



ISSN 2456-3110

Vol 8 · Issue 1

January 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

A Pragmatic Approach on *Sadyomaraneeya Adhyaya*

Sourabha Kokatnur¹, JR Joshi², Priyanka K³

¹Associate Professor, Department of Moulika Siddhanta, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

²Professor & HOD, Department of Moulika Siddhanta, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

³Post Graduate Scholar, Department of Moulika Siddhanta, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

ABSTRACT

Ayurveda is a science based on the ancient philosophy but it is called as the science of Living although origin of this science is from ancient era but the principles are applicable to present era. *Charaka Samhita* is Considered as chief among the *Brihatrayees* because the concepts mentioned in this *Samhita* is available elsewhere but the concepts which are not mentioned here cannot be found else where.^[1] *Charaka Samhita* have 8 sections based on specificity of different concepts among those a *Sthanas* or section called *Indriyasthana* framed which deals with alarming signs and symptoms fatality and arranged in between the *Shareera* and *Chikitsa Sthana* to give importance to protect the individual reputation of a *Vaidya*.^[2] In this *Sthanas* (Section) 12 chapters are explained among that a chapter called '*Sadyomaraneeya Adhyaya*' is mentioned which deals with the fatal signs and symptoms which exhibits 3 to 7 days before death.^[3]

Key words: Ayurveda, Charaka Samhita, Indriya Sthana, Sadyomaraneeya Adhyaya

INTRODUCTION

Indriya Sthana the word "*Indriya*" refers to *Prana* which deals with the *Lakshanas* which exhibited at the *Anthima Avasta* (Last Stage) of *Prana* which are termed as *Rishta* or *Arishta Lakshana* is called as *Indriya*.^[4] Knowledge of Prognosis essential for physician before initiating the treatment so *Indriya Sthana* placed before *Chikitsa Sthana*. Physician should avoid treating such type of patients who approach for treatment with *Arishta Lakshanas*. *Sadyomaraneeyam Indriyam*' is the tenth chapter of '*Charaka Indriya Sthana*'. Various '*Arishta Lakshanas*', which leads to death within a

short span of time are mentioned in this chapter. The word '*Sadyo*' denotes death within 3 days or 7 days.^[5] Most of the *Arishta Lakshanas* mentioned in this chapter are related to '*Vata Dosh*'. Most of the conditions explained in this chapter are 'Carcinomas', 'Vascular lesions', 'acute abdomen' and 'Hypovolemic shock' etc emergency conditions which are having poor prognosis.

AIM AND OBJECTIVES

The present work is aimed to explore the contents of the '*Sadyomaraneeyam indriyam*' chapter and also to analyse their prognostic significance in present era.

MATERIALS AND METHODS

This is a literary and conceptual article therefore materials used in this study are classical texts of *Ayurveda*, Text books contemporary medical science and journal articles.

CONCEPTUAL REVIEW

Sadyomarana

According to *Chakrapani* the word सध्यः refers to सध्यः शब्देनेह केचित् सप्तरात्रमिच्छन्ति, अपरे त्रिरात्रम्।

Address for correspondence:

Dr. Sourabha Kokatnur

Associate Professor, Department of Moulika Siddhanta, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

E-mail: drsourabh2189@gmail.com

Submission Date: 15/11/2022 Accepted Date: 23/12/2022

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka Ayurveda Organization, Vijayapur, Karnataka (Regd) under the license CC-by-NC-SA

It denotes death within 3 days or 7 days^[5]

Trishnadi Arishta

वाताष्ठीला सुसंवृद्धा तिष्ठन्ती दारुणा हृदि । तृष्ण्याऽभिपरीतस्य सद्यो मुष्णाति जीवितम् ॥

Intense Thirst in a patient Suffering from a painful and fully manifested *Vatashteela* caused by vitiation of *Vata* in the region of *Hridaya* (Heart) region will take away the life immediately.^[6]

Various conditions like Metastatic disease, Myxoid sarcoma, Mycobacterial infections etc can cause lump like or a nodular swelling on left anterior chest wall. A patient with a lump on left anterior chest wall in the region of the 2nd and 3rd costochondral junction was diagnosed as having 'Metastatic papillary serous adenocarcinoma from ovarian primary.'^[7]

Dehydration can also be seen in this condition. The above verse may also denote massive aortic aneurysm, mediastinal tumours, chest metastases and chest wall tumours etc. The words like (massive growth / hyperplasia) and (Indurated / deep seated) denote malignant lesions.^[8]

Arishta of Vayu

पिण्डिके शिथिलीकृत्य जिह्वीकृत्य च नासिकाम् । वायुः शरीरे विचरन् सद्यो मुष्णाति जीवितम् ॥

Movement of Vitiated *Vata* all over the body producing laxity in the calf muscles and irregularity in the structures of the nose will cause immediate death.^[9]

Involvement of spinal cord vessels leads to meningomyelitis and causes muscular atrophy, spastic weakness of lower extremities in 'Neurosyphilis'. While neurosyphilis itself is a complication of syphilis, untreated neurosyphilis can result in devastating neurological sequelae, including permanent paralysis, dementia and death Saddle nose (nasal cartilage destruction) and rhinitis (snuffles) are seen in syphilis. The above verse may also denote various other conditions like distal myopathies, spinal muscular atrophies, skeletal muscle atrophies, neuromuscular diseases and muscle wasting in HIV patients associated with secondary nasal infections etc.^[10]

Hikka Arishta

भ्रुवौ यस्य च्युते स्थानादन्तर्दाहश्च दारुणः । तस्य हिक्काकरो रोगः सद्यो मुष्णाति जीवितम् ॥

Development of Hiccup in a patient who has dropping of the eyebrows and excessive burning sensation in the body will take away his life.^[11]

A reflex arc involving peripheral phrenic, vagal and sympathetic pathways and central midbrain modulation is responsible for hiccup any irritant in terms of physical/chemical factors, inflammation, neoplasia invading this arc leads to hiccups. The central causes of hiccup include stroke, space occupying lesions and injury whereas peripheral causes include lesions along the arc such as tumours, myocardial ischemia, herpes infection and GERD (gastroesophageal reflux disease). The above verse indicates bilateral facial nerve palsy with paraesthesia and hiccup caused by vascular brainstem lesions.^[12]

Urdhwa Vayu Arishta

क्षीणशोणितमांसस्य वायुरूर्ध्वगतिश्चरन् । उभे मन्ये समे यस्य सद्यो मुष्णाति जीवितम् ॥

Distension of Nape of the neck on the both sides by the aggravated *Vata* moving upwards in a patient having reduced *Rakta*(Blood) and *Mamsa Dhatu* (Muscular tissue) will cause death immediately.^[13]

The most common causes for common carotid artery occlusion (CCAO) are hypertension, Ischaemic heart disease, dyslipidaemia, diabetes mellitus and smoking. Atherosclerosis is the commonest among all causes for CCAO. CCAO may be symptomatic (stroke, transient ischemic attack, dizziness, aneurysmal subarachnoid haemorrhage and deep cerebral venous thrombosis) or asymptomatic (may manifest as stroke at later stages). Takayasu's arteritis, cardio embolism (paroxysmal atrial fibrillation), post irradiation arteriopathy, cardiac embolism, dissection of the aortic arch and CCA(common carotid artery), aortic arch aneurysm, hypercoagulability, fibromuscular dysplasia, and cranio cervical traumatism. The above verse may also denote bilateral CCAO pathology in a patient of diabetes or carcinoma or HIV or any other.^[14]

Vataja Arishta

अन्तरेण गुदं गच्छन् नाभिं च सहसाऽनिलः । कृशस्य वङ्कणौ गृह्णन् सद्यो मुष्णाति जीवितम् ॥

Affliction of the groins of weak/Emaciated patient by sudden aggravation of *Vata* between anus and umbilicus will cause immediate death.^[15]

Hindgut structures such as the bladder, and distal two thirds of the colon, as well as pelvic genitourinary organs usually cause pain in the suprapubic region. Pain is usually reported in the back for retroperitoneal structures such as the aorta and kidneys. Positive obturator sign (passive internal and external rotation of the hip cause pain) suggests the presence of an inflammatory process adjacent to the muscle deep in lateral walls of the pelvis. Potential

Diagnoses include a pelvic appendicitis (on the right only), sigmoid diverticulitis, pelvic inflammatory disease, or ectopic pregnancy. Pelvic osteomyelitis, osteitis pubis, pubalgia, hip osteoarthritis, neuropathy, cancers, infections and other visceral diseases may present with groin pain Fatal Fournier's gangrene patient may present with severe lower abdominal pain and general fatigue. Various other pathological conditions like strangulated inguinal hernia pelvic masses (benign or carcinomatous), acute abdomen, or any other pelvic or retroperitoneal structures may present with severe groin or pelvic pain.^[16]

Arishta Lakshnas due to Prakupita Vayu

- Stretching the tips of ribs by the aggravated *Vayu* afflicting the chest of a patient whose eyes are dilated and who feels *Sthaimithya* (as if eyes are covered with wet cloth)^[17]
- The person who is excessively weak in that person *Vata* get *Prakupita* causes pain in *Hriday* and *Guda Pradesha*.^[18]
- Dyspnea caused by strongly aggravated *Vayu* after having affected both the groin regions and the anus.^[19]
- Production of Cutting type of pain by *Vayu* results in pain in *Nabhi* (Umbilicus), *Mutra* (urine), *Basthi* (bladder), *Shira* (head) and *Pureesha* (feces).^[20]

- Due to *Prakupita Vata* severe *Binnavath Vedana* (breaking type of pain) manifest in both groins and associated with diarrhoea and thirst.^[21]
- Severe Diarrhoea, thirst associated Swollen body, severe cutting type of pain in *Amashaya*(stomach), *Pakvashaya* (intestines, anal spasm, unconsciousness and develops stertorous breathing).^[22]
- Appearance of teeth as if adhered with mud, face as if covered with ashes and excessive perspiration, Appearance of diarrhoea in a patient having thirst, dyspnoea, *Shiroroqa* (headache), unconsciousness, debility and groaning sound from the throat in together also cause death instantaneously.^[23]

DISCUSSION

The signs and symptoms exhibited in this chapter can be observed some of severe condition related to different system of the body can be related to some of conditions which can be observed in ICU.^[25]

- Bilateral fixed and dilated pupils (FDPs) have poor prognosis and indicates an emergency situation. FDPs indicate an injury or compression of the third cranial nerve and the upper brain stem, mainly caused by an extending intracranial mass lesion or by diverse brain injury. Trauma, stroke, intracranial mass lesions, epidural and subdural hematomas, subarachnoid haemorrhage, rebleeding and cerebral herniation etc. Haemothorax, pneumothorax FDP scan be seen in asphyxia due to Different underlying causes
- Chest pain and pelvic pain both can be seen in a patient of advanced lung cancer with pelvic bone metastasis. Intractable anal pain in advanced stages of rectal, bladder or pelvic cancers may be associated with metastases of lungs or heart or pericardium which may cause chest pain Patients with aortic dissection and aneurysm (AD) presents with a variety of complaints and symptoms. Aortic dissection can lead to heart failure, syncope, stroke, paraplegia, anuria or sudden death

- Groin pain can occur in various conditions like inguinal hernia (strangulated), testicular torsion, avascular necrosis of hip, osteitis pubis, osteomyelitis, septic arthritis, pelvic inflammatory conditions, endometriosis, inflammatory bowel disease, nerve entrapment syndrome, testicular carcinoma and osteoid osteoma. Rectal adenocarcinoma with inguinal lymph node metastasis colorectal cancer with secondary lung metastasis or lung cancer metastases to the lower gastrointestinal tract (rectum) and cervical cancer may present with pelvic pain.
- The initial presentation of nephrolithiasis is renal colic which is characterized by severe pain caused by stone passage. Pain starts in the flank area, and progresses downward and anteriorly into the genital region as the stone moves down the ureter. Uric acid stones and ammonium acid urate stones are associated with diarrheal illness^[30] Many genitourinary tract diseases can present with abdominal pain. Inflammatory process contiguous to the genitourinary tract (appendicitis, cholecystitis, pancreatitis, or any inflammatory process involving bowel) may result in both pyuria and dysuria
- Nontraumatic spontaneous hemoperitoneum is catastrophic and associated with severe abdominal pain and distention, a decreased haematocrit level and hypovolemic shock. It has various possible causes, including haemorrhage from a highly vascular neoplasm (tumour-associated haemorrhage), haemorrhage or rupture of an ovarian cyst, rupture of the gestational sac or other affected anatomic part in an ectopic pregnancy, and bleeding from a vascular lesion such as an arterial aneurysm.
- Dehydration is a loss of body fluids, which are made up of water and salts. Patients with diarrhoea lose large amounts of salts and water from their bodies, and can become dehydrated very quickly which can be very dangerous especially for children. Decreased urination, lack of tears, dry skin, mouth and tongue, sunken eyes, grayish skin, sunken soft spot (fontanel) on infant's head etc are the signs of dehydration associated with diarrhoea. Children with diarrhoea may acute infectious gastroenteritis is a common illness and viral pathogens cause most of the cases. The acute diarrheal disease can have significant morbidity for young and elderly patients. Viral gastroenteritis is a known cause of nausea, vomiting, diarrhoea, anorexia, weight loss and dehydration.
- Uremic frost (whitish powdery frost, which was present all over the body, especially over the face and limbs) is a manifestation of advanced CKD. Evaporation of sweat with high urea concentration causes urea to crystallize and deposit on the skin. The frost consists of a white or yellowish coating of urea crystals on the beard area and other parts of the face, neck and on the turn Hypovolemic shock is the most common type of shock in children, most commonly due to diarrheal illness.
- Patients with volume depletion may complain of thirst muscle cramps, and/or orthostatic hypotension). Severe hypovolemic shock can result in mesenteric and coronary ischemia that can cause abdominal or chest pain. Agitation, lethargy or confusion may result from brain malperfusion.^[53] Apnoea periods (prolonged pauses between each breath), Cheyne-Stokes breathing (alternative apnoea and hypercapnia with a crescendo-decrescendo pattern) , death rattle (gurgling sound produced during inspiration and/or expiration due to airway secretions), decreased level of consciousness, decreased performance and dysphagia of liquids etc. are the highly specific physical signs associated with death within 3days among cancer patients.
- Regarding sweating in the patients of ESRD (end stage renal disease) or CRF or CKD there are contradictory evidences like some studies have found decreased sweating (uremic xerosis) and some studies have mentioned excessive perspiration (due to rhabdomyolysis). The dry skin of uremic xerosis is often associated with atrophy of sebaceous and sudoriferous glands with decreased sweating.

CONCLUSION

As the chapter highlights the fatal symptoms related to *Vata*. Here by we can conclude that *Vata* place equal importance in *Jeevana* (life) and *Mrithyu* (death) so maintaining the *Vata Dosha* in its *Samyavastha* (equilibrium) is the prime work for today by giving up unnecessary exertion will become cause of increasing *Vata* in the body. And two simple symptoms as we are observing day today life that is diarrhoea and thirst also plays very important that a physician should not ignore these things which may turn into alarming signs of death.

REFERENCES

1. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Siddhi sthana 12th chapter, verse no 54, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 738.
2. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Sutra sthana 10th chapter, verse no 08, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 66.
3. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 01, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
4. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 1st chapter, verse no 02, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 353.
5. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 1-2, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
6. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 04, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
7. Chatha DS, Rybak LD, Wittig JC, Desai P. Chest wall mass- in a 50-year-old woman. Clin Orthop Relat Res. 2010; 468 (5):1462-1466. doi: 10.1007/s11999-009-1113-2. PMID:1980641
8. Babs Animashaun I, Akinseye OA, Akinseye LI, Akinboboye OO. Right Atrial Myxoma and Syncope. Am J Case Rep. 2015; 16: 645-647. doi: 10.12659 / AJCR. 894513. PMID:26390076; PMCID: PMC4582919.2; PMCID: PMC2853672
9. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 9, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369
10. Ha T, Tadi P, Dubensky L. Neurosyphilis. [Updated 2020 Feb17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK540979/> AND Tudor ME, Al Aboud AM, Gossman WG. Syphilis. [Updated 2019 Oct 29]. In: StatPearls [Internet]. Treasure Island (FL):StatPearls Publishing; 2020. Available from:<https://www.ncbi.nlm.nih.gov/books/NBK534780/>
11. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 6, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
12. Chang FY, Lu CL. Hiccup: mystery, nature and treatment. J Neurogastroenterol Motil. 2012; 18 (2): 123-130. doi:10.5056/jnm.2012.18.2.123. PMID: 22523721; PMCID: PMC3325297.
13. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 7, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
14. M Jadhav AP, Ducruet AF, Jankowitz BT, Jovin TG. Management of Bilateral Carotid Occlusive Disease. Interv Neurol. 2016; 4 (3-4): 96-103. doi: 10.1159/000442530. PMID: 27051405; PMCID: PMC4817383.
15. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 8, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
16. Bajkó Z, Bălaşa R, Moţăţăianu A, Maier S, Chebuţ OC, Szatmári S. Common carotid artery occlusion: a case series. ISRN Neurol. 2013; 2013:198595. doi:10.1155/2013 /198595. PMID: 24167740; PMCID: PMC3791643.
17. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani,

- Indriya sthana 10th chapter, verse no 9, Chaukhamba Publication New Delhi.Reprint 2020, Page number- 369.
18. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 10, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
19. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 11, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
20. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 12, Chaukhamba Publication New Delhi.Reprint 2020, Page number- 369.
21. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 13, Chaukhamba Publication New Delhi.Reprint 2020, Page number- 369.
22. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 14-17, Chaukhamba Publication New Delhi.Reprint 2020, Page number- 369.
23. Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Indriya sthana 10th chapter, verse no 18-20, Chaukhamba Publication New Delhi. Reprint 2020, Page number- 369.
24. Gupta K. et.al., Sadyo Maraneeyam of Charaka Indriya Sthana- An Explorative Study, Int. J. Ayu. Alt. Med., 2019; 7(6): 264-273 (DOI: <https://doi.org/10.36672/ijaam.2019.v07i06.004>)

How to cite this article: Sourabha Kokatnur, JR Joshi, Priyanka K. A Pragmatic Approach on Sadyomaraneeya Adhyaya. J Ayurveda Integr Med Sci 2023;01:57-62.

Source of Support: Nil, **Conflict of Interest:** None declared.
