TONGUE, ITS EXAMINATION AND CLINICAL IMPLICATION

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ABSTRACT

The tongue shows us the nature of the Agni (digestive fire), after the pulse tongue is the most important diagnostic tool in Ayurveda. The tongue however easy to read than the pulse, so is often good place to start learning the art of diagnosis. Tongue is also easiest way to see the changes taking place; in the basic constituents of the body and to monitor the progress of the disease. It reveals Prakruti (Normal) through its body colour, shape and size. Vikruti (Abnormal) is seen more through changeable signs, such as tongue surface, colour, size, coating, and moisture etc.

Key words: Tongue, Jihva, Prakruti, Vikruti, Examination, Pariksha

INTRODUCTION

Disease is a reflection of abnormalities in the normal structural, physiological or psychological aspects of the body. In Ayurveda for the diagnosis of disease various folds of examinations are explained, out of that Jihva pariksha (examination of tongue) is simple and great significance, which is explained by Acharya Yogaratnakara under eight folds of examination. It is said that tongue is the index of stomach implying its importance in the diagnosis of digestive system. Its features are of value even in other diseases. Hence it has become a routine procedure in the course of clinical examination.

A Healthy Tongue

Healthy tongue is Slakshama (neither too dry nor too wet) and Suchi (doesn’t emit a bad odour or taste). The veins underneath the tongue are not distended.

1. **Color:** Shyavarakta (Uniformly pink, similar to a skinned chicken or Pale-red)
2. **Shape:** Tanu (Neither too thick nor too thin and has even width or oval in shape)
3. **Moisture:** Slakshra (A healthy tongue is moist)
4. **Coating:** Nirlipta or ishathlipta (Thin transparent or white coating)
5. **Movement:** Akampa (when sticking out it is straight rather than veering to one side)

Examination of tongue

1. Position of the patient: Sitting/Supine
2. Ask the patient to open the mouth and protrude the tongue outside as possible to visualize clearly and observe carefully for its surface, size, colour, coating, etc to know what is happening inside the body.

<table>
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<tr>
<th>Table 1: Tongue features according to Dosha</th>
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<td><strong>Dosha</strong></td>
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<td>Pittaja</td>
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<td>Dvandvaja</td>
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Glance at Tongue

**Size:**
1. Deergahajhiva (Macroglosia): Down’s syndrome, acnelegally, myxoedema, angioedema, Tumours, Bijdosha
2. Hriswajhiva (Microglosia): Pseudobulbar palsy, Facial haemiatrophy, Starvation, Bijdosha

**Colour**
1. Shwetabha (Pale): Anemia, Malnutrition, Vatajakshaya, Pandu
2. Paridagdha (Red raw/Angry looking): Sprue, pellagra, severe and untreated diabetes, prolonged febrile illness. Pittaja vruddi, Sannipataja jwara
3. Shweta (White): Lichen planus, HIV, small number of non-HIV infected immunocompromised individuals, Khapushtya, Ojakshaya
5. Purple: polycythemia vera, Pittavrddi
6. Dark red or blush red: polycythemia vera, riboflavin deficiency, Raktavrddi.
7. Strawberry(Paridagdha): scarlet fever, kawasaki’s disease and toxic shock syndrome, Sannipataja jwara
8. Peeta (Yellow): rarely in jaundice, Kamala, kumbakamala, purana pandu
9. Krishna (Black): fungus infection, iron,bismuth,opium, or tobacco, Vataavrddi
10. Furred tongue (Liptajihwa/upadahajihwa): in all febrile illness especially typhoid, heavy smoke, poor oral hygiene Sannipataja jwara, Amlapitta, prameha poorvarupa

**Dryness** (Rooksha): In general dehydration as in vomiting and diabetes mellitus. haemorrhage, mouth breathing, uremia, Certain atropine like drugs may cause appearance of dry tongue. Bone dry tongue in sogren’s syndrome, Vatavruddi

**Pigmentation:** Peutz-jegher syndrome, malabsorption, Addison’s disease, ACTH producing tumors, Albright’s syndrome, Nelson’s syndrome etc

**Surface**
1. AtitaJana (Smooth or bald tongue): Iron deficiency anemia, pernicious anemia, B complex deficiency or malabsorption. Kapha vaishamya
2. KharaJihva/kantakajihva (Fissured tongue): Vitamin B complex deficiency, acute glossitis, acromegaly, congenital scrotal tongue. Tridosha
3. Scarred tongue: Scars on the tongue may be traumatic, secondary to ulcer from tongue-biting as in epilepsy, Abhigataja
4. Mushroom like tongue: Sore tongue covered with whitish slough in acid poisoning.

**Movements**
1. Slow rhythmic tremor stopping on voluntary extrusion of tongue in Parkinsonism (Kampavata), Backward and forward (Adhajihvika) trombone tremor of GPI
2. Lizard tongue: (Jack-in-the-box or watchdog's tongue, Jihva vepana) in rheumatic chorea. Trushna nirodhaja pada
3. Deviated tongue: Hypoglossal nerve paralysis, malignant infiltration, severe ulceration (Mukhapaka), facial paralysis (Ardhita or pakshaghata).

**CONCLUSION**

Tongue is a reflection of what is happening inside the body. Along with other examination of Astasthana parikshana and Lakshana (Symptoms), the tongue examination is an easy and indispensable part to know Sama, nirama and Vruddi, kshaya avastha of the dosha, finally in the Sapekshadidana (diagnosis) of the disease. So one should examine the tongue very carefully and thoroughly.

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