UNDERSTANDING OF ARISHTA IN PRESENT ERA WITH SPECIAL REFERENCE TO Varna Arishta

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ABSTRACT
There can’t be death which is not preceded by signs¹. Such signs are expressed through different bodily elements like Varna, Swara, Gandha, Chakshu, Sparsha etc. The signs appearing during death bed are called as Arishta². 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 Vaishyamya, 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 Upadrava³ (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 Lakshanas 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*⁴ (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 simi-le 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 *Arishta⁵*. These *Lakshanas* are decoded by utilizing *Pratyaksha*, *Anumana*, *Yukti*, *Aaptopadesha Pramana*⁶.

**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 Lakshanas⁷*.

- *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*
- *Nimittaamuroopa Lakshana* manifestations are observed when *Hetu* is *Aavyakta*.
  Eg- *Ayuhrusva* leading to *Arista Uttapati*.

And also *Purusha Aashrita Arishtas* are observed through *Indriya- Indriyartha Bhaavas* such as *Srothrendriya* (*Shabda*), *Ghraanendriya* (*Gandha*), *Rasenendriya* (*Rasa*), *Sparshanendriya* (*Sparsha*) and *Darshanendriya* (*Chakshu*). *Manasika Bhaavas* like *Satva*, *Bhakti*, *Shoucha*, *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)⁸.

*Vagbhata* classified *Arishta* into *Sthaayi* (definite) and *Asthaayi* (in-definite) *Arishta⁹* whereas, *Dalhana* classified into *Niyata Arishta* (definite) and *Aniyata Arishta* (in-definite)¹⁰. Sometimes exacerbated *Doshas* manifest powerful symptoms resembling that of *Arishta* but they are not *Arishta*, such symptoms are called *Arishtaabhaasa*¹¹ 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 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) and Varnas like Nila (Blue), Shyava (Blackish discoloration), Tamra (Coppery red discoloration), Shukla Varna (Whitish discoloration), Harita Varna (Greenish discoloration) 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. 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 Ruksa (dryness). 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. Shyava varna (blackish discoloration) in chronic renal failure, snake poisoning; Harita varna in Jaundice, Ascites, Bacteremia (Gram negative bacteria); Shukla varna (Whitish discoloration) in severe anemia (low Hb) and Tamra varna (coppery discoloration) observed in condition like Avitaminosis, Hemochromatosis. All these Varnas indicate bad prognosis of the disease.

Bluish discoloration of Jiwha (tongue), Mukha (oral cavity), Agrabhaaga of Osha (over lips), Anguli Agrabhaaga (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, if its present in the fingers and toes, then it indicates peripheral cyanosis due to lack of blood circulation to that part. Beef tongue is observed in malignant and vitamin B deficiency. 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. 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. Appearance of Vyanga (Pigmenatary changes) is observed in conditions like Jeerna Jwara (chronic fever), Phiranga (syphilis), Shopha (edema), Madhumeha (diabetes mellitus), Galaganda (exophthalmic goitre) due to vascular dilatations. Sirajala (Distended veins) is observed in condition like Udara roga. Peeta Haridra twacha mutra pureesha is observed in Yakrit vikaras like Pandu (anemia), Kamala (Jaundice), Yakrutodara roga (cirrhosis of liver) and Twa kagata 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). This can be observed
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 infarction, pulmonary infarction, neoplasm invasion with rupture of a vessel, pulmonary tuberculosis. Sputum will be Rust color in condition like pulmonary gangrene. 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.

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; 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 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) 35. 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.

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