

Date _____

First Name _____ Last Name _____

Email: _____

Primary Phone (____) _____

If Jyotish Natal is also incorporated for life path- Prakriti (*a Jyotish natal reading is complimentary at special discount of \$70 off standard natal rates for a holistic client ordering one full Ayurvedic Profile or an Ayurvedic coaching & wellness plan*):

DOB: _____ Hour of Birth: _____

Place of Birth: _____ Zip Code: _____ (LN, LW): _____

Disclaimer which includes Practitioner Treatment, Service, Overview, Training.

Welcome to a new way of enjoying life. As you know, we are practitioners of holistic practices. We are not licensed physicians, nor are **such** services licensed by the state.

We offer alternative views, modalities and practices for self-renewal and as such It is a way of serving natural healing and emphasizes on maintaining the harmony of Body-Mind-Spirit through diet, lifestyle, and alternative services, as well as that of natural herbal support. All emphasis is not on disease or treatment but on one's ability in creating or maintaining of a healthier state for one's own individual Mind, Body, and Spirit. As you are aware wellness are never one size fits all, thus this is not a substitute for but may be a complement to western or conventional medicine. We recommend that you maintain medical counsel and inform your medical doctor that you are receiving alternative or support services. If a conflict arises you may give permission for any authority to discuss such with us. If you ever have any concerns about the nature of your practitioner or services, please feel free to discuss them with us.

I have read and understood the above disclosure. I have discussed and am fully aware of the nature of the services I am enjoying and also understand it is my obligation to take full responsibility for my own health and wellbeing, even if aids or remedies are suggested I am advised to utilize my own discernment or a licensed medical advisor. I understand that I am not employing a licensed medical advisor here as such current services are not licensed by VT State. I understand it is my responsibility to maintain a relationship for myself with a licensed medical doctor.

I understand that a complimentary alternative practitioner is not a medical doctor or a replacement for western medicine, and I must seek the advice of a medical practitioner when necessary.

Signature: _____ Date: _____

Printed Name: _____

Why are you seeking support? What specific or current ailments are you looking to have served?

What understanding do you hope to come away with? Also what are your goals?

Describe your current western condition or existing condition:

Your current practitioners supporting this condition and their applications provided to you:

Include Medicines Prescribed, Herbal, Nonmedicinal supplement's:

Please provide family or lineage medical imbalance history:

Please describe your typical daily routine:

What time of day do you awake, nap and retire?

What do you entertain for mindfulness, meditation, exercise, hobby, enjoyment?

Describe Your Typical Dietary Routine:

Please describe what your daily eating pattern looks like, a summary of the tastes, foods, and even types of foods you eat. *Please be open.... mention if you are weak in digestion or nutrition also, any weak spots in diet is perfect to talk about and to gain support with, and also mention areas where you are certain and strong in nutrition or food/diet choices.*

My dietary style consists of: (Describe your dietary theme or any food type you prefer)

My Typical Daily Meal Plan: *Please include breakfast, lunch, dinner, snacks, liquids:*

Also not other typical foods you routinely have weekly at other days during this mealtime:

Time of Day: _____

Time of Day: _____

Time of Day: _____

Time of Day: _____

Time of Day: _____

Prakriti Determination

This questionnaire section is designed to identify your authentic mind body constitution based upon Ayurveda, it is helpful when it coincides with Jyotish Natal Prakriti Determination for a refined understanding of original energy. Circle the choices that are your tendencies over the span of your life as to who you feel you are (not what is true recently, or not who you want to be), you may circle more than one answer per question if they are of equal measurement.

1. Physique

- ☐ V) I am traditionally a slender framed person, I am light weight, and putting on weight & muscle mass can be a task
- ☐ P) I am medium in frame, build and can retain my body type easily built. I am medium weight, good muscles, and can change my weight readily
- ☐ K) I am well built with frame stamina and have a sturdy strong wider frame. I gain weight easily which can be a problem for me and weight loss & maintenance takes a lot of my energy

2 Facial Structure and Skin Tendency

- ☐ V) My skin is dry, thin, and itches often, V) My face is shaped somewhat oval
- ☐ P) My skin looks flushed; I have lots of moles and freckles on my body,) My face is shaped somewhat triangular (I have a pointed chin/prominent jaw line)
- ☐ K) My skin is smooth and soft, it looks pale or light sometimes, my face is shaped somewhat round

3 Hair

- ☐ V) My hair is thin, dry and brittle
- ☐ P) I am blond, brunet, I can have a receding hairline
- ☐ K) My hair is thick, full, lustrous, and slightly oily

4 Eyes

- ☐ V) My eyes are small; they feel dry and unsteady often

☐ P) My eyes are medium in shape, sharp and penetrating

☐ K) My eyes are big and round

5 Hands, Fingers

☐ V) My hands are small, generally dry, rough, my fingers are thin structured and narrow

☐ P) My hands are generally moist, pink, my fingers are medium structured, pointed

☐ K) My hands are generally firm, thick, strong, my fingers are large, stocky fingers

6 Complexion

☐ V) My skin is dull, darkish

☐ P) My skin is red, ruddy, glowing

☐ K) My skin is white, pale

7 Joints

☐ V) My joints are small, may crack

☐ P) My joints are medium, loose

☐ K) My joints are large, deep seated (I have lot of muscles around my joints)

8 Sleep

☐ V) I do not sleep soundly at night; I toss and turn I awaken early in the morning

☐ P) I am a light sleeper, if something wakes me up, I can easily go back to sleep

☐ K) I am a heavy sleeper (I sleep like a log)

9 Appetite

☐ V) Varies, sometimes I feel hungry, sometimes not, often I feel anxious if I do not eat

☐ P) I always feel hungry; if I do not eat, I get irritable and angry

☐ K) I do not feel very hungry; I can go without food easily for a day

10 Bowel movement

☐ V) I tend to have constipation, and can go a day or two without a bowel movement

☐ P) Regular bowel movements and sometimes they are loose

☐ K) I have no problem; I wake up to go to the bathroom

11 Voice and Speech tendency

☐ V) My voice tends to be weak, hoarse, I am very talkative, I can't keep quiet, I am a storyteller

☐ P) I have a strong voice, I may get loud sometimes, I speak very clearly, to the point, never beat around the bush

☐ K) My voice is deep, has a good tone, I take time before I start speaking, I am not very clear about what I want to say, I am good listener not talker

12 Actions and Activities tendency

☐ V) I am highly active person (Always on the go). I walk fast and talk fast (drive in the fast lane)

☐ P) I like to think before I do anything. My actions are very thoughtful, and precise (drive in the middle lane)

☐ K) I am steady and graceful (I do not like to rush). I like slower pace – I take my time to do things (drive in the right lane)

13 Emotions

☐ V) I am a born worrier; I often feel anxious and nervous

☐ P) If things do not happen my way, I feel very irritable and angry

☐ K) I am a happy person, very caring and loving

14 Weather preference and Body Comfort

☐ V) My tendency is to run cold and I love warm and humid weather, I hardly sweat in humid weather

☐ P) My tendency is to run warm and I enjoy cool weather, I hate warm climate, I perspire in humidity

☐ K) My tendency is to run cold, yet I sweat easily therefore I like warm but dry weather

15 Memory

- ☐ V) I remember quickly, but forget quickly too
- ☐ P) I remember what I want to remember, and never forget
- ☐ K) I am little slow to remember, but once I do, I never forget. I remember minor Details

16 Stamina

- ☐ V) I like to do things in spurts and get tired very easily
- ☐ P) I have medium stamina
- ☐ K) I keep going and going and going I can work long hours and have a good stamina

17 Resistance to Disease

- ☐ V) I fall sick often, I have weak immune system
- ☐ P) I have medium resistance
- ☐ K) I have strong immune system; I hardly get sick

18 Health problems

- ☐ V) I suffer from constipation, anxiety and depression, pain, fatigue
- ☐ P) I often get skin infections, fevers, and heartburn
- ☐ K) I tend to get allergies, congestion, weight gain and digestive problems

P_

Summary: V____P____K____

Mental Constitution Questionnaire

Please select from each observation carefully with an open mind.

OBSERVATIONS:	SATTVA	RAJAS	TAMAS
Diet	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Some meat	<input type="checkbox"/> Heavy meat diet
Drugs, Alcohol & Stimulants	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently
Sensory Impressions	<input type="checkbox"/> Calm, pure	<input type="checkbox"/> Mixed	<input type="checkbox"/> Disturbed
Need for Sleep	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Sexual Activity	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Control of Senses	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Weak
Speech	<input type="checkbox"/> Calm and peaceful	<input type="checkbox"/> Agitated	<input type="checkbox"/> Dull
Cleanliness	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
Work	<input type="checkbox"/> Selfless	<input type="checkbox"/> For personal goals	<input type="checkbox"/> Lazy
Anger	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
Fear	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
Desire	<input type="checkbox"/> Little	<input type="checkbox"/> Some	<input type="checkbox"/> Much
Pride	<input type="checkbox"/> Modest	<input type="checkbox"/> Some ego	<input type="checkbox"/> Vain
Depression	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
Love	<input type="checkbox"/> Universal	<input type="checkbox"/> Personal	<input type="checkbox"/> Lacking in love
Violent Behavior	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
Attachment to Money	<input type="checkbox"/> Little	<input type="checkbox"/> Some	<input type="checkbox"/> A lot
Contentment	<input type="checkbox"/> Usually	<input type="checkbox"/> Partly	<input type="checkbox"/> Never
Forgiveness	<input type="checkbox"/> Forgives easily	<input type="checkbox"/> With effort	<input type="checkbox"/> Holds long term grudges
Concentration	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Memory	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Willpower	<input type="checkbox"/> Strong	<input type="checkbox"/> Variable	<input type="checkbox"/> Weak

Truthfulness	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Rarely
Honesty	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Rarely
Peace of Mind	<input type="checkbox"/> Generally	<input type="checkbox"/> Partly	<input type="checkbox"/> Rarely
Creativity	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
Spiritual Study	<input type="checkbox"/> Daily	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Mantra, Prayer	<input type="checkbox"/> Daily	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Meditation	<input type="checkbox"/> Daily	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Service	<input type="checkbox"/> Much	<input type="checkbox"/> Some	<input type="checkbox"/> None
Summary	Sattva	Rajas	Tamas

VIKRUTI SUBDOSHA- Current State Questionnaire:
(0- not at all, 1-mild, 2-median, 3-high, 4-very high)

You may elaborate and comment upon each with score intensity

VATA Subdosha

Mind and Emotions		Comments:
I've been having difficulty with mental clarity or the ability to focus my attention		
I've been feeling overwhelmed, worried, or anxious		
My life has been turbulent and chaotic		
I've been starting new projects but have difficulty completing them		
I've been having difficulty falling asleep or have been awoken easily		
I have been having a hard time making decisions		
I have been feeling restless if I am not constantly on the move		
I have been acting impulsively or inconsistently		
I've been more forgetful than usual		
VATA Body Subdosha		
I've had a dry throat, have felt the need to frequently clear my throat or have a dry cough		
I've been experiencing gas, cramping, or bloating after meals		
My appetite has been inconsistent		
I have been suffering from chronic pain		
My skin has been dry or flaking		
My bowel movements have been hard, dry or are irregular		
Men: I've been having trouble getting sexually aroused, maintaining erections or experiencing orgasms. Women: My menstrual cycle has been uncomfortable or irregular or I am experiencing vaginal dryness.		
I've been getting light-headed when I get up quickly		
My hands and feet have been uncomfortably cold		
I've been having muscle twitches, cramps, or heart palpitations		
Vata: Vikruti Mind & Emotions Summary 0___1___2___3___4___		
Vata: Vikruti Body Subdosha Summary 0___1___2___3___4___		

VIKRUTI SUBDOSHA- Current State Questionnaire:
(0- not at all, 1-mild, 2-median, 3-high, 4-very high)

You may elaborate and comment upon each and score intensity

PITTA Subdosha

Mind and Emotions	Score	Comments:
I've been feeling contented with my life		
I've been judgmental and critical of others		
I've been feeling jealous of others		
I've been expressing anger towards others easily		
I've been feeling irritable or impatient		
I've been compulsive, with difficulty stopping once I've started a project		
I've been strongly opinionated. Freely sharing my point of view without being asked		
I've been frustrated by other people		
I've been feeling the need to out-complete others		
I've been ruminating over situations from the past		
PITTA Body Subdosha		
I've been feeling overheated or have been experiencing excess heat		
I've been having headaches accompanied by light sensitivity, distorted or disoriented vision		
My eyes have been itchy, irritated, red, or watery		
I have been having more than two bowel movements per day		
My appetite has been excessively strong		
I've been getting reflux, heartburn or have an ulcer		
I've been sensing the accumulation of toxins in my system (from: food, air, water, alcohol, drugs, environment, & or relations)		
I've been diagnosed with some form of liver malady or feel pressure in my system related to liver, gallbladder, spleen		
I've been diagnosed with high blood pressure or heart problems		
My skin has been itchy, irritated, prone to breakouts or I have been diagnosed with an inflammatory skin condition		
PITTA: Vikruti Mind & Emotions Summary 0__1__2__3__4__		
PITTA: Vikruti Body Subdosha Summary 0__1__2__3__4__		

VIKRUTI SUBDOSHA- Current State Questionnaire:

(0- not at all, 1-mild, 2-median, 3-high, 4-very high)

You may elaborate and comment upon each and score intensity

KAPHA Subdosha

Mind and Emotions	Score	Comments:
I've been dealing with conflict by withdrawing		
I've been Accumulating clutter in my life		
I've been resistant to changing my routine or addressing my goals		
I have been having difficulty leaving a relationship, job, or situation even though it is no longer nourishing to me.		
My short-term memory has been difficult or concerning and I would benefit by improving it		
I have been intending to be more physically active, but have difficulty exercising regularly.		
I've been eating more for my mental or emotional self rather than for that of my body		
I have difficulty supporting my body's nutritional needs		
I've been having difficulty getting going in the morning		
I have not been confident in my ability to cope with challenges		
I have been having a hard time creating movement or releasing past issues		
KAPHA Body Subdosha		
My ankles tend to swell		
I tend to be sluggish or lethargic in the morning		
I have a lot of phlegm or mucous production		
I feel nauseated or full for an extended time after eating		
I am more than 10 pounds over my ideal weight		
I have high cholesterol or heart problems		
I have been having episodes of asthma or wheezing		
I fall asleep easily after meals		
I tend to have elevated blood sugars		
I have frequent sinus congestion or respiratory infections		
KAPHA: Vikruti Mind & Emotions Summary 0 ___ 1 ___ 2 ___ 3 ___ 4 ___	___	
KAPHA: Vikruti Body Subdosha Summary 0 ___ 1 ___ 2 ___ 3 ___ 4 ___	___	

AGNI- Digestion & Metabolic Questionnaire Check each that applies

AGNI- Subdosha	Vata VISHAMA AGNI	Pitta TIKSHNA AGNI	Kapha MANDA AGNI	SAMAAGN -balanced I
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Appetite	___Irregular	___Strong unbearable at times	___Low	___Normal, Regular
# of Meals per day	___Frequent snacks	___More than 3 meals and snacks	___1 or 2 meals	___2-3 normal sized meals
Quantity of food intake	___Irregular amount	___Large amount overeating	___Small amount	Right amount but not full
Cravings	___Hot spicy dry salty foods	___Sweets bitter astringent	___Sweet, hot, spicy stimulating foods	___No cravings
Snacking	___When fearful, anxious, or lonely	___When working, problem solving, or concentrating	___When sad or depressed	___No snacking
Thirst	___Irregular	___Over or large	___Poor	___Right amount
Body weight	___Underweight, weight loss	___Moderate weight, can easily manage	___Overweight & or weight gain	___Regular weight
Digestion	___Variable	___Quick even for a heavy meal, tendency to get hypoglycemia	___Slow, drowsy after eating even a light meal	Well-paced digestion
Symptoms during digestion	___Bloating, fullness, in flanks, vague, pricking pain in lower abdomen	___Nausea, vomiting, burning pain in periumbilical region	___Sense of heaviness, dull aching pain	___Nothing in particular
Peristalsis	___Hyperperistalsis gurgling	___Antiperistalsis, nausea, acid reflux	___Slow, sluggish intestinal movement	___Nothing in particular
Bowel Movements	___Tendency to constipation, or one every other day, needs stimulation	___Diarrhea, loose stool, more than 3 per day just after food	___Mucus in stools, early morning and evening	___Normal, healthy, banana shaped stools in early morning with no need for stimulation
Food Allergies or hypersensitivities	___Nightshades (potato, tomato etc.) certain dried fruits	___Citrus fruit and other acidic foods	___Dairy products and bleached wheat products	___None
Flatus: Daily____ Occasional____	___ Loud noisy, strain to pass gas, foul smell	___Burning sensation at anal orifice, warm stools, foul sour smell	___Less gas, more mucus, soft silent flatus, foul sweet smell	___None
Burping: Daily____ Occasional____	___Clear	___Acidic	___Burps of undigested food	___None
Breath	___Breath smells of previously ingested food	___foul smell, metallic breath	___Sweet acetone smell	___Pleasant taste
Mouth Taste	___Dry	___Sour taste	___Excess salivation	___Pleasant taste
Energy Levels	___Tires easily	___Tires when hungry or when meals are irregular	___Tires after eating	___Good

State of Mind	___, Anxiety, loneliness, restlessness, ungrounded	___ Irritability, anger, critical mood	___ Dull, heavy, depression, boredom	___ Clear, Alert
Psychological Ailments	___ Phobias, agitated restless	___ Severe chemical depression	___ Slow, sullen, low key depressed, board	___ Happy, Cheerful
Memory	___ Recent: good, quick Remote: poor	___ Remote: prolonged or (hold consciousness of emotional memory)	___ Recent: Poor, slow Remote: Okay, slow, forgive because forget	___ Flowing recent and remote memory
Sleep	___ Insomnia, interrupted sleep	___ Difficulty falling asleep, wakes around midnight	___ Sleeps soon after eating, lengthy sleep	___ Sound Sleep
	V-VISHAMA AGNI	P-TIKSHNA AGNI	K-MANDA AGNI	SAMA AGNI
Score				

DHATU Tissue Renewal and Ama Buildup General Imbalance Questionnaire:

RASA Dhatu, Plasma & nutritive essence:

- ☐ _____ Very dry skin
- ☐ _____ Premature graying of the hair
- ☐ _____ Wrinkling of the skin at an early age
- ☐ _____ Excess mucus or respiratory congestion
- ☐ _____ A feeling of weakness and tiredness, lack of stamina, fluctuating energy levels
- ☐ _____ Ovarian or breast cysts now or in the past

Elaborate:

RAKTA Dhatu, Blood, vessels, tissue:

- ☐ _____ Severe hot flashes or frequent feeling of excessive heat
- ☐ _____ Very heavy bleeding or “flooding”

- ☐ _____ Frequent or chronic skin rashes, acne, pustules, hives
- ☐ _____ Gallstones now or in the past (or have had gallbladder removed)
- ☐ _____ Bleeding hemorrhoids
- ☐ _____ Constant or problematic thirst
- ☐ _____ Lack of thirst

Elaborate:

MAMSA Dhatu, Muscle Tissue:

- ☐ _____ Constant muscle aches or pains, or easily fatigued muscles
- ☐ _____ Chronically swollen tonsils or lymph glands in the neck
- ☐ _____ Itchy ear canals or eczema of ear canals or excess ear wax
- ☐ _____ Fibroids of the uterus (now or in the past)
- ☐ _____ Fibrous or glandular breast
- ☐ _____ Severely dry, cracking lips

Elaborate:

MEDA Dhatu – Fat, fat tissue, joints, lubrication, and metabolism

- ☐ _____ Weight gain (at least 10 pounds overweight)
- ☐ _____ Inability to lose weight even on a low-calorie diet
- ☐ _____ High blood sugar (diabetes)
- ☐ _____ High cholesterol
- ☐ _____ Chronic or frequent problem with malodorous sweat or body odor

- ☐ _____ Fatty cysts under the skin or scalp or in the breasts
- ☐ _____ Thyroid disorder (diagnosed by a physician, including abnormal blood tests)
- ☐ _____ Frequent night sweats or sweats during the day associated with hot flashes

Elaborate:

ASTHI Dhatu - Bone, cartilage, hair, and nails:

- ☐ _____ Low bone density (osteopenia) or osteoporosis
- ☐ _____ Hair breaking a lot (many split ends) or hair very dry and lacking luster
- ☐ _____ Problems with your teeth (breaking easily, many cavities, etc)
- ☐ _____ Nails breaking frequently
- ☐ _____ Constant joint pains or arthritic condition
- ☐ _____ Deep pains in the bones

Elaborate:

MAJJA Dhatu - Bone Marrow:

- ☐ _____ Frequent or recurring infections
- ☐ _____ Excess secretions of the eyes
- ☐ _____ Dryness of skin on upper eyelids
- ☐ _____ Constant spacey and distractible feeling, inability to focus or concentrate
- ☐ _____ Pain in the tendons, easily injured tendons, or recurrent tendonitis
- ☐ _____ frequent feelings of faintness or dizziness

Elaborate:

SHUKRA Dhatu - Reproductive fluids:

- ☐ _____ Absence of libido (no sex drive)
- ☐ _____ Severe vaginal dryness
- ☐ _____ Overall feeling of lack of attractiveness
- ☐ _____ Dull, unclear eyes
- ☐ _____ Infertility
- ☐ _____ History of more than one miscarriage

Elaborate:

General AMA-General Imbalance:

- ☐ _____ I tend to feel blocked in my body (congested in the head, general lack of clarity, or other)
- ☐ _____ In the morning when I wake up, I'm groggy; it takes me quite a while to feel really awake.
- ☐ _____ I tend to feel weak, physically, for no reason that I can see.
- ☐ _____ I get colds (or similar conditions) several times each year.
- ☐ _____ My body tends to have a feeling of heaviness.
- ☐ _____ I just tend to feel that "something isn't working right" in the
- ☐ _____ I tend to feel lazy. (My capacity to work seems alright, but I have no inclination.)
- ☐ _____ I commonly have indigestion.

☐ ____ I often feel the need to spit.

☐ ____ Often, I just don't have a taste for food. I have no appetite.

☐ ____ I just tend to feel tired, even exhausted...in mind or body.

Elaborate:

Ayurveda Poop Chart

Ayurveda assesses all the bodily tissues (dhatus) and waste products (malas) to give indications of imbalance of the doshas. Based on your body type, you may poop 1-2 times per day. For all types, it is healthy to go every day within the first few hours after waking. Ideally, your bowel movement is without undigested food, excessive gas, a strong odor, or discomfort when passing the stool.

	Indicates a VATA imbalance. Dry, dark, and hard. Often uncomfortable to pass, incomplete, and with excessive gas. The frequency and consistency may vary greatly.
	Less extreme case of excess VATA. Due to the stool being retained for a shorter duration by the colon than stool #1, it is not as dry and somewhat easier to pass.
	Generally healthy stool for a VATA dominant person. May suggest the beginnings of a VATA imbalance for a PITTA or KAPHA dominant person.
	A healthy stool for all types. Brown, banana-shaped, does not stick to the toilet, easy to wipe, minimal odor, and almost always the same regardless of the foods eaten.
	Made of soft blobs, passed easily. If it has mucous, is pale-brown or clay-colored, sticky or hard to wipe, it indicates liver congestion, incomplete absorption of excess KAPHA.
	Fluffy and mushy. More frequent, yellow-brown or green, burning, and with strong odor, indicates a fast transit time and increased bile flow of excess PITTA.
	Watery with few solid pieces. Diarrhea, blood in the stool, black stool, greasy stool, or any other chronic irregularities may indicate a more serious condition. See your doctor for evaluation.

Mutra (Urine examination)

Diagnosis of the disease by the examination of urine in Ayurveda

Vata		Excess vata creates clear and scanty urine. It may be whitish or blank.
Vata		Vata urine may turn darker with their tendency towards worry and stress which affects the kidneys and adrenal glands.
Vata/Pitta		In cases of fever the urine may appear smoky colored. In vata/pitta fever the urine is smoky and hot. In vata fever it may be saffron colored.
Pitta		Pitta urine is dark yellow or reddish. It may be oily, hot and copious. It may have a strong smell.
Pitta		In cases of indigestion the urine becomes like rice water. If it becomes reddish at the bottom there may be diarrhea.
Pitta/Kapha		In rheumatoid arthritis urine appears like buttermilk. Pitta/Kapha urine shows qualities of both doshas like oiliness, cloudiness and copious.
Kapha		Kapha urine is white or yellowish, thick and copious. It may be frothy, foamy, oily, turbid, or cloudy.
Kapha/Vata		Kapha/vata fever urine is whitish with air bubbles.



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MY most common is: