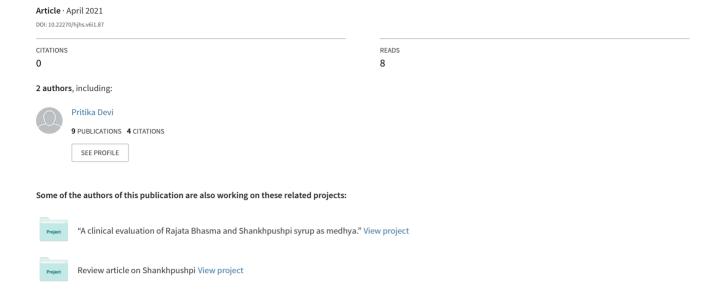
Exhalation of different odor indicative of poor prognosis w.s.r. to Arishta in Pushpitakam Indriya Adhyaya of Charaka Samhita



Exhalation of different odor indicative of poor prognosis w.s.r. to Arishta in Pushpitakam Indriya Adhyaya of Charaka Samhita

Available online at www.hjhs.co.in

REVIEW ARTICLE

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DOI 10.22270/hjhs.v6i1.87

ABSTRACT

In medicinal science each disorder is presented with certain signs and symptoms. Many disorders are having certain complications which affect the treatment. Inmodern medicine signs and symptoms of a disease depicting poor prognosis are described. They are very important during the treatment of patient because they have an impact on management of that particular disorder. Similarly in Ayurveda there is Arishta Lakshna i.e. those signs and symptoms when present, they are indicative of imminent death are known as Arishta or Arishta Lakshna. They are always present at the time of terminal illness. As Ayurveda is very patient specific for treatment of ailments therefore every disease the Arishta Lakshna are mentioned in Ayurveda. Knowledge and understanding of these Arishta is important so that physician may know the outcome of the disease and not indulge in the treatment of incurable diseases.

Keywords: Arishta, Lakshna, Prognosis, Ayurveda, Charaka Samhita

1. Introduction

The holistic approach of Ayurveda aims to manage wide range of diseases through effective diagnostic methods, interventions (dietary and lifestyle) as well as medicinal treatments. (1,2) Several therapeutic regimens and therapeutic claims have been validated on the scientific grounds. (3, 4, 5,6) In Ayurvedic therapeutics, the role classical diagnostic and prognostic methods undeniable and indisputable. "Niyatamarankhyapaklingamarishtam" those signs and symptoms when present, they are indicative of imminent death are known as Arishta or Arishta Lakshna. (7) In medicinal science each disorder is presented with certain signs and symptoms. Many disorders are having certain complications which affect the treatment. Inmodern medicine signs and symptoms of a disease depicting poor prognosis are described. They are very important during the treatment of patient because they have an impact on management of that particular disorder. Specific type of odor from the body of patient can be a sign of an advanced stage. These odors can be sweet or can be pungent. In Ayurveda different types of techniques for examination of the patients are mentioned e.g. Dashvidha Pariksha. Asthavidha Pariksha. Shadhavidha and Trividha Pariksha etc. The main aims of these techniques are to categorize the patients in Sadhya-Asadhya Rogi. In examination of the patient all five senses are used by the physician. With the help of Nasaindriya, different types of odors coming from a patient are noticed. It helps in diagnosis as well as in prognosis of the disease because specific types of odors are described in *Ayurvedic* literature pertaining to specific disease.

Ayurveda as a science in which the knowledge of life exists or which deals with the knowledge or science of longevity which equally emphasize on physical as well as mental and spiritual health. (8, 9) In Ayurveda, the term Ayusstands for the combination of the body, sense organs, mind and soul. Dhatri (the one that prevents the body from decay), Jivita (which keeps alive),

Nityaga(which serves as a permanent substratum of this body) and Anubandha (which transmigrates from one body to another) are its synonyms. (10)

Every individual is unique and treatment is patient specific rather than disease specific. (11-13) so to understand the effects of disease a thorough examination of the patients has been described in *Ayurveda*. (14) Recording of signs symptoms and history; systemic examination by five senses to elicit any 'defect and the examination of *pulse*, urine, feces, tongue of the patient has also been described. (15)

"BhishajaPraakPrikshyaevvikaranamsavlaks hanam.....NaSaMaeitryatulyanam mithyabudhimprakalpyet." (16)

A wise physician should examine the distinctive features of the disease beforehand and then he should start his treatment only of the curable diseases. So a physician who can distinguish between curable and incurable diseases, He with his right applications will not subscribe to the wrong notions prevailing among the pseudo-physicians like *Maitreya* to say he will certainly succeed in curing disease. (17)

Diseases have also been classified according to the systems they disturb and general curative measures have also been given. The examination by inspection, palpation, percussion and auscultation have also been given. (18)

History taking and clinical examination are crucial initial steps to achieving this understanding even in an erain which the availability of sophisticated investigation might suggest to lay a person that a blood test or scan will give all the answers. In addition the distinction between cure of disease and relief of symptoms remains as valid today as in past. (19)

2. Diagnosis & Prognosis

Diagnosis (20)

 The term denoting the disease or syndrome a person has or is believed to have.

- The use of scientific or clinical methods to establish the cause and nature of a person's illness or injury and the subsequent functional impairment caused by the pathology. The diagnosis forms the basis for patient care.
- Identification of a disease by history, physical examination, laboratory studies, and radiological studies is known as Clinical diagnosis.

Prognosis

The word prognosis means prediction of the course and end of a disease and the estimate of the chance for recovery. (21)

Arishta

It is indeed interesting to note that *Ayurveda* has studied prognostic features at different levels and it appears that the ancient *Acharyas* were in a position to predict the life or death of the patient. *Indriya* in *Indriyasthana* means the signs and symptoms of the life approaching its end.

"Ehkhaluvarnashchsawrashchgandhashch...
.....ayushahpramanavsheshjigyasamane
nbhishaja." (22)

According to Acharya Charka the physician desirous of ascertaining the period of life left to the patient, should, by means of direct observation, inference and authoritative instruction, take note of the following viz; complexion, voice, smell, taste and touch of the patient, his psychic make-up, proclivities, state of cleanliness, character, conduct, memory, general appearance and habits, the nature of his morbidity, vitality, depression, exhilaration. the drvness intellect. unctuousness of his body, the measures of his torpor and effort, heaviness and lightness, the general characteristic of his body, his diet, recreation, digestive power, the mode of onset and disappearance of the disease, the nature of the disease, the preliminary symptoms, the type of pain, the complications, the luster and reflection of the patient's body, his dreams, the behavior of his messenger, the omens met on the way to the patients house peculiar circumstances and conditions in the patient's house, the preparation of the medications and application of the therapeutic measures in a given case. (22)

There were detailed description about the symptoms and signs which point to the gravity of the situation and it could be said whether the patient would survive or die, and after how many days would the patient die.

"Pushapamyathapuravrupamfalasyabhavishy atatathalingamarishtakhyampuravrupammari shyta." (23)

As the flower anticipates the production of a fruit, so does particular types of physical odor (any symptoms or smell) anticipates imminent death. (23)

As the tree endowed with flowers, they emit fragrance, so the moribund persons exhibit different types of premonitory symptoms. This justifies the use of the term *Pushpita* in the present context.

One who day and night emits the fragrance of several flowers a garden with various types of tress and creepers full of flowers they were known as *Pushpita*. Such manifestations are indicative of imminent death as described by *Acharya*.

A person with such manifestations is sure to die within a year. Even if the smell of body resembles the fragrance of different pleasant and unpleasant flowers, one by one, a person with such manifestations is also regarded as *Pushpita*. Another type of *Pushpita* person is he in whose body one can smell a variety of unpleasant odor taken together simultaneously.

If the body emits unpleasant odor even when covered with fragrant unguent and pleasant odor when there is no such unguent a person with such manifestation is also known as *Pushpita*. Odors of *Candana, Kustha, Tagra, Agru*, honey and garland is pleasant and that of urine, feces, and dead bodies is unpleasant. (24)

According to modern medicine there are various odors present in patients having bad prognosis or odors suggestive of advanced stage of a disease with complications. Some of them are described below:

Fetor hepaticus is the fecal smell of the breath similar to that of a freshly opened corpse of a mouse. This is because of the fact that normal demethylating process is inhibited by liver damage. (25) It is poor prognostic sign of liver failure and often precedes coma in patients.

Diabetes is a very common metabolic disorder having variety of complications. Hyperglycemia may be presented as Diabetic Ketoacidosis. In Diabetic Ketoacidosis, breathing may be deep and sighing, the breath is usually fetid, and the sickly-sweet smell of acetone may be apparent. (26)

Chronic Renal diseases have many complications affecting many organ systems including gastrointestinal system. Uremic fetor found in renal failure, is a uriniferous odor to the breath, derives from the breakdown of urea to ammonia in saliva and is often associated with an unpleasant metallic taste sensation. (27)

Intestinal obstruction may be presented with pain abdomen with constipation or abdominal distention with nausea and vomiting. When prolonged there is foul smell in breath. With low ileal obstruction, the vomitus becomes feculent, i.e., orange-brown in color with a foul odor, which results from the overgrowth of bacteria proximal to the obstruction. (28)

Suppurative pleuro-pulmonary diseases continue to cause significant morbidity and mortality despite considerable advances made in the diagnosis and management of these conditions.

The major suppurative lung diseases are bronchiectasis, lung abscess and empyema. (29) In most of these disorders the cough is present with purulent or copious mucous having foul smell.

Bad odor from mouth can be present in poor oral hygiene which is risk factors for Infective Endocarditis. (30)

Lung cancer usually causes a distinct bad breath, and breath is being used in detection and prognosis of cancer. This statement is backed by researchers, doing study on lung cancer. (31)

3. Conclusion

It has been stated in Charak Sutra Sthana that a physician undertaking the treatment of incurable diseases would only subject himself to loss of wealth, learning and fame as well as bad reputation and would lose confidence of people. Such a situation can be avoided if the physician is fully aware of the sign and symptoms of imminent death. These sign and symptoms are described in detail in *Indriva* Sathana of Charak Samhita. There are various signs indicative of poor prognosis in a patient. Among them different types of odors are also found indicating poor prognosis. In modern medicine also there are so many serious medical emergencies having high mortality rate where different odors are present. So the Pushpitaka Indriya Arishta mentioned in *Indriya Sthana* can be simulated with various odors present in certain medical disorders with complications or having high mortality.

Acknowledgements

I would like to express my gratitude to Himalayan Journal of Health Sciences who gave me the opportunity to publish the article.

Financial Disclosure statement: The author received no specific funding for this work.

Conflict of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

References

- 1. Sharma R, Prajapati PK. Diet and lifestyle guidelines for diabetes: Evidence based ayurvedic perspective. Romanian Journal of Diabetes Nutrition and Metabolic Diseases. 2014; 1;21(4):335-46.
- Sharma R, Martins N, Chaudhary A, Garg N, Sharma V, Kuca K, Nepovimova E, Tuli HS, Bishayee A, Chaudhary A, Prajapati PK. Adjunct use of honey in diabetes mellitus: A consensus or conundrum?. Trends in Food Science & Technology. 2020:106,254-274.

- 3. Sharma R, Amin H. Rasayana Therapy: Ayurvedic contribution to improve quality of life. World J. Pharmacol. Res. Tech. 2015;4:23-33.
- 4. Sharma R, Martins N, Kuca K, Chaudhary A, Kabra A, Rao MM, Prajapati PK. Chyawanprash A Traditional Indian Bioactive Health Supplement. Biomolecules. 2019;13(6): 161.
- Sharma R, Garg N, Verma D, Rathi P, Sharma V, Kuca K, Prajapati PK. Indian medicinal plants as drug leads in neurodegenerative disorders. In Nutraceuticals in Brain Health and Beyond (pp. 31-45). Academic Press; 2020. doi.org/10.1016/B978-0-12-820593-8.00004-5.
- 6. Sharma R, Martins N. Telomeres, DNA damage and ageing: potential leads from AyurvedicRasayana (anti-ageing) drugs. J Clin Med. 2020;9(8):2544.
- 7. Upadhyay Yadunandan. Madhav Nidanam 'Madhukosh' Vyakhaaya Vibhushitam Part 1.Reprint 2005.Varanasi: Chaukhambha Sanskrit Sansthan; 2005.
- Sharma R, Kuca K, Nepovimova E, Kabra A, Rao MM, Prajapati PK, et al. Traditional Ayurvedic and herbal remedies for Alzheimer's disease from bench to bedside. Expert Rev. Neurother. 2019; 19:359-374.
- Sharma R, Kabra A, Rao MM, Prajapati PK, et al. Herbal and Holistic solutions for Neurodegenerative and Depressive disorders: Leads from Ayurveda. Curr. Pharm. Des. 2018; 27(3): 2597-2608.
- Sharma RK, Dash B, et al. Charak Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurvedic Dipika Vol.1.Reprint 2006. Varanasi: Chowkhamba Sanskrit Series; 2006.
- 11. Sharma R, Prajapati PK, et al. Predictive, Preventive and Personalized Medicine: Leads FromAyurvedic Concept of Prakriti (Human Constitution). Curr Pharmacol Rep. 2020;6:441-450.
- 12. Amin H, Sharma R, et al. Biochemical and anthropometric profiles of different Prakriti (Ayurvedic constitution) patients of non-insulin dependent diabetes mellitus. J ObesMetab Res. 2015; 2:120-4.
- 13. Amin H, Sharma R, et al. Biochemical and anthropometric profile of obese subjects of different Prakriti (constitution) at Jamnagar District, Gujarat, India. Int J ClinExp Physiol. 2015; 2:16–22.
- Sharma R, Amin H, Galib R, Prajapati PK, et al. AstasthanaPariksha - A diagnostic method of Yogaratnakara and its clinical importance. Glob J Res Med Plant Indig Med. 2012;1:186-201.
- 15. SC Dhyani. Salient features of Ayurveda. 1st Edition. Varanasi: Chaukhambha Orientalia; 1987.p.72.
- 16. Sharma RK, Dash B. CharakSamhita: Text with English Translation & Critical Exposition Based

- on Cakrapani Datta's Ayurvedic Dipika Volume 1. Varanasi: Chowkhamba Sanskrit Series; 2006.p.200.
- 17. Shastri PK, Chaturvedi GN. Charaka Samhita of Agnivesh Hindi Commentary Part I. Varanasi: Chaukhamba Bharati Academy; 2009. p.206.
- SC Dhyani. Salient features of Ayurveda. 1st Edition. Varanasi: Chaukhambha Orientalia; 1987.p.72-73.
- 19. Glynn M, Drake W. Hutchison's clinical methods. 23rd Edition. China:Saunders Elsevier; 2012.p.1.
- Venes, Donald, Taber CW. Taber's Cyclopedic Medical Dictionary. 21st Edition. Philadelphia: F.A. Davis Publication; 2013.p.557.
- 21. Venes, Donald, Taber CW. Taber's Cyclopedic Medical Dictionary. 21st Edition. Philadelphia: F.A. Davis Publication; 2013.p.1686.
- Sharma RK, Dash B. CharakSamhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurvedic Dipika Volume
 Varanasi:Chowkhamba Sanskrit Series; 2006.p.517-518.
- Sharma RK, Dash B. Charak Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurvedic Dipika Volume
 Varanasi:Chowkhamba Sanskrit Series; 2006.p.527.
- Sharma RK, Dash B. Charak Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurvedic Dipika Volume
 Varanasi:Chowkhamba Sanskrit Series; 2006.p.530.
- Mehta PJ. PJ Mehta's Practical Medicine. 17th Edition. Mumbai: NBD Publications; 2005 Mar.p.52.
- Davidson LSP. Davidson's Principles and Practice of Medicine. 23rd Edition. China: Elsevier Publication. 2018.p. 736.
- Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, et al., editors. Harrison's Principles of internal medicine. 16th Edition. McGaw-Hil Medical Publishing; 2008. p.1659.
- Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, et al., editors. Harrison's Principles of internal medicine. 16th Edition. McGaw-Hil Medical Publishing; 2008. p.1804.
- Munjal YP, Sharma KS. API Textbook of Medicine. 9th Edition. NewDelhi:Jaypee Bro. Medical Publisher; 2012.p.1726.
- Christian Nordqvist. Endocarditis: What you need to know. Medical News Today [Internet]. 2018.
 Jan 22 [cited 2021 Jan 22]. Available from: https://medicalnewstoday.com.
- 31. Dennis Thompson Breath Test May Spot Lung Cancer. Webmed. [Internet]. 2014-18. Jun 02 [cited 2021 Jan 22]. Available from: https://www.webmd.com.