



INDRIYA ARISHTA IN CHARAKA SAMHITA: A CRITICAL CONTEMPORARY INTERPRETATION OF SENSORY AND PERCEPTUAL ABNORMALITIES

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Article DOI: <https://doi.org/10.36713/epra31403>

DOI No: 10.36713/epra31403

ABSTRACT

Indriya Arishta represents an important component of prognostic assessment in Ayurveda. The fourth chapter of *Indriya Sthana* of *Charaka Samhita*, *Indriyanikam Indriyam*, describes abnormalities involving the five sensory faculties and considers several unexplained alterations in sensory perception as ominous signs associated with impending death. This review critically analyses these manifestations and explores their possible relevance in contemporary clinical practice. A qualitative critical literary review was undertaken using *Charaka Samhita* with *Ayurveda Dipika* commentary of Chakrapani as the primary source. Relevant descriptions from *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha* and *Bhela Samhita* were consulted for comparative understanding of the Ayurvedic concept of *Arishta*. Contemporary literature concerning visual, auditory, olfactory, gustatory and somatosensory abnormalities was also reviewed. The manifestations were classified according to *Chakshu*, *Shrotra*, *Ghrana*, *Rasana* and *Sparshana*. The descriptions demonstrate qualitative and quantitative alterations in sensory perception, including abnormal colour perception, perception without an appropriate external stimulus, altered auditory perception, distorted smell and taste, and reversal of thermal and tactile sensations. Several manifestations show phenomenological similarities with contemporary sensory and perceptual disorders such as visual hallucination-like phenomena, anosmia, parosmia and dysgeusia. However, these similarities do not establish direct diagnostic equivalence. The classical purpose was prognostic, whereas contemporary practice requires identification of the underlying cause before assigning prognostic significance. Thus, *Indriya Arishta* may provide a framework for systematic sensory assessment while retaining its classical prognostic interpretation.

KEYWORDS: *Indriya*, *Arishta*, *Charaka Samhita*;

INTRODUCTION

Ayurveda gives importance to systematic examination of the patient for diagnosis, prognosis and treatment planning. The sensory faculties, collectively described as *Indriya*, provide essential information regarding interaction between the individual and the external environment. Abnormalities in their function may therefore carry clinical significance. *Charaka Samhita* devotes a separate section, *Indriya Sthana*, to prognostic assessment, in which alterations of sensory perception constitute an important group of *Arishta Lakshana*.¹

The fourth chapter, *Indriyanikam Indriyam*, describes abnormalities involving all five sensory faculties, namely *Chakshu*, *Shrotra*, *Ghrana*, *Rasana* and *Sparshana*. The text includes both loss and distortion of sensory perception and gives particular importance to abnormalities occurring without an appropriate cause.¹ Chakrapani explains that recognition of *Arishta* is important before treatment because the physician should determine whether a condition is amenable to treatment or is *Asadhya*.²

In the present era, however, sensory abnormalities are generally approached as clinical findings requiring confirmation, localisation and identification of their underlying cause rather than as independent indicators of impending death. This review therefore examines the classical descriptions and

explores how their observational principle may be applied in contemporary clinical practice without equating classical *Arishta* directly with modern disease entities.

Aim

To critically analyse *Indriya Arishta* described in *Charaka Samhita* and explore its contemporary clinical relevance.

Objectives

1. To classify the *Indriya Arishta* described in *Indriyanikam Adhyaya* according to the five sensory faculties.
2. To analyse their classical interpretation with reference to *Ayurveda Dipika*.
3. To compare the classical manifestations with contemporary sensory and perceptual abnormalities.
4. To examine their potential practical application in present-day clinical assessment.

MATERIALS AND METHODS

- **Design:** Qualitative critical literary review.
- **Primary source:** *Charaka Samhita*, *Indriya Sthana*, *Indriyanikam Indriyam Adhyaya* 4/1-27.¹



- **Commentary:** *Ayurveda Dipika* of Chakrapani was used for textual interpretation of *Arishta* and prognostic significance.²
- **Comparative sources:** *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha* and *Bhela Samhita* were reviewed for comparative Ayurvedic perspectives.³⁻⁶
- **Contemporary literature:** Relevant biomedical literature on sensory and perceptual abnormalities was reviewed for contemporary correlation.⁷⁻¹²
- **Analysis:** Manifestations were classified under *Chakshu*, *Shrotra*, *Ghrana*, *Rasana* and *Sparshana* and compared with contemporary clinical descriptions without assuming direct diagnostic equivalence.

RESULTS

Classical Basis of *Indriya Arishta*

The chapter begins by advising the physician to examine the *Indriya* when attempting to determine the remaining lifespan of an individual.¹ The text states that the *Indriya* themselves are beyond direct perception and are therefore assessed through inference based on their functional manifestations. Chakrapani explains that the physician identifies the abnormal manifestations of the *Indriya* and uses them in prognostic assessment.²

The chapter also establishes an important principle concerning causation. An abnormal sensory experience is particularly significant when it occurs without an appropriate external or physiological cause.² Thus, the classical approach is not simply a recognition of sensory abnormality but an assessment of whether the abnormality can be explained by an identifiable cause.

1. *Chakshurindriya Arishta*

The visual faculty receives the most extensive description in the chapter. The text describes perceiving the sky as solid and the earth as empty like the sky, seeing wind as an object of vision and perceiving fire with abnormal characteristics.¹ It further describes seeing extraordinary objects while awake and perceiving abnormal colours, forms, numbers and brilliance.

The chapter also describes seeing objects that are not present and failing to see objects that are actually present.¹ These findings represent disturbances in the relationship between external visual stimuli and perceived experience. Contemporary literature recognises that visual hallucinations and related perceptual abnormalities may occur in ophthalmological, neurological, toxic, metabolic and psychiatric conditions.⁷⁻⁹

2. *Shrotrendriya Arishta*

The auditory manifestations include hearing sounds in the absence of an appropriate external stimulus and failure to perceive existing sounds.¹ These descriptions indicate that the classical authors recognised both excessive or inappropriate auditory perception and diminution of auditory perception.

In contemporary practice, similar complaints require differentiation between conductive or sensorineural hearing impairment, tinnitus and other auditory perceptual disturbances. The clinical significance depends on the onset,

duration, associated neurological features and identifiable cause.

3. *Ghranendriya Arishta*

The chapter describes reversal of the perception of pleasant and unpleasant smells and complete inability to recognise smell.¹ These represent qualitative and quantitative changes in olfactory function. In contemporary terminology, distortion of an existing smell may be described as parosmia, while complete loss of smell is anosmia.⁸⁻¹⁰ Modern literature recognises olfactory dysfunction in post-infectious states, sinonasal disorders, trauma and neurological conditions.⁸⁻¹⁰

4. *Rasanendriya Arishta*

The text describes inability to recognise taste or failure to perceive taste according to its actual nature.¹ The mention of *Mukhapaka* in the commentary is important because it provides an identifiable explanation for altered taste perception.²

Contemporary taste disorders include dysgeusia, ageusia and hypogeusia. Dysgeusia may occur due to oral conditions, medication effects, infections, nutritional abnormalities, neurological disorders and systemic disease.^{11,12} Therefore, the classical description provides an important example of why the cause of a sensory disturbance should be considered before assigning prognostic significance.

5. *Sparshanendriya Arishta*

The tactile descriptions include perception of hot as cold, rough as smooth and soft as hard.¹ These are qualitative alterations rather than simple loss of sensation. Contemporary neurological examination similarly evaluates temperature, touch and other sensory modalities to identify abnormalities in peripheral nerves, spinal pathways or central nervous system structures.¹³

DISCUSSION

Indriyanika Adhyaya presents more than sensory loss; it describes qualitative and quantitative abnormalities in the perception of the five *Indriya*. The physician was expected to recognise deviations from normal sensory experience and interpret them in relation to the overall clinical condition.¹

In *Charaka Samhita*, unexplained sensory abnormalities are described as *Arishta* and are associated with impending death.¹ Chakrapani emphasises the importance of recognising *Arishta* before treatment to distinguish *Sadhya* from *Asadhya* conditions.² A similar prognostic approach is described in *Sushruta Samhita* through *Panchendriyarthavipratipatti Adhyaya*, while *Bhela Samhita* also discusses sensory abnormalities within *Indriya Sthana*.^{3,6} Thus, sensory assessment represents a broader principle of classical Ayurvedic prognostication.

The major difference in the present era is the interpretation of these findings. Classical Ayurveda considered unexplained sensory abnormalities as prognostic signs, whereas contemporary medicine generally treats them as clinical manifestations requiring identification of the underlying cause. Therefore, the classical findings should not be interpreted as independent predictors of death in modern practice.

The visual descriptions under *Chakshu Arishta* include failure to perceive existing objects, perception of objects without an appropriate stimulus, and abnormal colour or form



perception.¹ These may show phenomenological similarities with visual perceptual disturbances and hallucination-like experiences described in contemporary medicine, which may arise from ophthalmological, neurological or metabolic causes.⁷⁻⁹ Similarly, *Shrotra Arishta* describes abnormal auditory perception and failure to perceive sounds, which may warrant differentiation between hearing impairment, tinnitus and other auditory disturbances.

The descriptions of *Ghrana* are particularly comparable with contemporary olfactory terminology. Perceiving a smell differently from its actual nature may be phenomenologically related to parosmia, while inability to perceive smell may correspond to anosmia.⁸⁻¹⁰ *Rasana Arishta* describes altered or absent taste perception, with *Mukhapaka* recognised as an identifiable cause in the classical explanation.² Contemporary taste disorders such as dysgeusia and ageusia likewise have multiple local, systemic and neurological causes.^{11,12} The *Sparshana* descriptions, such as perceiving hot as cold and rough as smooth, demonstrate qualitative sensory distortion and may be compared with abnormalities detected during modality-specific neurological sensory examination.¹³

A particularly useful principle for contemporary application is the classical emphasis on unexplained sensory abnormalities. Before assigning prognostic significance, the clinician should confirm the complaint, characterise its nature, identify possible causes and assess its severity and progression. For example, altered taste associated with an identifiable oral lesion should be interpreted differently from persistent unexplained taste distortion. The same principle applies to visual, auditory, olfactory and tactile abnormalities.

Thus, *Indriya Arishta* may be practically adapted as:

The contemporary application of *Indriya Arishta* may involve systematic observation and confirmation of sensory abnormalities, followed by characterisation, identification of the underlying cause, assessment of severity and progression, appropriate investigation or referral, and finally, prognosis based on the overall clinical context.

This preserves the classical emphasis on careful observation while avoiding unsupported direct mortality prediction.

The concept is particularly relevant to *Shalakya Tantra*, as *Chakshu*, *Shrotra*, *Ghrana* and *Rasana* represent important sensory domains encountered in clinical practice. Systematic documentation of changes in vision, hearing, smell and taste may facilitate early recognition of local, neurological or systemic disorders. However, modern terms such as anosmia, parosmia, dysgeusia and visual hallucination should be regarded only as phenomenological parallels, not as direct translations of *Ghrana Arishta*, *Rasana Arishta* or *Cakshus Arishta*.

The recurrence of sensory-based prognostic observations across *Charaka Samhita*, *Sushruta Samhita* and *Bhela Samhita* demonstrates the importance attributed to sensory function in classical Ayurveda.¹⁻⁶ Contemporary medicine likewise recognises sensory abnormalities as clinically informative manifestations of various disorders.⁷⁻¹³ Therefore, the contemporary relevance of *Indriya Arishta* lies primarily in its structured observation of abnormal sensory perception, with prognostic interpretation being determined by the complete clinical context rather than by the sensory finding alone.

LIMITATIONS

This qualitative literary review does not clinically validate *Indriya Arishta*. The contemporary correlations are phenomenological and should not be considered direct diagnostic equivalents. The prognostic value and mortality-predictive accuracy of individual *Indriya Arishta* remain unestablished and require prospective clinical evaluation.

CONCLUSION

Indriyanikam Indriyam of *Charaka Samhita* presents a detailed account of sensory abnormalities involving *Cakshu*, *Shrotra*, *Ghrana*, *Rasana* and *Sparshana*. The classical physician was expected to identify deviations in sensory perception and consider their prognostic significance, particularly when they occurred without an identifiable cause. Chakrapani further establishes the importance of *Arishta* assessment before therapeutic decision-making.

Several classical descriptions show phenomenological similarities with contemporary sensory disturbances, including altered visual perception, auditory abnormalities, anosmia, parosmia, dysgeusia and altered tactile perception. Nevertheless, these similarities should not be interpreted as direct diagnostic equivalences or as evidence that the classical signs independently predict death.

The contemporary relevance of *Indriya Arishta* lies primarily in its emphasis on careful observation of abnormal sensory perception. In the present era, the classical observation can be adapted into a structured clinical process involving confirmation, characterisation, identification of cause, assessment of severity and appropriate referral. The classical prognostic interpretation can be retained within Ayurvedic understanding, while contemporary diagnosis and prognosis should be determined through appropriate clinical assessment.

This integrated approach provides a balanced bridge between classical Ayurvedic prognostic knowledge and present-day sensory medicine and may be particularly relevant to the clinical practice of *Shalakya Tantra*.

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Table 1. Classification of Indriya Arishta and Contemporary Phenomenological Parallels

Indriya	Classical Manifestation	Possible Contemporary Parallel
<i>Cakshusha</i>	Seeing invisible objects, failure to see visible objects, abnormal colours, altered forms and brilliance	Visual perceptual disturbance, altered colour perception, hallucination-like phenomena
<i>Shrotra</i>	Hearing sounds without an appropriate source and failure to hear existing sounds	Auditory perceptual disturbance, hearing impairment
<i>Ghrana</i>	Pleasant smell perceived as unpleasant or vice versa; inability to perceive smell	Parosmia, anosmia, hyposmia
<i>Rasana</i>	Inability or incorrect perception of taste	Dysgeusia, ageusia, hypogeusia
<i>Sparshana</i>	Hot perceived as cold, rough as smooth, soft as hard	Altered thermal and tactile perception