

**UTILIZATION OF ARISHT LAKSHANA OF AYURVEDA IN CONTEMPORARY
CLINICAL PRACTICE****Dr. Rameshwar Aglave*¹, Dr. Sarla², Dr. Rama Nand³**

¹P.G. Scholar, P.G Department of Samhita Evam Siddhant, State Ayurvedic College and Hospital, Lucknow, Mahayogi Guru Gorakhnath AYUSH University, Gorakhpur-273306, India.

²Reader, Department of Samhita Evam Siddhant, State Ayurvedic College and Hospital, Lucknow. Mahayogi Guru Gorakhnath AYUSH University, Gorakhpur- 273306. India.

³Lecturer, Department of Dravyaguna Vigyan, State Ayurvedic College and Hospital, Lucknow. Mahayogi Guru Gorakhnath AYUSH University, Gorakhpur- 273306. India.

***Corresponding Author: Dr. Rameshwar Aglave**

P.G. Scholar, P.G Department of Samhita Evam Siddhant, State Ayurvedic College and Hospital, Lucknow, Mahayogi Guru Gorakhnath AYUSH University, Gorakhpur-273306, India.

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ABSTRACT

Arishta Lakshana is a unique and intriguing facet of Ayurvedic science, extensively described in the ancient classics. Acharya Charaka dedicated an entire section—Indriya Sthana, consisting of twelve chapters—to this subject. It deals with recognizing the signs that foretell the course of a disease and signal the approach of death in a patient.^[1] As emphasized by Acharya Charaka, understanding the prognosis of a disease is a prerequisite to initiating treatment. Before commencing any therapy, a physician should keenly observe and evaluate the Arishta Lakshanas—specific indicators of impending death. While these signs are often neglected in modern practice, they remain invaluable in determining prognosis. Revitalizing their study and application, supported by present-day resources, could significantly improve diagnostic precision in contemporary healthcare.

KEYWORDS: Arishta, Indriyasthana, Prognosis, Death Signs, Pre-Death Symptoms.

INTRODUCTION

Arishta Lakshanas refer to the critical signs and symptoms that arise before a natural death. Ancient Acharyas emphasized that death does not occur without the manifestation of these indicators. Every death is preceded by some form of Arishta Lakshana, which are well-documented in Ayurvedic scriptures.

A skilled physician can identify these signs through careful observation and clinical examination. Acharya Charaka, in the Indriya Sthana, elaborates on these pre-death symptoms across twelve chapters, providing valuable insights. These discussions are placed before the Chikitsa Sthana (treatment section), highlighting the belief that accurate prognosis is vital before deciding on treatment of any disease.

Acharya Chakrapani further notes that only curable conditions (diseases) should be treated. Managing

incurable diseases merely to maintain a physician's reputation is discouraged. Conditions deemed Asadhya Vyadhis (incurable diseases In today's era, they are referred to as Pre-Death Symptoms or Death Signs.), along with those showing Arishta Lakshanas, should either not be treated or be managed with full transparency regarding the prognosis. This allows patients and their families to be better informed and prepared.^[2]

Arishta Lakshanas are detailed across twelve chapters in classical texts and are categorized based on various parameters such as Panchaindriya, Swapna (dreams), Vyadhi (disease condition), Poorvarupa (prodromal signs), Kaala (time), Dootha (messenger), etc. These traditional indicators can be compared with clinical signs observed in terminally ill patients (referred to as mumurshu). Further research is needed to recognize

reliable biomarkers that correlate with these traditional indicators to assess critical patient conditions.

MATERIAL AND METHODS

The materials for this study on Arishta Lakshana were collected from classical Ayurvedic texts including Charaka Samhita Indriya Sthana, Sushruta Samhita Sutra Sthana, and Ashtanga Hridaya Sharira Sthana. These were then correlated with modern clinical and diagnostic knowledge. Additional sources were gathered from electronic databases to enrich the study.

Patients selected for assessment of Arishta Lakshanas were critically ill individuals—those bedridden, admitted to ICUs, or suffering from diseases with poor prognosis, including cachectic, debilitated, or emaciated conditions.

METHOD OF ASSESSMENT OF ARISHTA LAKSHANA IN A CONTEMPORARY VIEW

- Assessment can be carried out through Pratyaksha (direct observation), Anumana (inference), and Aaptopadesha Pariksha (authoritative testimony).
- Clinical evaluation should involve Darshana (inspection), Sparshana (palpation), and Prashna Pariksha (questioning), along with percussion and auscultation.
- Arishta Lakshanas typically manifest in conditions caused by Neeja doshaja vikaras (inherent imbalances), rather than in Agantuja vikaras (externally caused conditions). Therefore, focus should be placed on Neeja vikara cases.
- These signs are classified as Purusha-ashrita, meaning they pertain directly to the individual patient, rather than being visible externally (Purusha-anashrita).
- Purusha-ashrita lakshanas are evaluated based on the patient's Prakriti (constitution) and Vikriti (current imbalanced state).
- Purusha-anashrita lakshanas (signs not directly seen on the patient) are evaluated using Aaptopadesha, Anumana, and Yukti Pramana (logical reasoning and authoritative sources).^[3]

The **Purusha-ashrita bhavas** (personal attributes of the patient) that must be assessed include:

- Varna (complexion), Gandha (smell), Chakshu (eyes), Ghrana (smell perception),

- Sparshan (touch), Bhakti, Swar (voice), Rasna (taste), Sheela (temperament),
- Aachar (conduct), Smriti (memory), Aakriti (body build), Prakriti, Bala (strength),
- Medha (intellect), Harsha (happiness), Rukshya (dryness), Sneha (oiliness),
- Tandra (drowsiness), Gaurav (heaviness), Laghu (lightness), Aahar (diet), Vihar (lifestyle),
- Upaya (remedy), Apaya (harm), Purvarupa, Rupa, Vedana (pain), Chaya (shadow),
- Praticbhaya, Bhesajya (medication response).

Purusha-anashrita bhavas to be observed include

- Dootarishta – characteristics of a messenger or caregiver.
- Vaidya Marga Gamita Arishta – positive or negative signs perceived by a physician while approaching the patient.
- Atur Kula Bhavas – emotional environment and family behavior around the patient (e.g., fear, distress).
- Bhavanarishta – the ambiance of the patient's home and living conditions.

If all normally **stable Purusha-ashrita bhavas** suddenly turn abnormal, it may indicate the presence of Arishta. Common warning signs can include.

Sudden changes in the colour of the skin, mucous membranes, nails, or sensory organs such as the eyes and ears.

Disturbances in the perception of sound, smell, touch, taste, as well as abnormalities in stool or urine.

Experiencing auditory hallucinations or hearing unreal, non-existent sounds.

Unusual or distressing dreams (Swapna) associated with specific diseases, as described in classical Ayurvedic texts.^[4]

Types of Arishta

- Some are clearly defined (Sthaayi – permanent) and others more variable (Asthaayi – transient).
- Dalhana refers to Nitya Arishta (constant signs) and Anitya Arishta (changing or inconsistent signs).
- Occasionally, intense symptoms caused by dosha imbalance may mimic Arishta Lakshanas. If these signs resolve with dosha pacification, they are termed Arishtaabhasa (false Arishta).^[5]

Table 1: Examination With Criteria Described In Indriyasthan.^[6]

Examination	Criteria
Systemic Examination	Varna, Gandh, Swara, Sparshan, Aakruti, Prakruti, Ruksha, Sneha, Gaurav, Laghav, Chaya, Praticbhaya
Neurological Examination	Chakshu, Ghrana, Sparsha, Stotra, Rasana, Mana, Smriti, Medha, Tandra
Psychological Examination	Mana, Shauch, Sheela, Achara
Disease enquiry	Purvaroop, Rupa, Vedana
Medication enquiry	Upaya, Apaya, Bhesaja
Immunity status	Bala
Food habits	Bhakti, Ahara, Aaharparinaman
Lifestyle enquiry	

CORRELATION OF ARISHTA LAKSHANA WITH MODERN MEDICINE

1. VARNARISHTA – Abnormal Skin Colouration.

Neela Varna (Bluish discoloration due to low blood oxygen)

- Modern Equivalent: Cyanosis
- ❖ Associated Conditions:
 - Tetralogy of Fallot (congenital heart defect)
 - Respiratory failure
 - Congenital heart diseases (e.g., ASD, VHD)
 - Snakebite poisoning
 - Severe infections or toxic exposures

Shyava Varna (Blackish/Anoxic)

- Seen in snakebites, poisoning, chronic conditions like chronic renal failure (CRF), severe iron deficiency, or in terminal stages (Kal).

Haridra Varna (Greenish, indicating infection)

- Associated with severe jaundice, ascites, chlorosis, and toxemia.

Shukla Varna (Whitish or pale, due to low haemoglobin)

- Indicates severe anemia.

Tamra Varna (Coppery)

May result from vitamin deficiencies (avitaminosis) or hemochromatosis.

Ardhanga (Half-body discoloration)

Indicates severe central or peripheral cyanosis.

- Central Cyanosis: Due to reduced oxygen and increased carbon dioxide in the blood, commonly seen in cardiac or respiratory failure.
- Peripheral Cyanosis: Caused by poor blood circulation, severe cold exposure, or advanced cancer.^[7]

2. SWARARISHTA: Abnormal Voice

Sudden change in voice may indicate localized issues such as.

- Cancers involving the larynx, thyroid gland, oesophagus, cervical lymph nodes, or lung apex can lead to hoarseness or changes in voice quality. Voice alteration may also occur due to:
 - Lung cancer compressing the laryngeal nerves, resulting in vocal cord paralysis.
 - Cachectic states or systemic illnesses such as tuberculosis, HIV, cancer, severe dehydration, or anemia. Rapid changes in voice can be caused by:
 - Metastatic spread affecting the vocal cords.
 - Vocal cord paralysis, laryngeal carcinoma, or neurological disorders.
 - Infections or advanced diseases like diphtheria, actinomycosis, and late-stage carcinomas, which often carry a poor prognosis.

3. SHRAVANARISHTA: Auditory Abnormalities

Sudden hearing loss can be a symptom of.

- Serious metabolic conditions such as hyperglycemia, hypertension, obesity, dyslipidemia, tumours, or autoimmune disorders.

Susac Syndrome.

- An autoimmune endotheliopathy where the immune system mistakenly attacks the endothelium of the retina, cochlea (inner ear), and brain. This causes sensorineural hearing loss and is considered a fatal inflammatory disorder.

Two key presentations of Shravanarishta include.

- 1) Perception of non-existent sounds or voices (auditory hallucinations).
- 2) Non-perception of actual sounds, even when they are present.

These symptoms may present as sudden onset hearing of phantom sounds (tinnitus), or abrupt loss of hearing.

- Sudden hearing loss and inability to recognize words or sounds may indicate serious illnesses like stroke, brain tumour, metabolic emergencies, viral infections, or autoimmune disorders.
- Auditory hallucinations can be seen in psychiatric disorders such as schizophrenia, mania, alcoholism, brain tumours, or dementia.
- Absence of internal sound when both ears are closed may be due to dysfunction in the autonomic nervous system or circulatory failure.

4. GANDHARISHTA: Olfactory Abnormalities (Smell)

Sudden detection of unusual smells (pleasant or unpleasant) in weak or terminal patients can indicate systemic deterioration.

- Foul smells like dead body odour, urine, or faeces may be perceived in patients with.
 - Advanced leukemia
 - Breast carcinoma
 - Renal failure

Sweet/fruity odour may be noted in.

- Diabetic ketoacidosis
- Prolonged starvation
- Liver cirrhosis
- Toxemia of pregnancy

Anosmia (loss of smell) can occur in conditions such as.

- Head injury
- Alzheimer's disease
- Parkinson's disease
- Brain tumours
- COVID-19
- Other neurological and systemic disorders

5. NETRARISHTA: Visual Abnormalities

Colour changes in the eyes.

Yellowing of sclera or conjunctiva.

- May indicate liver dysfunction or anemia

Sunken eyes may suggest.

- Severe dehydration or emaciation

Protruding or bulging eyes (Exophthalmos)

- Seen in Graves' disease

May indicate metastatic eye tumours or space-occupying lesions

Proptosis (forward displacement of the eye)

- Often caused by tumours or orbital masses

Inability to see the Arundhati star (a diagnostic test in Ayurveda)

- Indicates severe conditions like retinoblastoma, papilledema due to malignant hypertension, intracranial haemorrhage, or advanced glaucoma
- Patients with these conditions may have a life expectancy of less than a year

6. SHOPHA: Edema or Swelling

Sudden swelling (Shopha) in the abdomen or extremities may indicate

- Ascites due to gastrointestinal malignancy
- Amyloidosis from cardiac or renal issues

Generalized swelling (including genital regions) in terminally ill patients suggests:

- Heart failure
- Liver failure
- Renal failure

This is referred to as Anasarca^[8]

7. TIME-BOUND DEATH INDICATORS

Some clinical signs and symptoms are commonly recognized across diseases as indicators of imminent death.

- Continuous emission of a floral fragrance from the body, day and night, is traditionally considered a sign of impending death within a year. In modern terms, this may be associated with diabetic ketosis, where a fruity odour is emitted from the body.
- Recurrent fainting when the patient is made to stand or taken out of bed may indicate severe hypotension or neurological deficits, and such patients are unlikely to survive for more than a week.
- Unusual drying pattern after bathing, where only the chest area dries while the rest of the body remains wet, is believed to signify death within two weeks. However, this observation lacks scientific or physiological explanation and falls under traditional Arishta lakshanas.^[9]

DISCUSSION

In today's era of advanced diagnostics and medical interventions, the traditional science of Arishta Lakshana remains largely confined to classical Ayurvedic literature. Historically employed to predict imminent death, these signs are now often regarded as having more historical than practical relevance.

With terminally ill patients frequently admitted to ICUs and supported by life-sustaining technologies, the chance to clinically observe Arishta Lakshanas is often lost. Yet, many of these indicators still correlate with modern medical conditions and can be explained through modern scientific principles.^[10]

Reviving and integrating Arishta Lakshana into present-day medicine could enable the early recognition of pre-death indicators, allowing for more informed end-of-life planning, better preparation of patients and families, and more efficient use of healthcare resources. Such integration would also help avoid futile treatments, reducing both emotional and financial strain.

Investigating and validating Arishta Lakshanas in modern clinical practice—alongside identifying new biomarkers to substantiate these traditional signs—offers a promising pathway for bringing Ayurveda into meaningful synergy with contemporary medical practice.

CONCLUSION

Arishta Lakshanas, as described in Ayurvedic literature, often correspond to severe or life-threatening conditions recognized in modern medicine. Traditionally, these signs indicated a poor prognosis or impending death. However, with advancements in diagnostics, life-saving medications, and medical technology, many conditions once deemed incurable (asadhya vyadhis) have become treatable (sadhya).

Despite these medical breakthroughs, the concept of Arishta Lakshanas retains great clinical value today, as it helps:

- Assess prognosis – Determining whether a disease is curable or incurable.
- Avoid unnecessary interventions – Especially in terminal cases.
- Guide patient care and spiritual readiness – Particularly in palliative or end-of-life.
- Support ethical decision-making – For both the Vaidya (physician) and the patient's family.

In contemporary clinical practice, the emphasis has shifted toward investigations, test-based diagnoses, and diverse treatment protocols, often overshadowing the traditional assessment of Arishta Lakshanas. Now more than ever, it is essential to revisit and integrate this ancient prognostic tool with contemporary medical approaches, enhancing both its relevance and its practical application.

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