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Analyzing Arishta Lakshanas In Context Of Ominous Symptoms: A Comprehensive Review

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Abstract

Ancient *Ayurvedic* texts such as the *Charaka Samhitha* and *SushruthaSamhitha*, which discuss various methods of examination such as *Prathyaksha* (sensual direct perception), *Yukti* (logic), *Anumana* (inference), etc. Under the general heading of *Arishtalakshanas* (Prognostic features), have greatly helped in making a diagnosis or speculating on a prognosis. The development of medical technology has completely changed how diagnoses are made, whether they are made today or in the past. In the past, doctors used their sense of touch, hearing, and sight to diagnose patients and determine their prognosis (*Panchendriyapariksha*). These Tools are replacing skills as a result of technological advancements. Information about "*Indriyasthanas*" was gathered from historical *Ayurvedic* texts such as the *Sushrutha Samhitha Sutrasthanas* and the *Charaka Samhitha*. Google Scholar and Google Search were utilized to search electronic databases for pertinent studies and reviews published. Every bit of data was combined and contrasted. This unique old wisdom is re-examined using contemporary insights to emphasize the value of close observation and in-depth analysis. We will be able to determine the type and severity of disease more accurately when we integrate a comprehensive physical examination into our daily routine. This information will help determine future treatment plans. As a result, an effort has been made to comprehend *Arishta Lakshana* side as with ominous signs. The goal of this paper is to revive these lost skills and add to the current body of medical knowledge.

Keywords: *Arishta*, *Ayurveda*, Prognostic features, ominous signs

Introduction:

In the Ancient time, diagnosis relied heavily on bedside diagnosis and clinical reasoning. The prognosis is an estimate of the course that an illness will take once it has started. It explains the potential outcomes of an illness, such as death, the possibility of recovery, and recurrence, along with the

probability that these outcomes will materialize. The ancient medical system known as *Ayurveda* has placed greater emphasis on a comprehensive clinical examination as well as clinical signs and symptoms. Enhancing Vaidya's strength and skill in the absence of technological advancements was the main goal of clinical training. Thus,

Panchendriya Pariksha, which diagnoses using all five sense organs, is unique. In order to correctly diagnosis and prognosis, the Vaidyas needed to possess deep theoretical understanding, keen senses, quick thinking, and a great deal of experience. The father of modern medicine, Osler, also expressed the same idea, saying that "Medicine is learned by the bedside and not in the classroom." *Ayurvedic* treatises from antiquity, such as the *Charaka Samhita*, *Bhela Samhita*, *Kashyapa Samhita*, and *Harita Samhita*, address life predictors rather than merely causes or symptoms of death. All of these treatises also explain premonitory signs of sudden death as well as signs of impending death. A variety of descriptions pertaining to The prognosis of diseases and fatal signs are described by the attributes *Swapna* (dream), *Swara* (voice), *Gandha* (smell), *Prabha* (luster), *Chaya* (shadow), *Pratichaya* (reflected shadow), *Rasa* (taste), and *Sparsha* (touch). Some indications and symptoms that arise prior to or during a patient's demise are compared to *Arishta-Lakshana*.^[1] These *Lakshanas* are interpreted using the previously mentioned methods, including *Pratyaksha* (direct perception), *Anumana* (inference), *Yukti* (reasoning/logic), and *Aptopadesha* (established doctrine).^[2] While *Acharya Dalhana* divided *Arishta Lakshana* into *Niyata Arishta* (definite) and *Aniyata Arishta* (indefinite), *Arishta-Lakshana* was divided into two categories by *Acharya Vagbhata: Sthaayi* (definite) and *Asthaayi* (in-definite).^[3] Strong symptoms that resemble *Arishta* but are not *Arishta* can occasionally be caused by aggravated *Doshas*; these symptoms are known as *Arishta bhasa* and are alleviated by pacifying *Doshas*.^[4] In an attempt to understand the *Arishta Lakshana* with a modern understanding that focuses on medical and neurological aspects, not many papers have been published in the last few years. A significant amount of evidence has been gathered in an effort to comprehend how the *Arishta lakshanas* relate to contemporary medical entities.

Materials and methodology:

The Knowledge about "*Indriyasthana*" has been gathered from historical *Ayurvedic* texts such as *Sushruta samhitha* and *Charaka samhita*. Regardless of their appearance or publication year, electronic databases Google Search and Google Scholar were used to locate pertinent studies and reviews published up till December 2023 which closely matched the circumstances described as *Arishtas*. "*Arishta Lakshanas*," "*Indriyasthana*," "*Charaka indriyasthana*," "*Prognosis*," "*Diagnosis*," "*Ulcers*," and other pertinent terms were the search terms used. Both full-text, open-access English papers and abstracts were taken into consideration.

Observation :

1. *Arishta Lakshanas* in relation with *Vrana* (Ulcer)^[5]:

According to modern science, an ulcer is an area where the surface epithelium breaks. A general examination is performed when evaluating an ulcer clinically in order to look for signs of heart failure, discharge, TB, malnourishment, relationship to the underlying structure, edge and margin, site, size, shape, surface, surrounding area, solitary or multiple, in duration at the base and circulation impairment, enlarged nodes, neurologic deficits, and so forth. Similarly, *Panch endriya pareeksha* (examination based on five sense organs), such The basis of *Ayurveda's* emphasis on clinical examination is *Dhalabdha* (Sound), *Rupa* (Color, Size, Structure, Sides, and Edges), and *Gandha* (Smell).

Contemporary view with prognostic signs related to *Gandha* (smell):

The smell known as *Vranagandha* transforms into *Putigandha* (putrifaction/foul smell) and *Pankagandha* (mud) of *Mamsa* (decayed meat of various animals).

- When a chronic fungal infection is present, the ulcer may progress to Marjolin's ulcer, a severe cutaneous cancer with an unpleasant-smelling discharge. Infected necrotizing carcinomatous ulcers release an offensive

odor associated with putrefaction.^[6]

- The Severe carcinomatous lesions with maggots emit an unpleasant stench skin to putrefaction. Fungating wounds develop as a result of malignant lesions that often penetrate through the skin to underlying tissues.^[7]

Contemporary view with prognostic signs related to *Varna* (colour):

Vranavarna (color) changes into- *Kumkuma* (dark red, reddish brown), *Shyama* (bluish black to bluish purple), or *Kangushta* (yellowish).

- Because of its high vascularity, squamous cell carcinoma turns dark reddish brown, and the entire ulcer may be covered in serum or old coagulated blood.
- Slough, or a yellowish mass of dead soft tissues, may cover a carcinomatous ulcer as a result of a secondary infection caused by gram-positive organisms.^[8]

Contemporary view with prognostic signs related to *Strava* (discharge):

- Severe *Puyarudhira Strava* (bleeding and pus discharge) from the existing *Vrana* in patients who are already severely emaciated, breathing difficulties, and anorexic (*Pranamamsakshaya*): This is related to *Marmasthana* (vital structures).
- Excessive discharge is caused by an infected necrotizing carcinomatous ulcer. In some cases, surgical removal of these ulcers combined with appropriate antiseptic care and radiation therapy may help to control the discharge; however, even with consistent treatment, the condition may worsen and eventually be considered hopeless.
- **Presence of non-healing ulcer** - appearance of *Vrana* in a seriously ill patient who is not improving despite receiving early treatment. A modern perspective with poor prognostic indicators associated with the existence of a non-healing ulcer.^[9]

Contemporary view with prognostic signs related to *Aakruti* (shape and Size) of the ulcer:

Vrana's appearance in patients with disabilities as a variety of animals. Kennedy Terminal Ulcers may resemble pears, butterflies, horseshoes, or other shapes.^[10,11]

2. *Arishta Lakshanas* related to physical and mental status:

The following is a summary of acute or long-term changes to a disabled person body in terms of color, smell, voice, vision, breathing, and the emergence of aberrant signs and symptoms. The majority of these *Arishta Lakshanas* are more noticeable in older patients because aging causes general debility.

Contemporary view with prognostic signs related to *Dehavarna* (colour of the body):

Skin becomes *Neela/Shyava* (blue and bluish black); lips, nails, and other extremities (*Kara* and *Pada*) of patients in *Athura* have the same color. the development of a greenish discoloration on the skin in patients, known as *Hareeta Varna*.^[12]

Both central and peripheral cyanosis - Tetralogy of Fallots- When there is an excessive amount of blood that is deoxygenated in the arteries, the skin turns blue. More than half of the hemoglobin is converted, which greatly reduces oxygen transport, particularly to the brain, increases the risk of respiratory distress, and even puts death in the balance. A pulmonary systemic fistula must be created as a palliative measure for congenital cyanotic heart disorders, which may not be reversible and need immediate medical attention. The Treatment for atrial septal defect (ASD) cyanosis must be tailored to the specific cause of the condition.^[13] When pulmonary artery pressure is elevated, cyanosis can happen, just like in Eisenmenger syndromes that have a poor prognosis. Patients with Valvular Heart Disease (VHD) have a high and increasing death rate. In patients with VHD, comorbidities, advanced age, and end organ failure are all linked to a worse prognosis.^[14] Peripheral cyanosis (feet, toes up to knee) is a clinical indicator of approaching death in patients with advanced cancer.^[15]

Contemporary view with prognostic signs related to *Swara* (Voice):

Regarding *Swara* (the voice), the voice changes or hoarseness (weak, vague, or resembling *Shuka's* (the bird's) voice) in a weak, malnourished, and emaciated patient, the patient may repeat words pointlessly, interrupt others, stop speaking, or make any strange noises that are not immediately identifiable (*Bala Mamsa Heena*).

- Nearly two thirds of laryngeal malignancies, of which more than 90% are squamous epithelial carcinomas, occur in the vocal cords. Vocal cords are penetrated by laryngeal tumors.^[16] The effects of head and neck cancer, non-laryngeal (oral cavity, oropharynx, hypopharynx, and nasopharyngeal), and laryngeal cancers on voice and speech outcomes are expected to differ due to the different tumor sites. In patients with laryngeal tumors, the tumor may affect voice quality, and the treatment for the tumor may have an effect on speech quality as well. Additionally, voice quality can be harmed by radiation to the lymph nodes.^[17]
- The prognosis for stage III/IV laryngeal squamous cell carcinoma is poor, with a high risk of both local recurrence and distant metastases. This risk also applies to tumor volumes greater than 46 cm.^[18] One of the primary indicators of a poor prognosis in papillary thyroid carcinomas (PTCs) is recurrent laryngeal nerve (RLN) invasion. Official caregivers' list delirium and speech impediment as final indicators of dementia and impending death in elderly patients. One of the very specific physical indicators of death in patients with advanced cancer is grunting of the vocal cords.^[19]

Contemporary view with prognostic signs related to *Gandha* (Body odor):

- A disabled patient's body odor, whether pleasant or unpleasant, should be noted.

Smells like urine, feces, or dead bodies^[20] with present-day perspective with poor prognostic indicators associated with *Gandha* (body odor). Bodily odor is caused by volatile organic compounds (VOC) The primary sources of volatile organic compounds (VOCs) are vaginal secretions, sweat, skin, urine, and feces. For example, advanced leukemia: breath emits a pleasant scent. Renal failure: Urine odor is exhaled. Rotting smell coming from the affected area. Advanced cancer of the breast and head and neck. Odor, especially the smell of a dead body, has been cited by a number of caregivers as a warning sign of impending death. Daily independence gradually diminishes in dementia end-of-life cases; incontinence often results from a decline in cognitive function, creating an unpleasant stench in the homes of the elderly.

Contemporary view with prognostic signs related to *Sparsana* (touch):

- Modern perspective exhibiting poor prognostic indicators associated with *sparsana* (touch). Hypothermia, or a dropping body temperature, is a warning indication of impending death in dementia patients. The illness known as sarcopenia is characterized by a gradual loss of skeletal muscle mass, strength, and function. Sarcopenia is a significant risk factor for adverse health outcomes such as disability, frailty, loss of independence, morbidity, and mortality. It has also been associated with a lower quality of life in the elderly.

Contemporary view with prognostic indicators associated with *Shwas* (breathing pattern):

- Breathing issues such as *Atihraswa* or *Atidirgha Uchwasa* (too short or too long breathing pattern of respiration) arise in the incapacitated patient.
- In cancer patients and elderly patients, a change in breathing pattern is indicative of impending death. Caregivers in remote areas reported the highest frequency of symptoms

that fell into the category of breathing problems, confirming its status as a leading indicator of impending death. Breathing pattern problems have been linked to lower jaw breathing, while forceful, panting, and shoulder breathing have occasionally been linked to dyspnea. Patients with internal organ failure, dementia, and cancer who are nearing the end of their lives frequently experience these symptoms.

- In cancer patients, apnea episodes and Cheyne-Stokes breathing are significant physical indicators of approaching death. When a patient experiences Cheyne-Stokes breathing, they will inhale several times, then exhale for a prolonged period of time before breathing normally again.

Contemporary view with prognostic indicators regarding *Netra* (eyes):^[21,22]

- Any modifications to the morphology of the eyes, such as aberrant protrusion or depression of the eyeballs, as well as functional impairments pertaining to vision and eye movements.
- Exophthalmos, or proptosis, and enophthalmos are associated with advanced and metastatic carcinomas related to the eyes. Cancer of the para-orbital region is one of the most common causes of unilateral proptosis. Since they are localized and have vague symptoms, they are typically diagnosed later. Treating that kind of lesion would most likely lead to provide little hope for disease control and result in a permanent facial deformity.
- Breast cancer is the most common cause of proptosis and the most common metastatic cause. Due to an intraorbital lesion, the patient developed unilateral proptosis, and the histology of the orbital lesion indicated metastatic breast cancer.
- The emergence of unilateral usually, proptosis is the first sign of eye metastases. Bilateral involvement has been documented in breast cancer metastases.

- Pain, blurred vision, and peri-orbitaledoema are associated with proptosis. Pain from tumor necrosis that resembles inflammatory orbitopathy deceives and impedes future research. It typically takes 4.5 to 6.5 years from the time of initial diagnosis to the emergence of orbital metastases, and the main tumor is usually found before symptoms of orbital disease manifest. After orbital metastases are diagnosed, the average breast cancer survivor time is 22 months, which suggests a poor prognosis.

Contemporary view with prognostic signs related to *Hikka, Atisara* and *Anaha* ^[23,24,25]

- Concerning *Hikka*, *Atisara*, and *Anaha* development of clinical symptoms in patients who are already severely ill, such as *Gambheera Hikka* (hiccough), *Raktaatiasara* or *Atisara* (blood mixed stools, loose stools), and *Anaha* (bloating and distension of abdomen).
- Present-day perspective featuring unfavorable indicators concerning *Hikka*, *Atisara*, and *Anaha* persistent and uncontrollable Hiccups in patients receiving palliative care.
- The significant proportion of patients receiving palliative care experience persistent or unmanageable hiccups, which pose a diagnostic and therapeutic challenge.
- In severely ill patients, especially following an acute myocardial infarction, a persistent hiccup may impede recovery and even endanger the patient's life, requiring aggressive therapeutic measures. Cardiovascular hiccups can have ischemia or myocardial infarction as their primary cause and major risk factor. When patients are receiving stroke rehabilitation or are in a palliative care setting, The most typical reason for hiccups is inferior myocardial infarction.

Contemporary view with prognostic signs related to *Shopha* (swelling):

- Concerning the existence of *Shopha* (Swelling) Development of *Sopha* (swelling) in the *Udara* (abdomen), which later spreads to the *Hasta pada* (extremities) and causes numerous ailments in a short amount of time. In a patient who is already severely disabled, *Shopha* is accompanied by weakness in the lower limbs. *Shopha* (generalized) in the abdomen, genital parts, and extremities in a patient suffering from *Bala Varna Heenata* (pallor and debilitation). This unique symptom usually appears in the last stages of life and is characterized by bloody faeces and tarry stools.
- Ascites, a collection of fluid seen in certain cancer types, Urine-related distension can happen in the final stages of life.
- Modern perspective with unfavorable prognostic indicators associated with *Sopha* (edema) Ascites with limb edema in addition Most patients who have AL amyloidosis die within a year due to heart or kidney problems. While immunotherapy, radiation therapy, and other anti-tumor therapies have been tried, none of them have proven to be completely successful in treating ascites resulting from gastrointestinal cancer in these patients.
- Severe edema in the lower extremities may be a sign of end-stage events in many different types of cancer, malignant ascites carries a high risk of morbidity. Following a diagnosis of malignant ascites, the median survival period is one to four months.^[26]
- Lower limb edema is linked to numerous terminal illnesses, including cancer, end-stage renal disease, advanced neurological disease, chronic heart failure, liver disease, and chronic respiratory disorders. Including vaginal and upper body edema would give a more comprehensive picture of the condition's extent. For instance, scrotal swelling is a poor prognostic indicator in

patients with renal failure.

- Generalized edema, or anasarca: Anasarca are large edemas that are widely dispersed. Numerous diseases, including lymphatic system issues, liver failure, heart failure, and renal failure, may be the reason. When the interstitial volume exceeds 2.5–3 liters, it typically becomes clinically noticeable.^[27] The underlying cause determines the prognosis for Anasarca. But by the time Anasarca shows up, the underlying illness has usually progressed beyond treatment.

Contemporary view with dire indicators linked to *Indriya Jnanam* (sensorial perception):^[28,29,30]

- Hallucinations as an imminent death sign, this is why the temporal lobes are important in near-death experiences. Aberrant activity in these lobes may produce strange impressions and sensations because this area of the brain is involved in memory and sensory processing. The theory of fading brains is the most widely recognized account of near-death experiences. According to this theory, hallucinations caused by brain activity as brain cells begin to die are what cause near-death experiences. Patients with end-stage dementia frequently exhibit Behavioral and Psychological Symptoms of Dementia (BPSD), which include delusions, anxiety, irritability, and loud yelling.²⁷ In relation with *Indriya Jnanam* (sensory perception), Presence of hallucinations in Alzheimer's Disease (AD) has been repeatedly associated with more severe cognitive and functional decline, earlier institutionalization, higher burden of disease, and increased mortality. Research suggests that visual hallucinations tend to occur at the advanced stages of AD. A 78 percent increased risk of death was associated with hallucinations, and a more than twofold increased risk of death was seen in those who experienced both auditory and visual hallucinations. Terminal agitation

may be linked to biochemical imbalances as many organs fail. In advanced disease, confusion and terminal restlessness or agitation are common. Estimates suggest that between 25 and 85 percent of dying individual's exhibit restless symptoms before passing away.

It occurs more frequently when a cancer is nearing its end. Acute, uncontrollably painful situations are one of the things that make dying patients agitated. The Reduced vital reactions, delirium, and loss of consciousness are indicators and symptoms of senile dementia's final stages.

Discussion:

- Prognosis is defined as "foreseeing and fortelling, by the side of the sick, the present, the past, and the future" in Hippocrates' "On Prognostics," the first book of modern medicine. Hippocrates' day saw the realization that one of the best approaches to heal was through good communication between the doctor and the patient. Prognosis has taken longer in modern medicine to become a fundamental part of care than diagnosis and treatment did.
- In clinical practice and training, Prognosis estimation, or the likelihood that a person will experience a specific result over a specified period of time, is regarded as less important than the diagnosis and management of a disease.
- Regrettably, there is currently a trend toward less opportunities for observational skills and a greater reliance on technology. This is particularly true if there is only a slight increase in life expectancy following a risky and painful surgery. It is commonly acknowledged that for certain illnesses, certain patients will benefit from a specific surgical technique while others will not. The most qualified person to give a patient advice regarding the course and potential consequences of their illness is the doctor.
- Knowing the prognosis can assist the patient and/or physician in making important end-of-life decisions, such as whether or not to try particular therapies. It's interesting to note that, in the absence of contemporary technological advancements, the assessment was conducted using sense organs. For instance, the *Arishta Lakshana* was evaluated using *Gandha*, or body odor. It is now known that the human body emits volatile organic compounds (VOCs), which are indicative of an individual's metabolic state. Volatile organic compounds (VOCs) have the potential to serve as diagnostic biomarkers for a variety of illnesses, including genetic disorders, metabolic diseases, and infectious diseases. Odors are olfactory cues that can provide information about a person's physiological or psychological state. Finding out how the sense of smell can be utilized to diagnose physical problems in people is fascinating. Although VOCs and body odors may have therapeutic value, there hasn't been much work done to develop objective or quantitative diagnostic criteria. As a result, an effort has been made to compile all of the historical information and the relevant modern viewpoints. Clinical findings that have been reported as *Arishta Lakshanas* and in "*Charaka indriyasthanas*" and other places seem to have the potential to be clinically applicable and have prognostic significance in the modern era.
- In end-of-life care settings, this modest attempt may aid in the formal caregivers' development of observational skills. Research-wise, it is possible to create and validate new prognostic indices that are based on life expectancy as opposed to mortality risk.
- A comprehensive physical examination should be a regular part of our routine because it will help us determine the type and severity of the disease and help determine how best to treat it in the future.

Conclusion:

The Fundamental principles of good clinical practice of medicine are the core clinical skills of diagnosis, prognosis and treatment. Prognosis is a skill that is currently underutilized, even though it is an essential part of general medicine. Prognosis is a lost art that needs to be found again and put in its rightful place. It is recommended that we move from a diagnosis-driven medical model to a more advantageous prognosis-driven model. Prognosis prediction is important to help patients and doctors make the best decisions possible. It is said with good reason that a surgeon should have the heart of a lion (brave), the hands of a woman (delicate), and the eyes of an eagle (vigilance). This paper provides a glimpse of the in-depth knowledge mentioned in the classical texts of *Ayurveda* that helps a doctor understand the prognosis of the disease at a time when the country is debating the competency of *Ayurvedic* science and *Ayurvedic* doctors to adopt technologically advance skills.

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