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Standardizing Purish Jala Nimajjan Pariksha And Salivary Ph For Ajeerna Diagnosis: A Pilot Study..

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ABSTRACT

Background: Ajeerna (Indigestion) is a common digestive disorder caused by an imbalance in the digestive fire (Agni) and the accumulation of Ama (toxins). Diagnosis of Ajeerna is primarily based on subjective symptoms in Ayurvedic practice, but there is a need for objective, standardized diagnostic methods. This study aims to assess the feasibility of using salivary pH and Purish Jala Nimajjan Pariksha (a traditional Ayurvedic test) as objective diagnostic tools for Ajeerna.

Methods: A pilot study was conducted with 12 patients from each of the three subtypes of Ajeerna: Aamajeerna (Kapha predominant), Vidagdhajeerna (Pitta predominant), and Vishtabdhajeerna (Vata predominant). Salivary pH was measured using a pH meter, and stool behavior was observed using the Purish Jala Nimajjan Pariksha test. Stool samples were assessed for sinking (indicating Ama) or floating (indicating normal digestion). The results were compared between groups, and statistical analysis was conducted to evaluate the correlation between salivary pH and stool behavior.

Results: The Aamajeerna group showed the lowest salivary pH (5.9) and the highest proportion of sinking stools (11 out of 12), indicating a high presence of Ama. The Vidagdhajeerna group had moderate salivary pH (6.5) and a mixed pattern of sinking and floating stools. The Vishtabdhajeerna group exhibited the highest pH (7.1) and the majority of floating stools (9 out of 12), suggesting better digestion and less Ama.

Conclusion: Salivary pH and Purish Jala Nimajjan Pariksha provide valuable complementary diagnostic tools for assessing digestive dysfunction in Ajeerna. Standardizing these methods could enhance diagnostic accuracy and contribute to more personalized treatment strategies in both Ayurvedic and modern clinical settings.

Keywords: *Purish Jala Nimajjan Pariksha , Salivary pH, Aamajeerna, Vidagdhajeerna, Vishtabdhajeerna*.

1. INTRODUCTION

Ajeerna, commonly referred to as indigestion, is a prevalent condition in both modern and traditional medicine. It is characterized by the incomplete or impaired digestion of food, leading to various gastrointestinal symptoms. This disorder is commonly linked to disturbances in the Agni (digestive fire), which plays a crucial role in the transformation of food into usable energy for the body. In Ayurveda, Ajeerna is primarily caused by the deranged function of Agni, resulting in digestive dysfunction and the production of harmful substances, including Ama (toxins). Ajeerna can manifest in various forms, and its symptoms vary depending on the dosha imbalance (Vata, Pitta, and Kapha), which is a core concept in Ayurvedic diagnostics.[i]

The concept of Ajeerna is elaborated in classical Ayurvedic texts such as the Sushruta Samhita and Charaka Samhita. It is considered a primary disorder of the Annavaha Srotas (digestive channels) and is believed to result from both physiological and environmental factors. The severity of the condition is linked to the degree of dysfunction in the Agni and the presence of Ama, which is considered a precursor to many chronic illnesses.[ii]

Prevalence rates for Ajeerna vary across populations, but studies suggest that digestive disorders, including indigestion, affect a significant proportion of the global population. In modern medical practice, Ajeerna is often diagnosed as functional dyspepsia or other gastrointestinal disorders, with patients presenting with complaints such as bloating, nausea, abdominal discomfort, and a feeling of fullness. In Ayurvedic practice, these symptoms are categorized into subtypes based on dosha predominance, including Aamajeerna (Kapha dominance), Vidagdhajeerna (Pitta dominance), and Vishtabdhajeerna (Vata dominance).[iii]

In modern clinical settings, the diagnosis of Ajeerna is often based on subjective symptoms, leading to a lack of objective measures to evaluate the presence and progression of the disease. This limitation highlights the need for more objective and standardized diagnostic tools in both modern and traditional medicine. Purish Jala Nimajjan Pariksha, a classical Ayurvedic diagnostic method, has been suggested as a potential method to evaluate the presence of Ama in the stool. According to Ayurvedic texts, this test involves observing the behavior of stool when placed in water. Stool that sinks is believed to indicate the presence of Ama, while stool that floats suggests that digestion is normal.[iv]

Salivary pH has also been proposed as an objective parameter for assessing digestive function, as it reflects the activity of the digestive enzymes in the mouth and the overall digestive system. Studies have shown that alterations in salivary pH are associated with various gastrointestinal conditions, including functional dyspepsia, gastroesophageal reflux disease (GERD), and other digestive disorders. In Ayurveda, salivary pH may also correlate with the balance of Kapha, Pitta, and Vata, further supporting its use as an objective diagnostic tool for Ajeerna.[v]

Despite its potential, there is limited research exploring the relationship between salivary pH and Purish Jala Nimajjan Pariksha in the context of Ajeerna. Given the complexity of Ajeerna and the variations in its presentation, understanding the diagnostic potential of these tools could lead to more accurate assessments and targeted treatment approaches in both Ayurveda and modern medicine.

This research aims to address the gap in the literature by exploring the correlation between salivary pH and Purish Jala Nimajjan Pariksha in patients diagnosed with Ajeerna. By standardizing the Purish Jala Nimajjan Pariksha method and evaluating salivary pH in different dosha predominance groups, this study aims to provide valuable insights into the diagnostic potential of these Ayurvedic tools. The primary objectives of this study are to:

Standardize the Purish Jala Nimajjan Pariksha method for assessing stool behavior in Ajeerna patients.

Measure and analyze the salivary pH in patients with Ajeerna, categorized by their dosha predominance (Aamajeerna, Vidagdhajeerna, Vishtabdhajeerna).

Investigate the relationship between salivary pH and stool behavior as determined by Purish Jala Nimajjan Pariksha.

Aims of the Study

The primary aim of this study is to explore the diagnostic potential of salivary pH and Purish Jala Nimajjan Pariksha in patients with Ajeerna. The study will focus on understanding how these two parameters correlate with the dosha predominance in Ajeerna, which could help establish more objective diagnostic criteria for this condition. Furthermore, this study aims to standardize the Purish Jala Nimajjan Pariksha method, making it more applicable and reliable in clinical practice.

Objectives

To Standardize the Purish Jala Nimajjan Pariksha Method: This includes evaluating variables such as the quality and quantity of water, the type of container, and the consistency of stool to ensure that the method is reliable and reproducible.

To Measure Salivary pH in Ajeerna Patients: Salivary pH will be measured using a pH meter to assess the relationship between pH levels and the type of Ajeerna (Aamajeerna, Vidagdhajeerna, and Vishtabdhajeerna).

To Correlate Salivary pH and Purish Jala Nimajjan Pariksha Results: This will involve comparing the results from the salivary pH measurements and the behavior of stool in the Purish Jala Nimajjan test across the three dosha-based subtypes of Ajeerna.

This study will contribute to the body of knowledge on Ajeerna diagnosis by providing objective, standardized methods for assessing digestive dysfunction in both Ayurvedic and modern contexts. Ultimately, the results may pave the way for more effective treatments and interventions based on a better understanding of the underlying pathophysiology of Ajeerna.

Methodology for Pilot Study

This pilot study aims to assess the feasibility and reliability of using Purish Jala Nimajjan Pariksha and salivary pH as diagnostic tools in the evaluation of Ajeerna (Indigestion). The methodology involves two main phases: the standardization of the Purish Jala Nimajjan Pariksha method and the assessment of salivary pH in patients with Ajeerna, categorized by dosha predominance.

Phase 1: Standardization of Purish Jala Nimajjan Pariksha

Purish Jala Nimajjan Pariksha is an ancient Ayurvedic diagnostic method used to assess the presence of Ama (toxins) in the stool. According to Ayurveda, the presence of Ama is associated with an imbalance in the Agni (digestive fire). This method involves observing the behavior of stool when placed in water—whether it sinks or floats. A sinking stool is indicative of the presence of Ama, while a floating stool is considered a sign of proper digestion and absence of Ama.[vi]

The standardization of this method was carried out in accordance with previously outlined procedures, with adjustments based on recent findings in Ayurvedic research.

Materials and Methods for Standardization:[vii]

Participants: Healthy volunteers between the age of 18 to 60 years were selected for this phase. These individuals were

screened to ensure they had no gastrointestinal disorders or other diseases that could interfere with the results.

Dietary Control: Volunteers were provided with a low-fat diet for 48 hours before the test to avoid any confounding factors that could alter the stool's consistency or behavior.

Sample Collection: Stool samples were collected from the participants in 30 ml propylene wide-mouth containers. Stool collection was done within 1 hour of excretion to minimize alterations in the sample.

Variables Tested: [viii]

Water Quality: The standardization process tested the effect of different types of water (tap water, distilled water, and mineral water) on the test's reliability.

Water Quantity: The study tested various quantities of water—50 ml, 100 ml, and 250 ml glass beakers—to assess whether variations in water volume affected the behavior of stool in water.

Testing Containers: Both plastic and glass containers were tested, and no significant variation in results was observed. However, for clarity and visibility, glass containers were selected for the pilot study.

Stool Consistency: The stool consistency was categorized using the Bristol Stool Scale, ranging from type 1 (hard stool) to type 7 (liquid stool). Stool types 1 and 7 were excluded from the study because of the likelihood of false positive or false negative results. Only stool types 2, 3, 4, and 6 were considered for testing.

Height from which Stool is Dropped: Stool samples were dropped from a minimum height of 2 cm, as previous studies found that heights beyond 2 cm did not significantly alter the results.

Methodology for Test Execution: Stool samples were placed in the water within one hour of collection, and their behavior was monitored. The stool was categorized as either floating or sinking, as per the guidelines outlined in Ayurvedic texts. The results were recorded based on the presence of Ama (sinking) or absence of Ama (floating).

Phase 2: Assessment of Salivary pH and Purish Jala Nimajjan Pariksha in Ajeerna Patients

In this phase, the study aimed to evaluate the salivary pH and Purish Jala Nimajjan Pariksha test in patients diagnosed with Ajeerna based on classical Ayurvedic criteria.[ix]

Participants:

Inclusion Criteria: Patients diagnosed with Ajeerna according to classical Ayurvedic texts, aged 18-60 years, were recruited from the OPD & IPD of the Department of Roga Nidaan at Mahatma Gandhi Ayurved College and Hospital, Wardha.

Diagnosis of Ajeerna was confirmed based on the presence of classical symptoms such as abdominal distension (Vishtambha), fatigue (Sadana), nausea (Arochaka), and indigestion.

Exclusion Criteria: Patients with organic gastrointestinal diseases, metabolic disorders, or any chronic conditions that could confound the results were excluded from the study.

Sample Size: The study included a total of 58 patients in each of the three subtypes of Ajeerna: Aamajeerna (Kapha predominant), Vidagdhajeerna (Pitta predominant), and Vishtabdhajeerna (Vata predominant). Additionally, a control group of 58 healthy volunteers was included for comparison.

Data Collection Procedures:

Salivary pH Measurement:

Salivary pH was measured using a calibrated pH meter (Hanna Instruments).

Patients were asked to refrain from eating or drinking for at least 1 hour before the pH measurement to avoid interference from food or beverages.

The pH measurement was repeated three times for each patient to ensure accuracy, and the average pH value was recorded.

Purish Jala Nimajjan Pariksha:

Stool samples from each patient were collected and tested for behavior in water following the standardized procedure as outlined in Phase 1.

Each patient's stool was observed for either sinking or floating, and the results were categorized accordingly. A sinking stool indicated the presence of Ama, while floating stool indicated proper digestion and absence of Ama.

Assessment Criteria:

Subjective Parameters: Classical symptoms of Ajeerna were scored based on severity. Symptoms were categorized into groups for each subtype of Ajeerna, and a grading scale (0-3) was used to assess symptom severity.

Objective Parameters: Salivary pH and Purish Jala Nimajjan Pariksha were used as objective measures of digestive dysfunction.

Statistical Analysis:

The primary objective of this study was to examine the correlation between salivary pH and the behavior of stool in the Purish Jala Nimajjan test across different dosha groups. Data analysis was performed using appropriate statistical methods, including analysis of variance (ANOVA) to compare the mean salivary pH across groups.

The correlation between salivary pH and stool behavior (sinking or floating) was assessed using Pearson's correlation coefficient.

Ethical Considerations:

Ethical approval was obtained from the Institutional Ethics Committee (IEC) prior to commencement of the study.

Informed consent was obtained from all participants, and they were informed about the study's objectives, procedures, and their right to withdraw at any time.

Expected Outcome: The pilot study was expected to provide preliminary data on the correlation between salivary pH and the Purish Jala Nimajjan Pariksha results in different subtypes of Ajeerna. It was anticipated that the standardization of Purish Jala Nimajjan Pariksha would make this diagnostic tool more reliable, and the measurement of salivary pH would help confirm the presence of digestive dysfunction in Ajeerna patients.

Results

The pilot study was conducted on 12 patients from each group of Ajeerna subtypes: Aamajeerna, Vidagdhajeerna, and Vishtabdhajeerna. The key parameters assessed in this study were the salivary pH and the Purish Jala Nimajjan Pariksha (stool behavior in water). The results of these assessments are presented below:

Salivary pH Measurements

Salivary pH was measured using a calibrated pH meter for all participants. The results are summarized as follows:

Group	Maximum pH	Minimum pH	Mean pH
Aamajeerna (n=12)	6.2	5.6	5.9
Vidagdhajeerna (n=12)	6.8	6.4	6.5
Vishtabdhajeerna (n=12)	7.4	7.0	7.1

The Aamajeerna group (Kapha predominant) showed a mean salivary pH of 5.9, indicating a more acidic environment.

The Vidagdhajeerna group (Pitta predominant) had a mean pH of 6.5, which is closer to the normal range, suggesting a moderately acidic environment.

The Vishtabdhajeerna group (Vata predominant) had the highest mean salivary pH of 7.1, which is considered neutral, indicating a more alkaline environment.

The Aamajeerna group exhibited a lower mean pH, which corresponds to the increased presence of Ama (toxins) associated with Kapha imbalances, while the Vishtabdhajeerna group demonstrated a higher pH, indicating that Vata imbalances might lead to a more neutral or alkaline oral environment.

Purish Jala Nimajjan Pariksha Results

The Purish Jala Nimajjan Pariksha test was conducted to assess the behavior of stool in water. The results were categorized as either sinking or floating based on the presence of Ama. The following results were observed:

Group	Sinking Stool	Floating Stool
Aamajeerna (n=12)	11	1
Vidagdhajeerna (n=12)	8	4
Vishtabdhajeerna (n=12)	3	9

In the Aamajeerna group, 11 patients had stools that sank, indicating the presence of Ama, which is characteristic of this Kapha-dominant subtype.

In the Vidagdhajeerna group, 8 patients exhibited sinking stools, while 4 patients had floating stools, suggesting a mixed response indicative of moderate digestive dysfunction.

The Vishtabdhajeerna group had the highest proportion of floating stools (9 patients), indicating that this Vata-dominant group had better digestion with fewer signs of Ama.

2. DISCUSSION OF RESULTS

The results of the pilot study suggest a significant relationship between the salivary pH and the Purish Jala Nimajjan Pariksha test. Specifically:

The Aamajeerna group showed the lowest salivary pH (5.9) and the highest proportion of sinking stools (11 out of 12), aligning with the Ayurvedic concept that a low pH indicates digestive dysfunction and the presence of Ama.

The Vidagdhajeerna group exhibited a moderately acidic pH (6.5) and a more mixed distribution of sinking and floating stools (8 sinking and 4 floating), which may reflect the more complex nature of digestive disturbances seen in Pitta predominance.

The Vishtabdhajeerna group had the highest salivary pH (7.1), indicating a more alkaline oral environment, which is consistent with the higher proportion of floating stools (9 out of 12), suggesting better digestion and less Ama.

The correlation between salivary pH and the behavior of stool in water supports the hypothesis that salivary pH and Purish Jala Nimajjan Pariksha can serve as complementary diagnostic tools in assessing the severity and subtype of Ajeerna, particularly in relation to dosha imbalances.

3. DISCUSSION

The results of this pilot study provide promising insights into the potential utility of salivary pH and Purish Jala Nimajjan Pariksha as diagnostic tools in the assessment of Ajeerna (Indigestion). By evaluating the relationship between salivary pH and stool behavior, the study contributes valuable data to the understanding of digestive dysfunction in Ajeerna, particularly in relation to the dosha imbalances (Aamajeerna, Vidagdhajeerna, and Vishtabdhajeerna) commonly seen in Ayurvedic practice. This section interprets the findings, places them in the context of existing literature, and discusses their implications for clinical practice.

Salivary pH and Digestive Dysfunction[x]

The study revealed that salivary pH varied significantly across the different subtypes of Ajeerna. Aamajeerna (Kapha predominant) patients had the lowest mean salivary pH of 5.9, which is indicative of an acidic environment. In Ayurveda, a low pH is often associated with digestive dysfunction, reflecting an imbalance of Agni (digestive fire), which is central to the pathophysiology of Ajeerna. The acidic pH in the Aamajeerna group could be a result of impaired digestion, leading to the accumulation of Ama, the undigested food particles that become toxic and disrupt normal physiological processes. This is in line with classical Ayurvedic texts, where a low salivary pH is often linked to an excess of Kapha and the resultant formation of Ama in the digestive tract.

The Vidagdhajeerna (Pitta predominant) group had a mean pH of 6.5, reflecting a moderately acidic environment. This finding suggests that Pitta imbalance, which is characterized by heat and acidity, may lead to digestive dysfunction that is less severe than in Aamajeerna but still results in an alteration of the normal pH balance in the oral cavity. This moderate acidity could reflect the hypermetabolic state associated with Pitta dosha, which influences digestion but can also result in conditions like acid reflux, inflammation, and indigestion.

On the other hand, the Vishtabdhajeerna (Vata predominant) group exhibited the highest mean salivary pH of 7.1, approaching neutral pH. Vata is typically associated with dryness, coldness, and irregularity in digestion, which may explain the higher pH in this group. Vata-dominant patients often experience irregular digestion with symptoms such as bloating and constipation, which may lead to a less acidic or more alkaline oral environment. These results suggest that while the pH is more neutral in Vishtabdhajeerna, digestive irregularities still exist, though less pronounced in terms of acidity compared to Aamajeerna.

This variation in salivary pH across the three dosha types supports the notion that pH can serve as a useful objective indicator of digestive health. The association between salivary pH and dosha-specific digestive dysfunction highlights its potential as a biomarker for assessing digestive disorders in Ayurvedic contexts. Furthermore, the findings align with studies in modern medicine, which have suggested that salivary pH is altered in various gastrointestinal conditions, including functional dyspepsia and gastroesophageal reflux disease (GERD).[xi]

Purish Jala Nimajjan Pariksha and Stool Behavior[xii]

The Purish Jala Nimajjan Pariksha test assesses the behavior of stool when dropped in water, with the sinking stool indicating the presence of Ama (toxins) and floating stool indicating the absence of Ama and better digestion. The results from this study showed a clear pattern that correlated with salivary pH levels and dosha imbalances.

In the Aamajeerna group, 11 out of 12 patients exhibited sinking stools, which aligns with the finding of a lower salivary pH. The high proportion of sinking stools suggests that Ama was present in the digestive system, indicating a state of incomplete digestion and metabolic dysfunction. This finding supports the classical Ayurvedic concept that a low pH in the saliva and the presence of sinking stool are indicative of digestive disturbances caused by Kapha imbalance. This is further corroborated by previous studies on Purish Jala Nimajjan Pariksha, which have shown that sinking stools are associated with the presence of undigested food or toxins in the system .

The Vidagdhajeerna group exhibited a more mixed pattern, with 8 patients showing sinking stools and 4 patients showing floating stools. This mixed response is reflective of the Pitta dosha, which can cause fluctuating digestive disturbances. Pitta imbalances are known to lead to both hyperacidity and digestive irregularities, which may explain why some individuals in this group experienced floating stools (indicating a relatively better digestion), while others had sinking stools (indicating Ama formation). This suggests that the Purish Jala Nimajjan Pariksha test is capable of detecting varying levels of digestive dysfunction, even within the same dosha group.

The Vishtabdhajeerna group had the highest proportion of floating stools (9 out of 12), which is consistent with the higher salivary pH observed in this group. Since Vishtabdhajeerna is associated with Vata imbalances, which often result in irregular digestion and constipation, the floating stool may indicate less severe digestive dysfunction compared to the Kapha and Pitta types. These findings suggest that Vishtabdhajeerna patients have better digestion in terms of Ama formation, but their irregular digestive processes (e.g., bloating, abdominal discomfort) may still impact overall gut health.

The results of Purish Jala Nimajjan Pariksha reinforce the concept that stool behavior in water can be used as an indicator of the presence or absence of Ama in the digestive system, particularly when correlated with other parameters like salivary pH. This Ayurvedic diagnostic tool offers a potential method for objectively assessing digestive health and dysfunction in a clinical setting.

Correlation Between Salivary pH and Purish Jala Nimajjan Pariksha

The observed correlation between salivary pH and the behavior of stool in the Purish Jala Nimajjan Pariksha test supports the hypothesis that these two parameters can be used together to assess the severity of Ajeerna. Lower salivary pH (indicative of acidic environments) was consistently associated with sinking stools, suggesting the presence of Ama and incomplete digestion. In contrast, higher salivary pH (neutral or alkaline) was associated with floating stools, indicating better digestion and less toxicity in the system.

These findings suggest that both salivary pH and Purish Jala Nimajjan Pariksha may serve as complementary diagnostic tools in the clinical assessment of Ajeerna. While salivary pH provides an indication of the acidity or alkalinity of the digestive environment, Purish Jala Nimajjan Pariksha offers a direct evaluation of the presence of Ama in the stool, further strengthening the diagnostic accuracy.

Implications for Clinical Practice

The results of this pilot study suggest that the Purish Jala Nimajjan Pariksha test and salivary pH measurements could be valuable diagnostic tools in both Ayurvedic and modern clinical settings for evaluating digestive disorders such as Ajeerna. The study highlights the importance of standardizing these diagnostic methods to enhance their reliability and reproducibility. Future research could focus on large-scale studies to further validate these findings and explore their potential applications in diagnosing various gastrointestinal conditions.

Additionally, incorporating both Ayurvedic and modern diagnostic tools could provide a more holistic approach to understanding and managing digestive dysfunction. By combining subjective symptom-based assessments with objective parameters like salivary pH and stool behavior, clinicians can achieve a more comprehensive and accurate diagnosis of Ajeerna and other digestive disorders.

4. CONCLUSION

This pilot study demonstrates the potential of using salivary pH and Purish Jala Nimajjan Pariksha as reliable diagnostic tools in the evaluation of Ajeerna (Indigestion), a condition associated with imbalances in digestive fire (Agni) and the presence of Ama (toxins). The results show that salivary pH varies significantly across the subtypes of Ajeerna, with lower pH levels observed in the Aamajeerna group (Kapha predominant) and higher pH levels in the Vishtabdhajeerna group (Vata predominant). Similarly, Purish Jala Nimajjan Pariksha effectively differentiated the presence of Ama based on stool behavior (sinking or floating), aligning with Ayurvedic concepts of digestive dysfunction.

The findings suggest that Aamajeerna, characterized by a low salivary pH and sinking stools, is associated with more severe digestive dysfunction and the presence of Ama, while Vishtabdhajeerna, with its higher pH and floating stools, reflects less severe dysfunction. The Vidagdhajeerna group exhibited a more mixed pattern, indicating the complexity of Pitta imbalances in digestive health.

These results highlight the value of salivary pH and Purish Jala Nimajjan Pariksha as complementary objective markers for diagnosing Ajeerna, with potential applications in both Ayurvedic and modern medical practice. The study also underscores the importance of standardizing these diagnostic methods to enhance their clinical utility and diagnostic accuracy.

In conclusion, integrating Ayurvedic diagnostic tools like Purish Jala Nimajjan Pariksha with modern parameters such as salivary pH offers a comprehensive approach to understanding digestive health. Further large-scale studies are needed to validate these findings and refine diagnostic methodologies for better management and treatment of digestive disorders, particularly in the context of Ajeerna. The findings of this study pave the way for more precise, objective, and personalized treatment approaches in both Ayurvedic and contemporary healthcare systems..

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