



Research Article

ARISHTA LAKSHANAS - A RETROSPECTIVE PILOT STUDY AMONG NURSES WORKING IN CRITICAL CARE

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ABSTRACT

Life according to *Ayurveda* is considered as the *Samyoga* (combination) of *Sarira* (body), *Indriya* (sense organs), *Satwa* (mind) and *Atma* (soul). Among them *Indriya* refers to *Arishta* according to Charaka. *Indriya Sthana* states the relevance and importance of knowing *Arishta lakshanas* before going to treatment. *Arishta* means, it is the state in which it has transcended all the remedial measures and widespread all over the body by the aggravation of *Tridoshas*. It is important in prognostication process, to prognosticate remaining survival time, in proper clinical decision making, to analyze the role and potential of *Arishta Lakshanas* in contemporary clinical prognostication, it helps to decide which patient to treat and which not to treat, whom to give palliative treatment and whom to give intervention treatment and helps to approach death with understanding and ease. **Objective:** To document perceptions, observations and experiences of nurses working in critical care on manifestation of *Arishta Lakshanas* in dying patients. **Method:** Survey study (77 nurses from different hospitals in state, national and international level was contacted and an online survey via Google forms was conducted). **Results:** Some of the changes in the parameters have been observed by the nurses in dying patients. **Conclusion:** Without *Arishta Lakshanas* no death occurs. So here an effort has been made to document the *Arishta Lakshanas* based upon some factors among the forty-eight examination factors of *Aayu* or *Arishta* stated in *Indriya Sthana*.

INTRODUCTION

The term *Arishta*, as explained in *Amarakosha*, carries multiple meanings, including bad prognosis, a type of fermented medicinal preparation, specific drugs like *Nimba* (neem), *Takra* (buttermilk), and *Lashuna* (garlic), as well as *Sutikagrha* (postpartum care).^[1] In the context of *Indriya Sthana*, *Arishta* refers specifically to bad prognosis. Synonyms of *Arishta* include *Akalyanasuchaka* (indicator of misfortune), *Apashakuna* (bad omen), *Vipatti* (calamity), *Pratikulatha* (adversity), *Aayu Mrthyusuchaka* (indicator of life and death), *Upalinga* (secondary signs), *Upadrava* (complications), *Ashubha* (inauspiciousness), *Durbhagya* (misfortune), and *Indriya* (sensory signs).^[1]

Charaka defines *Arishta* as "*Kriyaapathamatikraanta Kevalam Dehamaaplutaa Chinnam Kurvanti Yatdoshastat Arishtam Nirucyate*".^[2] This implies that *Arishta* or fatal signs are marks or features caused by aggravated *Doshas* that have surpassed all remedial measures and pervaded the entire body. *Atikranta* signifies "transcending" or "overcoming." *Kriyaapatha* refers to the "path of action" or treatment measures. When treatment fails (*Kriyaapathamatikrantha*), it signifies an advanced or terminal stage of the disease, where the process of dying becomes irreversible. In such cases, focus shifts to palliative or hospice care, aiming to enhance the patient's comfort and the quality of the dying process. This approach underscores providing care, support, and dignity during the terminal phase.

Also, forty-eight factors to be examined for assessment of *Arishta* or *Ayu* is explained. They are *Varna* (complexion), *Swara* (voice), *Gandha* (smell), *Rasa* (taste), *Sparsha* (touch), *Cakshu* (eyes), *Shrotra* (ears), *Ghraana* (nose), *Rasana* (tongue), *Sparshana*

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(skin), *Mana* (psyche), *Bhakti* (faith), *Shaucha* (cleanliness), *Sheela* (modesty), *Achara* (conduct), *Smruti* (memory), *Aakruti* (shape), *Prakruti* (nature), *Bala* (strength), *Medha* (intellect), *Harsha* (exhilaration), *Ruksha* (dryness), *Sneha* (unctuousness), *Tandra* (drowsiness), *Gourava* (heaviness), *Laghava* (lightness), *Guna of Aahara* (qualities of diet), *Vihara* (regimens) etc.^[3] The residual span of life may be evident in these factors. Hence physicians should have a keen observation in all these factors and pay careful attention to each one of them and interpretation should be made based on his observations, knowledge and scriptural advice.

These forty-eight factors can be arranged under the domains such as physical appearance, physiological factors, behavioral traits, dietary habits and lifestyle, disease factors, response to treatment and others. In the survey study, the first four factors (*Varna*, *Swara*, *Gandha* and *Sparsha*) were considered as aspects to be examined directly in the patient. The subsequent five factors (*Cakshu*, *Shrotra*, *Ghraana*, *Rasana* and *Sparshana*) were based on the patient's verbal communication. These nine factors were specifically chosen for inclusion in the study to streamline the analysis and adapt to time constraints. The study was conducted in nurses, particularly those working in intensive care units (ICUs) or emergency departments, as they are in direct contact with patients during critical phases. Unlike doctors, who may only interact with patients during scheduled rounds or in emergencies, nurses are in continuous contact with patients, providing them with daily care and support. This gives nurses a unique opportunity and interaction with the patient to notice subtle changes in a patient's condition, including those related to *Arishta Lakshanas* in the dying patients or those who are nearing their end of life. Their observations of *Arishta Lakshanas* can help to identify early signs of deterioration in patients nearing the end of life. Recognizing these signs early on enables timely intervention, such as transitioning to palliative care, optimizing comfort measures, or informing family members about the patient's condition.

OBJECTIVE

To document perceptions, observations and experiences of nurses working in critical care on manifestation of *Arishta Lakshanas* in dying patients.

MATERIALS AND METHODS

The study was conducted through a questionnaire. Questionnaire was developed with 10 closed ended questions, with the first nine questions assessing nurses' observations and perceptions regarding the specific domains and the last question to narrate their overall observation throughout their experience regarding the *Arishta Lakshanas*. The study utilized Ayurveda treatises, particularly Charaka

Indriya Sthana, along with dictionaries for translating specific terms, to provide a concise explanation of *Arishta*, *Arishta Lakshanas*, and the factors to be examined for *Arishta Lakshanas*, focusing especially on the first nine factors, excluding *Rasa*. This information was tailored for the nurses participating in the survey study to ensure clarity and practical understanding.

Method of the study

Method of the study was survey method. To assess the absence or presence of *Arishta Lakshanas* in dying patients a survey was conducted among seventy-seven nurses who are working in intensive care units or in emergency departments from different hospitals across state, national and international level via Google form to collect their impressions on these 9 domains (except *Rasa*) which are having the potential of standard prognostic tools or models. Since the *Rasa* (taste) factor cannot be practically assessed by the nurses, it has been excluded from the domains considered in the survey study. A proforma was prepared for the survey study in the form of a closed ended questionnaire with ten questions.

Study design: Explorative study

Conduct of Survey

The study was conducted with a sample size of 77 participants. It followed a cross-sectional study design, using purposive sampling as the sampling technique. Data was collected through a Google form, which was shared with the participants. The inclusion criteria were that participants had to be willing to take part in the study, while those who were not willing to participate were excluded from the study.

Contact numbers of all the 100 participants were collected. The request form, title of the study, aim and objectives of the study, and a brief introduction about the study (regarding *Arishta*, *Arishta Lakshanas* and the factors to be examined for *Arishta Lakshanas*, especially the first ten factors) were sent to the selected participants along with the Google form. To account for a higher number of potential dropouts, the study was initially conducted with 100 nurses working in intensive care units or emergency departments across various hospitals. These included 5 hospitals at the state level (from different districts of Kerala), 2 at the national level (Mumbai and Delhi), and 2 at the international level (UK and UAE). Ultimately, 77 responses were received from the participants. Participants were contacted multiple times through mobile phones and some directly to get their responses.

Questionnaire

The questionnaire aims to gather insights from nurses about the sensory changes they observe in patients nearing the end of life. It consists of ten questions, primarily focusing on various physical and

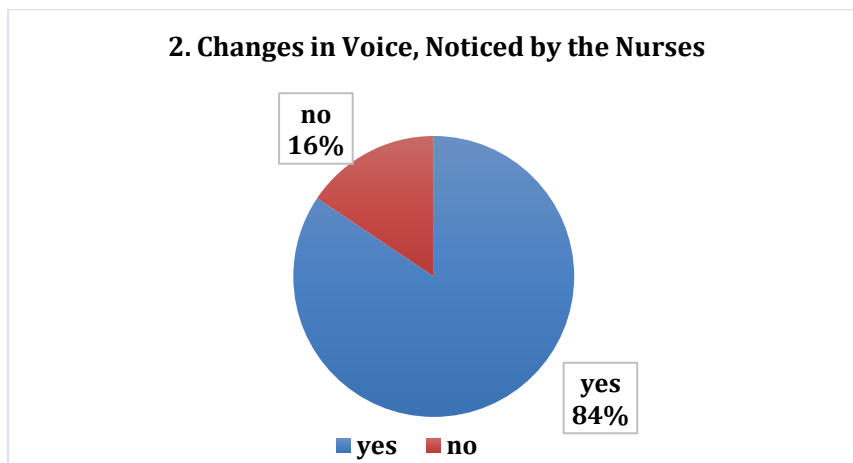
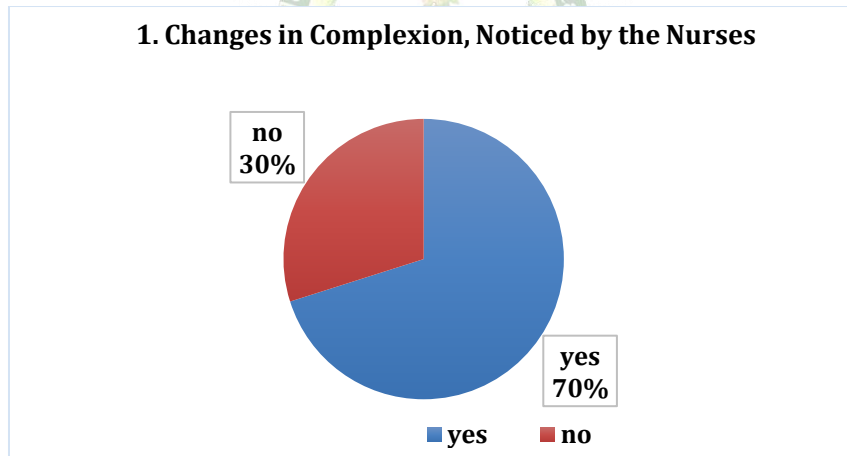
sensory changes that may indicate a patient’s transition towards the end of life. The first four questions were to evaluate the observation of nurses in factors like *Varna, Swara, Gandha, and Sparsha* (what we examine in patient except *Rasa*, which can’t be examined by us), i.e. to explore changes in the physical appearance and sensations observed by the nurses, such as alterations in complexion, voice, body odor, and tactile sensations. Next five questions were *Cakshu, Shrotra, Ghraana, Rasana, Sparshana* (what the patient says to us), which delve into the sensory perceptions reported by the patients themselves, including changes in vision, hearing, smell, taste, and touch. Finally, the tenth question was an open-ended and non-compulsory question to explain any additional observations or experiences or evidence regarding *Arishta Lakshanas* in their clinical experience they believe are relevant to the study. Overall, the questionnaire is designed to collect qualitative data from nurses about the end-of-life signs observed through both direct examination and patient reports.

2. Have you noticed any changes in voice/speech, in patients nearing the end of life?
3. Have you noticed any changes in body odor, in patients nearing the end of life?
4. Have you noticed any changes in touch/palpation, in patients nearing the end of life?
5. Have you witnessed any changes in visual perceptions, said by the patients nearing the end of life?
6. Have you witnessed any changes in auditory perceptions, said by the patients nearing the end of life?
7. Have you witnessed any changes in olfactory perceptions, said by the patients nearing the end of life?
8. Have you witnessed any changes in gustatory perceptions, said by the patients nearing the end of life?
9. Have you witnessed any changes in touch perceptions, said by the patients nearing the end of life?
10. Is there any additional information to share with us from you experience?

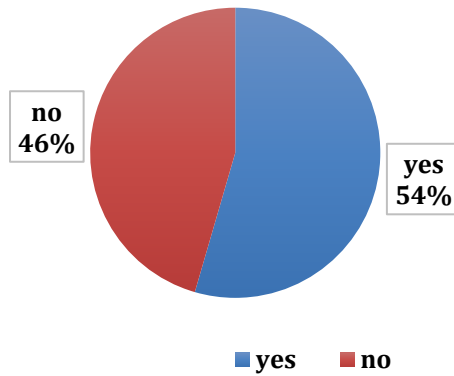
1. In your experience as a nurse, have you observed any changes in complexion/skin color, in patients nearing the end of life?

RESULTS AND DISCUSSION

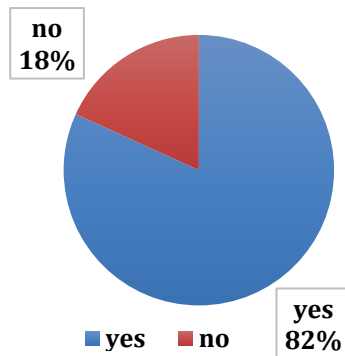
Figure 1-9 Responses to Q1-Q9



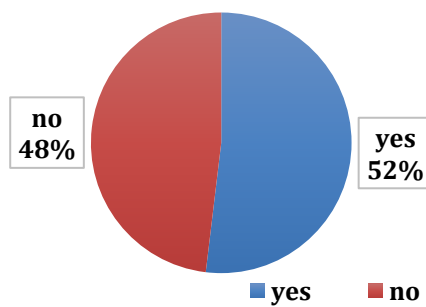
3. Changes in Odor, Noticed by the Nurses



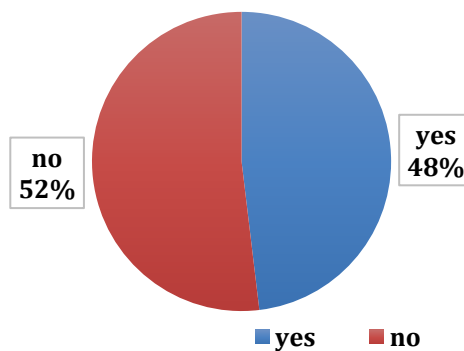
4. Changes in Touch, Noticed by the Nurses



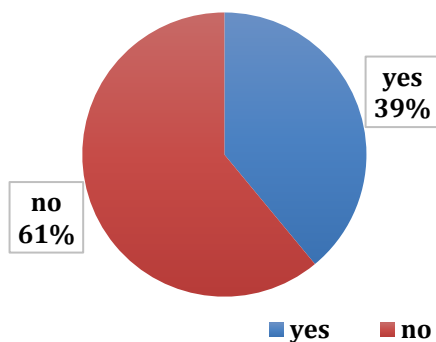
5. Changes in Visual Perception, Said by the Patients



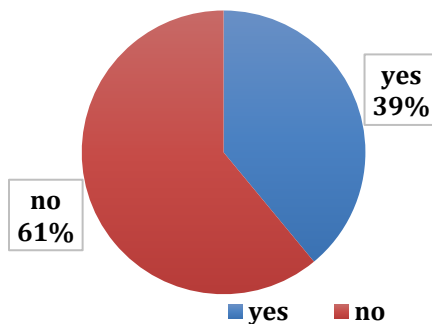
6. Changes in Auditory Perception, Said by the Patients



7. Changes in Olfactory Perception, Said by the Patients



8. Changes in Gustatory Perception, Said by the Patients



9. Changes in Tactile Perception, Said by the Patients

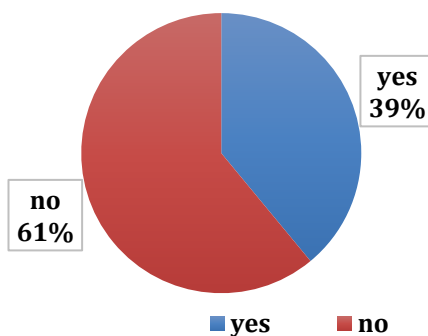


Table 1: Responses to Q1-Q9

Sl.No	Factors	Response	Frequency	Percentage
1	Complexion (<i>Varna</i>)	Yes	54	70.1%
		No	23	29.9%
2	Voice (<i>Swara</i>)	Yes	65	84.4%
		No	12	15.6%
3	Odor (<i>Gandha</i>)	Yes	42	54.5%
		No	35	45.5%
4	Touch (<i>Sparsha</i>)	Yes	63	81.8%
		No	14	18.2%
5	Visual perceptions (<i>Cakshu</i>)	Yes	40	51.9%

		No	37	48.1%
6	Auditory perceptions (<i>Shrotra</i>)	Yes	37	48.1%
		No	40	51.9%
7	Olfactory perceptions (<i>Ghraana</i>)	Yes	30	39%
		No	47	61%
8	Gustatory perceptions (<i>Rasana</i>)	Yes	30	39%
		No	47	61%
9	Tactile perceptions (<i>Sparshana</i>)	Yes	30	39%
		No	47	61%

DISCUSSION

Discussion on method

Method of the study was survey method. To assess and know the absence or presence of *Arishta Lakshanas* in dying patients, conducted among seventy-seven nurses who are working in intensive care units or in emergency departments from different hospitals across state, national and international level via Google form with closed-ended questionnaires with ten questions, to collect their impressions on the considered 9 domains or parameters (except *Rasa*). Nurses play a crucial role in observing *Arishta Lakshanas* (signs of impending death) due to their constant presence at the bedside and their close interactions with patients. Unlike doctors, who may only interact with patients during scheduled rounds or in emergencies, nurses are in continuous contact with patients, providing them with daily care. This gives nurses a unique opportunity to notice subtle changes in a patient's condition, including those related to *Arishta Lakshanas*, such as changes in complexion, voice, smell, touch, and sensory perceptions.

Nurses, through their extensive hands-on care, are well-positioned to identify early signs of deterioration, including physical symptoms like abnormal skin color (*Varna*), changes in body odor (*Gandha*), alterations in voice (*Swara*), and irregularities in sensory perceptions (*Cakshu* for vision, *Shrotra* for hearing, etc.). Their ability to monitor these signs on an ongoing basis, coupled with their intimate knowledge of a patient's baseline condition, allows them to detect the progression of illness that may indicate an impending end of life. This makes them indispensable in recognizing *Arishta* (bad prognosis) and facilitating timely interventions or palliative care to ensure the patient's comfort in the final stages of life. Moreover, nurses are often more attuned to the emotional and psychological state of the patient and family, which can also contribute to identifying early *Arishta Lakshanas* that might not be immediately apparent to other healthcare professionals. Their holistic, patient-centered approach to care is fundamental in the identification

and management of end-of-life signs, making their observations critical for the well-being of the patient.

Nurses often serve as a bridge between patients and other healthcare providers. By documenting and analyzing *Arishta Lakshanas*, the survey helped to identify which signs are most observed, ensuring that nurses are better equipped to communicate with physicians and other members of the healthcare team about the patient's condition. This can lead to more cohesive and coordinated care, especially in end-of-life scenarios. In the context of Ayurveda, *Arishta Lakshanas* are closely tied to the physical and sensory changes seen in patients nearing death. Surveying nurses allows for the validation of Ayurvedic concepts within modern clinical settings. Nurses often work with patients from diverse cultural backgrounds. Different cultural perspectives may influence how *Arishta Lakshanas* are observed or interpreted. This survey study involving nurses, was conducted ethically, with informed consent, confidentiality, and respect for patient dignity throughout the process.

Discussion on domains or parameters

First four domains or parameters used to evaluate the nurses' observations such as *Varna* (complexion), *Swara* (voice), *Gandha* (odor) and *Sparsha* (touch), which are typically examined in the patient, except for *Rasa*, as it cannot be directly assessed by the nurse. The next five domains *Cakshu* (vision), *Shrotra* (hearing), *Ghraana* (smell), *Rasana* (taste), and *Sparshana* (touch), which are based on the patient's reports.

Discussion on *Varna* (Complexion)

According to Charaka abnormal *Varna* refers to unnatural changes in skin color, such as *Neela* (blue), *Shyava* (blackish), *Tamra* (coppery), *Prakrti Varna Ardha Sareera*, *Vikrti Varna Ardha Sareera*, sudden appearance of *Piplu* (acne), *Vyanga* (pigmented skin), *Tilakalaka* (mole) and *Pidaka* (boil) etc. [3] are the signs of death. Nurses may observe these changes in complexion in dying patients, associated with various chronic pathologies, such as liver disease, kidney

failure, or severe infections that often manifest in the terminal stages of illness.

Discussion on *Swara* (Voice)

The abnormal *Swara* resemble that of sheep and is feeble, inaudible, indistinct, choked etc. (*Edaka Grasta Avyakta Gadgada Kshama Anukeernastvaaturanam Swara Vaikariki Bhavanti*)^[3] and some abnormal changes in rhythm, tone, pitch, resonance and frequency of voice. Nurses may notice changes in voice in dying patients, which can be correlated with alterations in speech patterns commonly observed in chronic conditions such as respiratory failure, neurological disorders, or advanced stages of cancer, that often manifest in the terminal stages of illness.

Discussion on *Gandha* (Smell)

The *Arista* or bad prognosis in *Gandha* includes, body emitting *Sugandha*, *Durganda*, or being *Gandharahitha*, *Durganda* persists even after a bath, *Madhu Gandha*, scents resembling *Chandana*, *Kushta*, *Tagara* etc.^[4] Severe *Durganda* is observed in conditions like emphysema, lung abscess, gangrene, uremia, intestinal obstruction, and fruity odor in diabetic ketoacidosis, all indicating a fatal prognosis.

Discussion on *Sparsha* (Touch)

Abnormal findings such as *Satatam Spandhamanam Shareeradeshaanam Aspandhanam*, *Nityoshmanam Sheetibhava*, *Mridunam Dharunatvam*, etc.^[5] are considered bad prognostications based on *Sparsha*. Some of the conditions like this are, soft abdomen becomes hard in peritonitis and loss of peripheral pulsation is seen in gangrene of extremities are signs of fatality.

Discussion on *Darshanendriya* or *Cakshu* (Visual perception)

Abnormal findings of *Cakshu* are, seeing objects that are not present (*Adrishyavasthu*) but cannot see objects that are present (*Drishyavasthu*) and *Viparyaya Jnana* (perception in reverse).^[6] All these can be correlated with symptomatology of some relevant pathologies. It can be some visual perceptual distortions and visual hallucinations, which mainly occur in disease conditions due to damage in visual pathway or any damage in optic nerve and due to thrombosis or clot formation and disease that affect the temporal lobe. Examples are Monochromats, Dichromats, Achromatopsia, Cerebral dyschromatopsia etc.

Discussion on *Shrothrendriya* or *shrotra* (Auditory perception)

Hearing *Shabda* in *Shabda Abhava* (absence of sound) and vice versa, hearing sounds like *Nadi Pravahana Shabda* (sound of pulsation) and hearing *Samudra Garjana*, *Shathru Shabda*, *Jwala Shabda* in its absence are *Arista Lakshanas* pertaining to the

Shrothrendriya.^[6] Such auditory hallucination or auditory agnosia may occur in disease conditions due to any damage in vestibule cochlear nerve and tumor in brain. Examples of such conditions are physiological tinnitus, phantom noises, Spontaneous auto acoustic emissions (SOAE) etc.

Discussion on *Ghranendriya* or *Ghrana* (Smell perception)

The *Arista* in *Ghraana* includes patients who perceive good or virtuous and bad or unvirtuous fragrances in contrary or does not perceive any smell at all (*Viparyayena yo Vidhyat Gandhanam Sadhvasaadutam, navaataan Sarvasho*).^[6] It may be due to damage to olfactory nerve. Such conditions are Hyposmia, Parosmia, Cacosmia, Anosmia etc.

Discussion on *Rasanendriya* or *Rasana* (Taste perception)

Rasana includes absence of *Swaabhavika Jnana* of *Rasanendriya* and *Viparyaya Jnana*.^[6] Any problem to glossopharyngeal nerve can cause opposite taste perception. Such conditions are ageusia, hypogeusia, dysgeusia, parageusia, phantogeusia etc.

Discussion on *Sparshanendriya* or *Sparshana* (Touch perception)

Sparshana is the most relevant *Indriya* (sense organ) by which *Indriya Jnana* (sense of perception) and *Viparyaya Jnana* (opposite perception) are attained.^[2] If the person by touching the touchable things or objects having attribute like hot-cold, coarse-smooth, and soft-hard feels those in contrariety (*Ushnasheetan Kharaschlakshnaanmridunapi cha Daarunaan, Sprishyan Sprishtva tato Anyatvam*)^[2] then such conditions should be considered as the bad prognosis by touch perception. Such conditions are Dysesthesia, Paresthesia, Allodynia, Lack of tactile discrimination ability, Extra sensory perception (ESP), Altered states of consciousness (ASC), Hallucinations, Mental imagery, Phantom perception, Neuroplasticity, Synesthesia etc.

Discussion on the observations and results

From the survey, domains such as *Varna*, *Swara*, *Gandha* and *Sparsha* (what we examine in patient except *Rasa*, which can't be examined by us) have a majority positive outcome as the nurses recognized the changes in these four factors in a patient nearing to their end life. Approximately 70% of observed changes were related to *Varna* (complexion), 84.4% to *Swara* (voice changes), 54.5% to *Gandha* (odor changes), and 81.8% to *Sparsha* (touch changes). These findings indicate that more than half of the nurses actively monitored and identified alterations in these four aspects in dying patients. Regarding the next five domains- sensorial perceptions such as *Cakshu* (visual), *Shrotra* (auditory), *Ghraana* (olfactory), *Rasana* (gustatory), and *Sparshana* (tactile,

as expressed by the patient)- all except *Cakshu* (visual perceptions) had responses below 50% among patients nearing the end of life. Specifically, positive responses for *Cakshu* were 51.9%, for *Shrotra* (auditory perceptions) 48.1%, and for *Ghraana*, *Rasana*, and *Sparshana* (olfactory, gustatory, and tactile perceptions) 39%. This indicates a stronger positive response from nurses in assessing sensory changes than in interpreting the sensorial perceptions of dying patients.

The tenth and final question of the survey was optional, asking for any additional information or insights regarding the nurses' views or observations on the topic. Out of the 77 nurses, 45 responded to this question. Several interesting comments emphasized the significance of observing *Arishta lakshanas* in patients, noting that these signs observed by the healthcare provider hold greater importance than those reported by the patient. This is because a dying patient is often unstable and unable to clearly express their feelings or perceptions, with weakened senses and diminished awareness of their surroundings. One respondent notably commented, "Observe, observe, and observe every stage of the dying patient," highlighting the critical role of vigilant observation in end-of-life care, which literally implies the importance of *Rogi pareeksha*. Some of them commented about the importance of *Satwa* factor, that their emotional needs are not satisfied and most of the dying patient will accept the reality of their condition. Some others commented about the importance of *Rogee pareeksha* and importance of palliative care. That is to increase the quality of death by providing them comfort and care. Comfort in physical, mental, spiritual and emotional wellbeing. And these survey results expose the keen observations of the nurses also. They provide compassionate care to patients in their final stages, addressing not just the medical needs but also emotional and psychological support for patients and their families.

By better understanding and recognizing the signs of *Arishta Lakshanas*, nurses may experience less emotional stress in caring for terminal patients. This helps them to mentally and emotionally prepare for the end-of-life process, reducing feelings of helplessness and burnout that can arise when they feel unprepared for the death of a patient. The survey mainly contributed with nurse-driven insights into the observations and experiences of those closest to the patient. A survey focusing on nurses' observations of *Arishta Lakshanas* is highly relevant in improving patient care, particularly at the end of life. It supports better clinical practices, aids in the development of training programs, enhances communication across healthcare teams, and provides insights into cultural and individual variations in end-of-life care. Most

importantly, it ensures that nurses can better support their patients and families through the dying process, offering a higher quality of care and compassion in one of life's most critical stages.

CONCLUSION

Without *Arishta Lakshanas* no death occurs. *Arishta Lakshanas* will be evident in the form of any one of the forty-eight factors which are to be examined for *Aayu*. It is important in prognostication process, to prognosticate remaining survival time, in proper clinical decision making etc. *Aarogyaniketan* is a Bengali novel written by the renowned Bengali novelist Tarasankar Bandopadhyay, which narrates the life of Jeevan Masai Vaidya. In this novel, the arrival of *Maranadevatha* (death angel) is described based on sensory and sensorial perceptions: "She will also feel by the senses. He will wait carefully. Her voice, her appearance, her touch, her taste, he will perceive all clearly. If there is a form, you will see; if there is sound, you will hear; if she has the power of touch, you will feel that too." [7] This illustrates the ten primary domains or factors considered essential for documenting *Arishta Lakshanas* (signs of imminent death). These signs must occur before death, and they are both evident and practical.

Even though emergency care or critical care is not much developed in Ayurveda, there is a need to have a basic knowledge to know when to refer the case to tertiary centers to avoid medical negligence. Charaka placed *Indriya Sthana* before *Chikitsa Sthana* by aiming at that, whom to treat and whom not to treat which implies the importance of prognostication process, prognostication of remaining survival time/life expectancy, proper clinical decision making. From the survey, it can be concluded that physician observation is important than the patient perceptions (i.e. more than 50% changes are observed by nurses in *Varna*, *Swara* etc and less in case of perception by the dying patient). Which directly implies the importance of *Rogee Pareeksha*/observation skill of physician. *Apoorva Vaidya* (unique physician) is one who eradicates *Anupakrama Vyadhis* (diseases caused by lack of proper intervention). *Anupakrama Vyadhi*, which includes *Outsukya*, *Moha*, *Aratikrit* (discontent caused by ineffective treatment), and *Drishta Rishta* (observed unfavorable signs). [8] This highlights the critical role of *Apoorva Vaidyas* in treating such diseases, requiring sharp observation skills and sound clinical decision-making.

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