

Ayurvedic Inheritance of India
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Module - 4
Lecture - 10
Diseases Diagnosis and Prognosis

In this tenth lecture in this course, we will be following the lead from the earlier lecture on diseases, because the earlier lectures we had been dealing with issues in the history of Ayurveda, philosophical aspects of Ayurveda, code of conduct for health issues of that kind. But this morning we made a shift to diseases, because as you know the central mission of Ayurveda is healing, healing the sick, healing a sick community, individuals and so on. So, this will be the second in that direction and we will be dealing with diagnosis and the prognosis. And nowadays we are so used to diagnosis in hospitals, we can hardly think of making a diagnosis without going through all the tests, biochemical tests, x-rays, various imaging.


Now without any of these, how could you possibly make a diagnosis? So many years ago, this is a question which can be raised, but the fact is they did not make diagnosis. And what we will try to do is to understand, how they try to make this diagnosis and how they manage to treat patients on that basis? And they were also equally concerned with the prognosis that is when you start treating a patient what is the likely outcome, because patients and relatives are always concerned not about the diagnosis. They are concerned about the outcome, what will happen to me? Will I get well? That is the question, not so much about the diagnosis. So, that is a concern of physicians.

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DISEASES: DIAGNOSIS AND PROGNOSIS

Contents:

- Importance of diagnosis.
- Diseases diagnosed in terms of disequilibrium in doṣas.
- Diagnosis: preliminary assessment; clinical examination; staging of the disease; the use of physician's senses in eliciting information.

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Here we see the topics that will be covered in this lecture. One is the importance of diagnosis. Then we deal with diagnosis in terms of disequilibrium that is in Ayurvedic concept, because many of you are new for these lectures so I may say couple of words about that, because diseases are defined differently in Ayurveda compared to traditional or modern medicine. And then the diagnostic process what all do we do in Ayurveda to make a diagnosis in the absence of all the modern aids that we have.

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DISEASES: DIAGNOSIS AND PROGNOSIS

Contents:

- Prognosis: endowed life span; its bearing on the outcome of treatment.
- Life span and prognosis.
- Signs and symptoms of impending death.
- Omens as indicators of prognosis.

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And prognosis, how do they determine the prognosis? Life spanned prognosis which hardly finds a place in modern medicine, but that is a major issue in Ayurveda, signs and symptoms of impending death and omens as indicators of prognosis. These are all the topics; some of them I may spend more time, some less time.

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DISEASES: DIAGNOSIS

Importance of diagnosis:

- ❖ **Diagnosis was given the highest importance in Ayurveda. Charaka had declared a “learned physician who fails to enter the interior of the patient’s body with the lamp of knowledge and wisdom can never treat his diseases”.**
- ❖ **Kutumbiah noted that Charaka's account of diagnosis “is perhaps the most comprehensive and complete discussion of the subject of diagnosis we possess in any ancient medical literature, including the Hippocratic collection”.**



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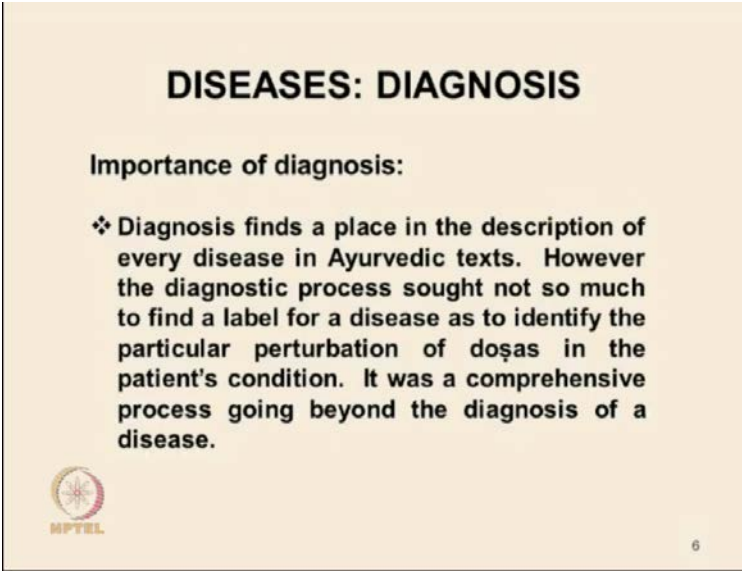
Now the importance of diagnosis; it was given the highest importance in Ayurveda, because Charaka has a famous quote. The human body was designed as a compartment, bounded inside by the lining of the Costa the central gut or alimentary canal, gastrointestinal system that is the internal boundary; external boundary is the skin. So, between these two boundaries there is a space which is the body which will be very different which is different from the exterior and it is crisscrossed by millions of channels, and that is where all the action takes place. Now Charaka says a physician who fails to enter this compartment with the lamp of knowledge and discrimination, say, poetical presentation, if he fails to do that then he can never make a diagnosis or treat patients.

So, you need knowledge to make the search in this compartment, and you also need discrimination what to look for, because there are so many things there. So, that importance of diagnosis was recognized by Charaka and also by other Ayurvedic Acharyas. So, the importance is very clear and Professor Kutumbiah who was a famous Professor of medicine in Christian Medical College, Vellore, who started studying Ayurveda out of sheer interest like I have done. And he wrote a remarkable book “Indian

Medicine” which was published probably 50 or 60 years ago which was of help to me. And there he says this is a quote from him “It is perhaps the most comprehensive and complete discussion of the subject of diagnosis we possess in any ancient medical literature including Corpus Hippocraticum.” So, he pays very high tribute to Charaka’s diagnostic statement.

Now every Ayurvedic text whether it is Charaka or Sushruta or Vagbhata, everywhere you will find diagnosis is mentioned, it is emphasized the various methods to make the diagnosis, definitions, you will find this discussed at great length. I have mainly taken Charaka in most of my lectures I have done that. Most of what I say about diagnosis will be based on Charaka’s formulation, because I believe all that you see in Sushruta which is a redaction done few centuries after Charaka’s redaction or Vagbhata he plainly says this. So therefore, much of what we see in other text, they have all taken from Charaka. So I have a feeling Charaka Samhita in one place it says, it is a famous quote again [FL]. What he says is “What you find here, you may find elsewhere; what you do not find here, you will find nowhere” this is the statement he makes.


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DISEASES: DIAGNOSIS

Importance of diagnosis:

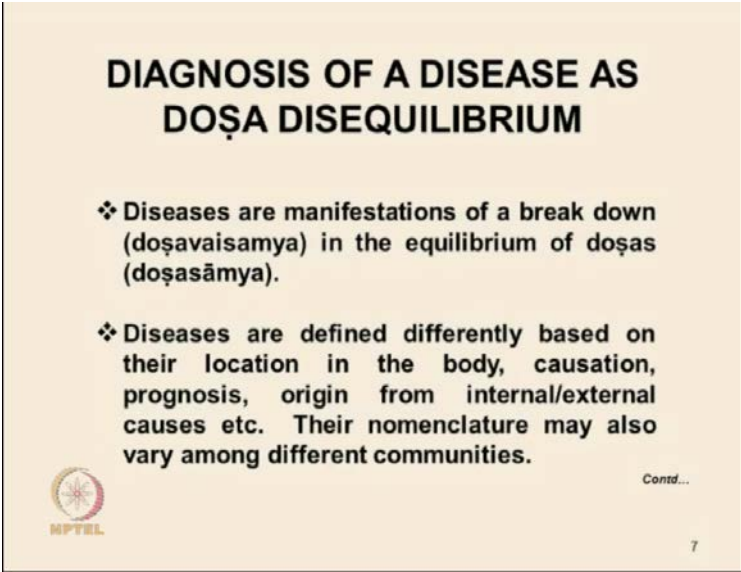
- ❖ **Diagnosis finds a place in the description of every disease in Ayurvedic texts. However the diagnostic process sought not so much to find a label for a disease as to identify the particular perturbation of doṣas in the patient's condition. It was a comprehensive process going beyond the diagnosis of a disease.**

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So, to some extent that being the case we are right in sticking to Charaka and looking at diagnosis.

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**DIAGNOSIS OF A DISEASE AS
DOṢA DISEQUILIBRIUM**

- ❖ Diseases are manifestations of a break down (doṣavaisamya) in the equilibrium of doṣas (doṣasāmya).
- ❖ Diseases are defined differently based on their location in the body, causation, prognosis, origin from internal/external causes etc. Their nomenclature may also vary among different communities.

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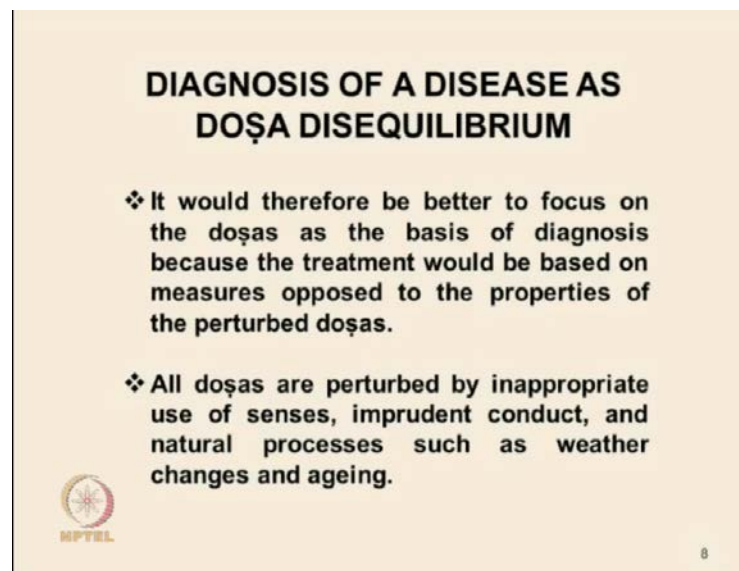
Now diagnosis as a dosha disequilibrium that is how Ayurveda looks at it and I mentioned in Ayurveda the health, state to health that really is a state of equilibrium, because body has many components many dhatus like muscles, bones, adipose tissue it is all blood. So, all there are seven dhatus like that in the body. And there are many other components in the body like doshas, agnis which are enzymes burning in the stomach in the various dhatus making things happened. Now all these agnis, all these doshas, all these components, they must all be in balance and body must be in balance with the external environment.

So therefore, when all these agnis, all these samyas, they join together that is the status of samya, that is the state of health. So, that is the natural state. If there is any disturbance, there is a spontaneous tendency for it to come back to samya, because that is built into it. So, if there is any kind of illness, there is a tendency for it to come back. If you cut it, it will heal not because we have done anything; it will heal on its own, but the doctors, physicians, they can help, they can facilitate. A man has fallen into a pit; he is struggling to come out, he will probably come out on his own, but if you can give a helping hand that helps that is all that medicine does.

This is the concept of a dosavaisamya or disequilibrium. Now the deceased classification, there are so many different classifications. For example, it can be based on the body part, disease of the leg or disease of the hand, kind of regional definition or it can be based on causation; it is caused by something with in the body, something caused

by something outside the body, that kind of based on causation or it can be based on prognosis; it is curable, it is not curable, that kind of classification can be there or it may be a mixture of these. So, instead of going into all these classifications getting lost, they have tried to bring in a generalization.

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This is what the disequilibrium means. The Vata, Pitta, Kapha which are the doshas, we would not be discussing that today, we have discussed it earlier. These are also components of the body. Now their disequilibrium is the central basis for disease without an imbalance in this, there can be no disease; just like a bird is flying all over the place, but the shadow is always there. There can be no bird flying without a shadow constantly; so similarly, there can be no disease without a dosha disequilibrium going with it. So, therefore that is a fact; so therefore, in reducing all these different classifications which can be confusing, why not bring it down to this? Dosha disequilibrium that makes it less varied, less complex and much more important, because your treatment is not based on a label, it is based on this disequilibrium.

If you find that Vata is increased that is the reason for disequilibrium or Pitta is reduced, whatever that disequilibrium is your treatment is addressed to that. If it is deficient you will want to replenish that; if it is excess you will not want to eliminate. So, therefore that is more rational; this was the argument used in the preferring this dosha disequilibrium as the basis of a diagnosis. And all these dosha perturbations which we find is extremely important in Ayurveda. This is inappropriate use of senses; that is

senses we have five sense organs like hearing, taste, smell, etcetera, and these all should be used optimally. So, if you over use it that can cause disorders; if you do not use it at all that can cause disorder, disuse, because as you know the saying 'if you do not use it, you lose it', so you have to use it. But you should not over use it nor should you misuse it.


So, I mentioned yesterday an example is like taste; if you over use it then you become a glutton, if you miss use it you will be eating all kinds of junk food, all these are causative of a disorder. So therefore, the optimal inappropriate use of senses, imprudent conduct, and this is in Ayurveda the term for this is Prajnaparadha; Prajnaparadha means what? We do something, we know that that is harmful to me, but I still do it. It may sound very irrational, but it is very common, people who smoke, people who take to alcohol, substance abuse, all these. Everybody knows these are harmful to oneself; they produce lung cancer, coronary artery disease cirrhosis to liver, all these are known, even school children know that, but people continue do it in spite of that. That is Prajnaparadha that causes a whole lot of diseases.

Nowadays they are known as lifestyle diseases, it was called non-communicable diseases 50 years ago. Now they have new name lifestyle diseases, but essentially it comes from this from the mind. In fact Dhritarashtra the blind King, some of you may have heard his name. He stays in one place, his children were wicked causing all kinds of disasters; he knew this was all happening but he could not stop it or he would not stop it. And in one place he says very famous [FL], I know what I should do, but I cannot do it; I know what I should not do, but I cannot help doing it.

Now that is the dilemma which lots of people face and Prajnaparadha is essentially that that human dilemma the human weakness. And they are all natural conditions like weather changes, extremes of weather, extreme heat, extreme cold, and now the environment can also be polluted not by us by manmade activity. For example, in a place full of pollution, man-created pollution; that is also coming in that category. When you say natural disasters, they are not entirely natural, but it is environment, the whole place is polluted with silica dust. And you happen to live there, you get silicosis, you get lung cancer, so that also according to me will fall in that category.

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PRELIMINARY ASSESSMENT		
❖ When seeing a patient, a physician must make an assessment of all general factors which would impinge on his/her treatment before proceeding to clinical examination. These are listed in Tables 1 - 5:		
TABLE 1 : Preliminary Assessment		
Sl. No.	Factors	To be Assessed
1.	Doer (Karaṇa)	Physician should ask “am I competent to treat this? Do I have the necessary equipment? Do I possess good health and understanding of human nature?”

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Now when a patient comes, what will in a hospital today we will talk to the patient, we have an interrogation, we have a way of doing that, and then we send to various tests and we come to diagnosis that is a way we do it. But in those days there were three phases of assessment, what Kutumbiah said it is the most exhaustive, etcetera, he says. And the reason is this, when a patient comes there are three phases of assessment. The preliminary assessment look at this, questions that a physician would be asking, doer that is the factors or the individuals or the left hand side and then to be assessed. Now here a physician he would ask himself, “am I competent to treat this?” Today, no doctor would ask that question, but in those days a physician had to ask, I have no experience in treating this. So, should I treat?

It is a very important question, nowadays nobody will ask that question, whether I am competent or not, I will treat, because my livelihood depends on it. But here the first question is that am I competent to treat this? Do I know enough about this disease? Do I have the necessary equipment? I do not have any equipment; I have to keep on referring A, B, C, D that is another question, do I possess good health and understanding of human nature dealing with it? Suppose an extremely sick man involving possibly mortality, do I have the mental strength to face all this? Everybody is going to cry the family, am I competent enough to treat this kind of extreme serious illness? All these questions he will be said introspection that is the first step.

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PRELIMINARY ASSESSMENT		
TABLE 2 : Preliminary Assessment		
Sl. No.	Factors	To be Assessed
2.	Instrument (Upakaraṇa)	Treatment may involve pacification or evacuation of doṣas; or it may call for psychological or spiritual approach. These may involve many herbal drugs, knowledge of their harvesting, preparation, doṣage etc.; it may involve knowledge of the use of rituals and gems.
3.	Source (Kāryayoni)	Likely source of the disorder – internal or external or an act of God? Severity of illness; curability of disease.


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Second is instrument Upakarana, treatment may involve simple pacification small illness, pacificatory measures, shamana maybe enough or evacuation that is the more Virochana that is the next step Shodhana, that may be necessary or it may call for psychological methods of approach. These may involve herbal drugs many many different kinds, knowledge of their harvesting, all those questions relating to formulations. Do I know enough about all this? I may not know it.

So, these questions he has to ask, then it goes on whole lot of things likely source of the disorder, is it internal, is it external, is it an act of God? All these you should ask. Some of these are based on questionings, a lot of it is reflecting within. And then severity of illness curability; that is one of the things he asks himself, is it curable? Is it curable with difficulty? Or is it incurable? This is one of the things he has to decide in the beginning.

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PRELIMINARY ASSESSMENT		
TABLE 3 : Preliminary Assessment		
Sl. No.	Factors	To be Assessed
4.	Purpose (Kārya)	Identify purpose of treatment; restoration of equilibrium shown by disappearance of symptoms, reappearance of normal colour, voice, appetite, output of urine and feces, harmonious functions of mind, intellect and senses.
5.	Result (Kāryaphala)	Felicity of mind and body: feeling of happiness.
6.	Sequel (Anubandha)	Longevity following illness (using physical signs, inference and counsel from preceptors)

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And purpose, identify the purpose of treatment; that is restoration of the equilibrium which the patient had before he became ill and how do you assess that he has regained the equilibrium, disappearance of symptoms, reappearance of normal color, voice, etcetera. He becomes as good as he was before he became ill. And then the result Karyaphala that is felicity of mind it is not enough, physically all these things have come back, he should feel happy. It is no good medically you have cured a person, but he feels he is sick; this is not unusual it happens.

Suppose I am myself a cardiac surgeon; I do an operation, there is a hole in the heart I have closed it. I can see it is closed in the echocardiogram, but he feels he is sick, how do you treat him? This is a serious issue; you can show him that you see it is closed, but he feels he is still sick, he is a cardiac patient, he refuses to walk, how do you deal with that? So therefore, that is an important issue, the felicity of mind, he should feel happy, confident, then the sequel the longevity following the illness what we call long term follow up. Suppose you have done something, is it long lasting? Patient feels happy, but 3 months later he is back in symptoms, so that long term results.

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PRELIMINARY ASSESSMENT		
TABLE 4 : Preliminary Assessment		
Sl. No.	Factors	To be Assessed
7.	Place (Deśa)	Refers to the place of patient's residence; and the patient's body where the disease resides. (See tables 6-9 for details).
8.	Time (Kāla)	Refers to six seasons of the year and intercalary periods between seasons (these are early rains, autumn and spring when weather is mild and suited for detoxifying procedures); treatment should be tailored to the stage of the disease in the patient and seasonal conditions outside.

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Then the next is Desa, this is an interesting; there will be a supplementary discussion on that. Desa has two meanings here. Desha means the place where he comes from; we will talk about it later. And also it means the location of the disease that is the patient's body; that is also Desa, location of the patient, location of the disease, both are implied by Desa. So, there is a supplementary table I did not want to mix it up with this, but that is dealing with this. It is very important, because it deals with the body. Then time Kala and especially if you look at these Samhitas were written in North India where the cold could be extreme in the month of January for example or if being the month of May it will be extremely hot.


So, that you cannot really treat the same way, because in hospital I worked in Delhi we used to stop operating throughout May, except emergencies, because central air conditioning the whole building was out of question, it is a big hospital. So, in the month of May no elective operations were done, because patients sweat, infections would be very high, not only the patients the doctor also sweats. So therefore, in the month of May it used to close down. So, you can see the importance of time in those in that particular region where this was written. So, the choosing Panchakarma procedure for example, very important in Ayurveda medical procedure; if you want to do that you would not choose May to do that, elective I am talking about these are elective procedures.

So, you should choose the time where it would not hurt the prospects for success or create complications. So, that is an important consideration and this was specified which months to avoid where mild weather; that is the time chosen to do these procedures and initiation of treatment, when do you start the treatment? Not that this is about the patients illness is one, but the as far as the medical person; these are all questions essentially addressing himself in his decision making process. You can only start, even if he feels confident, he needs three other items to start the treatment.

One is he must have an attendant, who is a competent person understanding, who will be willing to the help the patient, who will be interested in only helping the patient, nothing else if even if the patient's condition is he has got a foul smell for example. He should not show it on his face a reversion; he should be willing to help him that kind of an attendant, strong, confident willing to carry out the physician's orders, that kind of an attendant that is very important; medications, all kinds of medications that should be available, then of course the patient and the physician.

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PRELIMINARY ASSESSMENT		
TABLE 5 : Preliminary Assessment		
Sl. No.	Factors	To be Assessed
9.	Initiation of treatment (Pravṛtti)	The medical quartet – physician, drug, attendant and patient in place; treatment begins.
10.	Procedural merit (Upāya)	Determined by the excellence of the quartet and that of treatment facilities.

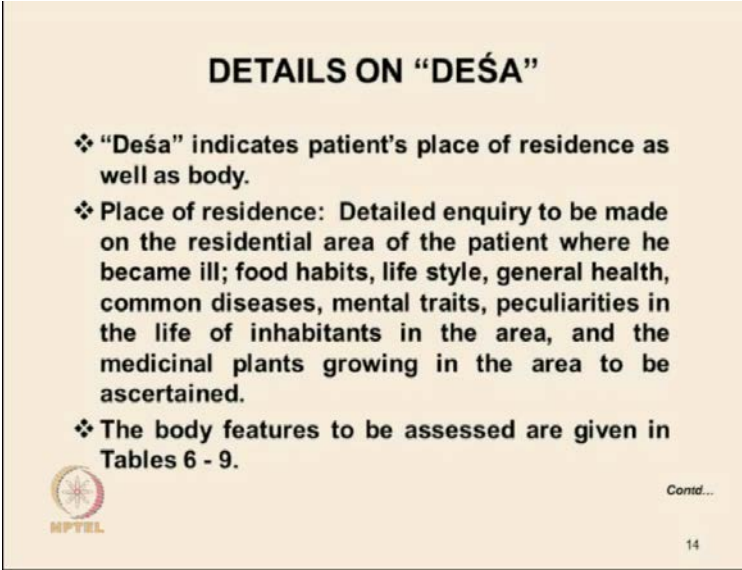


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These are the quartet; all these should be in place, if anything is lacking do not get started. Suppose the medicines are not there or the attendant he goes away after two days. So, all these you must make sure then only the initiation starts. And the excellence of the result where the procedural merit Upaya, it really depends on how good these four are. If you have a good physician, if you have a good attendant, if you have good

medications and if you have a complained patient, a patient who does not listen to doctor's instructions, you cannot get into any result. So, you need a good patient, complaint, fearless, because in those days if there is a there is a statement here. Later on, you would see that is an unduly scared patient; all the time he is apprehensive, apprehensive about taking medicines, apprehensive about procedures, not trusting anybody. If you have such a patient you cannot expect good results, you may do everything correctly. So, all these excellence of the outcome depends on that.

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DETAILS ON “DEŚA”

- ❖ “Deśa” indicates patient's place of residence as well as body.
- ❖ Place of residence: Detailed enquiry to be made on the residential area of the patient where he became ill; food habits, life style, general health, common diseases, mental traits, peculiarities in the life of inhabitants in the area, and the medicinal plants growing in the area to be ascertained.
- ❖ The body features to be assessed are given in Tables 6 - 9.

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Now we come to Desa the point which I made. The first is the location of the patient's origin, where does he live? And there is an extensive question you can see that where he became ill? Where does he normally live? The place of residence but that may not be the place where he became ill; he may be visiting somewhere where he started illness, so that has to be specified. And then the food habits of the people where he is living that is important, his life style, general health, common diseases in that area in that region, mental traits, peculiarities in their life of the inhabitants of the area, the medicinal plants growing there, all these details are got, the place where he stays. Some of you may have heard about Sir Arthur Conan Doyle who wrote Sherlock Holmes, the famous detective stories. Arthur Conan Doyle was a doctor, when he studying in Edinburgh he had a professor called Joseph Bell; he was a Professor of medicine.

And in Edinburgh when he was a student, a patient would come, a farmer, there is a lot of poverty there in those days 19th century. And a patient walks in and he has a coat, he

has boots, he has a hat and he walks in and sir Joseph Bell will say please wait there and then he would tell his students usually in our medical colleges a professor and may be about 10 students will be there, what they call a firm in England and Scotland. So, these students and Joseph Bell would be there and he would tell this man you wait and then he would say this man is coming from such and such a place [FL] that is where he is coming from.

And he is a farmer and he is probably cultivating wheat, like that he will keep on giving a whole lot of descriptions. And the students you know they do not know what he has not asked any question and then he would say this man the way he his hat is tilted that is only in that place they do it. And his boots there is some mud sticking to that, that kind of mud it is only in this place or some straw sticking there that is from the wheat. So, so many little things to which we pay no attention, they have such very profound inferences arising from that. So, when you talk about Desa what kind of plants you grow there? All these kind of questions, what kind of food do they eat there? We never ask these questions, but in the Desa the location where he comes from, these are all asked, because they have a bearing on the diagnosis that you are going to make.

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DETAILS ON “DEŚA”		
TABLE 6: Body features of the patient		
Sl. No.	Features	To be Assessed
1.	Constitutional type (Prakṛti)	Vāta, pitta, kapha or mixed type of constitution to be determined on the basis of physical, mental and behavioural traits.
2.	Derangement of doṣas (Vikṛti)	Grade of severity of illness and perturbation of doṣas from clinical features; balance between body's strength and severity of illness; curability prospects.

And then we come to Desa that is the location of the disease the patient's body, there we start with constitutional type the Prakrti. This is a very important concept in Ayurveda, every human being has a particular constitutional type. And there are 3 main types, Vata,

Pitta and Kapha; we would not have time to discuss that is a big subject in itself. But essentially these are components of the body; they are not toxic and they are products of digestion, food is digested in the stomach. Similarly, in all our dhatus muscle, blood, bone, there is a constant digestive process going on; they are all very much alive. And when this digestive process goes on these are caused by what are called agnis, in the old term fire, the gastric fire digesting food. Similarly, the fire in the muscle, fire in the bone, they all are digesting substrates there various substances.

And when they digest part of it is assimilated becomes part of the body, some of it is eliminated as malas or execrables. Now these execrables are not all to be thrown away. Some of it will be thrown away, but some part of it is retained malas. So, though part which is retained is also necessary they are called mala dhatus. Now those mala dhatus most important are Vata, Pitta and Kapha. So, we should note there is a common impression or wrong impression that Vata, Pitta and Kapha, it is all very dangerous, risky, toxic which is not correct. So, when they are in their normal range, they are not toxic. They are dhatus, but when their range is breached then they become toxic; it is like urea, cholesterol. These examples I do not like giving, but I must mention that is easier to understand for all of you.

So, these are not toxic substances. They are normal, physiologic substances necessary for the body, cholesterol, urea, but when they cross the limit, suppose it is 17 milligram of cholesterol, low density cholesterol that is perfectly normal we need that. Suppose it becomes 10 that is it that is a disease. So therefore, normal range it is necessary. So, this Vata, Pitta Kapha, and these are responsible that Prakrti which constitutes this is at the time of conception itself this constitutional type is determined whether what type of Prakrti he has? Is it Vata? Is it Pitta or Kapha? That is determined at the time of conception. So, it is genetic it cannot change. Now how do you determine this? This is on the basis of a series of traits, physical traits, mental traits, behavioral traits, all the basis of these traits an Ayurvedic physician will decide whether it is Vata, Pitta or Kapha.

And there are mixed types I would not get into that. Now why is it important for the physician? Because the onset of a disease, the course of the disease, and also the individual response to treatment, these are all determined by these Prakrtis. So, the same treatment you give it to these three Prakrtis, they will not respond the same way, it is

different. So therefore, an Ayurvedic physician must determine the constitutional type before he can proceed. And also just like in the responsible treatment predisposition to disease Vatha Prakrti is prone to certain diseases, Pitta Prakrti is similarly prone to get other diseases.

So, that proneness that also depends on this, then we have Vikrti that is grade or severity of illness, perturbation of doshas that all related to the disease, balance between the body strength, person who is very weak and emaciated. His response to illness will be much braver than that of a strong individual. So, all those relating to that in curability prospects which is related to this. It is a serious disease, but the man is very strong. Then it may not be that serious he may overcome that, but the same disease in a very weak individual then he can be very serious so that Vikrti that differentiation is important.

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DETAILS ON “DEŚA”		
TABLE 7: Body features of the patient		
Sl. No.	Features	To be Assessed
3.	Essence (Sāra)	Essence of eight body components – skin, blood, muscle, fat, bone, marrow, semen and the mind assessed on the basis of specified physical and mental traits. The presence of essences in all eight components will rate his strength as high.
4.	Firmness (Samhanana)	Refers to compactness body such as soundness of muscles, bones and blood.

Then we have Sara that is a difficult concept; I myself find it difficult to explain to this group, but look at this skin, blood, muscle, fat, bone, marrow, semen and mind, what is the status of all that, the strength of these? Now that could be indicated they have given a series of tests physical, mental, the patients characteristics, very strong that you know whether this particular skin or blood, etcetera, they are present in that individual that is essence of that Sara.

Now if they are present if all these are present that means the man is very strong. If you take that score only half of it is present, then his strength is also half. So, that strength of

that person which eluded to earlier also that is very critical in determining the outcome of this disease. Then firmness how well-built he is, his muscles, etcetera, suppose he has got a lot of obesity that is not a firmness that is a loose kind of structure.

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DETAILS ON “DEŚA”		
TABLE 8: Body features of the patient		
Sl. No.	Features	To be Assessed
5.	Body measurements (Pramāṇa)	Measurements of circumference, height, width and length (in aṅgulas) of limbs, trunk, organs, face, head etc.
6.	Adaptation (sātmya)	Food and tastes he is adapted to.
7.	Mental status (Sattva)	Mind commands the body by binding with self. Strong mind/weak mind influence patient's response to events and treatment.

And body measurements a series of measurements are given of the limbs, height, length of arms and so on. A series of measurements are given all in angulas and now that measurement is important. Suppose a man has got short legs, it is a congenital deformity. Now it was believed such kind of deviations from the normal measurements, they will militate against his good prognosis.

Then adaptation is, is he well adaptive to satmya to food and drinks and so on, why is that good? A man who is not adapted well he is allergic to a whole lot of food item, I cannot eat this, I cannot eat that, he is not well adjusted to food that can be a factor going against good prognosis. Mental status, a person who faints on the site of blood or faints on the site of an instrument, he faints, now there are people like that extremely all the time afraid, easily intimidated, when he sees a doctor walking on the coat he get scared. Now such people they are unlikely to do well, because they are all the time they are afraid, they are fearful.

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DETAILS ON “DEŚA”		
TABLE 9: Body features of the patient		
Sl. No.	Features	To be Assessed
8.	Digestive power (Āhāraśakti)	Power to digest food which sustains life.
9.	Exertional capacity (Vyāyāmaśakti)	Measure capacity to work as high, medium, low.
10.	Age (Vayah)	Childhood up to 16 years; middle age up to 60 years; old age beyond. Physical, mental and doṣa characteristics of each stage.

And digestive power, ability to digest food and to some extent related they are satmaya incidentally they are interrelated. Then exertional capacity that physical ability to walk, exercise; if a person who has got effort intolerance, he cannot walk 50 feet that sort of effort intolerance obviously the man will not do well. And age up to 16 years was considered childhood, up to middle age 60 years is middle age up to 16 to 60, and old age is beyond that that was all these are necessary under this Desa.

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CLINICAL DIAGNOSIS
<ul style="list-style-type: none">▪ The preliminary assessment would give the physician a good understanding of the patient's background, personality, the context of his illness and likely course, and direction of treatment. This was considered essential before the actual clinical examination of the patient.▪ Clinical examination would involve interrogation of the patient on his complaints, symptoms, previous history of illness, family history, habits and so on followed by detailed physical examination. Ayurveda insisted on all these steps and employed four means for obtaining answers to clinical queries.


And then you have seen the two phases are over, and the third phase is the clinical diagnosis which is what we do in hospitals today, because earlier 1 and 2 is something specific to Ayurveda. And preliminary assessment would give the physician a good understanding; once you have done this phase 1 and 2 you have a reasonably good understanding of the person of his illness but not the specifics. So, here you go into specific enquiry about the patient's background, personality, context of illness, and all these are done before the clinical examination begins.

Clinical examination involve the interrogation of the patient on his complaints, symptoms, previous history of illness, family history, this is what we are familiar with in hospitals today, habits and so on followed by a detailed physical examination. Now this involves the use of all the physician senses, we will show a table later on. And all the sense except taste, they are all used whether it is your smell, vision, touch, all these senses are used in examining the patient and taste obviously is used indirectly we will mentioned that.

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CLINICAL DIAGNOSIS

- The means employed had been used in the Nyāya – Vaiśeṣika systems for centuries and were borrowed by Charaka with some modifications. These were the teachings of wise savants (śabda), perception (pratyakṣa), inference (anumāna) and reason (yukti).
- Teaching of the wise (Śabda): Advice of a sage physician was a valid source of knowledge because he was a mine of experience and knowledge, supremely wise, and incapable of lying (āpta). If a physician ignored his words, he would be condemned to repeat earlier mistakes in an effort to learn on his own. This would cover knowledge on causation, specific features, complications etc., of the disease.

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And the kind of collection of information; one is pratyaksa that is what you with your senses you find, what you smell? What you see? What you touch? During the patient's examination that is pratyaksa, perception, it is a first part of gaining this knowledge about patient. Second is anumana inference. Suppose a patient has two or three signs or a patient who has got chills and then you may find that you know that he is going to be followed with a fever later on that is a patient who has got rigor. If you have got

experience you have seen this before, you have not seen it at all, then you will not be able to infer; you have to have experienced earlier. If you have seen that, then you will know that this is likely to have fever that is an inference.


Like today for example if you find the man with lung cancer, you will know this man has been smoking; that is you are inferring the past from the present. So, that process of inference is very very widely used in the practice of medicine; just simply looking and finding is not enough, inference anumana is a very important step in diagnosis. And thirdly in Ayurveda the words of your teacher or teachers that is also important. In many modern systems of logic they will not accept what somebody says that is not a source of valid knowledge. But in Ayurveda the Acharya's words Aptha Vakya it is extremely important, because if your teacher says this particular disease if you give this medicine, it is going to produce an adverse reaction, you better not give it; you had better listened to him, because you cannot find it in books. And if you want to find out yourself you give it to him suppose something happens to that patient.

So, therefore, Aptha that is a great teacher with a wealth of experience, wealth of knowledge, who is incapable of telling lies as I showed the other day, all these qualities such a great Acharya is your teacher, you had better listened to him; otherwise, you will be making all these mistakes at the cost of the patient. So, these are the three sources of knowledge; one is the pratyaksa what you gain with your sensory experience of the patient. Second is the process of inference and thirdly are the words of your teacher. And there is also yukti that is putting various unrelated things together, something you observe in the patients skin, something you observe a peculiar type of smell, all that different findings, the ability to put them together, that is yukti, that requires a lot of knowledge about the disease, lot of knowledge about body physiology from your experience from what you have learnt from the teacher? So, use these diverse things which your senses are telling you.

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CLINICAL DIAGNOSIS

- **Observation and Perception (Pratyakṣa):** Interrogating the patient and examining him, a physician would use all his senses except taste. Proper use of eye, ear, nose and touch would give a wealth of information on a wide range of physical findings which would point to a diagnosis. Many examples could be cited for illustration.
- **Taste was employed indirectly by observing the attraction of diabetic's urine for flies and ants.**




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Your touch, your eyes what you see? What you hear? All you put it together that is yukti, reason. And teaching of the wise I have already mentioned that observations, so we do not have to waste time and taste is employed indirectly. Suppose, there is a diabetic best example always given and the diabetic's urine, you can ask the patient and he will sometimes they will volunteer lot of hands come where are urinate. Sometimes without asking they would have observed that is using smell the taste indirectly.

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CLINICAL DIAGNOSIS

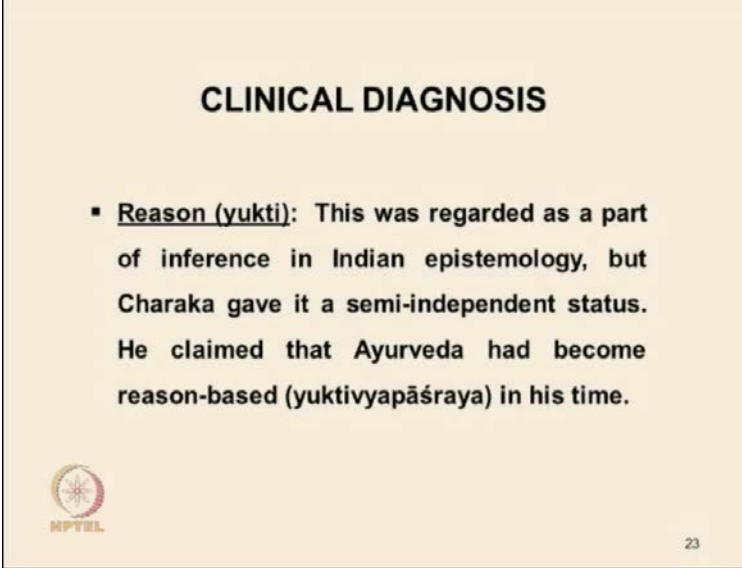
- **Inference (anumāna):** Physicians always depended on inference to know cause from effect, and effect from cause. This presupposes observation – based prior knowledge. To illustrate; indigestion would suggest eating contaminated/incompatible food; sedentary life and corpulence as the predictor of diabetes. Another kind of inference helps a physician to know that a patient with chill and goose – skin would develop fever though they might disappear with the onset of fever.



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Inference I have covered all these yuktis so I would not spend time. Now the next is this is not enough for diagnosis.

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CLINICAL DIAGNOSIS

- **Reason (yukti):** This was regarded as a part of inference in Indian epistemology, but Charaka gave it a semi-independent status. He claimed that Ayurveda had become reason-based (yuktivyapāśraya) in his time.

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Diagnosis does not stop with this in Ayurveda; they also look at the stages of the disease, at what stage has he come? That determines to some extent the treatment at the intervention. Now from the initial perturbation of doshas that is where it begins, the disequilibrium of doshas marches in tandem with the disease. We spend a lot of time discussing this that is when a patient comes with certain symptoms let us say tumor, already the disease has been in progress for a long time, it started sometime earlier; it has gone through very many stages.

So, the staging is important because if you intervene very late then the results will not be very good, we will set a cancer is a good example. Suppose, it has spread to different parts of the body a breast cancer, in the early stage it is a small lump it has been noted, not spread anywhere you can treat it; you can cure it, but suppose you happen to see the patient late and already secondary platform somewhere then whole outlook changes.

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STAGES OF A DISEASE

- Diagnosis is incomplete in the absence of the staging of a disease in the patient. From the initial perturbation of doṣas, the disequilibrium of doṣas marches in tandem with the progress of the disease which can be staged on the basis of signs and symptoms.
- Staging is important because the detection of a disease in its early stages would make treatment simpler and cure more likely. On the other hand, detection in late stages could nullify therapeutic effort and lead to incurability and death.
- Suśruta provided the clearest description of the staged progression of the perturbation of doṣas.

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So, therefore that staging is very important, the time of intervention, what is the optimum time for intervention? All those that is very important. Now Sushruta provided the staging of this disease Sushrutasa is the best and this is the different stages of disease.

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STAGES IN DOṢA PERTURBATION WITH THE PROGRESSION OF DISEASES (TABLES 10 – 11)

TABLE 10

Sl. No.	Stage of perturbation of doṣas	Progressive symptoms of disease
1.	Accumulation of doṣas (caya)	Fullness of stomach and hollow viscera; cold limbs; bilious look; feeling of heaviness.
2.	Perturbation of doṣas (Prakopa)	Vāta – Noisy bowel Pitta – Burning sensation; heart burn Kapha – Aversion to food, nausea, vomiting
3.	Spread of perturbed doṣas (prasara)	Intensification of the above symptoms.

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One is dosha, dosha perturbation is the basis of disease; on the left hand side you can see the accumulation of this, because they are normally there are three locations for the normal doshas. Now in that location the quantity keeps increasing that is the first thing which happens which patient may be hardly aware of it, physicians will not be aware of

it. And the next stage is perturbation that is a disturbance, perturbation Prakopa, derangements, several words are used, something a change happens there. It is not in its original state.

Now that some examples are given here, even accumulation they are also like fullness of the stomach, general sense of malaise, vague symptoms, you cannot make a diagnosis on that. If at all a person at the age like 50s or 60s, a patient comes with these kind of symptoms fullness of stomach hollow viscera, you do not give him any medicine, because you do not know what you are treating? At the most if he is in an apprehensive patient, you may decide to keep in the hospital to make him comfortable; you better stay here we will watch it; that is all you would do you would not treat him. The second stage it has been accumulation that becomes disturbed something happens in that.

Once that happens you can see Vata there will be normal bowels or bowels sounds are exaggerated that begins to appear some examples are given. If it is Pitta there is burning sensation all over the body, sometimes heartburn that may appear. And Kapha is aversion to food, nausea such symptoms appear. Again we cannot make a specific diagnosis; no treatment can be given except reassurance, you are going to be okay, do not worry that sort of things that is all you would do. And then once these are disturbed then the spread begins and that spread is this spreading the pushing is done by Vata. Every time, say, Pitta is disturbed or Kapha is disturbed, they are stationary, they cannot move and they are moved around by Vata.

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STAGES IN DOṢA PERTURBATION WITH THE PROGRESSION OF DISEASES (TABLES 10 – 11)		
TABLE 11		
Sl. No.	Stage of perturbation of doṣas	Progressive symptoms of disease
4.	Prodromal stage of disease (Pūrvarūpa)	The symptoms of stages 1, 2 and 3 intensify further: more symptoms appear.
5.	Manifestation of disease (Rūpa)	All signs and symptoms of the disease appear: clinical symptoms of diseases induced by vāta, pitta and kapha are distinct; but they could be mixed when doṣa perturbation is mixed.
<i>If the disease becomes chronic with complications, it can be regarded as the sixth stage</i>		

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And that intensification of the above symptoms, new symptoms may appear and then prodromal stage that is a stage symptoms begin to appear which can be characteristics, all these are exaggerated and more symptoms. This morning we saw the tuberculosis for example, prodromal symptoms, nasal congestion, that is typical example, abdominal flatulence; these are all prodromal symptoms. Still you are not very sure what disease you are dealing with, but you know things are appearing now. And then the fifth stage manifestation of diseases.

There is no problem in diagnosing it as tuberculosis or jaundice or whatever it is; all this signs and symptoms appear, all of them need not appear but sufficient number of them appear, so that one can make a diagnosis. Now suppose the disease becomes chronic it goes beyond this. Resist the treatment and complications appear; that is said to be the sixth stage. These are the stages of the disease, only when you have done this that is staging of the disease, then only you can say you have made a diagnosis that is what the disease, what kind of disequilibrium it is? What stage the disequilibrium is?

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STAGES IN DOṢA PERTURBATION WITH THE PROGRESSION OF DISEASES (TABLES 10 – 11)

In Ayurveda , “a particular disease may become a cause (nidāna) for another disease; one disease may cause one more or many diseases; one symptom may be seen in many diseases. Many symptoms may appear in one disease, or they may manifest in many diseases”. This quote from Charaka should indicate the practical difficulties in establishing a diagnosis from signs and symptoms of a disease.




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And then listen to this quotation here “a particular disease may become a cause for another disease, this is Charaka; one disease may cause one more or many diseases; one symptom may be seen in many diseases. Many symptoms may appear in one disease, or they may manifest in many diseases.” So, the complexity of this it is perfectly true cough, it can appear in many diseases. So, when you look at that the diagnostic process is not very easy. In other words simply looking at a book or a computerized diagnosis if you put cough-cough something else and that gives a machine diagnosis it is not that symptom.

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DIAGNOSIS, AN OVERVIEW

- ☐ Diagnostic procedures were elaborate; described in detail and in a systematic manner.
- ☐ They included enquires into the patient's home conditions and surroundings; personal habits, especially food; history of illness in the past and illness among the family members and surroundings; medicinal plants in the neighborhood; signs and symptoms and duration.



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Because very often you have to apply your own reason, you have to interoperate, you have to think. So, it cannot be done in mechanical way because it is highly complicated as Charaka says. Now an overview of what we have been saying the physical examination which we said look at that eye, what can the eye sense pickup? Color, deformities, facial appearance, size, and this is where Joseph Bell with this looking only he has made a diagnosis half of it. I had a classmate I cannot forget her, she is no more. In my final year in Trivandrum Medical College where I studied many years ago, we had a Professor of Medicine very reputed Professor of medicine who was Professor in Vizag for many years. He tried to emulate Joseph Bell.

We used to talk about him, and one day in the children's ward we were about 5 or 6 people, he took us there, and there was a young girl sitting on the bed probably 10-year-old emaciated thin girl sitting up. So, he stopped us at the door of the ward very much like Joseph Bell and he asked us what do you see there? And this Saraswathi Ammal my classmate, she was standing next to him. So, she was the one who was asked; fortunately he did not asked any of us and she started saying there is a young girl around 10 or 12, she is sitting; very good, excellent then she would stay wonder, then she said she is short of breath, because she is sitting up, respiration rate she had counted, she is breathing about 20, 30 times a minute; excellent he would keep on encouraging, wonderful, whenever she would say that she is correct, none of us had observed it.

Then she said in those days I have no idea how it is in a big government hospital, at the foot of the bed there will be a chart hung there which shows the temperature chart of the patient and all those the nurses records, and she had seen that she said she has swinging temperature; she is having fever which was brilliant. So, here is a young girl 10 or 12 she is febrile; she has got rapid breathing and then she had the kind of gown they were wearing, the front part was not fully closed and the precordium a thin girl emaciated, you could see the normal cardiac pulsations are not seen, and the diaphragmatic speed you have got to look for it; you do not keep on the heart, you cannot observe it by naked eye, but here we could see that is pulsations there. We had not seen it, but she said I can see precordial pulsations. Now that means cardiac enlargement; unless heart becomes big it cannot keep on pushing like this. Professor was very happy, all of us were admiring how good we did not see all these things, as soon as she said we observed.

Professor asked now, what do you think she has? She made the diagnosis; that is the young girl 10 or 12, cardiac enlargement, fever, pulsation, she has acute rheumatic fever; that is exactly what she had. Now in all that you say here it is a typical example; you find using the senses extremely well, observation, inference of a very high order, without any test the diagnosis is made. So, I will never forget that she became a Professor of pathology in Bangalore, she does not remember. I saw her many many years later in Bangalore during a meeting she had changed I had changed, some 40 years later we met.


So, I asked her this she had no memory of this, I said you know this is what you did. So, that tells you in this overview like using the eyes, using your ears, using your nose the smell; for example, certain types of infection you can smell it. Gangrene is a specific when you get to know on what you know that is a patient with gangrene here. It has a very evil smell, a cadaveric smell; so, that smell not that we like it, but this is our profession, we have to do this.

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DIAGNOSIS, AN OVERVIEW

☐ Physical examination included the use of all senses:
Eg.

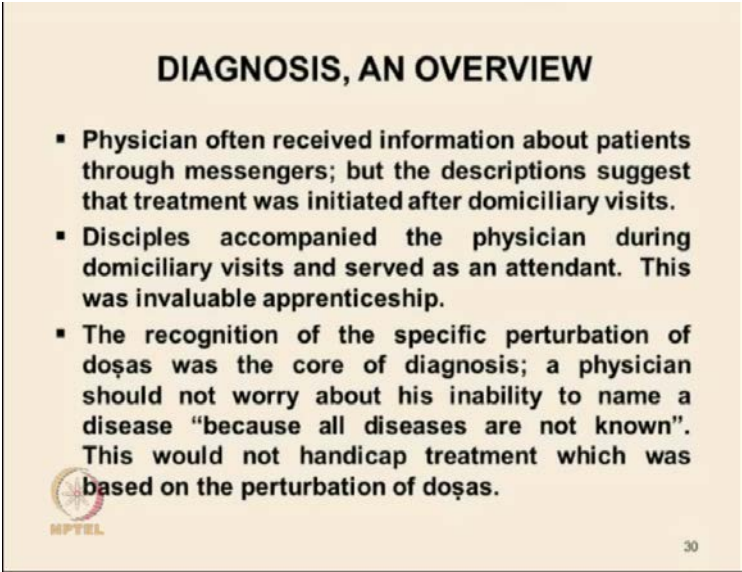
- **Eye:** Seeing colour, deformities, facial appearance, size.
- **Nose:** Smell of suppuration, sores; cadaveric smell
- **Ear:** Bowel sounds; abnormal breath sounds; crepitus.
- **Skin:** Warmth/coldness, colour, goose pimples
- **Taste:** Not directly tested.

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And skin, warmth, coldness etcetera, like for example, a cold feet, a patient who is a cardiac patient was doing well and suddenly he says i am not feeling good and you find the feet of cold very extremely important, because that mean his cardiac output is dropping, you better do something. So, that these are exceedingly important findings and there is a certain thrill in doing this, because you are going in to a detective story hidden within the compartment of the body.

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DIAGNOSIS, AN OVERVIEW

- Physician often received information about patients through messengers; but the descriptions suggest that treatment was initiated after domiciliary visits.
- Disciples accompanied the physician during domiciliary visits and served as an attendant. This was invaluable apprenticeship.
- The recognition of the specific perturbation of doṣas was the core of diagnosis; a physician should not worry about his inability to name a disease “because all diseases are not known”. This would not handicap treatment which was based on the perturbation of doṣas.

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And you are chasing that to find that. So, when you discover that you feel immensely happy; just nothing to do with anything else, but you have a great sense of satisfaction every time you do it. Now the overviews, the patient often in the Ayurvedic Samhitas you will find messengers coming from the patients house with information. This is very common messengers coming with information, and the great deal of on these messengers, but I have not seen anywhere a physician making diagnosis based only on the messengers and prescribing a treatment. There is always a domiciliary visit. This is the impression I get; I do not see anywhere the messengers do bring information, but there is a visit of the physician or may be his junior physician somebody will go and see that because there is always followed by descriptions of the domiciliary visit especially when it comes to the omens and all that you will see this.

Messengers coming, the time he is coming, all these had some; this we are getting we are going beyond medicine, when we come to that omens we will come. Lot of significance was attached to it, what kind of a messenger is he? Is he a laying person? What kind of clothes he is wearing? What kind of language he is using? All that, these are all considered to have some significance and just like what the physician was doing when he came? All that describes, but similarly there is also a description when you go to the patient's house. So, obviously this dhutas bringing a message it was followed by a visit of the physician to the patient's house.


So therefore, that it looks like messages could be taken instead of making a telephone call in those days a man would come or only man; no women would come with description of illness and then the physician would go. And a disciple would usually accompany and that was part of their internship, because Gurukulas in medical training of a physician, Gurukulas played the central role. And the disciple stayed in the physician's house, very often they did not pay anything, but they did instead service at home; they would do cooking or collecting firewood for the doctor, physician, etcetera. And they would be accompanying the physician; they would be helping in making formulations. So, this was part of the training and if they did all this for 6 years they became competent. So, there is a practical training that was part of it.

So, the recognition of the specific perturbation of dosha that was the core of the diagnostic process and a physician should not worry; this is a Vagbhata quote, a physician should never worry that he cannot apply a label to a disease as long as he can deduct the disequilibrium the nature of it. He does not have to worry about I do not know what label to give, because for the simple reason not all diseases have been labeled. So, because a disease is not finding a mentioned in any of these, you do not have to worry. Suppose you find the disease which is not mentioned in the Charaka, Sushruta, Vagbhata new diseases can appear. For example, AIDS this is not described in Charaka, Sushruta, Vagabhata; that does not mean you cannot treat, because you are looking at the dosha disequilibrium that will be distributed that is all you are looking at. So, you do not have to worry that you cannot find a label for that disease.

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DIAGNOSIS : CURRENT PRACTICE

- ☐ The ancient and elaborate method is currently used only for complex, chronic diseases (doṣa pratyaneeka chikitsa).
- ☐ For others, disease is identified based on physician's examination and tests like modern medicine (vyādhi pratyaneeka chikitsa).



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And the current practice this I have checked with some Ayurvedic colleagues, the ancient method which I have mentioned here pratyaneeka. Now the ancient method very elaborate that we described, it is not really being practiced everyday that is why I understand. In fact in a busy Ayurvedic hospital, they will not have the time for all this. They are looking at vyadhi determination, disease what he has, very much like modern medicine; that is the day-to-day practice of Ayurveda that is essentially what they are doing, they also use lab test.


So, the vyadhi determination is what is commonly done today, but in chronic diseases, difficult problems; patients others are treated and then sent without the making a diagnosis. All those complicated cases there they will use this detailed method which we have talk about that. So, there are two types of evaluation vyadhi pratyaneeka which is commonly done, the other is dosha pratyaneera; that is done what we have described so far. This is what I understand from people who are doing extensive Ayurvedic therapy today; that is the current information and this is not mentioned in the Samhithas.

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PROGNOSIS

- ✓ This needs elaboration because Ayurveda viewed the outcome of diseases in a wider context involving life span with which the individual had been endowed, severity of the disease and the excellence of treatment provided by the medical quartet.

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Now prognosis the shape of things to come, now that extensive treatment almost I cannot say it is as great but very great important several chapters are given to the some prognosis. As Charaka says in the beginning itself when a patient before you start, you should make sure is it curable? Is it curable with difficulty or is it not curable? All these you must determine; that has a lot to do with prognosis.

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PROGNOSIS

- ✓ The subject of prognosis received serious attention in the ancient texts because the death of patients was a spectre which haunted the practice of medicine. Charaka observed "there are patients who meet with death not-with-standing the application of treatment in its entirety. Not all patients by obtaining treatment obtain recovery. The reason is that not all diseases are capable of cure".
- ✓ Suśruta sounded a different note "Men die from their actions in a former life, from improper treatment, and from the uncertainty of human life".



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And the subject of prognosis has received serious attention in all the ancient text. And the death of the patient was a specter which always haunted the practice with the disease,


because patients ask, relations ask, what will happen to me? Will I recover? These are the questions. So, they have to deal with it and Charaka says the heart on the physician, because there are patients who meet with death notwithstanding the application of treatment in the entirety, not all patients by obtaining treatment obtain recovery. Reason is that not all diseases are capable of cure, he frankly admits that, but how do you face this patient? This is the fact.

So, therefore prognosis you simply cannot get away from it. Sushruta puts it differently “Men die from their actions in formal life karma, from improper treatment and from uncertainty of human life.” So, he puts it like this different ways of looking at the outcome of a disease. Now that brings us to the question of endowed life span, when a person is born is he or she endowed with a particular life span. It is predetermined that this person will live 80 years or 90 years or 30 years, is that predetermined that is life span. Now this is serious question because if the life span is predetermined then where is the need for all this treatment? Why do you go and make offerings to Gods? Why do you have poojas done? Why do you take medications? Why do you go to doctors? Why should there be doctors at all if we dissolve predetermined.

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ENDOWED LIFE SPAN

- The answer to the primary question on whether life span is predetermined is that life span is a product of the interaction of two forces – effect of past deeds (daiva) and one's present actions. The forces of these interactions would vary and could be mild, medium, or intense.
- A strong force of past deeds may overpower the force of present actions; conversely, a weak influence of past deeds may be nullified by present actions.
- The adverse effects of past actions may be overcome by present deeds, which would make life span long and happy.

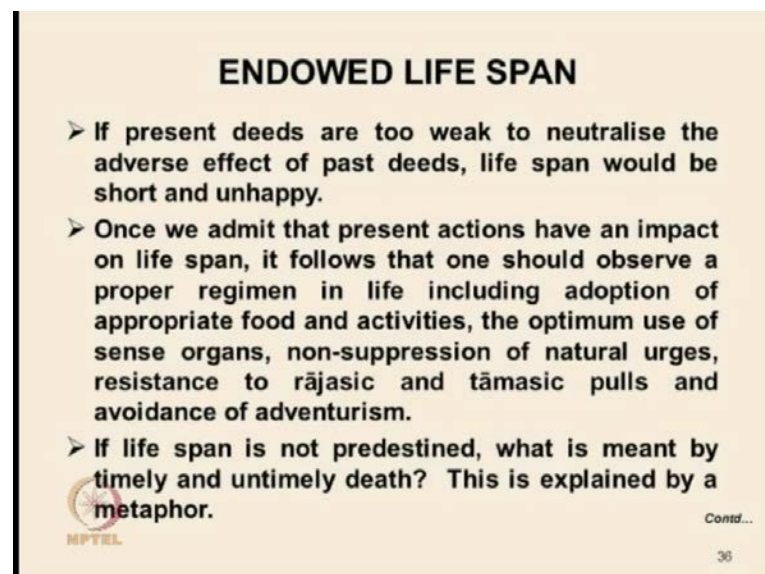
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That question immediately comes; the answer to this question is it is complicated Charaka takes there are two views in India we will see that later. There are people who believe whatever is decided is going to happen; there is nothing we can do about it. If you take that view predetermination, then there is no incentive to do anything. In fact

medical profession may wind up; Charaka himself says that, there is no need for anything; that is obviously not the answer. So, Charakas point is half way, there was another point of view in India that we can defy fate, why not? Vagbhata belongs to that group, but Charaka took the view about this end out life span.


Past actions karma all that you have done, they have a force which is gone that force will act; you cannot stop that that is the law. But what you are doing now also has a force and the past actions the karma that force is much less than the force of actions that you are doing now. Then you can overcome that, you live long; you will be comfortable. Suppose the past actions that you have done whole lot of sins you have committed and the force is so great, whatever you do now you cannot overcome that, then that is predetermined nothing can be done about it. So, this an intermediate view; in other words it is irrevocable, you can if you work hard may be you can overcome that. And working hard means sadhvruthi that we have covered a great length earlier.

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ENDOWED LIFE SPAN

- If present deeds are too weak to neutralise the adverse effect of past deeds, life span would be short and unhappy.
- Once we admit that present actions have an impact on life span, it follows that one should observe a proper regimen in life including adoption of appropriate food and activities, the optimum use of sense organs, non-suppression of natural urges, resistance to rājasic and tāmasic pulls and avoidance of adventurism.
- If life span is not predestined, what is meant by timely and untimely death? This is explained by a metaphor.

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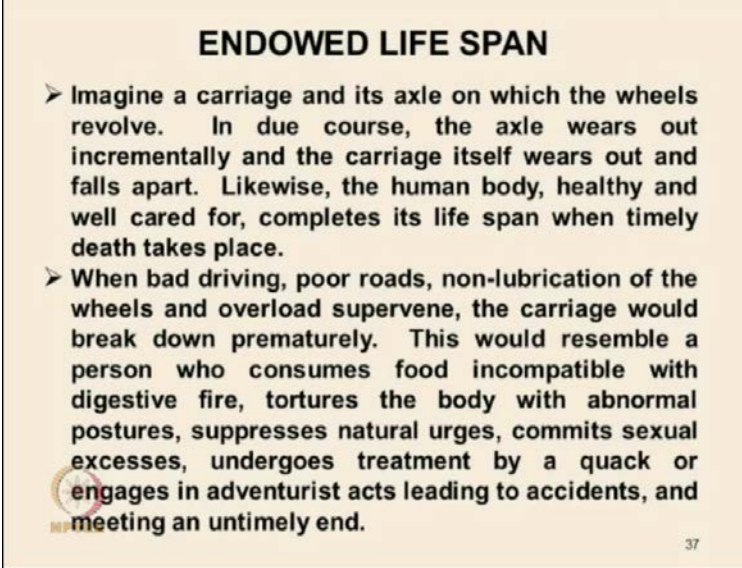
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Now by present deeds this is the whole point. It is a very important thought provoking, if the present what you are doing is not enough; obviously, you cannot overcome fate. And once we admit that the present actions have an impact on life span; that means it is not irrevocable then it follows that one should also observe a proper regimen to the best of your ability, at least lead a virtuous life; the code of conduct we have been talking about we are trying to rigidly follow that. No overuse of your sense organs, no misuse of sense

organs and forgiveness, truthfulness, all the great things we have been talking about. We have to rigidly adhere to these; that is the way you overcome the force of past actions.

Now then the question comes if that is indeed the case that there is predetermination, it is limited you cannot overcome that if that is indeed the case. Then what is meant by timely death and untimely death? What is that? Now here Charaka gives a very interesting example he is an illustration. If you take a chariot, and if the chariot is being used, well maintained, lubrication is done, carefully used, you do not ride it off then it will last for a long time.

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ENDOWED LIFE SPAN

- Imagine a carriage and its axle on which the wheels revolve. In due course, the axle wears out incrementally and the carriage itself wears out and falls apart. Likewise, the human body, healthy and well cared for, completes its life span when timely death takes place.
- When bad driving, poor roads, non-lubrication of the wheels and overload supervene, the carriage would break down prematurely. This would resemble a person who consumes food incompatible with digestive fire, tortures the body with abnormal postures, suppresses natural urges, commits sexual excesses, undergoes treatment by a quack or engages in adventurist acts leading to accidents, and meeting an untimely end.


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But suppose you do not take care of it, and you are driving along poor roads, non-lubrication of wheels, you over load it carriages and it breaks down prematurely. So, therefore if you do not take a care of your body and your mind, then even a good chariot will break down; it will not lost its predetermination, long before that it will be finished. So, that is an untimely end of the chariot; that is the distinction.

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LIFE SPAN AND PROGNOSIS

- A physician who cares for a patient is obliged to ascertain his life span by tests, says Suśruta. These tests are indicated by Charaka, confirming the bearing of endowed life span on prognosis.
- A physician should use observation/perception, inference, and authoritative teachings in determining life span just as he would in making a diagnosis.
- Examples of the large number of things to be observed during the determination of life span are given in Table 9, which divides them into those not relating to the individual directly and others which do. This distinction guides the method to be chosen for examination.



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And life span and prognosis therefore, now that brings us very best to this issue which is very alive. And the physician who cares for a patient is obliged to ascertain his lifespan by test this is what Sushruta says. And these tests are indicated by Charaka using your perception, inference, etcetera, those methods are used and observation, perception, all those techniques should be used just like you make a diagnosis. Same procedures are followed looking at the test to determine the life span, large number of things to be, there is a table which I will show you.

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TABLE 12 : THINGS TO BE LOOKED FOR IN DETERMINING REMAINING LIFE SPAN

Things relating to the individual	Things not relating to the individual
<ul style="list-style-type: none">• Sense organs and their objects• Cleanliness• Conduct• Facial expression• Intelligence• Food habits• Digestive capacity• Physical activity• Dreams	<ul style="list-style-type: none">• Messenger approaching the physician• Reflection• Bad omens on the way of the messenger as well as physician• Strange circumstances in patient's residence• Outcome of treatment.

Things related to the patient directly (exemplified in left column) should be assessed by perception and inference; those unrelated (in the right column) should be studied on the basis of authoritative teachings and one's own discretion.

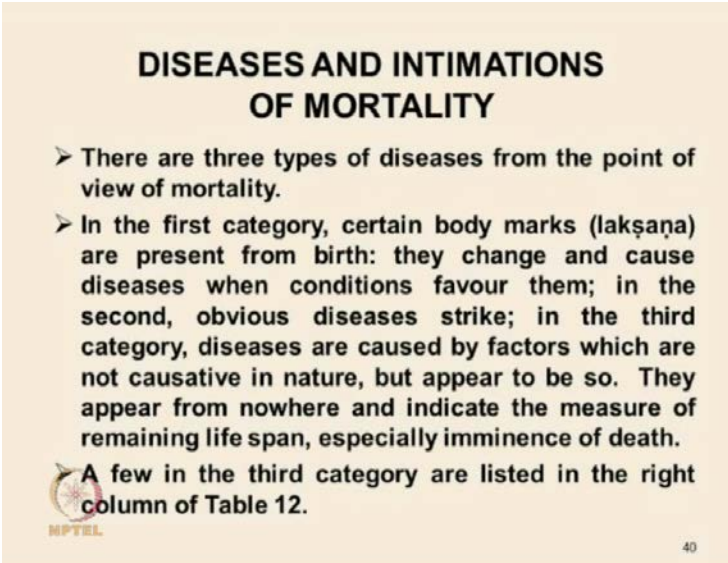


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Now here on the left hand side things to be relating to the individual to be observed in determining the life span like sense organs and their objects, cleanliness, conduct, facial expression, intelligence, food habits, digestive capacity, some of these we have already considered earlier under diagnosis; all those are things relating to the patient. Look on the right hand side things not relating to the patient, messenger approaching the physician or I would not get in the details, messenger what he wears, how he looks, etcetera, reflection, bad omens on the way of the messenger as well as of the physician going for the visit, strange circumstances in the patient's residence. When you go there a big vessel falls down, makes a big sound, things like that and the outcome of treatment, all these are on the right hand side.

Now things related to the patient directly, there you use the same diagnostic methods; that is perception, inference, those are used. But when it comes to the right hand column, there it should be studied on the basis of authoritative teachings what your eminent teacher has told you and your own discretion that is very important. So, you do not blindly follow unlike on the left hand side, you have got a method prescribed, you have to follow that. But on the right hand side these are intangible things, uncertain things. So, there you have to use your discretion; it is not really binding on you that is a very important that right hand column.

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DISEASES AND INTIMATIONS OF MORTALITY

- There are three types of diseases from the point of view of mortality.
- In the first category, certain body marks (lakṣaṇa) are present from birth: they change and cause diseases when conditions favour them; in the second, obvious diseases strike; in the third category, diseases are caused by factors which are not causative in nature, but appear to be so. They appear from nowhere and indicate the measure of remaining life span, especially imminence of death.
- A few in the third category are listed in the right column of Table 12.

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Now diseases and intimations of mortality, there are three types of diseases from the point of view of mortality. First is there are body marks, laksanas present from birth, but

they change their characteristics; for example, a mole which was there which was harmless is doing nothing. But suddenly you find that mole is getting bigger, but no reason. It changes its color, now that kind of thing; that could be a sign of danger, it could presage even death. And the second obvious disease, somebody has pulmonary tuberculosis, etcetera, that could be the third. And the third, the second; the third categories which are not causative, but appear to be so that is the column on the right hand side which we saw earlier like a messenger and things like that; for which one is not very sure what its significance is, they appear from nowhere and indicate the measure of remaining life span. That is again you have to use your discretion in interpreting that and a few the third category you have seen that earlier.

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SIGNS AND SYMPTOMS OF IMPENDING DEATH

- ❖ They may or may not be related to the individual, but the list is huge. Their examination may involve the use of perception, inference, the teachings of wise savants or the physician's own reason (yukti).
- ❖ The signs and symptoms are classified and indicated by examples in each class:
From observation:
 - Discoloration of nails, eyes, face etc., with diminished strength and sensory functions.
 - Sudden feebleness of voice.

Contd...
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Now then we come to signs of impending death; these are called Ristas in Ayurveda, signs of death. Now they are may not be related to the individual, but the list is a huge list, several pages and their examination may involve the use of perception, inference, teachings of wise savants and the physician's own yukti. All these are used in interpreting this, but the signs and symptoms are classified and indicated as examples. I have taken a few examples from observation, discoloration of nails, eyes, face, with diminished strength and sensory functions, sudden feebleness of voice.

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**SIGNS AND SYMPTOMS OF
IMPENDING DEATH**

- Sudden appearance of undesirable odours – sweet or foul.
- Loss of pulsations where they were present.
- Laboured respiration.

From patient's history:

- Seeing earth as sky and sky as earth: ghosts and apparitions etc.
- Hearing sounds which are absent: not hearing sounds which are present etc.

Contd...



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Sudden appearance of undesirable odors, sweet or foul, loss of pulsations where they were present, labored respiration, these are important not all, then patients history. Seeing earth as sky and sky as earth, this is what the patient's history; ghosts and apparitions begin appearing. Hearing sounds which are absent; not hearing sounds which are present, all contradictory experiences.


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**SIGNS AND SYMPTOMS OF
IMPENDING DEATH**

From the state of disease:

- The simultaneous appearance of all signs and symptoms.
- Terrifying dreams in various diseases (only the dreams which keep the patient awake the whole night after the dream have prognostic value).

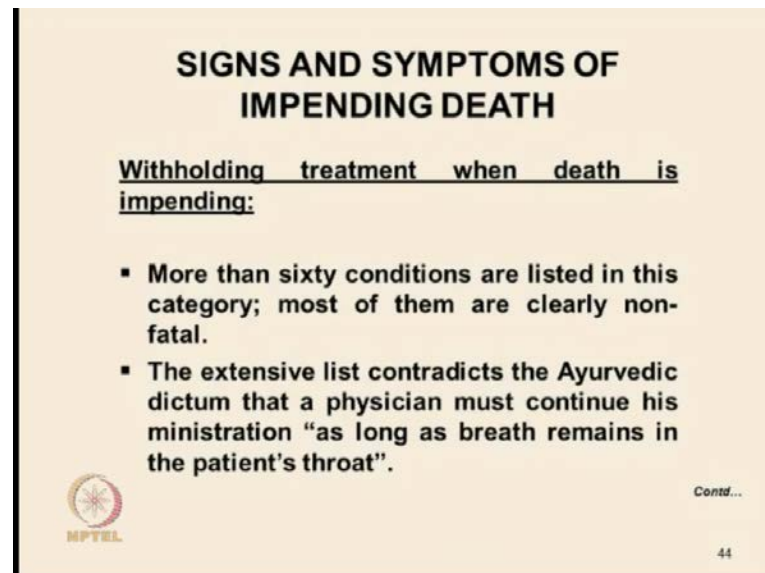
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From the state of the disease: The simultaneous appearance of all signs and symptoms. Terrifying dreams in various diseases, but only dreams which keep one awake all night is believed to have any significance.


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SIGNS AND SYMPTOMS OF IMPENDING DEATH

Withholding treatment when death is impending:

- More than sixty conditions are listed in this category; most of them are clearly non-fatal.
- The extensive list contradicts the Ayurvedic dictum that a physician must continue his ministrations "as long as breath remains in the patient's throat".

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Now withholding treatment when the death, suppose these Ristas are appearing, what should you do? Should you withhold treatment? More than 60 conditions are listed in this category, because of these Ristas you should withhold treatment. The extensive list contradicts the Ayurvedic dictum; there is an Ayurvedic dictum which says a physician must continue with his treatment as long as breath remains in the patient's throat; that is the central dictum, all these they contradict the dictum.

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**SIGNS AND SYMPTOMS OF
IMPENDING DEATH**

Withholding treatment when death is
impending:

- Charaka concludes the list enigmatically “A physician should look out for these signs mindful, at the same time, that they need not necessarily precede death”.
- Another list of sudden deaths caused by severe perturbation of vāta is given. Many entries in this list do not predict sudden death.



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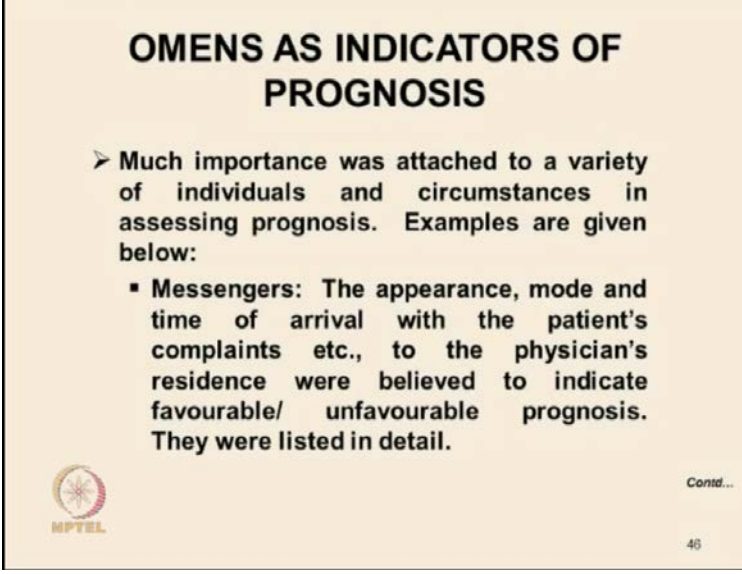
And Charaka concludes all this list some of them are like sudden labored breathing. Obviously, it is very significant; sudden disappearance of pulsation that is important, but many of them we cannot accept it. They do not look to like impending that at all, on that basis withholding treatment I would say it is completely wrong. But there Charaka says look at the way he controls; he says “A physician should look out for these signs mindful, at the same time, that they need not necessarily precede death.” So, there is a very Charaka has this way, when he says something he will always add a line, you have to be careful you may miss it. But he says therefore, they need not be fatal at all. And another list caused sudden death caused by severe perturbation of Vata is also given. And many of these actually if you look at them, it is difficult for any us to conclude that they are fatal indications Ristas.

So, what we can only say in Ayurveda these great Samhitas that they have written a lot of information it is a complication, a lot of it is based on discussions among the students and the teacher, discourses of the teacher, all these constitute the heart of. But at the same time popular believes about health, about disease, many of them superstitious if you like. Many of this also found a place in this. If lot of patience they deal with patience, if many of them hold on to certain beliefs, they would record that also, does not mean they are endorsing them; that is why these indications here and there you see that. You use your discretion, you use your teachers, teachers may have said, no, you do not believe that.

So, that is why these warnings appear here and there. That was a practice, because it was not in our culture. If there is a popular belief, 1000's of people believe in something. And you do not say this is all nonsense; that is not in our culture. Now it is done that is the fashion now. But in those days if lot of people believed in something you may not agree with it; you may not think it is right but as long as it is not doing harm. Suppose somebody believes ritual murder is a good thing, no that you have to oppose there is no way doing harm to people.


But there is some harmless belief, a person believes hearing a bell at twelve o'clock is going to be fatal. He is not doing any harm to anybody, why do you want to have a campaign against that? This was the attitude in India. You will find that liberal outlook which you may or may not agree, but that is in our tradition. Now all these campaigns being done rationales this that; I think we should tolerate that also that is also our tradition, we do not have to campaign against it. If they want to do it, let them do it. The only time for intervention is if they begin to hurt people, there you have to oppose.

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OMENS AS INDICATORS OF PROGNOSIS

- Much importance was attached to a variety of individuals and circumstances in assessing prognosis. Examples are given below:
 - **Messengers:** The appearance, mode and time of arrival with the patient's complaints etc., to the physician's residence were believed to indicate favourable/ unfavourable prognosis. They were listed in detail.

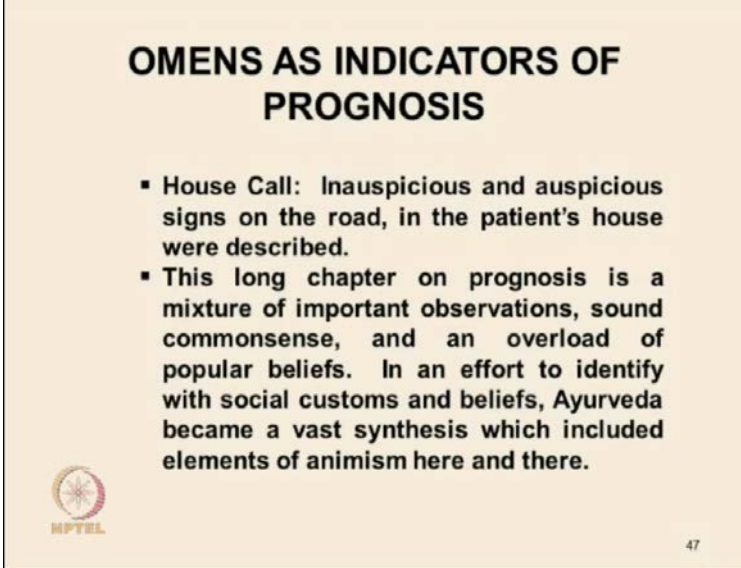
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Omens as indicators of prognosis, again the same line like messengers, appearance, mode and time of arrival with the patient's complaints to the physician's residence were believed to indicate favorable or unfavorable signs. Many of these you will find a handicapped man coming it is a bad, you should admire him and a handicapped man coming all the way from a village to convey a message to the physician instead of


thanking him. You consider it is a bad omen; i do not agree with it, but if somebody believes in that I have no problem.

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OMENS AS INDICATORS OF PROGNOSIS

- **House Call:** Inauspicious and auspicious signs on the road, in the patient's house were described.
- This long chapter on prognosis is a mixture of important observations, sound commonsense, and an overload of popular beliefs. In an effort to identify with social customs and beliefs, Ayurveda became a vast synthesis which included elements of animism here and there.

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House call: inauspicious and auspicious signs when you go to the house, a black cat jumped across, oh that is going to be bad, all these kind of omens. There is a long chapter on prognosis a mixture of important observations, sound commonsense, and an overload of popular beliefs. Now here you have to use your discretion in interpreting this.