E-ISSN 2250-0944
ISSN 2250-1150
doi: 10.31838/ijprt/16.02.6

Review Article

An Insight to Purisha Pariksha with Moderen Parlance

Dr. Anusha. N
Assistant Professor, Department of Roganidana and Vikrithi Vijnana, JSS Ayurveda Medical College & Hospital, Mysuru-570028, Karnataka, India.
Received: 20.09.26, Revised: 05.10.26, Accepted: 18.11.26

ABSTRACT
Dosha-Dhatu-Mala concepts are important to understand the body functions. Mala are divided in to two major parts that is sharirika mala (body waste) and dhatu mala (metabolic waste). Sharirika mala is further divided in to three parts i.e, mutra, purisha, sweda. Study of the faeces is called as Scatology. [10] Stool test is a medical diagnostic technique that involves the collection and analysis of faecal matter, which is examined macroscopically, microscopically and microbiologically. Characteristics of normal stool in terms of physical characteristics such as Gandha (odor), Sparsha (touch), Varna (color), and Vaishadya (un-stickiness/clear) are not described separately in the ancient texts. Various Pariksha has been explained. This examination of Purisha can be categorized under 2 headings ie. Ashtasthana Nireekshana & Jala Nimajjana Pariksha. In the same way contemporary science also explained the Stool examination under 3 headings Microscopic, Macroscopic and Microbiological examinations. To detect the early presence of Ama, a special methodology was used that is Jala Nimajjana Purisha Pariksha. This is the only method which was used in ancient era to detect the presence of Ama in Purisha. The changes in Purisha in terms of its Rasa, Gandha, and Varna are described in various diseases along with other signs and symptoms. On review, only the scattered references were found about the changes in characters of Purisha in all the Samhita. Purisha is the end product shows changes in its varna, sparsha, gandha etc. Considered to diagnose various conditions like Atisara, Grahani, Krimi, Arsha etc. By observing the changes in purisha, diagnosis can be done or can act as supportive factors to diagnose the diseases.

Keywords: Dosha-Dhatu-Mala, Sharirika Mala, Ashtasthana Nireekshana, Jala Nimajjana Pariksha, Mutra, Purisha, Sweda, Atisara, Grahani.

INTRODUCTION

Dosha-Dhatu-Mala concepts are important to understand the body functions. [1] Mala are divided in to two major parts that is sharirika mala (body waste) and dhatu mala (metabolic waste). Sharirika mala is further divided in to three parts i.e, mutra, purisha, sweda [2] and dhatu mala are further classified in to seven types.[3] After tha era of Acharya yogratnakara Mala pariksha has been emphasized as an important examination tool, as Ashtasthana Pariksha. [4 Before that in samhita kala, characteristics of purisha, has mentioned haphazardly as symptomatology in various diseases. Acharya Sushruta considered as Upsthmabha.[5] and Acharya Vagabhata considered as Avasthmbha.[6] In classical texts, the examination of Purisha is restricted mainly up to the examination of physical characteristics such as colour, quantity, odour, froth, and consistency. Besides these, a specialized procedure of examination has been described to detect the presence of Ama [7] and thereby inferring the status of Agni in the body, i.e., Jala Nimajjana Purisha Pariksha. Whereas contemporary science, provides detailed study of examination of stools and it is broadly classified in to Physical, chemical and microscopic examination.[8] Faeces is a Latin word which means Residue. [9] Stool is the waste residue of indigestible material of an animal's digestive tract expelled through anus during defecation. Study of the faeces is called as Scatology. [10] Stool test is a medical diagnostic technique that involves the collection and analysis of faecal matter, which is examined macroscopically, microscopically and microbiologically. Hence this article author focuses on compilation of stool in various disorders mentioned in our texts and in modern text, so that it helps us in better knowing as well diseases diagnosis.Purisha Utpatti **[11,12]**

Digestion (Anna Paka): After food is ingested, it is acted upon by Jatharagni (digestive fire) and Bhutagni (elemental fires) in the Grahani (small intestine/duodenum).

Separation (Sara-Kitta Vibhajana): The digested food is divided into two parts: Sara Bhaga: The essential nutrient portion that is absorbed to nourish the body.

Kitta Bhaga: The non-essential, waste portion.

Separation of Kitta: The Kitta Bhaga further divides into liquid waste (Drava Mala – forming Mutra) and solid waste (Ghana Mala – forming Purisha).
Transformation in Pakvashaya: The solid waste moves to the Pakvashaya (large intestine/colon).
Desiccation (Shoshana): Under the influence of heat (Agni), water is absorbed from the waste, turning it into a solid, structured mass known as Paripindita (formed stool).
Role of Vata: Apana Vayu (a sub-type of Vata Dosha responsible for downward movement) plays a key role in drying and forming the fecal mass.
Final Product: The resulting semi-solid to solid, yellowish-brown substance, having a characteristic odour, is Purisha.

Characteristics of Normal Purisha
Characteristics of normal stool in terms of physical characteristics such as Gandha (odor), Sparsha (touch), Varna (color), and Vaishadya (un-stickiness/clear) are not described separately in the ancient texts of Ayurveda, but stool examination has been given more importance in context of the diseases. Only Pramana (quantity) of Purisha has been described by Acharya Charaka as Sapta Anjali Pramana.[13]

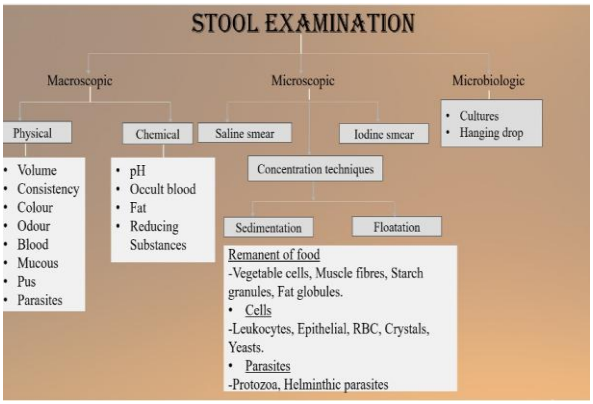
Composition of Stool.[14]-
1/4th Solid, 3/4th Water
Undigested, Unabsorbed food materials
Secretions of intestine, mucous
Bile
Leukocytes, Epithelial cells
Bacteria

Collection [15]-
Container should be wide mouthed.
Collected in a dry, sterilized container.
Should be uncontaminated with urine/other body secretions.
Size of walnut is required.
Properly named & fresh sample should be tested.
Stool to be examined with in 1 hour.
If delayed, can be stored in refrigerator.

Before the Collection of Samples- (16
Faeces should be urine free.
Do not use a stool that has been passed into the toilet bowl.
Should avoid iron containing drugs, meat at least 48hrs before.
Stools specimens should be collected before the antibiotic therapy.
Should not have Barium swallow examination.

Importance of Purisha Pariksha
Purisha Pariksha as such give's information about so many physiological and pathological states of the body as listed below [17]:
Status of Agni
Symptoms of abnormal Dosha
Prognosis of Vyadhi
Presence of Krimi.
In patient of Rajayasksma purisha is considered as "balam tasya hi vidbalam"[18]

Method of Stool Examination [19]





Physical Examination

1. Volume [20] :

Normal is 150-200 gm/day

- Increased
  Steatorrhea, Diarrhoea, Ingestion of carbohydrates
- Decreased
  Constipation, Lack of dietary fibre & fluids.

2. Consistency[21]: Based on, Bristol Stool Chart

-Normal is soft and well formed.
-Abnormal:
-Hard: Constipation, Dehydration
-Semi formed: Parasitic infection,MAS
-Watery: Diarrhoea, Dysentery
-Semi solid: Laxatives
-Flat Ribbon like- IBS

3. Colour[22]-Normal: Yellowish brown
Exclusively breast feed - Loose, green or pasty, yellow stools.
Cow's milk preparations - Pale yellow
Some healthy children (Toddler's Diarrhoea) Loose stools with undigested vegetable material
Abnormal: Yellow green – Severe Diarrhoea
Black/ Tarry –Upper GI bleed Bright Red- Lower GI bleed Pale Greasy-Pancreatic dysfunction
Blue colour- Thallium poisoning
Green Colour- Rota virus infection
Clay Colour- Obstructive Jaundice
Red brown- Tetracyclines, Rifampicin
Red currant Jelly- Intussusception
Rice water appearance-Cholera

4. Odour- It depends on the pH.
- Normal faecal odour results from Indole & Skatole.
- Foul odour- Undigested protein & intake of excessive carbohydrate.
- Sickly sweet odour- Undigested Lactose
- Increased Odour-Celiac disease, Crohn's diseases, Ulcerative colitis
- Odourless- Cholera, Bacillary dysentery

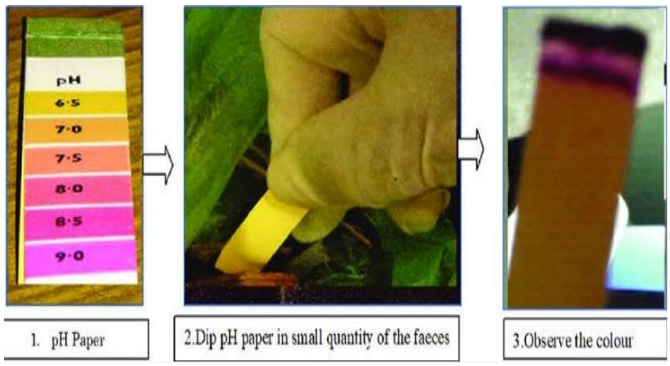
5. Blood, Mucus[23]- Mucus: Normal- Undetectable / small amount seen
Abnormal: Amoebic dysentery, Bacterial infections
Blood: Blood seen on the outer surface of the faeces either due to contamination of menstrual cycle blood
Abnormal: -Haemorrhoids, Fissure in Ano, Ulceration, Malignancy, Abscess, Polyps
Blood + Mucous – Typhoid, Amoebiasis, Large bowel Carcinoma
Mucous – Ulcerative colitis, regional enteritis, Acute diverticulitis, Intestinal TB
Pasty stools with fat contents (Butter stool) – CBD obstruction, Cystic fibrosis.

6. Parasites- Stool sample may show adult parasites (Round worm, Whip worm, Tape worm, Pin worm) / segments of worms.

Chemical Examination[24]

1.PH - Normal – 7– 7.5
Decreased pH (Acidic)- Excessive carbohydrate diet,
- Lactose intolerance,
-Amoebic dysentery
-Disaccharidase deficiency
Increased pH (Alkaline) – Excess protein diet

- Antibiotics -Colitis



2. Occult Blood [25]-

- Faecal occult blood is a term used to describe the presence of blood in faeces
- Small amount of blood in stool cannot be seen by the naked eyes.
- Presence of blood is detected by a chemical test, 'BENZIDINE TEST'.

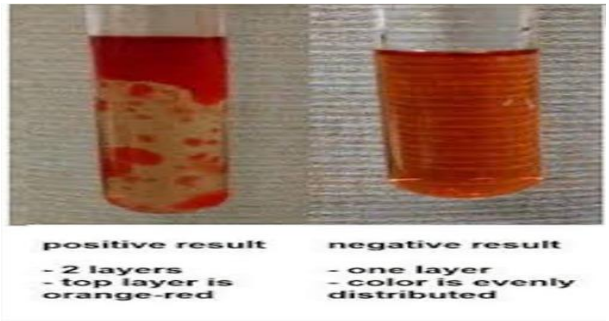
Interpretations; - Ca colon, Diverticulitis, Ulcerative colitis, Hookworm infection, Drugs like Aspirin, Steroids.



3.Fat [26]- In normal diet, fat in the stool will be 2-5gm/day

-Random faeces stained with Sudan staining

Interpretations-Malabsorption syndromes, Enteritis, Pancreatic diseases, Cystic fibrosis, Obstructive Jaundice, Surgical removal of section of intestine.



4. REDUCING SUBSTANCES[27]:

Procedure

-Approximately pea size of stool sample taken in test tube, add 2-5ml of type 1 water.

-Mix thoroughly using a vortex mixer.

-Centrifuge for 5min, transfer 15 drops of this suspension to another clean test tube.

-Add 1 Clinitest reducing tablet, after 15 sec compare the colour of the liquid with colour chart.

-Done mainly in infants with chronic diarrhoea to rule out Lactose intolerance.

-Positive in Rota viral infection in infants



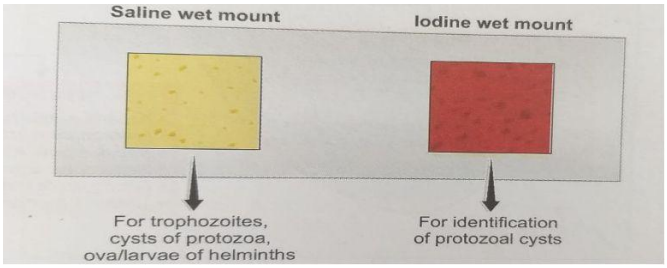
Microscopic Examination [28]

A fresh sample of stool without any contamination / disinfectants.

-Look for Leukocytes, RBC, Muscle fibres, fat globules, Crystals, Yeast cells, Protozoa, eggs, larvae & cysts of parasites.

Materials:

- Micro slides
- Fresh stool sample
- Cover slip
- Gloves
- Normal Saline
- Lugol's Iodine Solution



Preparation of Slides:

-A drop of Saline is placed near one end of slide & a drop of Lugol's Iodine solution is placed near the other end.

-About the size of a match-head stool is taken and mixed with drop of saline / iodine using wire loop to the consistency of a thin emulsion.

-Coverslip is placed over it by avoiding air bubbles.

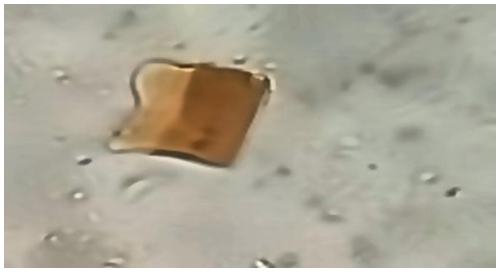
-Examined under microscope.

Look for [29], -Remanent of food

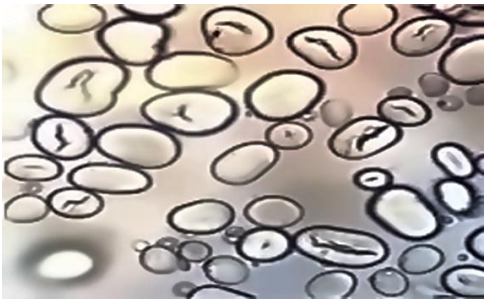
Vegetable cells



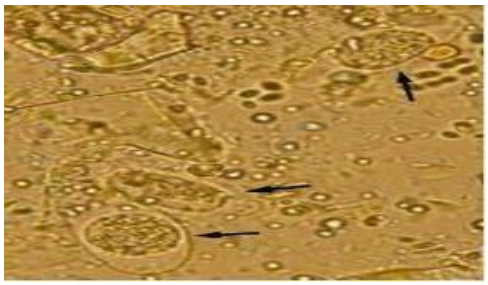
Muscle fibres



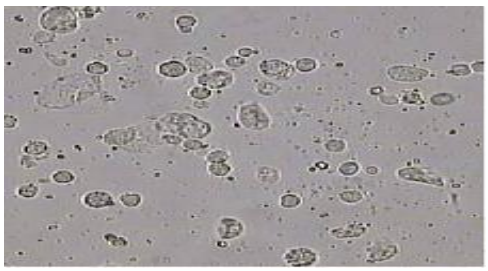
Starch Granules



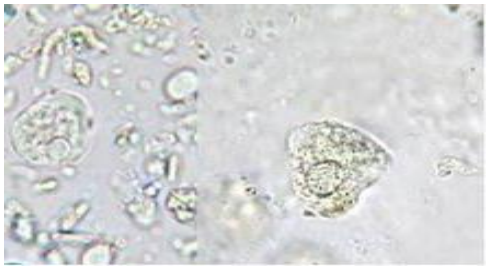
Fat Globules



Leucocytes



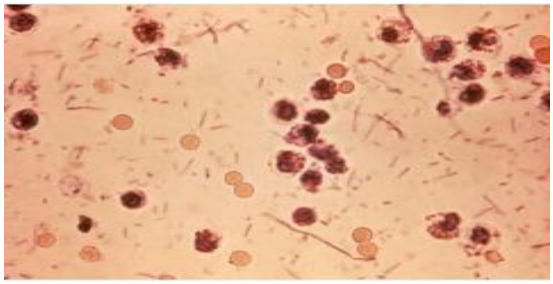
Epithelial Cells



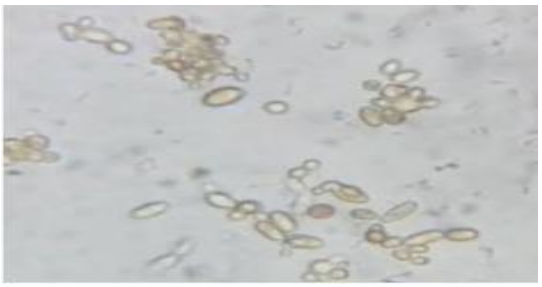
Crystals



RBC

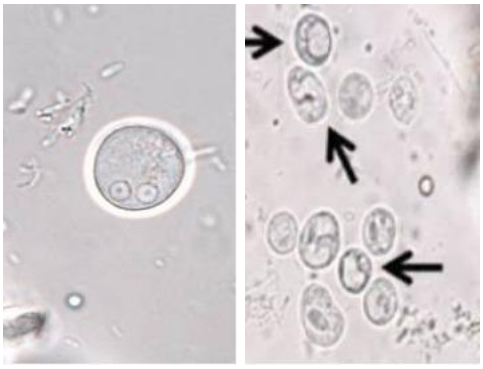


Yeasts

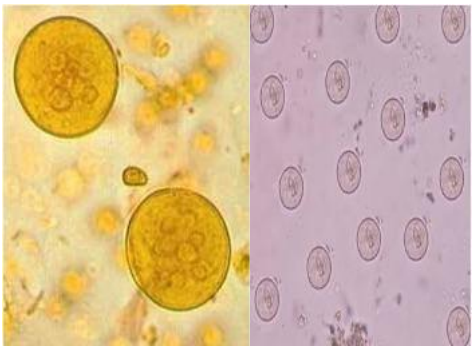


Protozoa & Cysts:

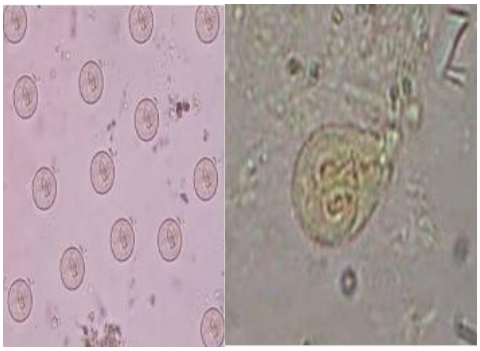
Entamoeba Histolytica



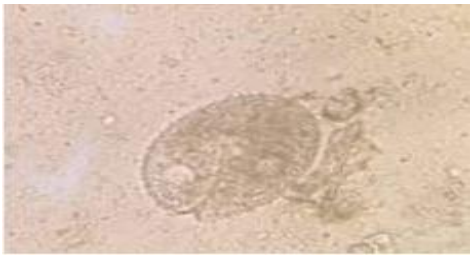
Entamoeba Coli



Giardia Lamblia



Balantidium Coli

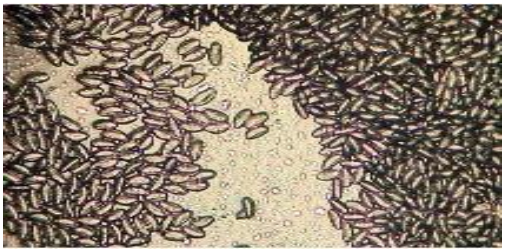


Worm Eggs

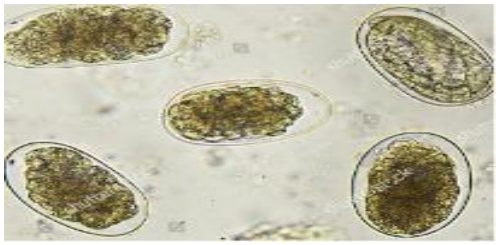
Roundworm



Pinworm



Hook Worm

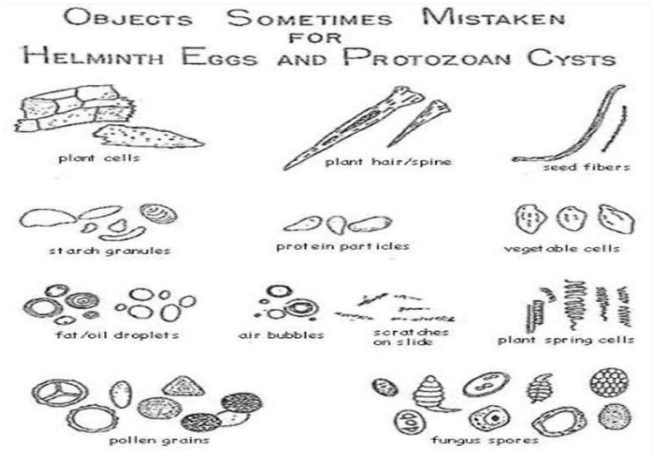


Whipworm



Tapeworm





Stool culture [30]

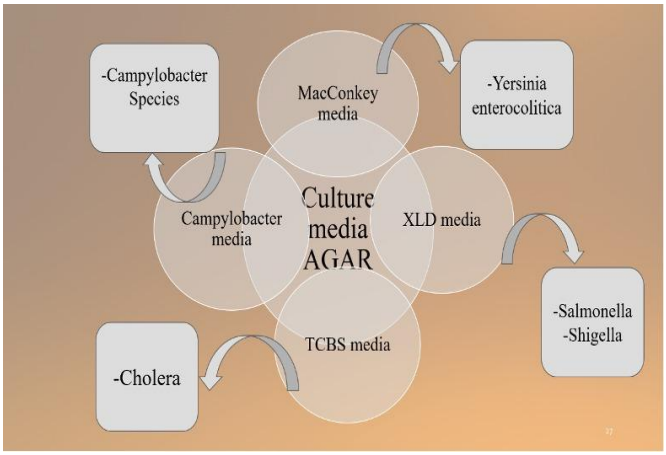
Stool cultures are performed to detect enteric pathogens or potential pathogens.

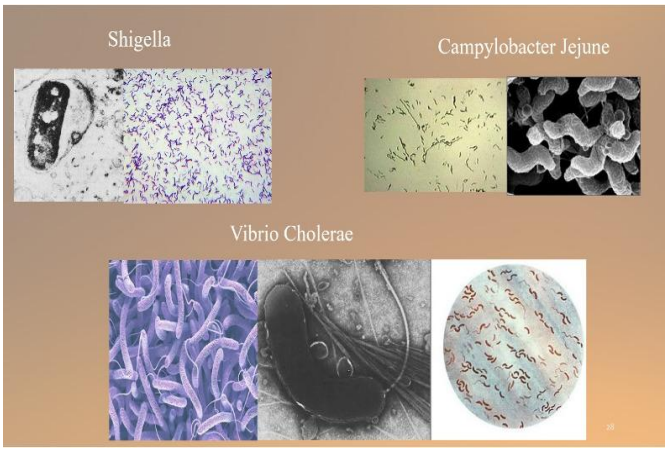
Normal gut flora contains both Gram +ve and Gram –ve organisms.

The purpose of stool culture is to use selective & routine media to screen for the presence of stool pathogens.

In many cases full identification of a suspicious colony is not performed but rather screening tests are performed to rule out potential stool pathogens.

Routine stool culture should always include testing for the presence of Salmonella, Shigella & Campylobacter jejune species.





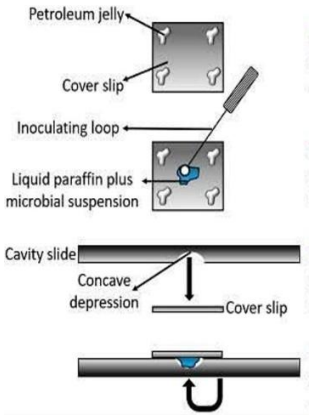
Stool Hanging Drop Test [31]

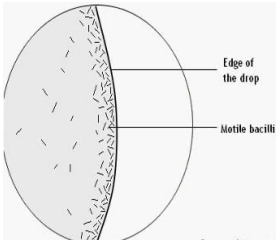
Place a drop of water/Vaseline @ each corner of coverslip.

Drop a loopful of microbial suspension stool in the center of a coverslip.

Invert a slide with a central depression over the coverslip.

When the slide is inverted, the coverslip will stick to the slide, the drop of bacterial culture will be suspended (hanging drop of the specimen) in the central of the slide.Examine for the motile organisms under the microscope.





Purisha Pariksha

This examination of Purisha can be categorized under 2 headings;

Ashtasthana Nirikshana([32])

Jala Nimajjana Pariksha([33])

Ashtasthana Pariksha(1)-Mala pariksha is one among Ashtasthana pariksha, where the detailed examination has been explained

दोष विकार	लक्षण
वात विकार	दृढ(hard),शुष्क(dry)
पित्त	पीत
कफ	श्वेत
त्रिदोष	सर्व लक्षण
वातप्रकोप	त्रुटित(broken), फेनिल(frothy), धूमल (smoky)
वातकफ	कपिश
पित्तवात	बद्ध(binding), त्रुटित(broken), पीत
कफपित्त	पीत, श्वेत, ईशत् सान्द्र, पिच्छिल
त्रिदोषज	श्याम,

Chakshushendriya Pariksha

Purisha Varna

Changes in Varna of Purisha in various diseases

Krishna varna - Vataja arsha, Vataja Gulma, kumbha kamala, pattaja atisara.

Shyava, Aruna varna - Vataja Udara, Vataja arsha, Vataja Atisara, Vataja Gulma, vataja jwara.

Shukla varna- shleshmaja jwara, shleshmaja udara, shleshmaja arsha, shleshmaja pandu, shakhashrita kamala, shleshmaja atisara, sahaja arsha.

Rakta varna - kamala, pittaja atisara, raktapitta, sahaja arsha, chhidrodara.

Phena yukta Purisha- Froth is present in stool is due to vata dosha.Presence of Phena in different diseases: Vataja Arsha, Vataja Atisara, Vataja Grahni

Sandrata of Purisha-

Sandra mala is due to predominance of kapha dosha.

Baddha, and sushka is due to vata dosha, drava and bhinna purisha is due to pitta dosha.

Change in consistency of stool can be co-related with purisha kshya and purisha vridhi lakshana.

Changes in Consistency of Purisha in Various Diseases

Sandra - Kaphaja Atisara, sahaja Atisara.

Baddha/vibaddha -Asadhya Pandu, Vataja prameha, udararoga, Baddhodara, Purishishavrita Vata, Tikshagni, Vataja Atisara, Mahashvasa

Drava - Pattaja Arsha, Vataja Grahani, Asadhya Atisara Mandagni

Bhinna - Pattaja Arsha, Sleshmaja Grahani, Kshayaja Kasa, pittja Murcha, Vegasandharanjanya Yakshma, Arsha samanya Lakshana

Shushka - Vataja Grahani, sahaja Arsha.

Ghranendriya Pariksha

Changes in odor of stool also can provide information about altered pathological state of Agni.

Changes in Odor of Purisha in various diseases

Durgandhita - Shleshmaja Atisara, Pittaja Pandu, Asadhya Sannipataja Chardi, Ama Purisha, Purishavaha Srotodusti, Vid Vighata

Visragandhi - Pittaja Arsha and Shleshmaja Atisara

Atidurgandhita - Pittaja Atisara and Pittaja Arsha

Amagandhi – Amatisara

Kunapagandhi - Chidrodara and Sahaja Arsha

Kunapa, Puya, Ama Matsyagandhi - Sannipataja Atisara

Mahatputigandhi – Jalodara

Nirgandha/ Sagandha- Agantuja Atisara

Sparsha Pariksha

Change in Touch of purisha in various diseases

Sheeta - Ajirna and Shleshmika Atisara

Ushna - Paittika Arsha

Snigdha - Shleshmika Arsha and Kaphaja Atisara

Ruksha - Vataja Jwara and Vataja Atisara

Thus, on the basis of differences in touch only; one can diagnose the altered state or the diseases. However, practically, it is very difficult to assess.

Prashna Pariksha

Prashna Pariksha is an important method of examination, this provides an information about the condition of the patient such as frequency, amount of stool and associated symptoms pain, burning sensation etc. can be obtained.

Jala Nimajjana Purisha Pariksha

To detect the early presence of Ama, a special methodology was used that is Jala Nimajjana Purisha Pariksha. This is the only method which was used in ancient era to detect the presence

of Ama in Purisha. Ama is considered as an important cause not only for the gastrointestinal disorders but also as the important cause of many other systemic diseases like Jvara and Amavata. In this method, by observing the behaviour of stool, i.e., whether it sinks or floats in water is noted down. If stool sinks, it indicates the presence of Ama. If it floats, then Ama is absent in stool.[34] If the method analysed critically as described in the text, it is observed that there are so many variables, which may alter the result if done by different persons. The probable variables which may alter the results, are:

Quantity of water
Quantity of water
Testing container
Quantity and consistency of stool
Method of dropping stool.

Hence, this method should be standardized to obtain a reproducible result by taking into consideration of the above parameters. After standardization, it may be an instant method to detect the Ama in the stool.

Discussion

Dosha, Dhatu, and Mala considered as moola of the sharira.[35] Mala is produced as a by-product of ahara. If Mala is not excreted from the body, the metabolic process will be impaired leading to the formation of malformed tissues. That's why they are important for normal physiology of the body and each of them carries specific functions. Mala enables nutrition as well as the elimination of wastes from the body. Purisha Pariksha has been given prime importance in the ancient days, and it has been described in Ashtasthana Pariksha. Purisha, which is one of the main metabolic products of the body, shows changes in its characters in diseased conditions. These changes in Purisha in terms of its Rasa, Gandha, and Varna are described in various diseases along with other signs and symptoms. On review, only the scattered references were found about the changes in characters of Purisha in all the Samhita.

Based on the scattered descriptions in all Samhita, the abnormal physical characters of the stool may be classified in terms of abnormalities in Varna (color),Gandha (odor), Sparsha (touch), Matra (quantity and frequency), presence of froth, consistency, and associated factors such as pain. These abnormal characters may be used to diagnose various types of diseases or pathological conditions. Analysis of abnormalities in color of the stool indicates appearance of Krishna (black), Shyava (gray), and Aruna Varnas (reddish) in Vata predominant diseases, as vitiated Vata brings these colors. Similarly, the Shukla Varna (white) is seen in Kapha predominant diseases as Shukla Varna is the manifestation of vitiated Kapha. When Pitta is vitiated, it brings the changes Rakta Varna (red).

It is observed that the diseases having Kapha predominance show Sandra (dense) in consistency which is possibly due to the Sandra Guna (dense quality) of Kapha. Baddha/ Vibaddha consistency are observed in the diseases mostly having Vata predominance and this may be due to the Shoshaka Guna (absorptive quality) of Vata, which absorbs the Kledamasha (liquid part) of the stool when vitiated. Similarly, when Pitta is vitiated, it changes the consistency of the stool into Drava (liquid) due to its Drava Guna.

Amagandha is due to the formation of Ama due to altered pathological states of Agni. Ama is mainly formed due to Mandagni, and the Amagandhi stool is observed in Amatisara. When Pitta and Shelshma Dosha vitiated, then they bring the changes in odor of the stool as Visragandhi, which is seen mainly in Pittaja Arsha and Kaphaja Atisara(36).

Kunapagandha is manifested when Tridosha are vitiated and it is observed in the diseases, which is due to the vitiation of Tridosha that is Chidrodara. The various changes in stool due to vitiation of Dosha may manifest in the form of changes in touch as Sheeta (cold), Snigdha (unctuous), Ushna (hot), and Ruksha (rough). Sheeta and Snigdha are due to the vitiation of Kapha Dosha and mainly observed in Kapha predominant diseases due to its Sheeta and Snigdha Guna. Similarly, Ushna and Ruksha Sparsha are due to the vitiation of Pitta and Vata Dosha, respectively, due to their respective quality.

Alpa Purisha (less in quantity) is due to mainly vitiation of Vata Dosha due to its Ruksha and Khara (coarseness) Guna. Hence, Alpa and Alpa Alpa Purisha is mainly seen in Vata predominant diseases. Similarly, Atipravritti may be seen either in the disease having Pitta or Kapha predominant diseases due to their Drava and Kleda Guna, respectively (37).

Through interrogation we will get the information about condition of patient, frequency and quantity of stool passed, previous history of illness, presence of associated symptoms etc which help in proper

diagnosis and treatment of condition. Beside describing physical abnormalities one special examination mentioned in Samhita that is **Jala nimajjana purisha pariksha,** which determines presence of Ama there by indicating state of digestive fire which is considered as major cause for different diseases.

Parameters of Stool Examination (38)

Parameters	Findings	Interpretation
Consistency	कठिण (hard)	वातज ज्वर, रक्त अर्श
	बद्ध्	वात अर्श, असाध्य लक्षण of पाण्डु, प्रवृद्ध आमवात
	गुरु (heavy)	कफज ग्रहणि, रक्तअर्श
	भिन्न वर्च (semi-solid)	कफज ग्रहणि, पितज पाण्डु, पानकी, पुरीषज कृमि
	विट भेद	उपद्रव of प्रमेह, पित्तज मसूरिका
	शिथिल (broken-semisolid)	रक्तअर्श
	द्रव (watery)	वातज, पितज & संग्रह ग्रहणि, पित्तज अर्श
	अतिसार	पितज अतिसार, विसूचिक, मृत्भक्षण जन्य पाण्डु, असाध्य लक्षण of पाण्डु असाध्य लक्षण of राजयक्ष्म, पितज उदर, असाध्य लक्षण of उदर, ग्रन्थि & अग्नि विसर्प
	सान्द्र पुरीष	कफज अतिसार
गन्ध	दुर्गन्ध/ विस्रगन्ध (Foul smelling)	आमयुक्त पुरीष, कफज अतिसार
	निर्गन्ध / गन्धयुक्त (With/without bad smell)	शोकज अतिसार
	पूति पक्व (Foul smelling)	ग्रहणि सामान्य लक्षण
	कृणप गन्धि(Putrid)	छिद्रोदर, सहज अर्श
Presence of mucous	आमयुक्त(Inadequately processed)	ग्रहणि सामान्य लक्षण ,वातज अतिसार,वातज ग्रहणि,पितज अर्श,कफज &संग्रह ग्रहणि
	पिच्छानुगत(Slimy)	वातज अर्श
	श्लेष्मयुक्त(Mucous mixed)	कफज अतिसार, कफज प्रवाहिक, कफज ग्रहणि, कफज अर्श, असाध्य लक्षण of पाण्डु
	पिच्छिल (Sticky)	संग्रह ग्रहणि , आमयुक्त पुरीष

वर्ण	पीत(Yellowish)	पित्तज ज्वर, पित्तज अतिसार, पित्तज ग्रहणि, पित्तज पाण्डु,पित्तज उदर
	कृष्ण(Blackish)	वातज अर्श,
	शुक्ल (Whitish)	कफज ज्वर, कफज अतिसार,कफज उदर
	श्याव (Grey)	रक्तज अतिसार, वातज उदर
	अरुण(Reddish-brown)	वातज उदर, वातज अतिसार
	लोहित (Reddish)	पित्तज अतिसार
	नील (Blue)	पित्तज अतिसार, पित्तज अर्श
	नीलपीत(Bluish-yellow)	पित्तज ग्रहणि
	रक्तपीत(Reddish-yellow)	कामाला
	कृष्णपीत(Blackish yellow)	असाध्य लक्षण of कामाला
	हरित (Greenish)	पित्तज अर्श, असाध्य लक्षण of पाण्डु
	हारिद्र (Dark yellow)	पित्तज अर्श
	नाना वर्ण (Multiple colour)	आमज अतिसार

Presence of blood	रक्तयुक्त	शोकज अतिसार,आमज अतिसार, रक्ताज प्रवाहिक, वातज अर्श, असाध्य लक्षण of कामाला, रक्तार्श
Special characters	वराहस्नेह/मांसाम्बु सदृश (Fat of wild boar/water in which flesh is washed)	सन्निपातज अतिसार
	काकणान्तिक (Resembling seeds of Gunja)	शोकजअतिसार
	वसाभ (Fat)	कफज अर्श
	उष्ण(Hot)	पित्तज अर्श
	शीत (Cold)	कफज अतिसार, संग्रह ग्रहणि ,रक्तार्श
	स्निग्धयुक्त (Fatty)	संग्रह ग्रहणि ,रक्तार्श
	फेनयुक्त (Frothy)	वातज अतिसार, वातज ग्रहणि ,वातज अर्श

Special features	अल्प	पुरीषवह दुष्टि, वातजअर्श, वातजअतिसार
	अतिप्रवृत्ति	पित्तजअतिसार, अमातिसार
	संग	वातज गुल्म, अतिसार पूर्वरुप, उदर, बद्दोदर, मुत्रजटर
	मुहुःमुहुः	वातज ग्रहणि, वातजअतिसार
	कृछ्रअल्पप्रवृत्ति	वातज अश्मरी
	सशब्ध युक्त	वातज ग्रहणि, वातज अर्श, पुरीषवह दुष्टि, पुरीषक्षय
	भेद	क्षयज –वेगसन्धारण राजयक्ष्म,
शूलयुक्त	सशूल	आमतिसार
	सशूल + सदाह	पित्तज अतिसार
	परिकर्तिक	वातजअतिसार

मल Which Indicative of मरण(39)

-1 masa arishta – Purisha will get sinks in water (पुरीष जले निमज्जति).

- Jwara & Atisara after shopha in krusha.
- Anaha with Atisara in durbala person.
- Atisara with pipasa,shula, shwasa in vrudda, ksheena & in Jwarita

CONCLUSION:

Stool is an important by product of the metabolism & reflects the changes occurring in

the body in different pathological & diseased condition. Abnormal changes in stool pertaining to its color, consistency, odor, frequency and quantity have been described in various conditions. Study of these characters of stool is an important tool for diagnosis of a diseases. Mala pariskha has been given importance in the ancient period, it has been described in Ashtasthana Nirikshana.Purisha is the end product shows changes in its varna, sparsha, gandha etc.Considered to diagnose various conditions like Atisara, grahani, krimi, arsha etc…Jala nimajjana pariksha is an important method to detect the presence of ama in purisha. By observing the changes in purisha, diagnosis can be done or can act as supportive factors to diagnose the diseases. Hence, an attempt has been made in this article to collect the scattered information about purisha from samhita at one place and one can refer these changes in purisha for diagnosis of various disease conditions.

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