

## UNDERSTANDING OF *ARISHTA* IN PRESENT ERA WITH SPECIAL REFERENCE TO *VARNA ARISHTA*

Vinay Kumar H S<sup>1</sup>, Gopikrishna S<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor and Head,

Department of Roga Nidana Evam Vikruti Vigyana, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital Hassan, Karnataka

Email: [drvinayhs22@gmail.com](mailto:drvinayhs22@gmail.com)

### ABSTRACT

There can't be death which is not preceded by signs<sup>1</sup>. Such signs are expressed through different bodily elements like *Varna*, *Swara*, *Gandha*, *Chakshu*, *Sparsha* etc. The signs appearing during death bed are called as *Arishta*<sup>2</sup>. These *Lakshanas* will be expressed in patients (*Rogi*) or experienced by patient's caretaker (*Dhoota*). *Arishta Lakshanas* are the fatal signs and symptoms which indicates life expectancy of severely ill patient. The physician even though well acquainted with the knowledge of application of medicine will not be successful in treating the patient without proper knowledge of *Arishta Lakshanas*. Hence, proper understanding of *Arishta* will helps to treat the disease successfully.

**Keywords:** *Upadrava*, *Arishta*, *Varna Arishta*, Death bed phenomenon

### INTRODUCTION

Disease and its prognosis depend on factors like *Roga bala*, *Rogi bala*, *Samprapti*, *Dosha* involvement and extent of *Dhatu Vaishymya*, *Pathya* during *Vyadhikala* etc. If disease is untreated or treatment fails to arrest the *Samprapti* or bad prognosis of disease, it worsens the condition and may become fatal to the patient. The signs and symptoms expressed in terminal part of the disease are called as *Upadrava*<sup>3</sup> (complication) and further signs that indicate imminent death is called as *Arishta* (fatal signs). *Arishta*

indicates that disease reaches the stage where no more treatment intervention will help. The signs of *Arishtas* are elicited through *Purusha aashrita* and *Purusha anaashrita Arishtas*. *Varna* is one such entity categorized under *Purushaashrita Arista Lakshana* through which physician can observe *Sadhya Asadhya Lakshanas* in chronically ill condition. The changes in color over skin, nail, mucosal membrane and other bodily secretion of patients like

urine, stool etc gives evidence of good as well bad prognosis.

### AIM AND OBJECTIVE

To understand the concept of *Arishta* and *Arishta Lakshanas* explained in the classics for assessing the *Sadhya Asadhyta* (prognosis) of *vyadhi* through *Varna*.

### SOURCE AND METHODS-

Concept of *Arishta* and the *Lakshana* explained for *Varna Arishta* are compiled from *Ayurveda samhitas* and analyzed with signs and symptoms explained in contemporary science in different chronically ill conditions.

### DISCUSSION-

*Arishta Lakshanas* are elaborated in *Indriyastahana* of *Charaka Samhita*. The word *Indriya* means *Praana*<sup>4</sup> (vital) hence, in *Indriya Sthana* the vital signs and symptoms are explained to understand the *Sadhya Asadhyta* (Prognosis) of *Vyadhi*. Chakrapani explains the importance of *Arishta Lakshana* by giving simile as by seeing flower, smoke and cloud one can expect fruit, fire and rain respectively, and in the same way, certain signs and symptoms appearing or during before the death of the patient is called *Arishta*<sup>5</sup>. These *Lakshanas* are decoded by utilizing *Pratyaksha*, *Anumana*, *Yukti*, *Aptopadesha Pramana*<sup>6</sup>.

#### Classification of Arishta

*Charaka Samhita* classified *Arishta Lakshanas* into *Purusha Aashrita Arishta* and *Purusha Anaashrita Arishta*. *Purusha aashrita arishtas* are observed as *Lakshana Nimitta*, *Lakshya Nimitta* and *Nimittaanuroopa Lakshanas*<sup>7</sup>.

- *Lakshana Nimitta Lakshanas* are manifested due to *Poorva Janmakruta Karma*.

Eg- *Hasta- Pada Rekha*, Moles present over the body

- *Lakshya Nimitta Lakshanas* are seen due to particular *Nidanas*.

Eg- *Dushana of Doshas* and Severe *Dhatupaka*

- *Nimittaanuroopa Lakshana* manifestations are observed when *Hetu* is *Avyakta*.

Eg- *Ayuhrusva* leading to *Arista Uttapati*.

And also *Purusha Aashrita Arishtas* are observed through *Indriya- Indriyarthha Bhaavas* such as *Srothrendriya (Shabda)*, *Ghraanendriya (Gandha)*, *Rasenendriya (Rasa)*, *Sparshanendriya (Sparsha)* and *Darshanendriya (Chakshu)*. *Manasika Bhaavas* like *Satva, Bhakti, Shoucha, Sheela, Aachara, Smarana Shakti, Harsha* etc and *Shareera Bhaavas* like *Aakruti, Bala, Meda, Glani, Rukshata, Tandra, Guruta, Laghuta, Swapna, Aahara, Vihara* and etc. *Purusha anaashrita Arishtas* are *lakshanas* experienced by *Doothas* (Relatives/ care takers), *Vaidya Marga Gamita Arishta* (Experience to physician while approaching patient), *Atura Kula Bhaava Arishta* (Behavior and expression of patient family members)<sup>8</sup>.

Vagbhata classified *Arishta* into *Sthaayi* (definite) and *Asthaayi* (in-definite) *Arishta*<sup>9</sup> whereas, Dalhana classified into *Niyata Arishta* (definite) and *Aniyata Arishta* (in-definite)<sup>10</sup>. Sometime exacerbated *Doshas* manifest powerful symptoms resembling that of *Arishta* but they are not *Arishta*, such symptoms are called *Arishtaabhaasa*<sup>11</sup> and these get subsided by pacifying *Doshas*.

*Varna Arishta* is one such entity where the prognosis of the disease is observed through complexion or change in color of the patient and patient's bodily elements like *Twacha, Mutra*,

*Mala* etc. Sudden change in the *Varna* of *Nakha*, *Nayana*, *Vadana*, *Mutra*, *Pureesha* indicates *Ayukshaya*<sup>12</sup> in order to distinguish *Prakruta varna* and *Vaikruta varna* Charaka explains *Prakruta varnas* as *Krushna* (Black), *Shyama* (dark blue), *Shyamaavadata* (bluish white) and *Avadata* (White)<sup>13</sup> and *Varnas* like *Nila* (Blue), *Shyava* (Blackish discoloration), *Tamra* (Coppery red discoloration), *Shukla Varna* (Whitish discoloration), *Harita Varna* (Greenish discoloration)<sup>14</sup> are considered *Vaikruta*.

*Varna* is seen in the *Twacha* which is reflection of quality of *Rasa* and *Rakta dhatu* as they take *Aashraya* in *Twacha*<sup>15</sup>. In chronically ill patient the color of skin changes due to variety of causes like anoxic states, poisoning or toxemia, severe anemia, jaundice and malignant disease. The Abnormal discoloration could be *Prakruta* in one half and *Vaikruta* in another half with clear demarcating lines. This presentation will be seen in *Dakshina* or *Purva paschima* and *Uttara vibhaga* of *Mukha*, *Nasika*, *Karna* and other parts like *Hasta*, *Pada* etc. further *Chakrapani* comments this should be hold same for other entities like *Harsha* (e.g *Loma harsha*- horripilation present in one half and absent in another half), *Glani* (fatigue), *Sneha* (unctousness), and *Ruksha* (dryness)<sup>16</sup>. *Nila varna* (bluish discoloration) is suggestive of complete cyanosis (lack of oxygen concentration in blood) where it indicates the respiratory failure, congenital cyanotic heart disease, chronic obstructive lung disease, snake bite etc<sup>17</sup>. *Shyava varna* (blackish discoloration) in chronic renal failure<sup>18</sup>, snake poisoning; *Harita varna* in Jaundice, Ascites, Bacteremia (Gram negative bacteria)<sup>19</sup>; *Shukla varna* (Whitish discoloration) in severe anemia (low Hb)<sup>20</sup> and *Tamra varna* (coppery discoloration) observed in con-

dition like Avitaminosis, Hemochromatosis. All these *Varnas* indicate bad prognosis of the disease.

Bluish discoloration of *Jiwha* (tongue), *Mukha* (oral cavity), *Agrabhaga of Oshta* (over lips), *Anguli Agrabhaga (Nakha)* indicates decreased oxygen concentration level in blood and increased concentration of carbon dioxide in the blood, refers to central cyanosis which suggest the cardiac or respiratory pathology<sup>21</sup>, if its present in the fingers and toes, then it indicates peripheral cyanosis due to lack of blood circulation to that part<sup>22</sup>. Beef tongue is observed in malignant and vitamin B deficiency<sup>23</sup>. Tooth discoloration is observed in condition where severe hemolysis takes place such as in sickle cell anemia, thalassemia and HDN. Linear gingival erythema is seen in advanced HIV and even in HIV negative immune compromised patient<sup>24</sup>. Green or brown discoloration of teeth is seen in congenital liver disease.

Appearance of *Piplu*, *Vyanga*, *Tilakalaka* during the course of the disease considered as *Aprashasta* for patients<sup>25</sup>. Appearance of *Vyanga* (Pigmentary changes) is observed in conditions like *Jeerna Jwara* (chronic fever), *Phiranga* (syphilis), *Shopha* (edema), *Madhumeha* (diabetes mellitus), *Galaganda* (exophthalmic goitre) due to vascular dilations<sup>26</sup>. *Sirajala* (Distended veins) is observed in condition like *Udara roga*<sup>27</sup>. *Peeta Haridra twacha mutra pureesha* is observed in *Yakrit vikaras* like *Pandu* (anemia), *Kamala* (Jaundice), *Yakrutodara roga* (cirrhosis of liver)<sup>28</sup>. *Twak gata raktasrava* (Petichae) denotes internal capillary bleeding which is observed in *Twak* (skin), *Janu* (knee joint), *Kurpura* (Elbow), *Gulpha sandhi* (ankle joint), whenever there is huge bleeding it will be observed over the *Udara* (Abdomen)<sup>29</sup>. This can be observed

in conditions like *Dandaka jwara* (Dengue hemorrhagic fever), *Vatarakta* (Vascular diseases-PVD, RA), *Raktaavruta vata* (like SLE, autoimmune disorders). Discoloration of the skin, signs of necrosis<sup>30</sup> (loss of hair, absence of pulsation, ulceration/ gangrene) suggesting lack of blood supply to the part which can be observed in conditions like PVD (TAO, Thrombophlebitis, Varicose veins, DVT) is considered as a fatal.

Color of the *Kapha* (sputum) in chronically ill patient, like Bronchitis will be mucoid and purulent. In Bronchiectasis it is blood mixed, in malignancies of lungs and in rupture of liver abscess in lungs the expectoration is multi colored i.e. greenish and mixed with blood. Bright red color sputum suggestive of recent hemorrhage which can follow acute cardiac infraction, pulmonary infraction, neoplasm invasion with rupture of a vessel, pulmonary tuberculosis. Sputum will be Rust color in condition like pulmonary gangrene<sup>31</sup>. Sputum with different color which sinks in water is considered as *Arishta*.

*Mutra* (Urine) of the healthy person will be transparent pale yellow color. Dark yellow or orange color of urine indicates dehydration in the body; Dark orange or brown color indicates jaundice, Rhabdomyolysis; Red color urine indicates hematuria, which is seen in renal stone, Urinary tract infection or tumor in the urinary tract; Blue color urine indicates hypercalcemia; Dark brown or black color urine is suggestive of copper or phenol poisoning and White or milky color indicates urinary tract infection, diabetes mellitus<sup>32</sup>.

Color of the *Mala* (Stool) of healthy individual is usually light to dark brown. Color of the stool changes due to bleeding in GIT, liver and pancreas. Green color stool is observed in bacterial infection as there might not be enough time to

breakdown bile pigments e.g. diarrhea. Bright red color stool is observed in bleeding of lower GIT, inflammatory bowel disease, tumors, hemorrhoids; Black terry stool is observed in bleeding of Upper GIT<sup>33</sup>; Yellow and greasy color stool observed in intestinal lining (cystic fibrosis) disease is due to inability of intestine to digest and absorb fat and also in chronic pancreatitis, CA of pancreas, CA of liver, where pancreas is not able to manufacture digestive enzymes hence, yellow and greasy color stool, steatorrhea is observed. White or clay colored stool is observed in condition in which bile ducts are blocked<sup>34</sup> and Maroon colored stool is observed when there is partial digestion of blood in the small intestine (jejunum, ileum) and proximal colon which is considered to be fatal. Deathbed phenomenon (DBP), are wide range of phenomenon that comforts the dying and preparing for the death, these are experienced by patients and their relatives or caretakers during the death. They are categorized into transpersonal (patients experiences vision and coincidences) and final meaning (dreams, desire to reconcile, saying goodbye). Researches are still going on DBP, to rule out scientific explanation, presently some theories explain oxygen depression and neuro or chemical change in the body results in the DBP. The sign and symptom includes both physical changes and mental status which analogous with the classical *Lakshanas* explained for *Arishta*.

## CONCLUSION

*Arishta Lakshanas* are elaborately explained in the *Indriya Sthana* of *Charaka Samhita* which is prior to *Chikista Sthana* and after *Sareera sthana*. It suggests that physician should know *Sadhya Asadhyata of Vyadhi* and should be able to identify *Arishta Lakshanas* through *Purusha*

*Aashrita and Purusha Anaashrita Arishta* and only then proceed to plan *Chikista*. Varna is one such entity where some of *Arishta Lakshanas* are elicited. Change in *Varna* of *Twacha*, *Mukha*, *Jihwa*, *Nayana* and other bodily secretions like *Mutra*, *Pureesha*, *Kapha* etc gives an idea about prognosis in severe ill diseases. In the contemporary science, these signs and symptoms are explained under Death bed phenomenon. The physician who undertakes the treatment of incurable diseases without the knowledge of *Arishta*, will surely lose his *Vidhya* (knowledge), *Yasha* (success) and *Dhana* (wealth)<sup>35</sup>. So, in order to be successful in practice, physician has to identify the *Arista Lakshana* as per Ayurveda and should confirm it with the use of advanced diagnostic tools (laboratory and imaging techniques) in day to day practices.

## REFERENCES

1. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.357 verse 4.
2. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.353 verse 3.
3. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.561 verse 40.
4. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.353 verse 1.
5. Sushruta Samhita of Sushruta with Nibandhasangraha commentary of Sri Dalhanacharya and Nyayachandrika panjika of Sri Gayadasa Acharya Sutrasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2014 Reprint edition, Page no 129 verse 3.
6. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.353 verse 3.
7. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.354 verse 6.
8. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.353 verse 3.
9. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Sutrasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10<sup>th</sup> Edition, Page no.417 verse 2.
10. Sushruta Samhita of Sushruta with Nibandhasangraha commentary of Sri Dalhanacharya and Nyayachandrika panjika of

- Sri Gayadasa Acharya Sutrasthana, Vaidya Jadavji Trikamji Acharya, Chaukhamba Orientalia 2014 Reprint edition, Page no 129 verse 5.
11. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Shareerasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10<sup>th</sup> Edition, Page no 417 verse 3.
  12. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhamba Orientalia 2015 Reprint Edition, Page no.356 verse 12.
  13. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhamba Orientalia 2015 Reprint Edition, Page no.355 verse 8.
  14. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhamba Orientalia 2015 Reprint Edition, Page no.355 verse 8.
  15. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Shareerasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10<sup>th</sup> Edition, Page no.186 verse 26.
  16. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhamba Orientalia 2015 Reprint Edition, Page no.355 verse 10.
  17. Swash Michael, Hutchison's clinical methods, 21<sup>th</sup> edition, India, Saunders Elsevier limited 2004, Page no 48.
  18. Swash Michael, Hutchison's clinical methods, 21<sup>th</sup> edition, India, Saunders Elsevier limited 2004, Page no 179.
  19. Swash Michael, Hutchison's clinical methods, 21<sup>th</sup> edition, India, Saunders Elsevier limited 2004, Page no 48.
  20. Swash Michael, Hutchison's clinical methods, 21<sup>th</sup> edition, India, Saunders Elsevier limited 2004, Page no 13.
  21. Swash Michael, Hutchison's clinical methods, 21<sup>th</sup> edition, India, Saunders Elsevier limited 2004, Page no 84-85.
  22. Swash Michael, Hutchison's clinical methods, 21<sup>th</sup> edition, India, Saunders Elsevier limited 2004, Page no 84-85.
  23. Munro F John and Campbell W Ian, Macleod's clinical examination, 10<sup>th</sup> edition, china, Churchill Livingstone, 2000, page no 54.
  24. Prasad V V, Prognosis through arishta Lakshanas and their scientific basis, New delhi India, 2011, page no 18.
  25. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta indriyasthana, Vaidya Jadavji Trikamji Acharya, Chaukhamba Orientalia 2015 Reprint Edition, Page no.355 verse 11.
  26. Dwivedi Ramanatha, Arista vijnana, First edition, Varanasi, Chowkhamba Vidyabhawan, 2029, page no 36.
  27. Dwivedi Ramanatha, Arista vijnana, First edition, Varanasi, Chowkhamba Vidyabhawan, 2029, page no 37.
  28. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chi-

- kistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.528 verse 35.
29. Dwivedi Ramanatha, Arista vijnana, First edition, Varanasi, Chowkhamba Vidyabhawan, 2029, page no 36.
  30. Munro F john and Campbell W Ian, Macleod's clinical examination, 10<sup>th</sup> edition, china, Churchill Livingstone, 2000, page no 105.
  31. Godkar B praful and Godkar P Darshan, Textbook of medical laboratory technology, 3<sup>rd</sup> edition volume 2, Mumbai India, Bhalani publishing house, 2014, page no 1540.
  32. Godkar B praful and Godkar P Darshan, Textbook of medical laboratory technology, 3<sup>rd</sup> edition volume 2, Mumbai India, Bhalani publishing house, 2014, page no 1452.
  33. Mohan Harsh, Text book of pathology, 5<sup>th</sup> edition, New delhi India, Jaypee brothers medical publishers (P) ltd, 2005, page no-606.
  34. Mohan Harsh, Text book of pathology, 5<sup>th</sup> edition, New delhi India, Jaypee brothers medical publishers (P) ltd, 2005, page no-648.
  35. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta su-trasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.66 verse 8.

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Vinay Kumar H S & Gopikrishna S: Understanding Of Arishta In Present Era With Special Reference To Varna Arishta. International Ayurvedic Medical Journal {online} 2017 {cited December, 2017} Available from: [http://www.iamj.in/posts/images/upload/162\\_168.pdf](http://www.iamj.in/posts/images/upload/162_168.pdf)