



Review Article

www.ijrap.net



TONGUE, ITS EXAMINATION AND CLINICAL IMPLICATION

Mahamad Yunus ^{1*}, Mohasin Kadegaon ¹, V.S. Kotrannavar ²

¹Lecturer, Shri J.G.C.H.S Ayurvedic Medical College, Ghataprabha, Karnataka, India

²Professor and Dean, Shri J.G.C.H.S Ayurvedic Medical College, Ghataprabha, Karnataka, India

Received on: 09/02/16 Revised on: 10/03/16 Accepted on: 11/03/16

***Corresponding author**

E-mail: drmahamadyunus@gmail.com

DOI: 10.7897/2277-4343.07277

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 Tongue¹

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

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

Examination of tongue²

- Position of the patient: Sitting/Supine
- 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.

Dosha vs Tongue³

Table 1: Tongue features according to Dosha

| Dosha | Tongue Features |
|-------------|---------------------------------|
| Vataja | Cold, rough, and fissured |
| Pittaja | Red, Dark, Blue |
| Kaphaja | White, greasy |
| Sannipataja | Black, ulceration, fissure, dry |
| Dvandvaja | Mixed features |

Glance at Tongue⁴

Size:

- Deerghajihva (Macroglosia): Down's syndrome, acromegally, myxoedema, angioedema, Tumours, Bijadosha
- Hriswajihva (Microglosia): Pseudobulbar palsy, Facial haemiatrophy, Starvation, Bijadosha

Colour

- Shwetabha (Pale): Anemia, Malnutrition, Vatajakhaya, Pandu,
- Paridagdha (Red raw/Angry looking): Sprue, pellagra, severe and untreated diabetes, prolonged febrile illness. Pittaja vruddi, Sannipataja jwara⁵
- Shweta (White): Lichen planus, HIV, small number of non-HIV infected immunocompromised individuals, Khapakshaya, Ojakshaya
- Neela (Blue): Central cyanosis, Kaphavruddi, Madatyaya asadhya lakshana.
- Purple: polycythemia vera, Pittavruddi
- Dark red or bluish red: polycythemia vera, riboflavin deficiency, Raktavruddi.
- Strawberry(Paridagdha): scarlet fever, kawasaki's disease and toxic shock syndrome, Sannipataja jwara⁵
- Peeta (Yellow): rarely in jaundice, Kamala, kumbakamala, purana pandu⁶
- Krishna (Black): fungus infection, iron, bismuth, opium, or tobacco, Vatavruddi

10. Furred tongue (Liptajihwa/upadehajihwa): 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 sjogren's syndrome, Vatavrudhi

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

Surface

1. Atitanu (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. Tridoshaja
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 watchspring tongue, Jihva vepana) in rheumatic chorea. Trushna nirodhaja daha.
3. Deviated tongue: Hypoglossal nerve paralysis, malignant infiltration, severe ulceration (Mukhapaka), facial paralysis (Ardhita or pakshaghata).
4. Sthabda jihva (Immobile tongue): Bilateral lingual paralysis, bulbar palsy, syringomyelia. Sluggish and slow protrusion in mental retardation. Increasingly slow movement in myasthenia gravis, Jihvasthanbha.

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 Vrudhi, kshaya avastha of the dosha, finally in the Sapekshanidana (diagnosis) of the disease. So one should examine the tongue very carefully and thoroughly.

REFERENCES

1. Walter shantree kacera D.N: Ayurvedic Tongue diagnosis, publication: Lotus press p.o Box 325 Twin lakes Wisconsin USA-53181.
2. SN Chugh, Eshan Gupta: Clinical methods in medicine, pub: JAYPEE The health sciences publishers New Delhi, 2nd edition; 2015. p.107
3. Indra dev Tripathi and dayashankar Tripathi: Yogaratnakara with vaidyaprabha Hindi commentary, pub: Krishnadasa academy Varanasi, 1st edition, 1998.
4. Aspi F. Golwala and Sharukh A. Golwala: Golwala's Medicine, publication: The National Book Depot parel Mumbai, 23rd edition.p.3-5
5. Kasinath Shastri: Charakasamhita, revised by Chraka and Drdhabla with the Ayurveda Dipika commentary of Chakrapanidatta and with Vidyotini hindi commentary by Chaukambha Sanskrit Sansthana; Varanasi; edited by Dr.Gangasahay Pandey. A.M.S part 2, 8th edition; 2004 P. 91
6. Brahmanada Tripathi: Madhava Nidana with madhukosha commentary, Edited with vimala madhudhara hindi commentary, Vol.II, Pub: Chaukamba Surbharati Prakhshan; Varanasi; p.320
7. Byadgi P S, Parameswarappa's: Ayurvediya vikriti vijnana and Roga vijnana 1st edition, 1st volume Varanasi, Chaukambha Samskrit Samsthan

Cite this article as:

Mahamad Yunus, Mohasin Kadegaon, V.S. Kotrannavar. Tongue, its examination and clinical implication. Int. J. Res. Ayurveda Pharm. Mar - Apr 2016;7(Suppl 2):154-155 <http://dx.doi.org/10.7897/2277-4343.07277>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.