

THE ROLE OF ARISHTA PARIKSHAN IN CLINICAL EXAMINATION

Mishra Smriti S¹, Kolarkar Rajesh²

¹P.G. Scholar, Ayurveda Samhita Siddhanta Dept, YMT Ayurvedic Medical Hospital and PG Institute, Kharghar, Navi Mumbai, India

²Professor, HOD, Ayurveda Samhita Siddhanta Dept, YMT Ayurvedic Medical Hospital and PG Institute, Kharghar, Navi Mumbai, India

Email: mishrasmriti333@gmail.com

ABSTRACT

Indriyasthan is one of the peculiarities of *Charak Samhita*. It describes the signs and symptoms preceding death. *Indriyasthan* is always looked upon as *sthan* which is indicative of fatal signs and bad prognosis of various diseases. However, after minute observation it is found that it also gives enough clue to guide us on understanding the various points of clinical examination of patient. If these signs and symptoms are minutely assessed by the physician, then this will lead quick diagnosis of disease and its prognosis will be well understood irrespective of the severity of disease. In this literary review the various criteria of clinical examination of patient according to *indriyasthan* will be assessed.

Keywords: *Indriyasthan*, *Arishta*, clinical examination.

INTRODUCTION

Indra means *prana* (life). *Indriyasthan* is fifth *sthan* of *Charak Samhita* which describes *aristhas* and *ayu* (life span) of diseased person. *Arishtas* are the fatal signs of death which occurs in diseased person before death just like flowers indicate upcoming fruit and smoke indicates *agni* (fire) and cloud indicates rain¹. Emphasizing the importance of diagnosis *Acharya Charak* says, "When a physician who even if well versed in the knowledge of disease treatment, does not try to enter into the heart of the patient by virtue of the light of his knowledge, he will not be able to treat the disease²." Thus, thorough clinical examination followed by diagnosis is first step towards the treatment.

The subjective parameters of disease diagnosis and assessment are best told in our ancient text and seem eternal anytime. Though they didn't have much objective aids then, they had very accurate sense to observe, to assess and to give proper diagnosis. The physician should have complete theoretical knowledge, sharp senses, quicker thinking and vast experience for accurate diagnosis of the patient. It also includes all varieties of *pareeksha* (examination), *prathyaksha* (sensual direct perception), *yukti* (logic), *anumana* (inference) and even *pramanas* (various methods to attain knowledge)³.

Prognosis is the prediction of the course of disease and frequency with which they can be expected to occur. A

complete prognosis includes the expected duration, description of course of disease, such as progressive decline, intermittent crisis, sudden and unpredictable crisis. Predicting the prognosis in critically ill patients is very crucial and challenging to physician because it includes many unpredictable factors and variables. *Ayurveda* explains about prognosis by many aspects like *sadhyaasadhyaatava* (curable-uncurable stage) of *vyadhi* (disease), *aristha lakshan* (symptom), *ojoshaya* etc. *Trividhapariksha*⁴ (3-criteria examination), *dashavidhapariksha*⁵ (10-criteria of examination), *dvadhashapariksha*⁶ (12 criteria of examination) and *astavidhapariksha*⁷ (8 criteria of examination) are different tools for diagnosis and prognosis of disease. Assessment of prognosis is needed to facilitate the clinical decision making for choice of proper treatment. The prediction of prognosis helps in patient and family education and counselling⁸. *Trividha pariksha*,

Asthavidha pariksha, *Dashavidha pariksha* are the means described in *Ayurveda* for clinical examination. Modern science has described inspection, palpation, percussion, and auscultation as main aspect of clinical examination.

The factors to be examined for assessment of *aristha* in *charak samhita* are : *Varna*, *gandha*, *chakshu*, *ghrana*, *sparshan*, *bhakti*, *swara*, *sparsha*, *strotra*, *rasana*, *mana*, *shaucha*, *sheela*, *achara*, *smruti*, *aakruti*, *prakruti*, *bala*, *medha*, *harsha*, *rukshya*, *Sneha*, *tandra*, *Gaurav*, *laghav*, *ahara*, *vihara*, *aaharparinaman*, *upaya*, *apaya*, *purvaroop*, *rupa*, *vedana*, *chaya*, *praticaya*, *bheshaja*⁹.

Varna- In this, examination of complexion or color of patient and patient's bodily elements like *twacha*(skin), *mutra*(urine), *mala*(stool), *nakha*(nails), *netra*(eyes) etc. is done.

Table 1: *Prakrut* (Normal) and *Vikrut* (Abnormal) *Varna* according to *Charak Samhita*¹⁰

<i>Prakrut Varna</i>	<i>Vikrut Varna</i>
<i>Krushna</i> (blackish)	<i>Neela</i> (bluish discoloration)
<i>Shyama</i> (dark blue)	<i>Shyava</i> (blackish discoloration)
<i>Shyamaavadata</i> (bluish white)	<i>Tamra</i> (coppery red discoloration)
<i>Avadata</i> (white/fair)	<i>Shukla</i> (whitish discoloration/Pale)
	<i>Harita</i> (Greenish discoloration)

Table 2: Correlation of *Vikrut Varna* with modern disease

<i>Vikrut Varna</i> (Abnormal Colour)	Modern disease correlation.
<i>Shukla</i> (Pale)	Severe Anaemia
<i>Neela</i> (Bluish)	Cyanosis
<i>Shyava</i> (Blackish)	Visceral trauma, Chronic diseases
<i>Tamra</i> (Reddish)	Skin disease
<i>Peeta</i> (yellowish)	Jaundice

Gandha – The smell perception is of two types i.e. person himself able to perceive and is perceived by other. In this examination smell perceived by *Vaidya*(physician) is indicated. Smell of body turning into *Sugandha* (fragrance), *durgandha* (bad odour), or *gandha rahita avastha* (no smell at all) should be seen. Bad odor is seen in emphysema, gangrene, infected abscess, uremia etc. and fruity smell is observed in diabetic ketoacidosis.

Chakshu- The visual perception is of two types i.e. person himself able to perceive and is perceived by other. Visual acuity should be examined as well as continuous movements/ absence of eyeball movement should be examined.

Ghrana- The smell perception is of two types i.e. person himself able to perceive and is perceived by other. In this examination function of olfactory nerve of patient should be checked for anosmia and hyposmia.

Sparshan- This is done by *Vaidya* by palpation of body of patient. During palpation examination of pulsatile organs, soft organs, temperature, abdomen etc. should be done to note the abnormality causing illness.

Bhakti- Likes, dislikes and addictions affecting patient physical and mental physiology should be enquired.

Swara- Phonic tone of a patient should be examined as it denotes underlying serious disease. Hoarseness of voice is seen in Lower respiratory tract infection, Laryngitis, Vocal cord cyst or cancer or vocal cord palsy etc.

Sparsha- In this examination of sensory function of touch should be done and abnormality should be noted.

Shrotra- In this auditory function of patient should be assessed.

Rasana- The taste perception is of 2 types i.e. self-perception and perception by others. In conditions like inflammation of oral cavity normal taste perception is deranged. If patient's *rasana* is also examined by insects and honeybee going towards patient indicating *madhura* (sweet) taste. Also, examination of tongue and its function should be done.

Mana- *Mana* means mind. *Chintyam* (thinking), *Vicharyam* (Planning), *Uhhayam* (logical conclusion), *Dheyam* (concentration), *Sankalpam* (determination) are objects of *mana*. *Indriyanigraha* (control on sense organs) and *Manasahswasya Nigraha* (self-restraint) are main functions of *mana* described in *Ayurveda*¹¹. These mental functions of patient should be assessed.

Shaucha, Sheela, Achara- *Shaucha* means cleanliness of mind and body, *Sheela* means politeness and *achara* means conduct. Thus, by observing these 3 entities conduct disorders could be adequately assessed.

Smruti- *Smruti* means memory. Memory function for examining brain disorders should be assessed.

Aakruti- Body physique of patient i.e. lean, moderate and obese should be as assessed which gives clue of lifestyle related disorders.

Prakriti- *Prakriti* is fixed state of an individual which determines anatomical, physiological, psychological constitution of an individual¹². Examining *prakriti* helps to determine prognosis of disease and guides prevention and therapeutics.

Bala- Strength (muscle power) as well as immunity should be considered in *bala* entity.

Medha – Power of knowledge retention as well as intellect is *medha*. Examination for brain disorders should be done in this entity.

Harsha- Happy state of mind should be assessed as unhappiness leads to negativity and is an open invitation to mental disorders and is cause of stress.

Rukshya and Sneha- *Ruksha* means dryness of skin and *Sneha* means moisture skin. These entities should be examined as excessive *rukshata* signifies *vata* disorder and excessive *snehana* signifies *kapha* disorder.

Tandra- *Tandra* is a state in which sense organs are not receptive to their objects, there is feeling of heaviness, more of yawning, exhaustion with activities like those of sleeping person¹³. This mimics stupor stage which denotes impaired brain function. Thus, this should also be observed in drowsy patient.

Gaurav- Laghav- *Gaurav* means heaviness and *Laghav* means lightness in the body and its various organs denotes abnormality which should be adequately assessed.

Aahara- In this diet of patient with its timing, regularity and *agni* (digestive fire) are enquired.

Vihara- In this lifestyle of patient is enquired.

Aaharparinaman- *Aaharparinaman* is the stages of digestion and assimilation as well as symptoms developed during each stage is described in *Ayurveda*¹⁴. If any impairment is noticed it should be rectified as *agni* (digestive fire) is chief factor on which health depends.

Apaya- *Apaya* means disappearance of disease. Many times, it is observed that symptoms of disease subside without any medical intervention, such novelty should be properly evaluated before labelling patient disease free as the disease could be masked by other factors.

Purvaroopo – *Purvaroopo* is prodromal stage of disease. Diagnosing patient in this stage and giving preventive measure is crucial step towards disease prevention.

Rupa- *Rupa* is symptom of disease. Proper history taking about the symptoms of the patient and reaching the diagnosis is the first step towards medical intervention.

Vedana- *Vedana* (pain) is important symptom which is an alert about the potential damage to the body. It

should be assessed by enquiring the location (chest, abdomen etc.), onset (acute/chronic), duration (constant, intermittent etc.), severity (by pain scale), radiation, quality (sharp, dull, stabbing, burning etc.)

Upaya- Upaya means intervention. Accurate diagnosis helps in prompt intervention.

Chaya, Pratichaya- Chaya depends on color of skin and *pratichaya* is shadow or image seen in water or mirror. Changes in skin color should be observed in patient and vision related disorders should be assessed.

Bheshaja- Bheshaja is medications prescribed. *Vaidya* show always assess the effects of medicine on patient's

body. In *arishtha* chapter when potent medicines are unable to show desired action then it is considered fatal sign denoting poor prognosis¹⁵.

DISCUSSION

After studying the criteria stated above it is seen that all entities of clinical examination be it systemic examination, neurological examination, food habits, psychological assessment, medication history, lifestyle as well as disease enquiry and immunity status of patient all are covered here. (Table 3).

Table 3: Examination with criteria described in *indriyasthan*.

Examination	Criteria
Systemic Examination	<i>Varna, gandha, swara, sparshan, aakruti, prakruti, rukshya, Sneha, Gaurav, laghav, chaya, pratichaya</i>
Neurological Examination	<i>chakshu, ghrana, sparsha, strotra, rasana, mana, smruti, medha, tandra</i>
Psychological Examination	<i>Mana, shaucha, sheela, achara</i>
Disease enquiry	<i>purvaroop, rupa, vedana</i>
Medication enquiry	<i>upaya, apaya, bheshaja</i>
Immunity status	<i>Bala</i>
Food Habits	<i>Bhakti, ahara, aaharparinaman</i>
Lifestyle enquiry	<i>Bala, harsha, vihara</i>

In spite of innumerable advanced modern investigations available in present times mortality rate is still very high. *Akala mrutyu* (untimely death) is also seen increased in today's era. Also, it is seen people are forced to undergo expensive investigation to find out the cause of ailment but at the end reports appear normal causing economic burden in their life. Early diagnosis has many benefits like it leads to complete and faster recovery, helps in prevention of complications. The accurate diagnosis also helps in planning precise treatment for destroying root cause of disease and thus recurrence of disease. Emphasizing on the significance of clinical examination *Acharya Charaka* quotes "*Rogmado Parikshet tatoannantaram oushdham, tata karma bhishak paschat gyanpurvakam samachret*" meaning work of prescribing treatment starts only after diagnosing disease after thorough examination of patient. Early and correct diagnosis saves money and reduces mental stress of patient. In this situation keen and meticulous clinical examination would come to rescue in

identifying the critically ill patient and then sending them to higher centers for prompt lifesaving treatment.

CONCLUSION

It is observed that unfortunately most of the physicians rely on instrumental investigations to determine the diagnosis of the disease and further management is done keeping reports in mind. If the practice of keen physical examination is incorporated in our day to day practice it will help to understand the nature and severity of disease which will guide further management. Thorough physical examination mentioned in *Indriyasthan* will guide towards the system deranged in the disorder, for which prompt investigation could be initiated without undertaking the unnecessary investigation to rule out other systems pathology. Thus, patient would be benefited.

REFERENCES

1. Shastri A. Susruta Samhita. Chaukhambha Sanskrit Sansthan. Varanasi. Edition 2013. Part 1. Sutrasthan. Chapter 28. Verse 3. Page 147.
2. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Vimanasthan. Chapter 4. Verse 12. Page 585.
3. Pious Uthara Anu. Kumari Nisha. TS Sajini. Durgalakshmi. Critical Analysis of arista vijnana. Int. J. Res. Ayurveda Pharm. 2015; 6(3): 399-403.
4. Gupta A. Upadhayaya Y. Astangahrdayam. Chaukhambha Prakashan. Varanasi. Edition 2012. Sutrasthan. Chapter 1. Verse 21. Page no 12.
5. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Vimanasthan. Chapter 8. Verse 94. Page 642.
6. Shastri A. Susruta Samhita. Chaukhambha Sanskrit Sansthan. Varanasi. Edition 2013. Part 1. Sutrasthan. Chapter 35. Verse 3. Page 167.
7. Sastri L. Yogaratnakar. Chaukhambha Prakashan. Varanasi. Edition 2013. Page 5.
8. Hirulal M. A Comparative Study on assessment of critical illness. International Journal of Applied Ayurveda Research. Vol II. ISSUE II. JUL-AUG 2015. Page 124-130.
9. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Indriyasthan. Chapter 1. Verse 3. Page 810.
10. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Indriyasthan. Chapter 1. Verse 8. Page 813.
11. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Sharirasthan. Chapter 1. Verse 20-21. Page 677-678.
12. Ahmad Wani. Bilal. Kumar Mandar. S & Godatwar. P (2017). Prakriti Analysis and its clinical significance. International Journal of Ayurveda and Pharma Research. 5(9).
13. Shastri A. Susruta Samhita. Chaukhambha Sanskrit Sansthan. Varanasi. Edition 2013. Part 1. Sharirasthan. Chapter 4. Verse 48. Page 47.
14. Tripathi B. Caraka Samhita. Chaukhambha Surbharati Prakashan. Varanasi. Vol II. Edition 2014. Chikitsasthan. Chapter 15. Verse 9-11. Page 551-552.
15. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Indriyasthan. Chapter 12. Verse 6-8. Page 858.
16. Shukla V. Tripathi R. Caraka Samhita. Chaukhambha Sanskrit Pratishthan. Delhi. Edition 2011. Vol 1. Sutrasthan. Chapter 20. Verse 20. Page 297.
17. Glynn M. Drake W. Hutchison's Clinical Methods. Saunders Elsevier. Edition 2012.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Mishra Smriti S & Kolarkar Rajesh: The Role Of Arishta Parikshan In Clinical Examination. International Ayurvedic Medical Journal {online} 2020 {cited March, 2020} Available from: http://www.iamj.in/posts/images/upload/3075_3079.pdf