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A CRITICAL REVIEW OF INDRIYASTHANA OF CHARAKA SAMHITA: ARISHTA LAKSHANA AS PROGNOSTIC BIOMARKERS — A COMPARATIVE STUDY WITH PALLIATIVE MEDICINE AND TERMINAL ILLNESS INDICATORS

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ABSTRACT

Ayurveda places primary emphasis on the prevention of disease and embraces a holistic philosophy in addressing diverse states of ill-health. Among the pillars of clinical practice, prognosis occupies a position of central importance, since a reliable estimate of the residual course of disease equips the patient to make informed end-of-life choices and assists the clinician in selecting the most rational line of management. The ancient seers of Ayurveda devoted an entire division of the canonical literature, the *Indriyasthana*, to this very purpose, in preference to naming it the *Arishta Sthana*. The word *Indriya* is here understood in the sense of *Prana*, so that the section becomes, in essence, a science of the remaining span of life. The *Arishta Lakshanas* are those clinical signs that herald approaching death, standing in relation to it as the blossom stands to the fruit that is to follow. Classical doctrine holds that death is not encountered in the absence of such indicators, and that once they have unequivocally manifested, demise becomes inevitable. The diagnostic methods set out in the *Indriyasthana* are inexpensive, uncomplicated and remarkably precise instruments for gauging life expectancy. In the vocabulary of contemporary medicine, the same cluster of features is recognised under the heading of the deathbed phenomenon, and bears close kinship to the prognostic indicators employed within modern palliative care.

KEYWORDS: *Indriya*, *Prana*, *Arishta Lakshana*, Prognosis, Palliative Medicine, Prognostic Biomarker, Terminal Illness, Deathbed Phenomenon.

INTRODUCTION

The estimation of prognosis stands among the most demanding responsibilities entrusted to the physician, and it has remained so across every era of medical history. Patients consistently seek dependable prognostic guidance, because such knowledge is decisive both for end-of-life planning and for the selection of an appropriate therapeutic strategy. Within the *Brihattrayi*, the prognostic material assumes different positions: Charaka organised the *Arishta*-related teaching as the *Indriyasthana* across twelve chapters, whereas Sushruta accommodated it within the *Sutrasthana*, and Vagbhata located it in the *Sharirasthana*.

Beyond the *Brihattrayi*, the *Bhela Samhita* likewise preserves an *Indriyasthana*. The term *Indra* is glossed as *Prana*, and on this reading the section is properly understood as the study of the lifespan that yet remains.[1] The *Arishta Lakshanas*, which announce the nearness of death, are elaborated at length in the *Indriyasthana* of the Charaka Samhita, positioned after the *Sharirasthana* and before the *Chikitsasthana*. This deliberate placement conveys an instruction: before constructing any treatment plan the physician should first appraise the *Sadhyata–Asadhyata* (curability or incurability) of the condition and should search for *Arishta Lakshanas* by means of

both *Purusha-ashrita* and *Purusha-anashrita Parikshya bhavas*.[2]

The *Arishta Lakshanas* are diagnostic signs that disclose the impending death of a patient, much as a flower foretells the coming fruit, smoke betrays the presence of fire, or gathering clouds presage rain. In the same idiom, classical authority maintains that there is no death unheralded by *Arishta*, and that death is assured once these signs are firmly established.[2] The Charaka Samhita defines *Arishta* as the state in which grossly aggravated *Doshas* express themselves throughout the body, frustrating therapeutic effort by obstructing the natural processes of recovery.[3]

It is further cautioned that a physician who undertakes the management of incurable disease without a grasp of *Arishta* will inevitably forfeit his *Vidhya* (knowledge), his *Yasha* (reputation) and his *Dhana* (wealth).[4] Sustained success in practice therefore demands that the clinician recognise the *Arishta Lakshanas* as taught in Ayurveda and corroborate them in daily work through the judicious use of contemporary diagnostic resources such as laboratory and imaging investigations.

MATERIALS AND METHODS

The present work is a textual and conceptual review. The principal source consulted is the Charaka Samhita, supplemented by allied classical commentaries. Modern medical literature and electronic databases were additionally surveyed to assemble the comparative material relevant to the theme of prognostication and palliative prediction.

THE SUBJECT MATTER OF THE INDRIYASTHANA

The *Sadyomarniya Adhyaya* of Charaka is principally concerned with the recognition of those signs and symptoms that foretell death within a short interval, generally three to seven days, the brevity being conveyed by the prefix *Sadyo*.[5]

The features catalogued in this chapter predominantly reflect disorders of *Vata Dosha*, and in particular those affecting the head (*Shira*), the heart (*Hridaya*) and the bladder (*Basti*), the three regions known collectively as the *Trimarma*. Among the cardinal warning signs are disordered respiration (*Shwasa*), hiccup (*Hikka*), cardiac disease (*Hridaya Roga*) and unquenchable thirst (*Trishna*). Such manifestations typically signal a grave derangement of the body's vital functions, especially those presided over by *Vata*. Both of these themes are developed below.

1. The Concept of Vata Disturbance

Vata is indispensable to the maintenance of life and to the operation of the cognitive faculties.[6] The somatic and psychosomatic reflexes of the body, together with both voluntary and involuntary movement, are mediated through neural pathways over which *Vata* presides, including the impulses conducted by the cranial nerves.

Respiration, together with cardiac and circulatory activity, is invariably carried out under the governance of *Vata*. Every somatic system, and the regulation and integration of its functions, falls within its sphere.[7] It likewise directs the operations of the mind (*Manas*), so that perception, cognition and the train of thought all proceed under its control. The nervous system in its entirety — central and higher functions alike, the brain and its behaviour, and the mental faculties — is thus ultimately governed by *Vata* itself.

Because *Vata* orchestrates all functions in the living organism, its imbalance may give rise to manifold illnesses and, in extremity, to death.[8] Several *Arishta Lakshanas* arising from the vitiation of the five subtypes of *Vata* are summarised in the table that follows.

Type of Vata	Arishta Lakshana described	Modern correlation
Prana Vayu	When Vata becomes aggravated in an excessively debilitated patient it produces pain in the region of the Hridaya and the Guda.[9]	Advanced pulmonary malignancy with pelvic (bony) metastasis.
Udana Vayu	Upward-moving aggravated Vata causes bilateral distension of the neck in a patient already depleted of Rakta (blood) and Mamsa dhatu (muscle), leading to sudden death.[9]	Occlusion of the common carotid artery.
Samana Vayu	Severe diarrhoea and thirst accompanied by generalised swelling, with cutting pain in the Amashaya (stomach) and Pakvashaya (large intestine).[10]	Inflammatory bowel disease — ulcerative colitis; Crohn's disease.
Vyana Vayu	Vitiated Vata circulating throughout the body produces laxity of the calf muscles and distortion of the nasal architecture, culminating in rapid death.[10]	Involvement of the spinal vasculature giving rise to meningomyelitis, with muscular atrophy and spastic weakness of the lower limbs, as in neurosyphilis.
Apana Vayu	In an emaciated patient, a sudden aggravation of Vata affecting the groin and the region between the anus and the umbilicus precipitates immediate death.[10]	Rectal adenocarcinoma with inguinal lymph-node metastasis.

2. The Concept of Trimarma

Because the extremities are connected with, and dependent upon, the trunk, the *Marmas* of the trunk command greater vitality than those of the limbs; and among the truncal *Marmas*, the three known as *Trimarma* are supreme in importance.

Shira

Charaka defines the *Shira* as that part of the body in which the *Prana* resides together with all the sense organs, and on this account regards it as the foremost organ. The *Shira* is therefore held to contain the *Panchajnanendriya* (the five sense organs) and the *Indriya-Pranavaha Srotas*.[11]

All the sense organs, and the channels conveying sensory and vital impulses, radiate from the *Shira* as rays issue from the sun.[12] It sustains the *Indriya*, the *Indriyavaha* and the *Pranavaha Srotas* in the manner that the rays form part of the sun. As the centre of all five sense organs, the *Shira* corresponds to the vital centres — the vagal and respiratory centres — and to the nuclei of the twelve cranial nerves, structures upon which the entire functioning of the body depends. The verse thus identifies the *Shira* as a *Trimarma* precisely because it answers so completely to the brain; even a minor injury to it may carry fatal consequences.

Sushruta similarly asserts that injury to the *Shira* may prove fatal. According to Charaka, such injury may issue in facial paralysis, agitation of the eyes, bilateral rigidity of the neck, stupefaction, constricting cephalic pain, dyspnoea, loss of movement, cough, paroxysms of yawning, excessive salivation and aphasia.[13]

Illustration: a patient afflicted with intense thirst, laboured breathing, headache, syncope and weakness who subsequently develops diarrhoea.[14]

Basti

The term *Basti* denotes the urinary bladder, the reservoir that receives and conducts the urine formed by the kidneys and conveyed through the ureters. It is intimately associated with the reproductive organs that lie within the pelvic cavity.

Charaka emphasises the importance of the *Basti* as the reservoir of *Mutra*; just as the various rivers replenish the ocean, so do all the *Ambuvaha Srotas* that transport water fill the *Basti*.[15] Sushruta holds that injury to the *Basti Marma* may cause instantaneous death, save in cases occasioned by wounds (*Vrana*) and urinary calculi (*Ashmari*).[16] A severe injury producing bilateral rupture is rapidly lethal; yet where leakage of urine occurs on one side only, timely intervention may still preserve the patient.

Illustration: a patient who develops dyspnoea from intensely aggravated Vayu after both inguinal regions and the anus have been affected.[17]

Hridaya

Charaka reckons the *Hridaya* among the *Trimarma* and regards it as the seat of *Prana*, *Buddhi*, *Chetana* and *Oja*, thereby marking it as a vital organ of the body.

As the seat of the ten principles — the *Dhamanis*, *Prana*, *Apana*, *Manas*, *Buddhi*, *Chetana* and the *Sukshma Mahabhutas* — the *Hridaya* stands at the centre of them all, as the spokes are fixed at the hub of a wheel.[18] In acute injury the internal derangement of the *Doshas* may precipitate a cardiac event and prove fatal; cardiac disease may culminate in acute myocardial infarction and extensive coronary thrombosis, leading to sudden death.

Illustration: a patient with intense thirst arising from Vata aggravation, in whom a Vatashtheela forms in the cardiac region, may suffer a fatal outcome.[18]

From the foregoing it follows that the principal disorders responsible for *Sadyomarana* (sudden death) are internal haemorrhage, cranial injury, cerebrovascular accidents, pulmonary oedema and cerebral oedema.

FURTHER CHAPTERS OF PROGNOSTIC RELEVANCE

Beyond the *Sadyomarniya Adhyaya*, the *Anujyotiya Adhyaya* merits attention. The very name, *Anu Jyoti*, points to *Mandya Agni* — a feeble or attenuated flame of life — such as is encountered in advanced age.[19] This chapter accordingly mirrors the afflictions of the elderly, among them dementia, parkinsonism, ataxia and disturbances of vision.[20]

The *Gomayachurniya Adhyaya*, in turn, portrays prognosis and the prediction of lifespan from the constellation of symptoms and the nature of the disease. These teachings are time-tested and, when interpreted and applied with discernment, can be of genuine service to the contemporary physician.[21]

DISCUSSION

Ayurveda furnishes the physician with all the conceptual resources needed to deploy a comprehensive understanding for the welfare of the patient. The *Indriyasthana* in its entirety reflects upon the *Arishta Lakshanas* as classified by symptom, by disease and by complication. In the ancient period greater value was attached to the elucidation of the subtle and the invisible; the aim was to express an empirical truth in a few aphoristic words (*Sutras*), often in a deliberately concise idiom. In the later period, as the outer world was progressively disclosed, human enquiry came to concentrate almost exclusively upon the gross and the materially visible, pursued through advanced technology and instrumentation. The recurrent emergence of novel diseases — Ebola, swine influenza, COVID-19 and the like — in each succeeding decade may be regarded as a consequence of this narrowing of vision.

The View from Modern Science

Modern science describes the deathbed phenomenon as a counterpart to the teaching of the *Indriyasthana*. A range of anomalous experiences is reported not only by those who are dying but also by those emotionally close to them who are present at the time of death. It is recounted, for example, that a person bound to the dying individual may perceive him across a great distance, that household pets may howl or behave as though sensing an arrival, that clocks may halt and electrical devices switch on of their own accord.

Considerable research is being conducted worldwide into how the brain registers sensation and how its neurotransmission behaves as death approaches. One line of investigation examines the hallucinations experienced by elderly patients in their final days and the sequence in which these occur. The brain is central to the whole of life, yet with the passage of time its function declines through the degeneration of tissue and cell.

In near-death experiences the temporal lobes assume particular significance, for these regions subserve sensory processing and memory, and aberrant activity within them may give rise to unusual sensations and impressions. The "dying-brain" or fading-brain hypothesis is the most widely accepted account of near-death experience: it proposes that hallucinations are generated by neuronal activity as cells begin to perish. Patients with end-of-life dementia frequently display the behavioural and psychological symptoms of dementia (BPSD), including delusion, anxiety, irritability and loud vocalisation.[22]

THE IMPORTANCE OF PROGNOSTICATION

Even the Bhagavad Gita observes that the thoughts which most powerfully occupy the mind at the moment of death determine the nature of the subsequent birth.[23]

In former times the relationship between physician and patient was direct and continuous: the patient was constantly guided and observed by the physician, who came thereby to possess every minute detail of the case and could readily perceive the shifts between *Prakriti* and *Vikriti*.[24] With the proliferation of hospitals this intimate bond has steadily eroded; investigation reports are now frequently examined before the patient has even been seen, and the art of prognostication has become correspondingly more difficult in the present age.

Sound prognostication promotes more effective patient care by enabling patients to reach better-informed decisions about treatment. Its benefits extend in three directions — to the patient, to the attendant and to the clinician — as set out below.

Beneficiary	Objectives served by prognostication
Patient	Financial planning; the opportunity to take leave of loved ones ("saying goodbye").
Attendant	Patient-centred care; participation in shared decision-making.
Clinician	Due consideration of prognosis; rational selection of medical interventions; attainment of the preferred place of care; advance care planning.

The accurate estimation of survival in patients with end-stage disease remains an enduring challenge for the palliative-care clinician, and it is precisely here that the classical framework of the *Indriyasthana* offers a complementary perspective worthy of systematic study.

CONCLUSION

A proper understanding of the *Arishta Lakshanas*, as expounded in the prognostic section of the classical literature, is of considerable value to the physician in estimating a patient's life expectancy and in framing an appropriate plan of treatment. A cursory reading of the Ayurvedic texts, undertaken without critical analysis and interpretation, risks the loss of this ancient wisdom. It is essential to keep in view the historical context of these texts and the technological limitations of the era in which they were composed. The physician must rely upon trained judgement to interpret the prognostic signs, to anticipate the patient's span of life and to devise a suitable strategy of care. Notwithstanding the great advances in modern healthcare — in sophisticated instrumentation, technology and life-saving procedure — the prediction of life expectancy and prognosis in certain diseases remains intractable. While further investigation is required to validate the propositions advanced here, the present review may be regarded as an opening contribution that invites future research into the alignment of *Arishta Lakshana* with the prognostic biomarkers of modern palliative medicine.

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