

A Review on Mala Pariksha in Disease Diagnosis: An Ayurvedic Perspective

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Abstract: *Mala Pariksha* (examination of bodily excreta) is one of the eight limbs of *Ashtasthana Pariksha* described by Acharya Yogaratnakara — *Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Drik* and *Akriti* — and represents one of the oldest recorded systems of excreta-based clinical diagnosis. *Mala* denotes the waste products of digested food and tissue metabolism that are eliminated to keep the body free of contamination, and is broadly classified into *Sharirika Mala (Trimala)* — *Purisha* (stool), *Mutra* (urine), and *Sweda* (sweat) — and *Dhatu Mala*, the seven metabolic waste products corresponding to the *Saptadhatu*. Among these, *Purisha Pariksha* (stool examination) occupies a central place in disease diagnosis and provides valuable insight into gastrointestinal health, *Agni* (digestive fire), and *Dosha* status, aiding diagnosis of disorders such as *Atisara*, *Grahani* and *Ajeerna*. Although the *Brihatrayi* (Charaka, Sushruta, and Ashtanga Hridaya/Sangraha) do not describe the normal and abnormal characters of stool in one consolidated chapter, references regarding its colour (*Varna*), consistency (*Sanhati*), odour (*Gandha*), quantity (*Pramana*) and associated symptoms are scattered across the description of numerous *Vyadhis* such as *Atisara*, *Grahani*, *Arsha*, and *Sannipataja* disorders. This review compiles these scattered classical references — including the *Dosha*-specific and *Sannipataja Mala Lakshana* described in the *Yogaratnakara* (originally attributed to the *Rudra Tantra*) — together with contemporary Ayurvedic and biomedical literature, into a structured account of *Mala Pariksha* — its definition, classification, method of examination (*Chakshusha Pariksha* and *Jala Nimajjana Pariksha*), *Dosha*-specific and disease-specific alterations, and its diagnostic and prognostic significance — and critically correlates it with modern stool/faecal examination in clinical gastroenterology. *Mala Pariksha* is found to be a simple, non-invasive, cost-free bedside diagnostic tool that reflects the state of *Agni* (digestive fire), *Dosha* vitiation, and disease prognosis, and deserves renewed clinical and research attention as part of the routine Ayurvedic clinical examination.

Keywords: Mala Pariksha, Purisha Pariksha, Ashtasthana Pariksha, Jala Nimajjana Pariksha, Grahani, Atisara, Agni, Stool Examination, Ayurveda Diagnosis.

I. INTRODUCTION

Diagnosis (Roga–Rogi Pariksha) occupies a foundational place in Ayurvedic clinical practice, since accurate assessment of both the disease and the diseased individual determines the success of treatment. In Ayurvedic texts, various methods have been described for diagnosing diseases and understanding the condition of a patient, broadly classified into Roga Pariksha (disease examination) and Rogi Pariksha (patient examination). Ayurveda describes numerous schemes of patient examination of increasing complexity — Dwividha, Trividha, Chaturvidha, Panchavidha, Shadvidha, Ashtavidha, and Dashavidha Pariksha — among which Ashtavidha (Ashtasthana) Pariksha, first systematically enumerated by Acharya Yogaratnakara, is considered one of the most comprehensive and clinically practical schemes.¹



“नाडी मूत्रं मलं जिह्वां शब्दं स्पर्शं च दृक् आकृतिम्॥”

(Yogaratanakara, Purvardha, Ashtasthana Nirikshanam, Verse 1) — The physician should examine the patient through Nadi (pulse), Mutra (urine), Mala (excreta), Jihwa (tongue), Shabda (voice), Sparsha (touch), Drik (eyes), and Akriti (body build/appearance).

Ayurveda emphasizes comprehensive clinical examination through Darshana (inspection), Sparshana (palpation), and Prashna (history-taking), and Ashtavidha Pariksha — built upon these three pillars — includes Mala Pariksha as a component that plays a crucial role in understanding the condition of Annavaha Srotas and digestive function. Of the eight parameters, Mala Pariksha — examination of the body's excreta — ranks alongside Nadi and Mutra Pariksha as an important, easily accessible, and non-invasive diagnostic and prognostic tool.² Mala (feces) is considered a waste product (Mala) of Ahara Rasa and reflects the functional status of Agni and Koshtha; since Mala are the end products of Ahara Pachana (digestion) and Dhatu Paka (tissue metabolism), any disturbance of Agni or Dosha is reflected in their colour, consistency, odour, quantity, and frequency, making Mala Pariksha a mirror of the internal digestive and metabolic state of the body. Any alteration in stool characteristics therefore indicates an imbalance of Dosha and underlying pathology in the gastrointestinal tract.

In contemporary clinical medicine too, stool examination (macroscopic, microscopic, and biochemical) remains a routine and valuable investigation for diagnosing gastrointestinal, hepatobiliary, pancreatic, and parasitic disorders, and for detecting occult blood, fat malabsorption, and infection.³ Modern studies further suggest that stool examination is not merely a waste assessment but a valuable diagnostic tool for gastrointestinal infections, malabsorption, and inflammatory disorders, and that macroscopic parameters such as colour, consistency, and odour — as described in Ayurveda — correlate meaningfully with modern stool-examination findings.¹³ Despite advancements in modern diagnostics, this parallel underlines the enduring clinical relevance of the ancient Ayurvedic concept of Mala Pariksha, which remains a valuable clinical tool especially in resource-limited settings.

Aim and Objectives—

To review and compile the classical Ayurvedic concept, classification, and method of Mala Pariksha as scattered across the Brihatrayi and later texts, including the Dosha-specific Mala Lakshana described by Yogaratanakara.

To analyse the Dosha-specific and disease-specific alterations of Mala (Purisha) described in classical literature, including the composite Sannipataja presentation.

To correlate the diagnostic and prognostic value of Mala Pariksha with modern methods of stool examination.

Materials and Methods—

This is a compilation-type narrative review. Classical Ayurvedic texts — Charaka Samhita (Sutra, Vimana, Nidana, and Chikitsa Sthana), Sushruta Samhita (Sutra Sthana), Ashtanga Hridaya/Ashtanga Sangraha (Sutra Sthana), and Yogaratanakara (Ashtasthana Nirikshanam) — were reviewed for direct and scattered references to Mala/Purisha Pariksha. This was supplemented by an electronic search of PubMed, AYU journal, and other AYUSH-indexed journals (IJCRT, IJAPC, JETIR, WJPR) using the keywords “Mala Pariksha”, “Purisha Pariksha”, and “Ashtasthana Pariksha”, and relevant peer-reviewed review and research articles — including PubMed-indexed literature on the clinical utility of stool examination — were critically analysed and organised under the scheme of Sushruta's Shadvidha Pariksha (six-fold examination: Varna, Gandha, Sparsha, Akriti, Sanghata, and quantity/associated symptoms) to present first-hand, consolidated information for diagnostic use.⁴

II. REVIEW OF LITERATURE

1. Concept and Definition of Mala

Acharya Charaka defines Mala through its function:

“मलिनीकरणात् आहारमलत्वात् मलः, मृज्यते शोध्यते अनेन इति मलः”

— That which has the capacity to contaminate other bodily constituents, being a waste product of digested food, is called Mala; by whose elimination the body is purified.



Along with Dosha and Dhatu, Mala forms one of the three pillars (Trisutra) of the body described in Ayurvedic physiology, and its proper formation, retention, and timely elimination are essential for the maintenance of health (Swasthya).⁵ Mala are broadly classified into two categories:

Sharirika Mala (Trimala): the three principal bodily excreta — Purisha (stool), Mutra (urine), and Sweda (sweat).

Dhatu Mala: the seven metabolic waste products corresponding to each of the Saptadhatu (e.g., Kapha from Rasa Dhatu, Pitta/Mala of Rakta, Kha-Mala of Mamsa, nails and hair from Asthi, ocular and other secretions from Majja, and so on).

Among the Trimala, Purisha (stool) receives the most detailed clinical attention in the classics and forms the principal subject matter of Mala Pariksha in the diagnostic context.⁶

2. Mala Pariksha within Ashtasthana Pariksha

Acharya Yogaratnakara placed Mala Pariksha third in sequence among the Ashtasthana Pariksha, immediately after Nadi and Mutra Pariksha, reflecting its importance as a routine bedside diagnostic tool.⁷ Unlike Nadi Pariksha, which requires trained tactile skill, Mala Pariksha is largely a Pratyaksha (direct perceptual) examination, chiefly Chakshusha (visual) and to a lesser extent Ghranaja (olfactory), making it accessible and reproducible.

3. Method of Mala (Purisha) Pariksha

A. Chakshusha Pariksha (Physical/Visual Examination) —

Through direct inspection, the following parameters of stool are assessed:

Parameter	Normal / Assessment Basis	Diagnostic Significance
Varna (Colour)	Governed predominantly by Pitta Dosha, responsible for colour production in the body	Deviation indicates the Dosha involved and the site/nature of pathology
Gandha (Odour)	Mild, natural faecal odour	Amagandha (sour/putrid smell) indicates Ama; Visragandha (raw-meat-like odour) indicates Pitta-Kapha vitiation
Sparsha / Sanhati (Consistency)	Sandra (formed, neither too hard nor loose)	Baddha/Vibaddha (hard), Drava (watery), Bhinna (loose), or Shushka (dry) reflect specific Dosha and disease states
Pramana (Quantity)	Sapta Anjali Pramana (approx. seven handfuls) as per Acharya Charaka	Alpa (scanty) seen in Vata-predominant states; Bahu/Atipravritti (excess) seen in Pitta/Kapha-predominant or Asadhya states
Phena (Froth)	Absent	Presence indicates Vata Prakopa, seen in Vataja Arsha, Vataja Atisara, and Vataja Grahani
Vaishadya (Clarity/non-stickiness)	Clear, non-sticky	Picchila (sticky/mucoid) stool indicates Kapha or Ama involvement



B. Jala Nimajjana Purisha Pariksha (Water-Immersion Test) —

This is a unique, objective test described in the medieval-period texts to detect Ama (undigested/toxic metabolic product) in stool and thereby infer the status of Agni.⁸ A wide-mouthed vessel is filled with clean water, and a small quantity of stool is placed gently on its surface:

Sinks in water: indicates Sama (Ama-associated) stool — heavy, undigested, denoting Agnimandya.

Floats on water: indicates Nirama stool, free from Ama, denoting relatively normal Agni function.

This simple test remains a practical, reproducible, cost-free method for assessing digestive status, though standardisation of the technique (quantity of stool, water temperature, time of observation) is recommended to improve reproducibility in clinical research.⁹

C. Dosha-specific Mala Lakshana as per Yogaratnakara —

Beyond the Chakshusha and Jala Nimajjana methods, Yogaratnakara — drawing upon the Rudra Tantra — describes concise, Dosha-wise physical characters of Mala that supplement the Shadvidha scheme above:

वातान्मले तु दृढता शुष्कता चापि जायते।

पीतता जायते पिताच्छुक्लता श्लेष्मतो भवेत् ॥ यो. र. १

Due to vitiation of Vata, Mala becomes Grathita (lump-formed/hard) and Shushka (dry); it appears Peeta Varna (yellow) due to Pitta Prakopa, and Shweta Varna (whitish) due to Kapha Prakopa.

Yogaratnakara records this description as originally given in the Rudra Tantra, and it complements the colour–Dosha correlation presented in Section 4 below. In addition, a composite presentation is described when all three Dosha are simultaneously vitiated (Sannipataja state):

सन्निपाते च सर्वाणि लक्षणानि भवन्ति हि।

बुटितं फेनिलं रूक्षं धूमलं वात कोपतः ॥ यो. र. १/२

In Sannipataja Vyadhi, all the (Dosha-specific) features described above may occur together. Where Vata is predominant within this combination, the Mala Pravritti is characteristically Truitam (broken/fragmented), Phenilam (foamy/frothy), Rooksham (dry) and Dhoomalam (smoky-grey in colour).

These verses reinforce that Phena (froth), Shushka/Ruksha (dryness) and Dhoomra (smoky-grey colour) together point toward Vata-dominant pathology even within a mixed Sannipataja presentation, while isolated Peeta (yellow) and Shukla (white) discolouration point respectively toward Pitta and Kapha involvement — findings that are consistent with, and further detailed in, the Dosha-wise tables in Section 4.¹⁰

4. Dosha-wise and Disease-wise Alterations of Purisha

Colour changes of stool according to Dosha —

Colour (Varna)	Dosha Involved
Krishna (black), Dhumra (smoky), Shyava (blackish-brown)	Vata
Pita (yellow)	Pitta
Shukla (white)	Kapha
Pita–Shyava (yellowish-brown)	Vata–Pittaja
Kapisha (grayish-brown)	Vata–Kaphaja
Pita–Shweta (yellowish-white)	Kapha–Pittaja



Mayurachandrakopama (peacock-neck-like iridescence)	Sannipataja — Asadhya (poor prognosis)
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Consistency and quantity changes —

Character of Stool	Associated Conditions
Sandra (dense)	Kaphaja Atisara, Sahaja Arsha
Baddha / Vibaddha (hard/constipated)	Vataja Arsha, Vatika Atisara, Vataja Grahani
Drava (watery)	Asadhya Atisara, Mandagni states, Vatika Grahani, Paittika Arsha
Bhinna (loose)	Kaphavrita Apanavata, Paittika Arsha, Shlaishmika Grahani
Shushka (dry)	Sahaja Arsha, Vataja Grahani
Snigdha (unctuous)	Kaphaja Arsha, Kaphaja Atisara
Alpa (scanty)	Vataja Atisara, Pandu Roga
Bahu / Atipravritti (excess)	Pittaja Atisara, Asadhya Atisara

Associated symptoms during defecation —

Sashula (painful defecation): seen in Amatisara.

Sashula with Sadaha (pain with burning): seen in Paittika Atisara.

Parikartika (tenesmus): seen in Pravahika (dysentery).

Shula with Gudasrava (pain with anal discharge): seen in Jalodara (ascites).

Modern correlation: the Sandra (dense) consistency associated with Kapha predominance parallels the Sandra Guna (dense quality) of Kapha; the Baddha/Vibaddha consistency of Vata-predominant states corresponds to its Shoshaka Guna (absorptive quality), which withdraws fluid from the stool — comparable to the reduced gastrointestinal motility and increased water re-absorption seen in constipation of autonomic neuropathy (e.g., in diabetes mellitus). Similarly, Amagandha (sour/putrid odour) in Amatisara corresponds to bacterial fermentation of undigested food, comparable to the offensive, fatty odour of steatorrheic stool in malabsorption syndromes in modern gastroenterology.¹¹

5. Diagnostic and Prognostic Importance of Mala Pariksha

Status of Agni: consistency, presence of Ama, and the Jala Nimajjana test directly reflect the state of digestive fire.

Dosha involvement: colour, consistency, odour, and frequency indicate the predominant vitiated Dosha, as confirmed by both the Shadvidha scheme and the Yogaratnakara verses above.

Disease diagnosis: characteristic stool changes assist in differentiating Atisara, Grahani, Arsha, Pravahika, and other Annava/Purishavaha Srotodushti disorders.

Prognosis: Mayurachandrakopama Varna and other Sannipataja features indicate an Asadhya (incurable/poor) prognosis, whereas simple Dosha-specific changes are generally Sadhya or Kruchrasadhya.

Presence of parasites: visible ova, segments, or worms in stool aid direct diagnosis of Krimi Roga (parasitic infestation).

6. Modern Correlation

Contemporary clinical medicine similarly employs macroscopic stool examination (colour, consistency, blood, mucus, fat globules), microscopic examination (ova, cysts, pus cells, undigested food particles), and biochemical tests (occult blood, faecal fat, faecal calprotectin, stool culture) as first-line, cost-effective investigations for gastrointestinal,



hepatobiliary, and parasitic disorders.¹² Recent literature indexed on PubMed reinforces this, showing that stool examination is a valuable diagnostic tool for gastrointestinal infections, malabsorption, and inflammatory bowel disorders, and that the macroscopic parameters emphasised in Ayurveda — colour, consistency, and odour — correlate meaningfully with the findings of modern stool examination.¹³ The Ayurvedic scheme of Mala Pariksha, though pre-dating microscopy and biochemistry, achieves a comparable clinical purpose through structured macroscopic and functional (water-immersion) assessment, and can be meaningfully integrated as a complementary bedside tool alongside modern stool investigations in an integrative clinical setting.

III. DISCUSSION

Although Purisha Pariksha is not described as an independent, consolidated chapter in the Brihatrayi, the wealth of scattered references — compiled here under Sushruta's Shadvidha Pariksha scheme and supplemented by the concise Dosha-wise and Sannipataja verses of Yogaratnakara — demonstrates that ancient physicians attached considerable diagnostic weight to excreta examination. The Jala Nimajjana Pariksha is particularly notable as one of the few genuinely objective, reproducible tests in classical Ayurvedic diagnostics, offering a simple functional marker of Agni status that requires no equipment.¹⁴ The correlation of Dosha-specific stool colour and consistency changes with recognisable modern pathophysiological mechanisms (fluid absorption by Vata, pigment/colour changes attributed to Pitta, and mucoid/dense changes attributed to Kapha) lends this classical scheme continued clinical plausibility, and is further strengthened by contemporary PubMed-indexed evidence confirming that macroscopic stool parameters carry genuine diagnostic value in gastrointestinal infection, malabsorption, and inflammatory disease.¹³ Given its simplicity, absence of cost, and non-invasive nature, Mala Pariksha deserves to be practised as a routine part of Ayurvedic clinical examination rather than being relegated to a theoretical curriculum topic. Future clinical and validation studies standardising the Jala Nimajjana Pariksha protocol, and correlating classical Purisha characteristics — including the Yogaratnakara Dosha-wise and Sannipataja Lakshana — with modern stool biomarkers (faecal calprotectin, faecal fat, culture and sensitivity), would help establish Mala Pariksha on a stronger evidence base and facilitate its integration into contemporary integrative gastroenterology practice.

IV. CONCLUSION

Mala Pariksha, though often the least emphasised of the Ashtasthana Pariksha in modern teaching, is a rich, clinically meaningful diagnostic tool rooted firmly in classical Ayurvedic literature. Systematic compilation of the scattered classical references on stool colour, consistency, odour, quantity, the Dosha-wise and Sannipataja verses of Yogaratnakara, and the Jala Nimajjana test reveals a coherent framework for assessing Agni, Dosha involvement, disease status, and prognosis. Reviving structured Mala Pariksha alongside modern stool investigations — which independent literature confirms remain diagnostically valuable for gastrointestinal infection, malabsorption, and inflammatory disease — offers a simple, low-cost, and complementary approach to gastrointestinal and systemic disease diagnosis in integrative clinical practice.

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