

#### **Review Article**

ISSN: 2320 5091

**Impact Factor: 5.344** 

# A REVIEW ON THE CONCEPT OF RISHTA

Gopika K P<sup>1</sup>, K. Sundaran<sup>2</sup>, Athri. S. S<sup>3</sup>, Jishnu. R<sup>4</sup>

<sup>1</sup>Final Year PG Scholar <sup>2</sup>Professor & HOD, <sup>3,4</sup>Associate Professor Dept. of Samhita, Samskrita & Siddhanta, Pankajakasthuri Ayurveda Medical College & PG Centre, Trivandrum, Kerala, India

#### Email: gopikakp9@gmail.com

#### ABSTRACT

Distinguishing the prognosis of a condition with its symptoms is very important for a physician. So *acharya charaka* mentioned that chapter as *Maha chatushpada*. *Indriya* act as mirrors for living being. It helps to detect the presence of life. *Acharya* consider protect the name and fame of physician. For that, he explains the premonitory symptoms of imminent death. Normal bodily features got vary by the influence of premonitory symptoms denoting death. There were many symptoms are explained in our classics regarding the indication of upcoming death. Some symptoms which occur due to the severe vitiation of *doshas* may mimic as *rishta*. Physician should be thorough with these symptoms so that he can determine the condition whether it is to be treated or not. For that physician should be able to assess the span of life. *Acharya* explains both *rishta* and *arishta* for explaining the premonitory symptoms. It was usually unidentified because of the peculiarity of such symptoms or may be due to the negligence of physician. In modern view also there is mentioning of such kind of premonitory symptoms of death. The range of influence of such kind of symptoms was limited nowadays due to the advancement in technologies.

Keywords: rishta, arishta, prognosis

#### INTRODUCTION

Prognosis is an important aspect in the disease diagnosis and treatment. Our *acharyas* give much importance in determining the prognosis of a disease. Based on the prognosis of disease, they classified disease. Before beginning a treatment, it is very important to know the prognosis of disease, otherwise it can lead to loss of social respect, money & name of a physician. While considering the prognosis of disease, a well-versed physician should think wisely & neglect the incurable condition. Acharya Charaka mentions indriyasthana before chikitsasthana which shows its importance in the aspect of treatment. In the whole Indriyasthana of Charakasamhita, 6 chapters of sutrasthana of Susrutasamhita & 2 chapters of sareerasthana of Ashtangahridaya, different types of Arishta lakshanas has been clearly explained. These are very helpful to explain the prognosis of a patient. Some arishtas seems to be inapplicable today due to invention of advanced technologies. In modern concept also there is mentioning of such kind of clues which indicates the up-

coming death. Even though *rishtas* are beyond scientific explanation, they work as good indicators for a well-versed physician to select treatable condition.

Aim & objectives: To understand the concept of *rishta* 

### Materials & Methods

Reference were collected from *brihattrayees*, which were compiled, analysed and arrived in a conclusion.

### **Review of literature**

Every *sareera* has its own natural constitution and features. Derangement that happens to these natural features are mentioned as *vikrithi.* Acharya vagbhata explains a chapter named *vikritivijana*, which deals with these features, is to identify the upcoming disease or death. There are premonitory symptoms, which are predecessors for all kinds of disease. Similarly, in case of death, there are premonitory symptoms named *Rishtalakshanas*, which form predecessor of death.

 ${\it Rupendriy} as waraca hyap ratic haya kriya adishu$ 

Aneyeshuvapi cha bhaveshuprakriteshuanimittathah

*Vikrityaasamasenarishtamtaditilakshayet (A.H.Sa.5/5)* Each person has their own peculiar *rupa, swara, varna* etc. which are familiar to those around them. These natural features when found deranged, inspite of any kind of disease, seems to be a *rishta*<sup>1</sup>.*Arishtalakshana* are more indicative towards incurability of a condition, ie, there is no hope for survival through treatment. Condition may persist till the death of the person but will not cause an immediate death. Ultimately both *rishta* and *arishta lakshanas* lead the person to death and at that point they attain similarity. Premonitory signs of death are classified as *sthayi* and *asthayi*. *Sthayirishta* ends in death whereas *asthayirishta* mitigates when *dosha* attains normalcy<sup>2</sup>. The span of every life is predetermined. While approaching towards the end of life span, there will be exhibition of premonitory symptoms without a reason. For identifying such symptoms physician should be well versed in assessing the span of life. He should be a keen observer as some symptoms may disappear within short span of time. There were 47 factors that help to assess the span of life. They are *varna*, *swara*, *gandha*, *rasa*, *sparsa*, *chakshu*, *ghranam*, *rasanam*, *srotram*, *satvam*, *bhakthi*, *soucham*, *seelam*, *aachara* etc<sup>3</sup>.

Premonitory signs of imminent death can be examined through normal & pathological features. It is classified as Aashritabhava & Anashritabhava. Aashritabhava is identified with the help of *prakrithi* & *vikrithi*. It includes lakshananimitta, lakshyanimitta & nimittaanurupa. Anashritabhavas are identified from references and scriptures. These Aashritabhavas are directly related to the purusha unlike anashritabhavas. Prakriti is swabhava and any difference from swabhava is vikrithi. Difference in prakriti - based on caste, family, locality, time, age & the individual exhibit as vikriti. That difference without any peculiar reason is pointing towards the rishtatha. In the lakshananimitta based vikrithi, past bodily marks act as indicators of certain morbid conditions, which happens in due course of time. The morbid condition raised due to etiological factors that described in the nidanasthana constitute the lakshyanimitta. Some other premonitory symptoms which are not the actual causative factors for morbidity, which serve as a yardstick to measure the life span were come under the nimittaanurupa<sup>4</sup>.

Aashrita and anashritabhavas which determines the span of life are tabulated here as:

| Aashrita bhava | Var-   |
|----------------|--|
|                | na, Swara, Gandha, Rasa, Sparsa, Satva, Bhakti, Soucham, Seelam, Achara, Smriti, Aakriti, Prakriti, Vikriti, Bala,   |
|                | Gla-   |
|                | ni, Medha, Harsha, Roukshya, Sneha, Tandra, Aarambha, Gourava, Laghava, Guna, Aahara, Vihara, Aaharaparana, Manakara, Manaka |
|                | in-  |
|                | ama, Upaya, Apaya, Vyadhi, Purvarupa, Vedana, Upadrava, Chaya, Pratichaya, Swapnadarsanam, Administra  |
|                | tion of medicine, Effect of medicine in disease  |
| Anaashrita     | • Messenger  |

| bhava | • | Bad omens visualised by the physician on his way to the patient's house |
|-------|---|---|
|       | • | Bad omens at the patient's residence                                    |

The following are certain symptoms mentioned by *acharya charaka* as premonitory symptoms of death, which categorised under following headings:

| Arishta           | Examples of symptoms  |
|-------------------|---|
| Indriyaarishta    | • Abnormal complexion in the entire or half of the body without any cause.  |
|                   | • Sudden manifestation of single or multiple morbidities in voice of a patient.   |
|                   | • One emits fragrance of several flowers in day and night.  |
|                   | • Absence of pulsation in pulsating organs.   |
|                   | • If the exhalation is too long or too short.   |
|                   | • View lunar or solar eclipse when there is no full moon or new moon respectively   |
|                   | Hearing inaudible sounds & not hearing audible one.   |
| Purvarupa arishta | Person travels towards south riding dog, camel or ass in dream in case of <i>rajayakshma</i>  |
| •                 | • In dream one has the growth of spiky creeper in his chest falls a victim to fatal type of <i>gulma</i> .  |
|                   | • If even slightest injury cause excessive wound in the body and wound does not heals up, the pa-   |
|                   | tient dies of leprosy.  |
|                   | • Extreme irritation, frightfulness, continued smile on his face after its onset, excess fainting &   |
|                   | thirst indicative of imminent death due to insanity.  |
| Chaya & prabha    | • Person whose shadows are broken, torn, hazy, devoid or addition of certain organs, bifurcated,  |
| arishta           | deformed or without head are indicative of his imminent death.  |
|                   | • If any distortion in the shadow image in the pupil of the patient, physician should not treat such a  |
|                   | case.   |
|                   | • If the shadow of the individual is found to be inverted, irregular or without head  |
|                   | • If there is matting of eyelashes or absence of vision in a patient  |
|                   | • If in an emaciated person swelling of eyelids as a result of which both the lids do not meet each   |
|                   | other and there is burning sensation in the eyes.   |
| Aahara & aushadha | • If physician is very keen to administer a therapy to patient but fails in doing so after application  |
| arishta           | of unction, chest gets dries up while rest of the body remains wet, the individual does not live for  |
|                   | more than a fort night.   |
|                   | • If a drug having well known therapeutic effects fails to produce desired effect in a patient.   |
|                   | • If a properly administered diet does not produce desired effect to a patient.   |
|                   | • If there is unavailability of ingredient which was easily available and prepare medicine with dif-  |
|                   | ficulty   |
| Swapna arishta    | Asubhaswapna include ghost, anthill, nail, wearing redress, seeing marriage.  |
| ,                 | • Growth of bamboo, shrubs etc. in the head & disappearance of flying bird therein.   |
|                   | • Falling while walking   |
|                   | <ul> <li>Lying down on the ground with dust as pillow</li> </ul>  |
|                   | <ul> <li>Being carried away by stream flowing rapidly.</li> </ul>   |
| Mutrapureeshadhi  | <ul> <li><i>Tailabindupareeksha</i> in <i>mutra</i> – moving in <i>uttarapoorva</i>, appear <i>chidrata</i> in drop of oil</li> </ul>   |
| arishta           | <ul> <li>If the sputum, stool &amp; semen of a person sink when placed on water</li> </ul>  |
|                   | <ul> <li>If the sputting stories senten of a person sink when placed on water</li> <li>If several colours appear in the sputum of a person and it sinks in water.</li> </ul>                                      |
| Dhoota arishta    | <ul> <li>Action indulged by physician at the arrival of <i>dhoota</i> – sleeping, performing <i>agnihotra</i>, cutting</li> </ul>   |
|                   | • Action indulged by physician at the arrival of <i>anoola</i> – sleeping, performing <i>agninoira</i> , cutting something, crying, unclean, offering food to manes, thinking of inauspicious things, speaking of |
|                   | dead, burnt things  |
|                   | ucau, ou ni unings  |

|              | • Appearance of <i>dhoota</i> – frightened, miserable condition, if they are 3 in number, has deformed   |
|--------------|--|
|              | organs, he who indulges in cruel activities, came in a vehicle of donkey or camel, be touching           |
|              | nail, teeth, broom, stone, husk, charcoal etc.   |
|              | • Omens while describing the condition –come across acute & pungent taste, come across the vi-           |
|              | sion of burnt & destroyed or inauspicious objects  |
|              | • Omens in physician's way to patients' home – sneezing, crying out of fear, falling, beating, tur-      |
|              | ban in a thorny plant, vision of dead persons, falling of fig tree, crossing by cat or dog or snake,     |
|              | vision of vessels which are turned upside down   |
|              | • At patients house – at entrance with pitcher full of water, fire, fruit, ghee, a bull, a brahmin, pre- |
|              | cious stones, prepared food, the patient whose bed, cloth, vehicle bears inauspiciousness, if sau-       |
|              | cers and plate often fall down & get broken in the house.  |
| Rupa arishta | • Patient suffering with gambheerahikka with raktaatisaara   |
|              | • Weak patient with <i>anaha</i> with <i>atisaara</i>  |
|              | • Weak patient suffering with morning fever and dry cough  |
|              | • If abdominal oedema of a patient spreads to hand & feet  |
|              | • A patient having pallor, excessive emaciation, excessive thirst, rigid & fixed vision, difficult ex-   |
|              | piration should be discarded.  |
|              | • If serious diseases of mutually contradictory etiological factors and line of treatment get sudden-    |
|              | ly aggravated in a person  |
|              | • If sudden deterioration of health and change in the physical constitution of the individual, patient   |
|              | succumbs to imminent death   |
| Vranaarishta | • In marmapradesha   |
|              | Navaneethathulyasrava  |
|              | Affecting saptadhatus  |

A physician should be well versed in identifying the normalcy of person. In diseased conditions, some signs and symptoms of disease itself converts to rishtalakshana. It is quite difficult to distinguish the normal signs of disease from the rishtalakshanas which were exhibited by the disease. Sometimes due to the severity of signs and symptoms of disease, it may misinterpret as rishta. But it is only the signs and symptoms of that disease which subsides when the vitiated doshas attain normalcy. It is named as rishtaabhasa, usually seen in yogis. For differentiating all the above situations physician should be skilled enough. A physician who knows the sense of premonition of death as indicated by the characteristic features of the sense organs is able to distinguish the life and death. Such a physician can be called as Ayurve $davit^5$ .

## DISCUSSION

#### Prognosis and premonitory symptoms of death

Knowing prognosis of a condition is much important in the aspect of both diagnosis and treatment. Acharya vagbhata categories prognosis of disease by classifying it as sukhasadhya, krichrasadhya, yapya, anupakrama<sup>6</sup>. In anupakrama, acharya safeguards the physician by explaining it as incurable and instructs the physician to neglect the condition. But acharya charaka who give predominant consideration for chikitsa, instructs the physician to take care of the patient even if he is expressed with premonitory symptoms of death. So, despite anupakrama, he gives the term pratyakhyeya. He instructs the physician to inform the relatives of the patient about the severity of the condition and manage the patient until his last breath, if he has enough courage to do so.

### Importance of Mahachatushpada

A doctor should be skilful to distinguish prognosis of a disease that may be the reason why it is explained in Ayushkaamiya of Ashtanga hridaya<sup>7</sup>. In that chapter itself, mentions the modalities that should be necessary for an affirmative treatment. It is the same 16 *padas* mentioned in *charakasamhita* in *Khuddaka chatushpada*<sup>8</sup>. Even though in the aspect of treatment, chapter mentioning four *padas* were given less importance by *charaka* with respect to chapter detailing the prognosis. So, that chapter is named as *Mahachatushpaada* due to its increased importance. From the level of prognosis, arise the certainty for range of curability. It is important to determine with skill of physician as he is indebted to protect his name and fame along with health of the patient.

### Indriya

For every living being, sense organs act as mirrors, through which we can detect the presence of life in them. All kind of living creatures exhibit their existence through sense organs. Atma lakshanas can be detected through the functions of sense organs. That may be the reason why *indriva* is called as prana<sup>9</sup> or life. It can also be relating with atma, as its functions are detected through the function of sense organs. In the chapter of Indrivopakramaneeya, Acharya details panchapanchaka of indriva, followed by mind and its relationship with sense organs in perceiving knowledge<sup>10</sup>. Through the proper conjunction of mind along with intelligence can only provide life which is acclaimed by the society. Another importance given by Acharya charaka to the term Indriva is by giving it as name of a sthana, Indrivasthana. It is the sthana where he describes the premonitory symptoms of death.

The *rishtalakshanas* are mentioned mainly to safeguard the physician. It helps to determine the curable and incurable condition of a person. Even though physician identifies the *rishtalakshana*, he is not allowed to disclose the upcoming death to the relatives of the person. It provides license for the physician to select or neglect the patient. As far as the medical ethics concerned, physician is indebted to take care of the ill as much as he can. In case of patient who exhibits *arishtalakshana*, doctor should inform the relatives regarding the severity of the condition before managing the same.

### Rishta & arishta

*Rishta* is sign of imminent death. In most of the cases they are difficult to identify due to their minuteness, misunderstanding and quick disappearance nature. Every death is certainly preceded by *rishtalakshanas*, like fruits precede by flowering. After the exhibition of *rishtalakshana* person will not survive. But all flowers will not develop into fruits. Similarly, death is not certain after *arishtalakshanas*. Our acharyas use both the term *rishta* & *arishta* synonymously in the same context of premonitory symptoms of death.

While going through the explanations in *charakasam*hita, it can be noticed that he mentions only the term arishta for denoting the premonitory symptoms of death. In the 12 chapters of Indrivasthana, he includes all kinds of premonitory symptoms of death which may or may not cause death. He gave a separate chapter for explaining symptoms which cause immediate death, within these 12 chapters. Thus, he indirectly implies the role of physician in treating such severe conditions, if he has the courage to do so. Acharva-Vagbhata coins the term rishta only for denoting the premonitory symptoms of death. He contributed only 2 chapters in Sareera sthana for its explanation where he explains only such symptoms which cause definite death. That may be the reason why he used the term rishta to denote the premonitory symptoms of death mentioned in the text. Also, in treatment point of view, of both the Acharyas, Acharya Charaka give predominant consideration for treatment. Even if the condition is incurable, he instructs the physician to take care of the patient till his last breath after informing his relatives about the severity of the condition. But Acharya Vagbhata instructs the physician to neglect such conditions exhibiting premonitory signs of death by mentioning it as incurable. So that he mentioned only such symptoms which are definite indicative of death, in the two chapters of Sareerasthana. Thus, rishta is the term which is used to mention premonitory symptoms which cause death whereas arishta is used to denote premonitory symptoms of death which may or may not cause death.

### Importance of knowledge in *rishta*

- Understanding the signs and symptoms of approaching death
- It helps in understanding the prognosis of disease
- Help physician to understand his limitations in treatment
- Safeguard physician's reputation and fame

Almost all death has *rishta lakshana*. We will get the knowledge of unusual features exhibited before the death from his relatives, forge. A bedridden person for almost a decade, getting up by himself and eating food without help. A renowned physician who is well versed for treating rabies cases, himself found unusual bodily features and later took too much of water due to increased thirst and immediately died. Likewise, many incidents are there which are undocumented. Some symptoms are beyond scientific also.

In modern view, the concept of death sign, a portent in the physical world was first developed in Mesopotomia. The collection of omens, interpreting the signs either heaven or on earth were first written down during the old Babylonian period. It extensively influenced other parts of the world. The omens were probably transmitted from one culture to others both by means of written texts & orally. There are certain clues that death leave behind in order to foreshadow a character's death in many films like destination. Some of the clues are extremely obvious, but others you must search for. We get the reference for determining the upcoming death through examination of pulse, from a famous Bengali novel named *Arogyaniketanam*.

In ancient times, it depends mainly on the skill of physician who identifies the *rishtalakshanas*, which is lacking in current generation of doctors. Continuous direct observation of patient is an important factor which helps the physician to develop such a skill. It is lacking now due to the influence of modern technologies for diagnosis instead of observing directly. As physicians are not confident enough to diagnose a condition through the signs and symptoms of disease, they depend more on modern equipments as it is quite perfect. Also, for safeguarding himself & to understand the progress following treatment, documentation is necessary. In case of patients with such symptoms, today science can offer various life supporting mechanism which was totally absent in olden days. Those lifesaving equipments which may help to extend the life of the patient. In the preview of a student in present era, it is difficult to understand this symptom as most of the features are omens which lacks scientific explanation or rationality. This is because all these omens mentioned mere in accordance to the culture & social conditions at the time of classics.

### CONCLUSION

*Rishta lakshanas* are indicative of bad prognosis of the disease. It appears in gross and subtle manner. There is a need of high skill and keen observation to understand and identify the features exhibited by the patient. *Indriyasthana* which is placed before *chikitsasthana* itself represent a page mark to select the curable and incurable patient. Various parameters are explained that are indicative of nearing death. Some are beyond scientific explanation and rational identification. It is tough to convey its sense of meaning and relevance in present era mainly due to lack of documentation. Most of the physician prefer instrumental diagnosis over conventional methods of direct observation of patient. It may be due to this reason this branch of science remains mysterious.

### REFERENCES

- Pt. Hari Sadasiva Sastri Paradakara, editor, Ashtangahridaya of Vagbhata, Sareerasthana. Ch.5ver 5. Reprint edition, Varaanasi. Chaukamba orientalia, 2018, pg .417
- Pt. Hari SadasivaSastri Paradakara, editor, Ashtangahridaya of Vagbhata, Sareerasthana. Ch.5 ver 2. Reprint edition, Varaanasi. Chaukambaorientalia, 2018, pg. 417
- AcharyaVaidyayadavjitrikamji, editor, Charakasamhita of Agnivesha, Indriyasthana. Ch.1 ver 3. reprint edition, Varanasi. Chaukambaorientalia, 2015 pg.353
- 4. Acharya Vaidyayadavjitrikamji, editor, Charakasamhita of Agnivesha, Indriyasthana. Ch.1 ver 7. reprint edition, Varanasi. Chaukambaorientalia, 2015 pg.354
- AcharyaVaidyayadavjitrikamji, editor, Charakasamhita of Agnivesha, Indriyasthana. Ch.7 ver 32. reprint edition, Varanasi. Chaukambaorientalia, 2015 pg.366

- Pt. Hari SadasivaSastri Paradakara, editor, Ashtangahridaya of Vagbhata, Sutrasthana. Ch.1ver 33. Reprint edition, Varaanasi. Chaukambaorientalia, 2018, pg .20
- 7. Pt. HariSadasivaSastriParadakara, editor, Ashtangahridaya of Vagbhata, sutrasthana Ch.1ver28. Reprint edition, Varaanasi. Chaukambaorientalia, 2018, pg .17
- AcharyaVaidyayadavjitrikamji, editor, Charakasamhita of Agnivesha, sutrasthana. Ch.9 ver 3. reprint edition, Varanasi. Chaukambaorientalia, 2015 pg. 61
- 9. AcharyaVaidyayadavjitrikamji, editor, Charakasamhita of Agnivesha, Indriyasthana. Ch.1 ver 2. reprint edition, Varanasi. Chaukambaorientalia, 2015 pg. 353
- AcharyaVaidyayadavjitrikamji, editor, Charakasamhita of Agnivesha, sutrasthana. Ch.8ver 16. reprint edition, Varanasi. Chaukambaorientalia, 2015 pg. 57

### Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Gopika K P et al: A Review On The Concept Of Rishta. International Ayurvedic Medical Journal {online} 2020 {cited March, 2020} Available from: http://www.iamj.in/posts/images/upload/3085\_3091.pdf