



Review Article

AN APPRAISAL ON ARISHTA LAKSHAN OF MAHAGADA IN BRIHATRAYEE

Pawan Kumar Tripathi¹, Rajeev Kumar Singh^{2*}, Neelam Gautam¹, Risabh Rawat¹

¹PG Scholar, ²Professor, Department of Ayurveda Samhita Evam Siddhant, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar (U.K.), India.

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ABSTRACT

Ayurveda offers therapeutic approaches and unique prognostic framework. The *Brihatrayee* classify certain incurable conditions as *Mahagadas*. These include *Kustha*, *Prameha*, *Rajyakshma*, *Udara*, *Apasmara*, *Arsha*, *Bhagandar*, *Ashmari*, *Mooda Garbha*, *Grahani*, *Sopha*, *Vatavyadhi* and *Atatvabhinivesha*. These are marked by *Tridosha* vitiation, *Dhatu* depletion, *marma* involvement, and poor prognosis. Ayurveda delineates *Arishta Lakshanas*- ominous signs that signal incurability. Physical indicators include therapy-resistant wounds, persistent oedema, emaciation, hemorrhage, fistulae, and loss of digestive fire (*Agni mandya*). Mental omens manifest as symbolic dreams: appearing naked, witnessing crimson skies, or ghostly dances. Such signs reflect systemic decline and the futility of aggressive interventions. *Acharya Charaka* emphasizes incurability in internal medicine, *Acharya Sushruta* highlights surgical limitations, while *Acharya Vagbhata* synthesizes both. These prognostic markers serve a vital utility, which guide physicians to triage wisely, avoiding futile *Shodhana* (purification therapies) and shifting toward palliation, ethical care, and resource conservation. *Vata's* pervasive role intensifies the difficulty of managing disorders like *Vatavyadhi*. This framework demonstrates Ayurveda's foresight- integrating clinical observation with philosophical depth. By recognizing incurable states, it ensures compassionate, holistic management, balancing therapeutic effort with realistic outcomes, and offering timeless relevance in addressing the burden of severe disease.

INTRODUCTION

From ancient times, mankind and development with time went holding hand in hand. Similarly, the manifestation of disease and its management protocol along with prognostication measures became big challenge to the physicians, preventing anticipatory steps towards maintaining overall health. But the science combining blends of philosophy, code of conduct for maintaining health, disease prognosis and therapeutic measures etc. was crafted long ago, popularized as Ayurveda. This holistic science paves a way of better health prior to disease management and drives the mankind towards achievement of *Purusharth Chatustya* by mean of healthy mind, body and soul.

Focusing over the health aspect of individual it elucidates the protocol in simpler yet scientific and structural way for disease prognosis and impending death due to disease by *Arishta Lakshan*.

Holding on to the epidemiological aspect of disease of that time as well as today's era, various fatal diseases are clubbed under the roof with different adjectives by *Acharyas* in their respective description. *Mahagada*, *Maharoga*, *Mahavyadhi*, *Nindit Vyadhi*, *Achikitsya Vyadhi*, *Mahamula Vyadhi* etc., are used in relative context denoting disease with incurable states. These concepts highlight the foresightedness of the *acharyas* towards welfare of mankind to keep him healthy in all stages of life with or without disease.

Arishta definition as per different texts:

1. Boding misfortune (as bird of ill omer).[1]
2. *Arishta* stands for an indication of a bad prognosis as well as death of an individual.[2]
3. Signs and symptoms indicating death for sure is called as *Arishta*.[3]
4. Predecessor of death to patient.[4]

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5. They are definite sign of oncoming death (fatal sign).^[5]
6. Indicate death coming in future.^[6]
7. A sign or symptom which indicates sure death in near future (grave character).^[7]
8. These are signs produced by *dosas* pervading throughout body and surpassed the remedial measures^[4].
9. The sign of person who is losing his life.^[8]

Acharyas have also explained the time boundaries of various *Lakshans* in specific aspect relating unscripted fruitful within 1 year of time frame in general in unspecified state. These symptoms are the essential tools of prognosis for disease management.

In order of disease description adjectives like *Mahagad* is availed for incurable diseases commonly eight in number but with difference in disease composition is seen by various *Acharya's*. These adjectives used in combine or separate for disease hold significance as per *Acharya's* in different context but relate to incurable states of disease by all.

Mahagada definition and synonym:

➤ **Mahagada**– Used by *Acharya Charak* and *Acharya Sushruta*, whereas *Acharya Dalhan* explains about it in commentary as:

महागदा इति मारणात्मकत्वादसाध्यत्वाच्च महत्त्वमेषामिति |^[9]

➤ **Maharoga**– Used by *Acharya Vagbhatta*^[10] and *Adhyamal*^[11].

➤ **Mahamula Vyadhi**- Used by *Acharya Chakrapani*¹²

➤ **Mahavyadhi**– Used by *Acharya Dalhan*¹³ and many more such adjectives are mentioned within literature.

On viewing the gross description regarding fundamental concept of *Mahagada*, very less illustration in *Brihatrayee* as well as by the respective commentator writing. But as per concise description of disease most of them are deadly and incurable imperative disease from onset.

On reviewing the broader aspect of description disease are separately designated with entitlement like in *Charak Samhita Attatvabhivesha* and in *Raktipitta* description *Mahagada*, *Mahavegam*^[11] etc is also availed. Whereas in *Sushruta Samhita*, specific clubbing of eight disease is categorized under the same. Also, *Mahavyadhi* is designated to *Halimak* by *Acharya Charak*, highlighting its incurable state.

Table 1: Mahagada as per different Acharyas

S.No.	<i>Acharya Susruta</i> ^[14]	<i>Acharya Charak</i> ^[15]	<i>Acharya Vriddha Vagbhatta</i> ^[18]	<i>Acharya Laghu Vagbhatta</i> ^[19]	<i>Acharya Gangadhar commentary on Charak Samhita</i> ^[20]
1	<i>Vatavyadhi</i>	<i>Vatavyadhi</i>	<i>Vatavyadhi</i>	<i>Vatavyadhi</i>	<i>Vatavyadhi</i>
2	<i>Kustha</i>	<i>Kustha</i>	<i>Kustha</i>	<i>Kustha</i>	<i>Kustha</i>
3	<i>Prameha</i>	<i>Madhumeha</i>	<i>Meha</i>	<i>Meha</i>	<i>Madhumeha</i>
4	<i>Udara</i>	<i>Udara</i>	<i>Udara</i>	<i>Udara</i>	<i>Udara</i>
5	<i>Arsha</i>	<i>Gulma</i>	<i>Gulma</i>	<i>Arsha</i>	<i>Gulma</i>
6	<i>Bhagandar</i>	<i>Shopha</i>	<i>Raktipitta</i>	<i>Bhagandar</i>	<i>Raktipitta</i>
7	<i>Ashmari</i>	<i>Apasmara</i>	<i>Apasmara</i>	<i>Ashmari</i>	<i>Apasmara</i>
8	<i>Moodgarbha</i>	<i>Rajayakshma</i>	<i>Kshaya</i>	<i>Grahani</i>	<i>Rajayakshma</i>
		<i>Madya prasang</i> ^[16]			
		<i>Attatvabhinivesha</i> ^[17]			

On comparing the disease in total 4 diseases *Vatavyadhi*, *Kustha*, *Prameha* and *Udara* are mentioned by all the. This comprises of in total 15 diseases including *Atattvabhinivesha* among *Mahagada*. These dreadful diseases and their prognostic measures were crucial to the *Acharya's* therefore without any advanced tool with just keen observation and interpretation physicians and great sages have enlisted specific as well as general impending death signs for these diseases. These signs on gross observation specific to disease are mentioned within triad of *ayurveda* are enlisted as follows:

Table 2: Disease designated with Mahagada and their respective Arishta lakshan

S.No.	Name of Disease	Arishta Laksha	
		<i>Swapna Vishayak</i>	<i>Vyadhi Vishesh</i>
1.	<i>Kustha</i>	a. Being naked and oleation over entire body. b. Giving offering to sacred fire	a. Wound formation or increase in it with small or hard sensation with sharp object or other, even after appropriate therapeutic measures wound

		<p>without flames and developing lotus flower over chest region during it.</p> <p>c. b. Drinking oil in dream</p>	<p>do not heal.</p> <p>b. Red eyes, <i>Swarbheda</i>, suffering from thirst and diarrhoea, wound are infected with <i>Jantu</i>.</p>
2.	<i>Prameha</i>	<p>a. Consuming various types of unctuous substance in company of man of lowest and most despised tribe (<i>Chandala</i>).</p> <p>b. Patient of <i>Prameha</i> and diarrhea drinking water.</p>	<p>a. After bath and anointing perfumes over body flies still attracts towards him.</p> <p>b. Association of complication like too much urination and troubled too much by eruptions.</p> <p>c. Thirst, burning sensation, putrefaction of muscles and diarrhoea like complication are developed.</p>
3.	<i>Gulm</i>	<p>a. Hard and thorny creepers have risen in heart in dreams.</p> <p>b. Sees plant growing in abdomen and or head with headache.</p> <p>c. As though thorny creepers, palm or bamboo tree has grown from his heart.</p>	<p>a. Colic pain, abdominal distension, gurgling sound in intestine, discolouration of nails and other body parts, excessive debility.</p> <p>b. Disease accompanied with dyspnoea, pain in abdomen, severe thirst, aversion of food, absence of movement of tumour and debility.</p> <p>c. Of large size, stony hard, elevated like tortoise shell, studded with prominent veins, cough, nasal catarrh, swelling, fever, vomiting, hiccup, tympanitis.</p>
4.	<i>Rakta pitta</i>	<p>a. Wearing red garlands and his whole body is tinted red and is dresses in red garments, laugh frequently and is dragged by a women</p> <p>b. Drinking blood</p>	<p>a. Sees that sky is nearby and it looks like a red dyed cloth.</p> <p>b. Vomiting of blood frequently, red coloured eyes and sees space around as red in colour.</p> <p>c. Blood of colour such as red, black, bright, rainbow, coppery, yellow or green coming out from hair follicles; blood accumulating in throat, region of heart and mouth; blood not staining the cloth, person having anemia, fever, vomiting, cough, swelling and diarrhoea.</p>
5.	<i>Rajyakshma</i>	<p>a. Travelling to south direction on dog, camel or donkey.</p> <p>b. Consumed alcoholic beverages in company of ghost or is dragged by dogs to south.</p> <p>c. Friendship with monkey</p> <p>d. Going towards west riding on buffalo, horse, boar, camel or donkey.</p>	<p>a. In diseased individual if strength decreases and coryza increases with indulgence in sex</p> <p>b. Body part shine at its terminal, emaciating and gradual decrease in strength</p> <p>c. Burning sensation in shoulder region, hematemesis, suffering from hiccup, abdominal distension and pain in the flank</p> <p>d. White coloured eyes (lustrous), hatred towards food, prominent expiration and frequent micturition.</p> <p>e. Pain in flanks, flatulence, vomiting of blood and burning sensation at the back of shoulders.</p>
6.	<i>Udar Roga</i>	---	<p>a. Associated with complications such as aversion to food, oedema, diarrhoea, splitting pain in flank, abdomen getting filled again even after purgation.</p> <p>b. Debilitated person associated with suppression of urine and faeces, oedema, dyspnoea, hiccup, fever, giddiness, diarrhoea and vomiting; eyes are swollen, penis is curved, body and skin are moist, abdomen getting enlarged again and again even after purgation.</p>
7.	<i>Apasmaar</i>	<p>a. Holding upside down while Dancing in intoxicated state by soul of dead man.</p>	<p>a. Perceives non-existent darkness and also hear many and varied non-existent sounds in fully awakened state.</p>

		b. Moving with ghost c. Dreams of dancing and being carried away by the dead.	b. Frequent fainting, has unsteady brows, emaciated greatly and makes abnormal movement of eyeballs.
8.	<i>Arsha</i>		a. Accompanied with loss of taste, abdominal pain, thirst, copious bleeding, oedema and diarrhoea. b. Oedema in hands, feet, rectum, umbilicus, face and scrotum; pain in region of heart, flanks and other part of body, ulceration of rectum, fever and vomiting.
9.	<i>Bhagandar</i>		a. Urine, faeces, flatus, worms and semen are coming out through it. b. Worms are present; urine, faecal matter and flatus is coming out through it.
10.	<i>Ashmari</i>		a. Accompanies profound swelling of scrotum and umbilicus region, severe pain, obstruction of micturition and elimination of urinary gravel. b. Swelling of scrotum, obstruction of urine and pain.
11.	<i>Mudagarbh</i>		Obstruction of the uterus, post-partum pain, constriction of vagina complication association
12.	<i>Vata Vyadhi</i>		a. Accompany complications such as loss of tactile sensation, frequent tremors, oedema, flatulence and pain. b. Loss of sensation in skin, having tremors, body is bent, swelling and pain.
13.	<i>Shopha</i>		a. Weak person gets fever and diarrhoea after the subsidence of oedema. b. Relieving from diarrhoea and fever, manifestation of oedema lead to death. c. Unspecified swelling without any disease commencing from the feet in male and from face in female also commencing from genitals of both lead to death. d. Fever, diarrhoea and oedema complicating with each other in man of low strength and muscle. e. Burning sensation, anorexia, drowsiness, vomiting, fainting, flatulence and many complications; swelling having radial lines, exudation, vomiting, fever, dyspnoea and diarrhoea.

Concise indication of disease specific symptoms showing poor prognosis of disease are listed within the table, but peculiarities for *Atatavabhinivesha* and *Grahni* regarding *Arishta* are not found within textual inscription directly. Whereas when we dive deeper in the understanding of *Atatavabhinivesha*, *Acharya Charak* characterized it by difficulty in distinguishing reality from illusion, frequently leading to delusion, obsessions and paranoia. These characteristics are overall included within description of *Arishta*, which covers both mental and physical distress within body characters like complexion, voice, smell, taste, touch, eyes, ears, nose, tongue, skin, mind, desire, purity, conduct, memory, shape, nature etc.

OBSERVATION AND DISCUSSION

These description of *Mahagada* is a profound reflection of the classical physicians attempt to categorize diseases that were considered extremely difficult to cure, often associated with poor prognosis, morbidity, and mortality. Although the references are scattered across the major compendia, the idea consistently emphasizes the gravity of certain conditions that challenge therapeutic success. The term itself conveys the notion of "great affliction," highlighting the seriousness of these disorders in both clinical and philosophical dimensions of Ayurveda.

A notable distinction arises in the way different *Acharyas* approached *Mahagada*. *Sushruta*, with his surgical orientation, emphasized incurable or hardly

curable diseases from the perspective of *Shalyatantra* (surgical science). In contrast, *Charaka*, rooted in *Kayacikitsa* (internal medicine), listed conditions that were therapeutically resistant in the realm of medical management. Later texts such as *Aṣṭāṅga Sangraha* and *Aṣṭāṅga Hṛidaya* reflect a synthesis of these views- aligning with *Charaka* in *Śharirasthana* and with *Sushruta* in *Nidanasthana*. This duality suggests that the perception of severity and incurability varied depending on the dominant medical challenges of the time.

Acharya Charaka further elaborates that decline in *Bala* (strength) and *Mamsa Dhatu* (muscle tissue), along with the manifestation of *Ariṣṭa Lakṣaṇas* (fatal signs), mark the progression of these dreadful diseases in general.

Kuṣṭha represents a severe, *Tridoṣaja* skin disorder with systemic spread and poor curability. Its *Ariṣṭa lakṣaṇas*- symbolic dreams and refractory clinical features- serve as clear indicators of incurability (*Asadhyatva*). These signs enable Ayurvedic physicians to stratify prognosis, avoid futile interventions, and prioritize palliation and supportive care in alignment with classical wisdom

Prameha is also chronic *Tridoṣaja* disorder rooted in the *Basti*, making it difficult to cure and prone to severe complications. Clinically, it presents with excessive *Mutra* (urination), thirst, *Daha* (burning), *Mamsa-kṣaya* (muscle wasting), and recurrent *Pidakas* (abscesses), while ominous signs like flies swarming the perfumed body indicate putrefaction. Symbolic dreams of unctuous intake with despised tribes or drinking water during diarrhoea further mark incurability. Together, these features highlight profound metabolic derangement and systemic decay, guiding physicians to recognize *Asadhyatva* and focus on palliation rather than futile *Shodhan* therapies.

Gulma and *Mahavatavyadhi* both exemplify the incurable nature of severe *Vata*-dominated disorders. *Gulma* arises from *Vata* obstructing *Srotas* to form chronic, *Arbuda*-like swellings in *Marmas* such as *Hṛidaya*, *Nabhi*, *Basti*, and *Parshwa*, progressing to stony hardness, systemic debility, and ominous dreams of thorny creepers- clear *Ariṣṭa lakṣaṇas* of incurability. *Sannipataja gulma* further signals *Asadhyatva* through excruciating pain, rapid tissue sloughing, and collapse of *Manas*, *Sharira*, *Agni*, and *Dhatu-poshaṇa*, rendering *Shodhan* futile. Similarly, *Mahavatavyadhi* encompasses major neuro-muscular and musculo-skeletal conditions like *Vatarakta*, *Pakṣaghata*, and *Ardita*, all rooted in *Dhatu-kṣaya* and *Ojas* depletion. Because *Vata* is *Sarvatantra-dhara*-pervading and governing all bodily functions- its disturbance, especially in vital *Marmas* such as *Siras*, *Hṛidaya*, *Basti* and *Guda*, transforms these conditions

into *Maharogas* with *Dusthuratva*. Together, they highlight how *Vata's* imbalance, compounded by late-stage tissue depletion, serves as the most decisive factor in chronicity, systemic collapse, and incurability.

Raktapitta is a sudden, fiery haemorrhagic disorder where vitiated blood loses clotting capacity and oozes uncontrollably from multiple orifices, causing systemic devastation with anaemia, fever, oedema, diarrhoea, and multi-coloured discharges. Ominous dreams of red garlands, blood-drinking, or crimson skies mark incurability, as unstoppable bleeding and tissue corrosion overwhelm therapies, demanding urgent triage and palliative care.

Arsha, *Bhagandara*, *Ashmari* and *Grahaṇi* share a common thread of *Tridoṣaja* origin, *Marma* involvement, and *Srotorodha*, which makes them inherently difficult to cure and often only manageable through palliation. *Arsha* arises from simultaneous aggravation of all three *Doṣas* in the *Gudavalis*, compounded by disturbance of the five *Vayus*, leading to rectal bleeding, oedema, ulceration, and systemic debility. *Bhagandara* similarly, manifests as deep-seated fistulous tracts in the pelvic region and rectum, discharging multiple substances through abnormal channels, with *Sannipataja* and *Kṣhataja* forms explicitly marked as incurable. *Ashmari* develops when *Kapha* mixes with urine and stagnates in the *Basti*, forming obstructive stones that cause severe colicky pain, urinary obstruction, and recurrent stone formation, while *Grahaṇi* reflects chronic *Agni-vaishmya* in the gut, producing alternating stools, malnutrition, and systemic decline.

Comparatively, all these conditions highlight incurability through early *Tridoṣaja* onset, *Marma-asrit* pathology, and persistent systemic morbidity. *Arsha* and *Bhagandara* emphasize rectal and pelvic complications with high recurrence even after surgical intervention, *Ashmari* underscores the hazardous nature of *basti* involvement with repeated obstruction, and *Grahaṇi* illustrates the slow but fatal trajectory of digestive fire derangement. Together, they demonstrate how Ayurveda classifies such disorders as *Mahagadas* or *Kṛicchra-sadhya* states, where *Ariṣṭa lakṣaṇas*- persistent symptoms, systemic wasting, and ominous signs- guide physicians to avoid futile radical therapies and instead prioritize palliation, cautious intervention, and long-term management.

Udara is considered *Dusthura* (very difficult to cure) because it reflects deep *Agni* dysfunction and irreversible *Srotorodha*. Clinical features such as anorexia, oedema, diarrhoea, recurrent abdominal enlargement, flank pain, and systemic wasting highlight chronic *Mandagni* and fluid imbalance. Since both *Shodhan* and *Shaman* fail to restore digestion and *Dhatu* formation, persistent swellings and complications like ascites or dyspnoea serve as grave

prognostic markers, classifying *Udara* as a terminal or refractory condition rather than a curable digestive disorder.

Muḍa Garbha is a dangerous obstetric condition where the foetus gets stuck in the birth passage due to vitiated *Apana vayu*, causing severe pain and fainting in the mother. Ordinary treatments are ineffective, and survival of both mother and child depends on skilled manual removal using delicate techniques like pulling forward, pulling back, or straightening the foetus without injuring vital organs. Because it involves simultaneous aggravation of all three *Doṣas* and critical anatomical regions, it is considered one of the most difficult and life-threatening conditions in Ayurveda, where success relies entirely on the physician's expertise and timely intervention.

Rajayakṣma, *Sopha* and *Apasmara* are all described as grave conditions with strong markers of incurability. *Rajayakṣma*, the "king of diseases," chronically depletes all *Dhatu*s and *Ojas*, leading to emaciation, wasting, and systemic decline, where even mild purification becomes risky. Its *Arishta lakṣaṇas*-dreams of southward beast-travel or ghostly associations- signal terminal progression. *Sopha*, meanwhile, often appears in the advanced stages of other complex diseases, marking deep systemic imbalance and serving as a clear indicator that the underlying pathology is incurable or only manageable through palliation.

Apasmara represents a dreadful *Mahagada* of neuro-psyche collapse, with ghostly dreams, fainting, abnormal eye movements, memory loss, and severe debility. Its chronic or *Sannipataja* forms are explicitly described as *Asadhya*, with fatal signs such as frequent, long-standing episodes and extreme weakness. Together, these conditions highlight how both mental omens (dreams, visions) and physical decline (emaciation, oedema, collapse of *Dhatu*s and *Manas*) serve as decisive prognostic markers, guiding physicians to recognize incurability, avoid aggressive therapies, and focus on cautious, supportive, and palliative care.

In all other *Mahagadas*, the primary pathology is marked by *Prāṇa-mamsa-bala-kṣhaya*; however, in *Atatvabhinivesha* even this gross *Dhatu-kṣhaya* is not explicitly described, although Acharya *Charaka* still classifies it as a *Mahagada*. The underlying reason appears to lie in the profound mental derangement: *Budhi-smṛti-nasa* or *Hrasa* (loss or impairment of intellect and memory), which renders the person unable to distinguish between good and bad or to perceive reality correctly. Because such a loss of discriminative capacity destroys the individual's ability to lead a meaningful life, it is equated with personal ruination, in line with the Bhagavad Gita's teaching

that when *Smṛti* and *Buddhi* are destroyed, the individual "perishes." Thus, despite the absence of overt *Prana-mamsa-bala-kṣhaya*, the deep, incurable degeneration of the mind and cognitive faculties in *Atatvabhinivesha* justifies its inclusion among the *Mahagadas*.

CONCLUSION

In the classical discussion, the foremost characteristics of these incurable disease conditions can be synthesized into a coherent scientific description. They are defined by chronicity, manifesting as long-standing and persistent disorders with a tendency toward recurrence and permanence. A hallmark feature is *Balamamsakṣaya*, the progressive diminution of physical strength and musculature, often accompanied by physiological derangements such as *Vata* dominance, suppression of *Agni* (digestive fire), and *Sannipata* involvement of all three *Doṣas*. Their incurability is further underscored by the frequent emergence of *Upadravas* (complications), which aggravate the disease course. These conditions typically affect vital organs and *Marmas*, with their site of origin or manifestation located in *Jivatadhamas* (life-sustaining regions), thereby intensifying their severity. They often demand intensive interventions, including surgical measures, as palliative care alone proves insufficient. In many cases, they exhibit a syndrome nature, encompassing clusters of related pathological states, and may be hereditary or congenital in origin. Importantly, their trajectory can culminate in rapid fatality following onset, highlighting their grave prognosis and the necessity for comprehensive therapeutic strategies.

The discussion across these classical conditions emphasizes the decisive role of *Arishta Lakṣaṇas*-ominous prognostic signs- in determining incurability and guiding physicians toward palliation rather than futile interventions. In diseases like *Kuṣṭha*, *Prameha*, *Gulma*, *Raktapitta*, *Rajayakṣma*, *Udara*, *Apasmara*, *Arsha*, *Bhagandara*, *Ashmari*, and *Muḍa Garbha*, physical markers such as therapy-resistant wounds, parasite infestation, haemorrhage, emaciation, oedema, fistulous discharges, urinary obstruction, and obstetric blockage reveal systemic collapse and refractory pathology. Alongside these, mental omens expressed through symbolic dreams- nudity, flameless oblations, crimson skies, ghostly associations, thorny creepers, or dancing with the dead- mirror profound derangement of *Manas* and *Agni*, reinforcing the incurable nature of these conditions.

Equally, *Grahani*, *Sopha* and *Mahavatavyadhi* highlight the centrality of *Vata* in chronicity and incurability. Deranged *Agni* and *Srotorodha* in *Grahani* and *Sopha* create long-lasting morbidity, while *Mahavatavyadhi* underscores *Vata's sarvatantra-dhara* role, where its disturbance leads to *Dhatu-kṣhaya*, *Ojas*

depletion, and severe neuro-muscular collapse. Because *Vata* is swift, independent, and pervasive, its imbalance transforms conditions into *Maharogas* with *Dusthuratva*, making control of *Vata* central to prognosis and management. Collectively, these descriptions show how Ayurveda integrates physical decline and mental omens into a dual diagnostic framework, enabling physicians to stratify prognosis, conserve resources, and prioritize compassionate palliation in alignment with classical wisdom.

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*Address for correspondence

Dr. Rajeev Kumar Singh

Professor

Department of Ayurveda Samhita Evam Siddhant

Patanjali Bhartiya Ayurvigyan Evam

Anusandhan Sansthan, Haridwar (U.K.)

Emai: dr.rajeevsingh@live.com

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