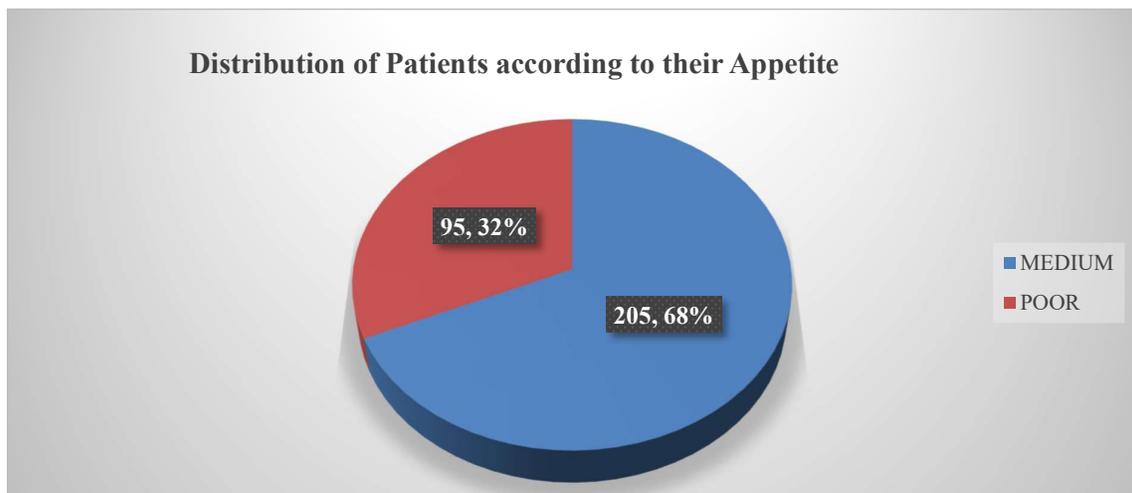


Diagram 12: Indicates that majority patients had i.e., 205(68%) patients had medium diet and 95(32%) patients had poor appetite

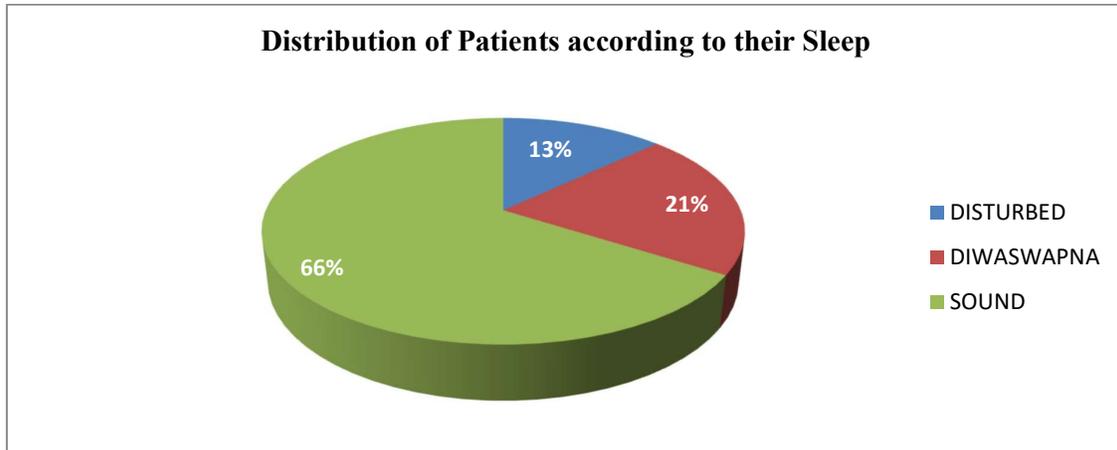


Diagram 13: Indicates that majority patients had i.e., 198(66%) patients had sound sleep, 38(13%) had disturbed sleep and 64(21%) patients had history of diwaswapna

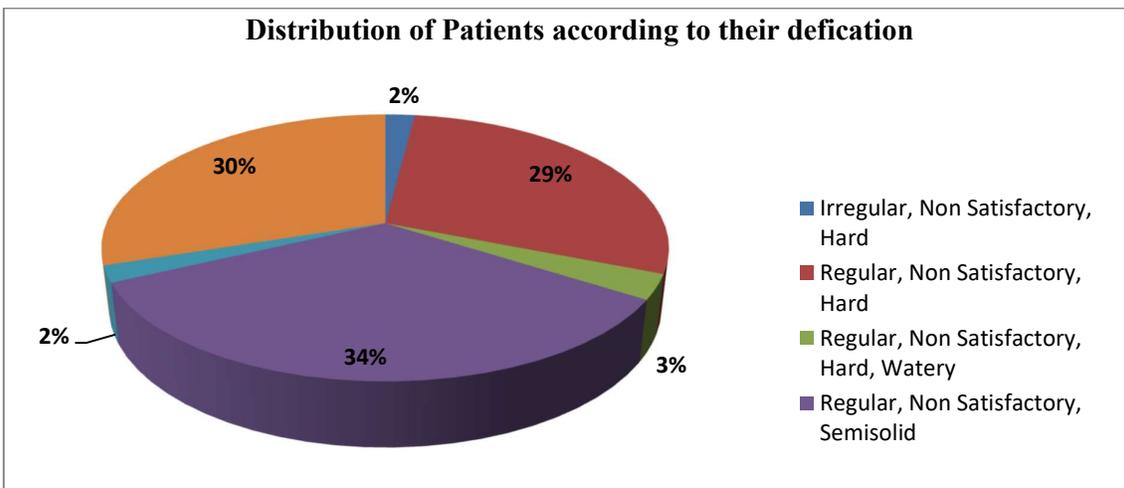


Diagram 14: Indicates that majority patients had complain of regular, non-satisfactory, semisolid stool i.e., 103(34%) and only 5 (2%) patients had complained of Irregular, Non-Satisfactory, hard stool

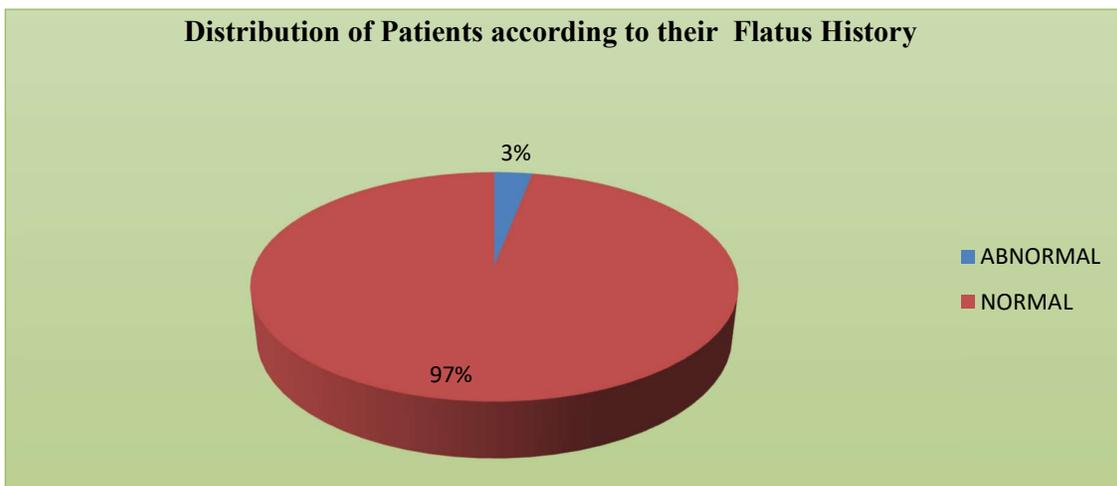


Diagram 15: Indicates that majority patients had Normal flatus. i.e., 292(97%) patients. and only 8(3%) of the patients had history of abnormal flatus

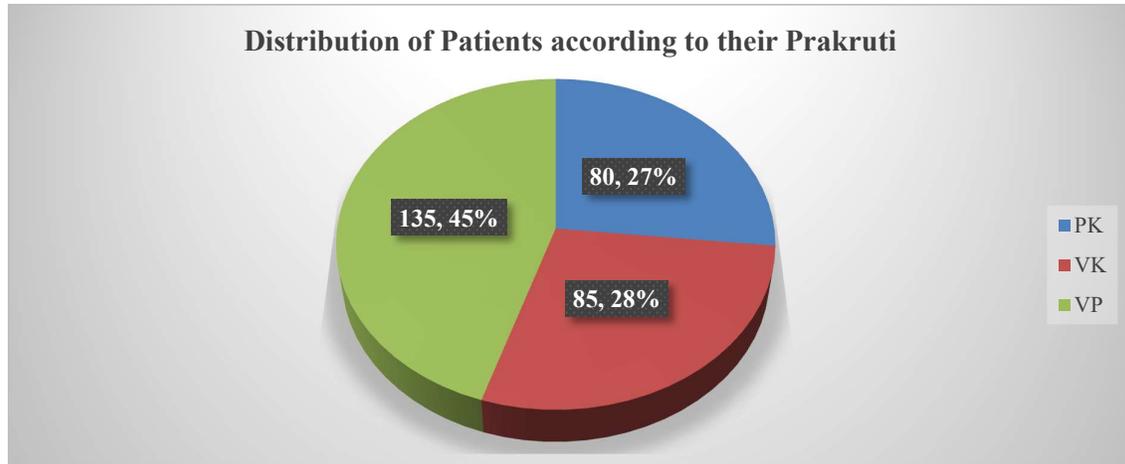


Diagram 16: Indicates that majority patients had VP Prakruti. i.e., 135(45%) patients had VP, 85(28%) had VK prakruti and only 80(27%) patients had PK prakruti

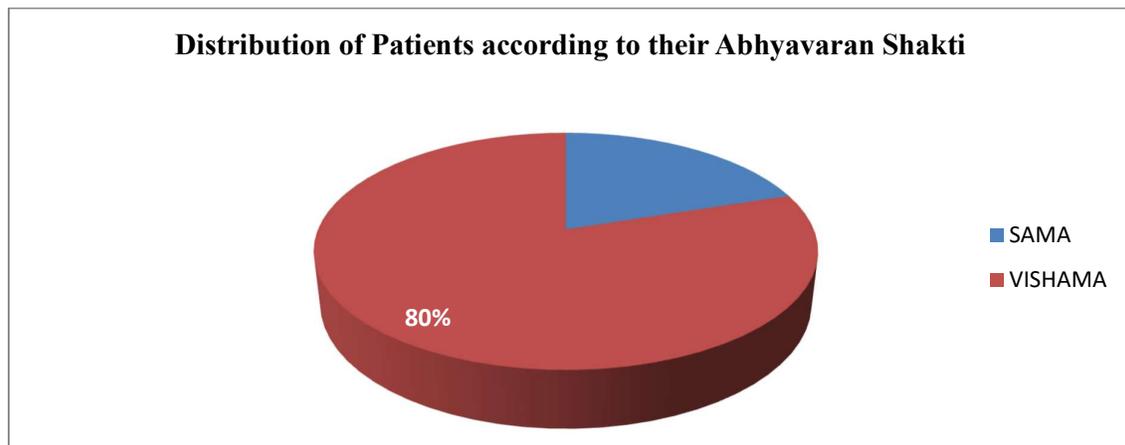


Diagram 17: Indicates that majority patients had vishama type of Abhyavaran Shakti i.e., 240(80%) and only 60(20%) patients had sama type of Abhyavara Shakti

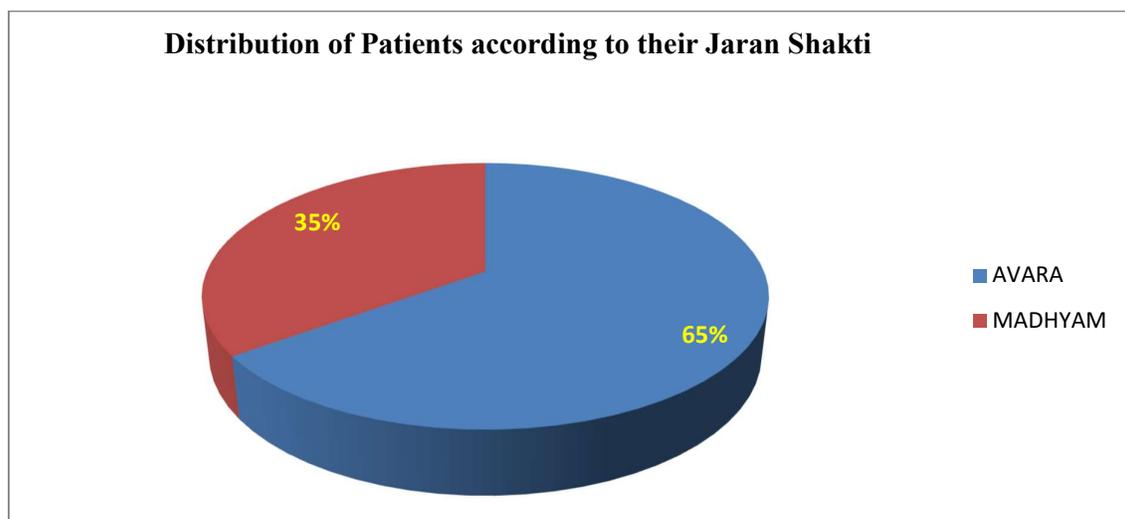


Diagram 18: Indicates that majority patients had Avara type of Jaran Shakti i.e., 194(65%) and 106(35%) patients had Madhyam type of Jaran Shakti

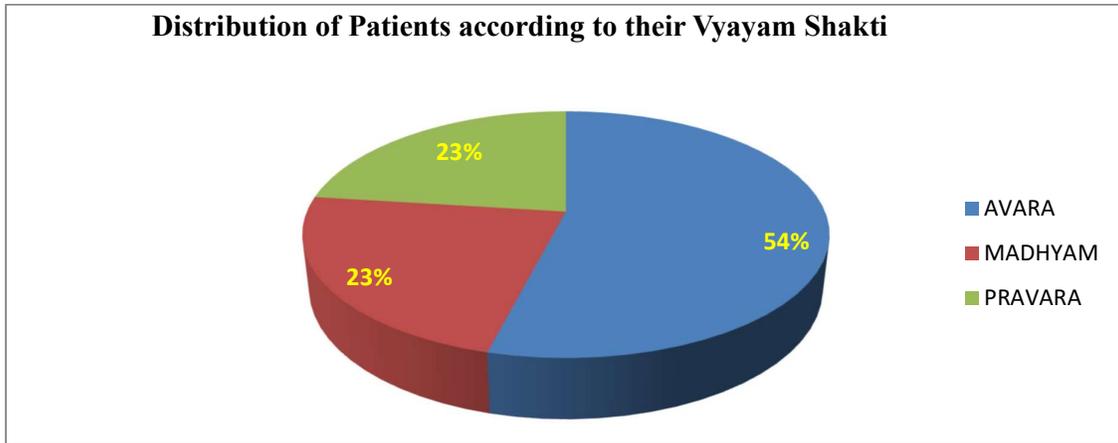


Diagram 19: Indicates that majority patients had Avara type of Vyayam Shakti i.e., 163(54%) and Only 68(23%) patients had Pravara type of Vyayam Shakti

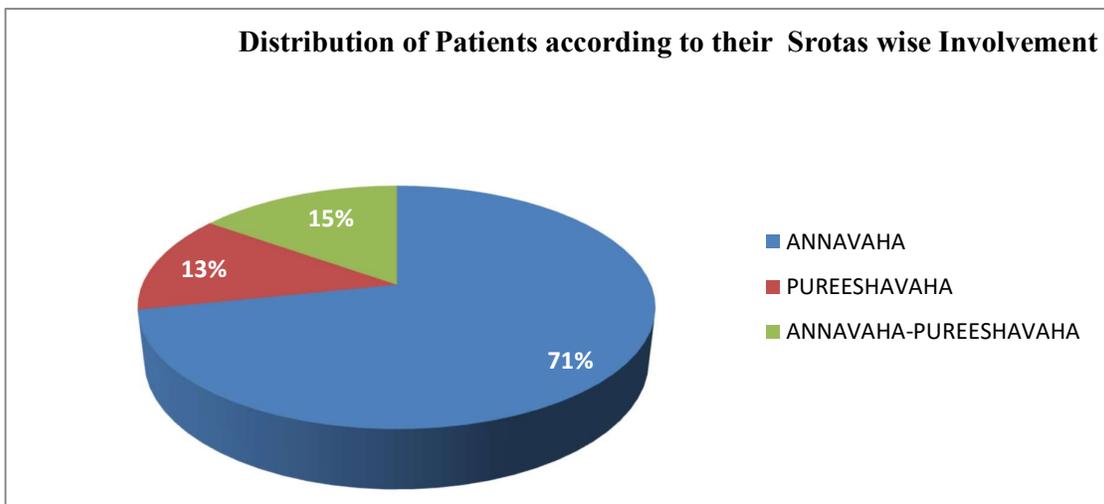


Diagram 20: Indicates that majority patients had involvement of Annavaaha Srotodushti i.e., 214(71%) and only 40(13%) patients had involvement of Pureeshavaha Srotodushti

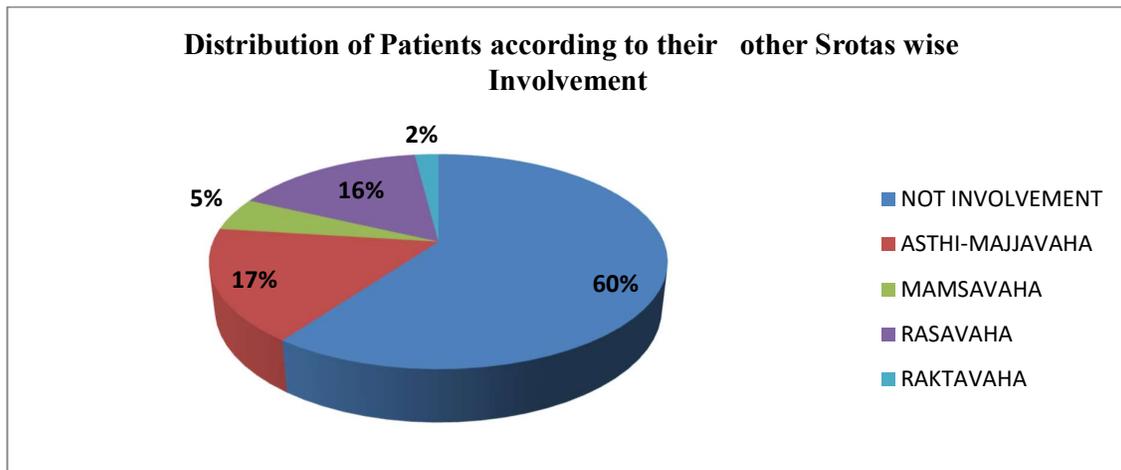


Diagram 21: Indicates that majority patients had not involvement of other srotas i.e., 179(60%). But 50(17%) patients had involvement of Asthi-majjavaha srotodushti

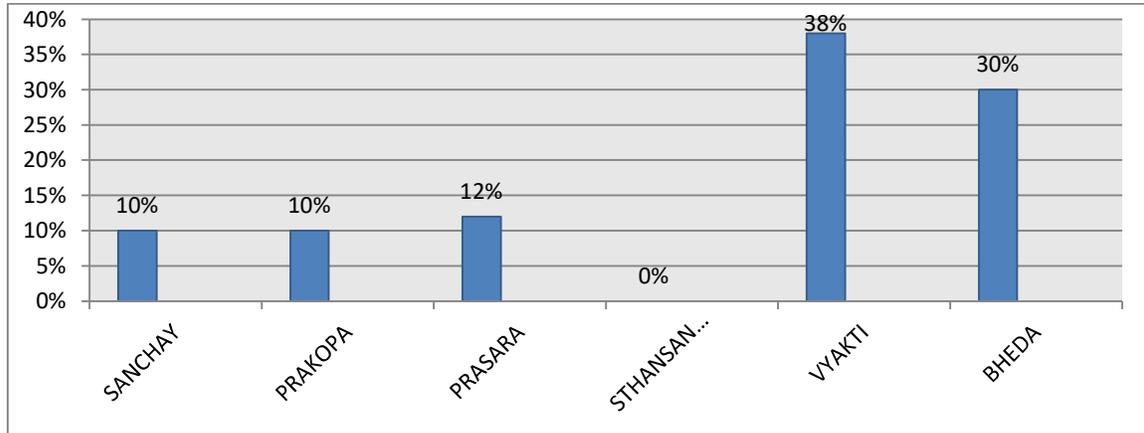


Diagram 22: Indicates that majority patients had involved in Vyakti Avastha i.e., 113(38%). While in Bheda avastha there are 89(30%) patients

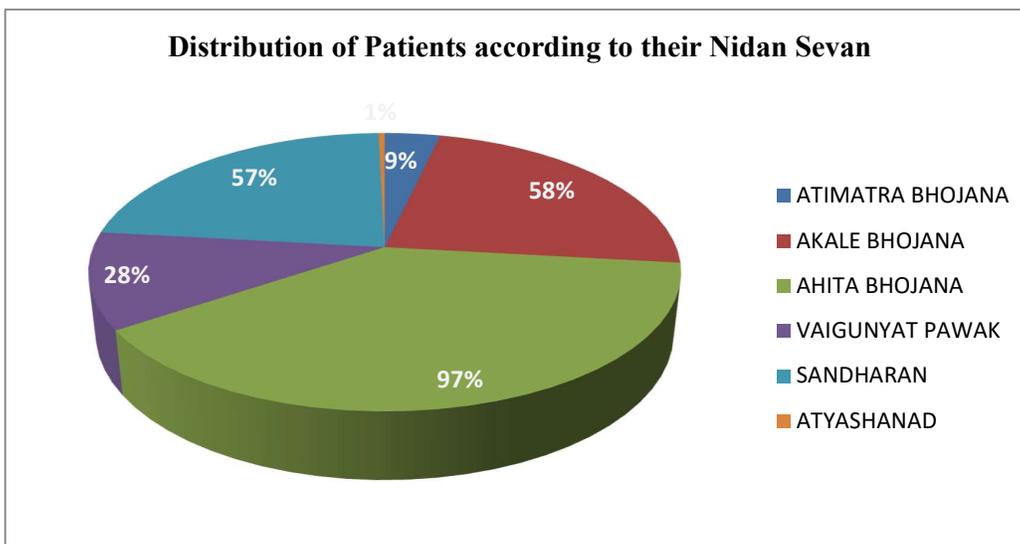
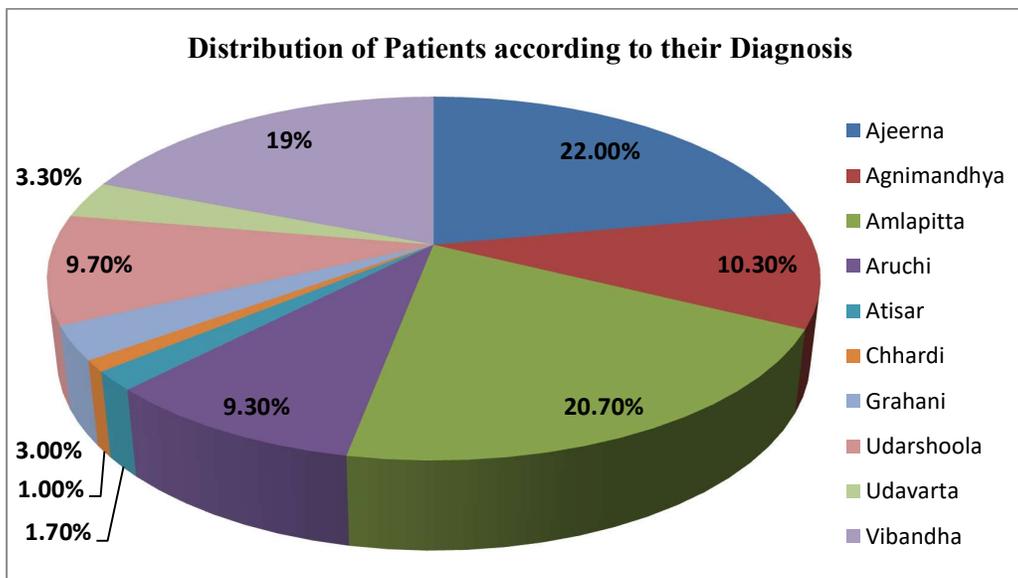
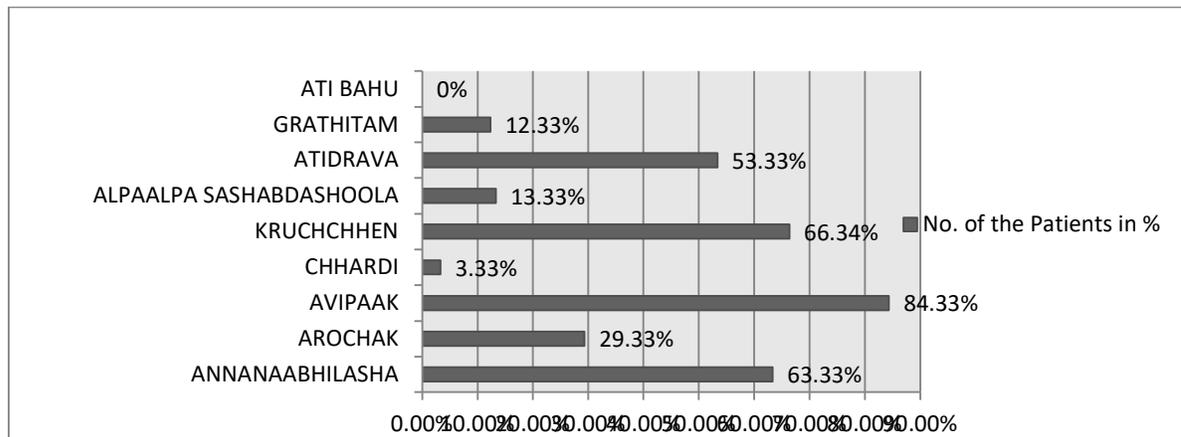


Diagram 24: Shows tha it was observed that maximum ahita bhojan type of nidan 291(97%) was consumed by the patients

Distribution of the patients according to their symptoms:



It was observed that

Annanaabhilashan (disinclination for food) was present in 6.33% of patients, Grade 0 - 93.7%, Grade 1 - 0.3%, Grade 2 - 3.7%, Grade 3 - 0.3%.

Aruchi (Anoexia) was present in 29.33% of patients, Grade 0 - 70.7%, Grade 1 - 7.3%, Grade 2 - 16.3%, Grade 3 - 5.7% .

Avipaak (indigestion) was present in 84.33% of patients, Grade 0 - 15.7%, Grade 1 - 57.7%, Grade 2 - 25%, Grade 3 - 1.7% .

Chhardi (vomiting) was present in 3.33% of patients, Grade 0 - 96.7%, Grade 1 - 1.7%, Grade 2 - 1%, Grade 3 - 0.7%.

Krichchhen Pravriti(Difficult defecation) was present in 66.34% of patients, Grade 0

- 33.7%, Grade 1 - 64%, Grade 2 - 2.3%, Grade 3 - 0%, Grade 4 - 0%.

Alpalam sashabdashool (Painful defecation with small quantity of stool) was present in 1.33% of patients, Grade 0 - 98.7%, Grade 1 - 1%, Grade 2 - 0%, Grade 3 - 0.3%, Grade 4 - 0%.

Atidrava (watery stool) was present in 5.33% of patients, Grade 0 - 94.7%, Grade 1 - 2.3%, Grade 2 - 1%, Grade 3 - 2%, Grade 4 - 0% .

Grathitam (Glandular stool) was present in 12.33% of patients, Grade 0 - 87.7%, Grade 1 - 3.3%, Grade 2 - 8.7%, Grade 3 - 0.3%.

Ati bahu (Passage of large quantity of stool) was present in 0.0% of Patients.

RESULTS

Association Between	Pearson Chi-Square	p - Value (α = 0.05)	Significant/Not Significant	Fisher's Exact Test	p - Value (α = 0.05)	Significant/Not Significant
Coating and Involved Srotas	22.446	0.001	S	16.934	0.007	S
Fissure and Involved Srotas	16.919	0.010	NS	12.660	0.026	S
Size and Involved Srotas	5.540	0.063	NS	4.309	0.287	NS
Texture of Tongue and Involved Srotas	0.920	0.63	NS	1.937	0.324	NS

- **Coating and Involved Srotas:** Pearson Chi-Square value is 22.446 and p value is 0.001, also **Fisher's Exact Test** value is 16.934 and p – value is 0.007 which is less than 0.05(significance level). we can conclude that there is significance association between Coating and Involved Srotas.
- **Fissure and Involved Srotas:** Pearson Chi-Square value is 16.919 and p value is 0.010 but 58.3% cells have expected count less than 5 so Pearson Chi-Square is not significant, also **Fisher's Exact Test** value is 12.660 and p – value is 0.026 which is less than 0.05(significance level). we can conclude that there is significance association between Fissure and Involved Srotas.
- **Size and Involved Srotas:** Pearson Chi-Square value is 5.540 and p value is 0.063 and 50.0% cells have expected count less than 5. The minimum expected count is 0.13. Pearson Chi-Square is not significant, also **Fisher's Exact Test** value is 4.309 and p – value is 0.287 which is greater than 0.05(significance level). we can conclude that there is no significance association between Size and Involved Srotas.
- **Texture of Tongue and Involved Srotas:** Pearson Chi-Square value is 0.920 and p value is 0.63 and 50.0% cells have expected count less than 5. The minimum expected count is 0.53. Pearson Chi-Square is not significant, also **Fisher's Exact Test** value is 1.937 and p – value is 0.324 which is greater than 0.05(significance level). we can conclude that there is no significance association between Texture of Tongue and Involved Srotas.

DISCUSSION

Age

Maximum number of patients (64%) belong to the age group 18 to 30 yrs. Causative factors observed *Adhyashana, Vishamanshan, Ratrijagrana, Ahitabhojan, Diwaswapna [8]* which leads to *Tridosha Dushti-* mainly *Pachaka Pitta* associated with *Samana Vayu* and *Kledaka Kapha*. In this age group tension, anxiety etc., *Mansik Vega Sandharan* which leads to *Agni Dushti* and finally leading to *Annavaha Evum Pureeshavaha Srotodushti Janya Vikaara*.

Occupation

Maximum (42%) patients were students. Due to their irrational diet and lifestyle which leads to *Annavaha Evum Pureeshavaha Srotodushti Janya vikaar*.

Area/habitat

Maximum (55%) patients were from Urban area. Nowadays in Urban area also, sedentary lifestyle, unwholesome and irregular diet pattern, stress, anxiety etc. [8] leads to vitiation of *Annavaha Evum Pureeshavaha Srotodushti*.

Diet (Ahara)

It was observed that 88% of the patients were vegetarian.

This might be due to the traditional vegetarian dietary habits and among these most of the patients were taking *Katu, Amla, lavana and Madhura*, etc *Rasa* dominant *Ahara* which aggravates *Pitta Dosha* and cause *Annavaha Evum Pureeshavaha Srotodushti*.

Addiction

Maximum (70%) patients had addiction to tea [9], tobacco and [10] and smoking [11]. Which generally leads to *Pitta and Vata dushti*, which in turn leads to *Amlapitta, Vibandh, etc like Vyadhi*.

Sleep

From the observation, 66% of the patients were having sound sleep. While 21% of patients were having day sleep / *Diwaswapna* [8] which leads to aggravation of *Kapha* which leads to *Agnimandya* and 13% of patients were having disturbed sleep, which leads to manifestation of *Vata Pradhan Vikaar* like *Udavarta*.

Defecation

It was observed that 34% of the patients had regular bowel habits, non-satisfactory and semisolid.

It might be due to *Mandagni /Agni vikruti* which leads to *Ajeerna / indigestion*.

Flatus

It was observed that 97% of the patients had normal flatus. While 3% of the patients had history of abnormal flatus due to *Apan Vayu Vaigunyatva* which is generally seen in *Atisara* [12].

Prakruti

45% of the patients had *Vata-Pittaj Prakruti*. The data reveals that individuals with *Vata-Pitta Prakruti* are more susceptible to *Vata Pitta Pradhana* diseases that are almost *Annavaha Evum Pureeshavah Srotodushti Janya Vikaar*.

Abhyavarana shakti

80% of the patients had *Visama Abhyavarana Shakti* & 20% of the patients had *Sama Abhyavarana Shakti*. The *Vishama Abhyavarana Shakti* is the causative factor which leads to *Agnidushti* [13].

Jaran Shakti

65 % of the patients had *Avara* type of *Jaran Shakti*.

It might be due to *Mandagni /Agni vikruti* which leads to *Ajeerna / indigestion* [14].

Srotas

There was vitiation of *Annavaha Srotas* in 71% of the patients, vitiation of *Pureeshavah srotas* in 13% of patients,

vitation of both *Annavaha* and *Pureeshavah Srotas* also in 15% of patients. Mostly it was found in students and office workers as their pattern of diet was irregular and they had dry snacks, junk food and spicy food as a result of which mainly they were suffering from *Annavaha Srotodushti*. It might be due to *Mandagni /Agni vikruti* in the *Amashya* which leads to *Ajeerna / indigestion*.

Shatkriyakal

It was observed that disease in majority patients (38%) were in *Vyaktisthan* type of *Shatkriyakal*.

It might be due to *Pratyatmak Lakshan/ Rupa* of the different disease. Eg *Atidrava mala Pravrutii (saran)* -seen in *Atisar* [15].

Diagnosis

It was observed that majority of patients (20.70%) had diagnosis of *Amlapitta*.

It might be due to *Tikshnagni /Agni vikruti* in the *Amashya* which leads to *Amlapitta* [16].

Nidan sevan

- Among the list of *Annavaha* and *Pureeshavaha Srotodushti Nidana*, it was observed that maximum (97%) *Ahita Bhojan* type of *Nidan* was done by the patients.
- It might be due to *Katu, Amla, Lavan Rasa Pradhan* food recipe, *Ushna Tikshna*, (*bhajiya, pakoda with chatni, thepala, fafda, papdi, sev*

usal etc) *Ruksha (chivda, sev-gathiya, chips, khakhara, etc)*, *Picchila Abhisyandi Guna Yukta (dadhi, lassi)* and *Pishtanna (roti prepared from flour of grain, corn, pearl mileet, gram etc.)* bakery items (bread, biscuits), fast food (burger, pizza, sandwich etc) and junk food, spicy food (eg chienes recipe) and fermented food items (dhokla, khaman, khandvi etc) this all are indicative of it. So, it was observed maximum *Ahita* type of *Aharaja Nidan Sevan*.

- It was also found the addition of tea [9], tobacco [10] and smoking [11] which also have a *ushna, tikshna, vidahi* properties which leads to *amlapitta* etc *vikar*.
- and it was also observed *Vega Sandharan* - 67% (*Ratri Jagran, Shrama, Ativyayam, Mansik Vegas* like *Chinta, Bhaya, Shoka* etc,) *Akale Bhojana*- 58% and *Adhyashaan* 57% this type of *Nidan Sevana* which leads to *Vata* and *Pitta Pradhan Agnidushti*
- These all types of *Nidan* vitiates *Dosha* and *Agni* which leads to *Annavaha Evum Pureeshavaha Srotodushti Janya Vikaara*

Symptoms:

- Among the list of *Annavaha* and *Pureeshavaha Srotodushti Lakshan*, it was observed that maximum *Avipaak* (84.33%) type of *Lakshan* was seen in the patients. The symptom observed as per criteria, feels good hunger but irregular digestion in 173 patients, feels less hunger but irregular digestion in 75 patients and feels very less hunger and the very less digestion in 5 patients.
- Its due to sedentary lifestyle, unwholesome and irregular diet pattern, stress and less physical activity. Which leads to *Mandagni /Agni vikruti* in the *Amashya*.
- If रोगाः सर्वेपि मंदेग्रो सुतरामुदराणि तू [17] which leads to *Ajeerna(Aamajeerna, Vidagdhajirna, Vishtabdhajeerna and Rasasheshajeerna), agni mandya,Atisar, Grahani* etc diseases.
- *Avipaak* might be due to *Tikshnagni* in *Amashay* which leads to *Amlapitta* [16].
- If *Avipaak* might be due to *Vishmagni* in *Amashaya* which leads to *Udarshool* as well as *Vibandh, Udavarta* etc disease.
- So here *Avipaak* type of symptom is more found in this study.

Annavaha Evum Pureeshavaha Srotodushti vs colour of the tongue

- Out of 300 patients no one had colour changes on the tongue. Tongue which was in normal color.
- Behind this result, the most important formula is hidden.
- Genrally in *Annavaha evum Pureeshavaha Srotodushti vikruti, Aam* formation happens in *Koshtha* level [18]. Tongue made from *Mamsa, Meda, Sanyu etc Sthanik Dhatu* [19].
- These *Dhatu* which are all part of *Shakha*. So, these *Koshtha-Janit Aam* which is not affected to *Sthanik Dhatu* of the Tongue as a directly.
- So, here *Prakrut* colour of Tongue which is due to presence of *Sthanik Dhatu Ansha*.
- So, in these study *Annavaha Evum Pureeshavah Srotodushti*, there is no directly colour changes of tongue.

Annavaha Evum Pureeshavaha Srotodushti Vs Coating of The Tongue

- Due to the consumption of *Nidan Sevan of Annavaha Evum Pureeshavaha srotodushti*, which leads to *Jatharagni-Janit Vikrutti*. After that *Vikrut Aam yukta Ahar Rasa* is formed [20].
- Then it is devided into 2 parts, *Sara Bhaag* and *Kitta Bhaag* [21]. *Sara*

Bhaag according to *Ksheer Dadhi Nyay* goes for *Uttarotar Dhatu Nirman* and formation of *Vikrut Rasa Dhatu*.

- From *Vikrut Rasa Dhatu* formed *Upadhatu* and *Mala* [22]. Here 5 types of *Kapha* [23] which formed as a *Mala* from *Rasa Dhatu*. In these *Bodhak Kapha* which also formed as a *Vikrut* and by the help of *Vyan Vayu* it reprinted on the tongue.
- So, on the tongue *Vikrut Mala Rupa Kapha* which is seen as a coating on the tongue. Here also direct *Ahar Rasa* circulates all over body. So according to *Khalekapot Nyay*, (21) its (*Vikrut Ahar Rasa*) also reprinted on the tongue as a *Jaliya Ansha*. So, it also represents as a coating on the tongue.
- So generally, in *Annavaha Evum Pureeshavaha Srotodushti* coating represent as most probable factor for the diagnosis in tongue.

Annavaha Evum Pureeshavaha Srotodushti Vs Fissure And Texture On The Tongue:

- From previous analysis *Vikrutahar Rasa* that is formed in this whole process if *Jatharagni* converted into *Vishamagni* or either *Vata* dominated *Nidan Sevan* so the *Vikrut Ahar Rasa* that is formed is

predominated by *Vata Pradhan Ahar Rasa*.

- If in these channels *Vikrut Ahar Rasa* formed as a *Vata Pradhan Dosha*. So, it also does *Vikrut Rasa Dhatu Nirman* as a *Vata Dosha Pradhanatva*. And which leads to formation of *Vikrut Vata Pradhan Bodhak Kapha*.
- And which is represented on the tongue and irritate the *Sthanik Dhatu* of the tongue and which leads to the formation of fissure on the tongue.
- So, which is mainly seen in *Vibandh*, *Udavarta* and *Vistabdha* types of *Vyadhi*.

Annavaha Evum Pureeshavaha Srotodushti Vs Size, Shape and Ulter Movement of The Thongue

- Generally, ulter size and shape seen in congenital anomalis. Either the chronic disorder like carcinoma or malignancy seen on tongue.
- So these type of *Granthi*, *Arbuda* etc(24) conditions which are commnly originate *Pragadh Dosha Dushya Samurchhana of Mamsa, Meda, Rakta* and other *Dushya*.
- But here *Ahar Rasa/ Bodhak Kapha* which can't do anything to affect the *Sthanik Dhatu* of the tongue.
- So ulter size and shape which are not ultered in this study.

- So *Annavaha Evum Pureeshavaha Srotodushti Janya Vikaara* which does not affected the size, shape and ulter movement of the tongue.

CONCLUSION

- In the present study of *Annavaha* and *pureeshavaha srotodusti vikaar* which reflecting over *jihva*, we found different grades of coating on tongue.
- We also found a relationship between fissure and its involved *Srotodushti* on the tongue.
- There is no relation between size, shape, movement and texture of the tongue to its involved *Annavaha* and *pureeshavaha Srotodushti*.
- In the present study, it was found that maximum number of the patients of *Annavaha Evum Pureeshavah Srotodushti vikaaras* were having *Ahita Bhojan* type of *Nidan Sevan* and *Avipaak* type of *lakshan*.
- It was found that maximum number of patients had normal tongue colour, size, shape, texture and movement of the tongue.
- It was found that maximum number of the patients had thin coating and fissure ranging from 1-3 in number.
- It was found that maximum number of the patients in *Vyakti avastha* of *Shatkriyakala*.

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