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CLINICAL AND PROGNOSTIC SIGNIFICANCE OF VARNASVARĪYAM INDRIYAM ADHYĀYA IN CHARAKA SAṂHITĀ.

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ABSTRACT
The *Varnasvariyam Indriyam Adhyaya* of the *Charaka Samhita* is a foundational chapter in the understanding of *Arishta Lakshana*, the subtle but definitive signs that indicate the imminence of death. *Charaka* places this chapter in the *Indriya Sthana* with the purpose of equipping the physician with the ability to identify signs that forecast the end of life, particularly through two sensory domains—*varna* (complexion) perceptible through the eyes, and *svara* (voice) perceived through the ears. Since these changes often appear before overt clinical deterioration, the chapter's core aim is to ensure that the physician recognizes when treatment is no longer advisable, thereby avoiding futile medical intervention.

Keywords: *Arishta,* change in *varna,* change in *svara, Indriya Sthana, Charaka Saṃhita.*

1. INTRODUCTION
In *Ayurveda*, the assessment of health and disease relies profoundly on sensory observation, using the three classical tools—*Darshana* (inspection), *Sparshana* (palpation), and *Shravanam* (auscultation).[1] Through these observational methods, the physician gathers subtle yet crucial information about the patient's internal state. Among the various diagnostic parameters, complexion (*varna*) and voice (*svara*) hold special importance. *Ayurveda* views them as direct mirrors of the body's internal harmony, reflecting the status of *doshas, dhatus, ojas*, and the *srotas* or bodily channels. Any sudden

or unexplained alteration in color or voice is therefore interpreted as a sign of significant internal imbalance.

Ayurvedic prognosis is inherently holistic, extending far beyond physical symptoms. The physician is expected to consider an array of factors: the patient's behaviour, psychological stability, emotional tendencies, and even the environment in which they live. Traditional texts also highlight the role of omens and external cues, suggesting that the universe expresses subtle warnings through surroundings, messengers, and unusual occurrences when life is nearing its end. This multidimensional outlook underscores *Ayurveda's* belief that health exists in constant interaction with nature, mind, and spirit.

A central pillar of *Ayurvedic* diagnosis is the understanding of *prakriti,* the individual's natural constitution. *Prakriti* determines the person's inherent physical and psychological traits, as well as their natural complexion, voice quality, and bodily responses.[2] Recognizing this baseline is crucial, for without it, one cannot accurately distinguish between what is normal for the individual and what is pathological. In this way, *Ayurveda* ensures that prognostic assessment is personalized, context-sensitive, and deeply rooted in the uniqueness of each person.

Through this wide-ranging interpretive framework—sensory observation, holistic consideration, and individualized understanding—*Ayurveda* offers a profound and intuitive approach to prognosis, especially in identifying subtle or near-death signs reflected in changes of complexion and voice.

2. Aims and Objectives

- To comprehensively review and analyze the concepts of complexion (*varṇa*) and voice (*svara*) as prognostic indicators described in *Varnasvarīyam Indriyam Adhyāya* of the *Charaka Saṃhitā.*
- To correlate the classical fatal signs (*arishta lakṣaṇa*) with modern clinical understanding of life-threatening conditions.

3. Material and Method

Material related to concept of complexion (*varṇa*) and voice (*svara*) as prognostic indicators is collected from Ayurveda classical texts i.e. *Varnasvarīyam Indriyam Adhyāya* of the *Charaka Saṃhitā,* their commentaries and textbook of modern medicine. Other sources include journals, research works, offline and online content having description related to the topic.

3.1 *Varaṇasvarīyam Indriyam* - Fatal Signs in Complexion and Voice

The present chapter represents a discussion on the signs and symptoms of imminent death. A physician equipped with the observation made in this section will undertake the treatment of curable cases only, and not the incurable ones.

3.2 Factors to Examine for Assessing Remaining Lifespan [3]

A physician who desires to assess the remaining lifespan should examine the following through direct observation, inference, and scriptural guidance:

- **Sensory attributes:** complexion, voice, smell, taste, touch; appearance of eyes, ears, nose, tongue, skin.
- **Mental & behavioural traits:** clarity, memory, cleanliness, conduct, enthusiasm.
- **Body constitution:** *prakṛti* (normal state) and *vikṛiti* (abnormal state).
- **Strength and debility,** intelligence, joy, roughness/unctuousness, heaviness/lightness.
- **Diet & lifestyle:** food, regimen, digestion, good/bad effects of food, actions.
- **Diseases:** signs, symptoms, complications, pains.
- **Shadow & reflection,** dreams, omens, messenger behaviour.
- **Environmental & familial conditions**, unexpected incidents.
- **Effect of medicines** and drug-related changes.

Charaka emphasizes that assessment must rely on *pratyakṣa* (direct observation), *anumāna* (inference), and *āptopadeśa* (scriptural guidance).

All these should be carefully evaluated to determine the span of life.

3.3 What is Observed in Patient vs. Surroundings [4]

Some signs are not located in the patient but are observed in the surroundings, messengers, or omens. These must be understood through scriptural instruction and reasoning.
Those signs within the patient are examined based on his constitution and morbid conditions.

3.4 Factors Determining Natural Constitution (*Prakriti*) [5]

Natural constitution depends on:

- ***Jati*** (community/social origin) – caste e.g. purity among *brahmanas*
- ***Kula*** (family lineage) – family e.g. purity with regard to character and conduct in a good family.
- ***Desa*** (place of residence) – locality among people of *antarvedi* region (the doab or the district between the Ganga and Yamuna rivers)
- ***Kala*** (season/time) – time e.g. purity in the *Satya yuga* i.e. the first age.
- ***Vayaḥ*** (age) – age of the patient e.g. impurity in childhood.
- *Pratyatma niyata* (Individual habits and characteristics) – purity rarely found in some individuals.

Variations among individuals arise from these factors.

3.5 Three Types of Pathological Abnormalities [6],[7]

Pathological abnormalities are of three types:
Lakṣaṇa-nimitta – symptom-based abnormalities
If a result of past action bodily marks indicates certain morbid conditions, they are known as *lakshana nimitta*. Some morbid signs are latent in the body and manifest at a destined time, producing diseases accordingly.
Arising from inherent bodily marks; latent signs may manifest at specific times and sites.
Lakṣya-nimitta – causation-based abnormalities
The morbid conditions caused by etiological factors as described in *Nidana Sthana.*
Nimittānurūpā – signs resembling causes but occurring without actual causes (death signs)
Some signs merely resemble etiological factors but arise without any cause.
These indicate depletion of vital life-span and imminent death.
Atreya says he will next describe the death signs present in the patient.

3.6 Normal and Abnormal Complexion [8]

3.6.1 Normal Complexions (4 Types)

kṛṣṇa (black), *śyāma* (dark), *śyāmāvadāta* (dark-fair), *avadāta* (fair white)

3.6.2 Abnormal Complexions

Nīla (blue), *Śyāvā* (blackish,dusky), *Tāmra* (coppery), *Harita* (green) and *Śukla* (unnaturally white/snow-white) are abnormal complexions.

Fatal Signs Related to Complexion [9], [10], [11], [12], [13]

Arishta lakṣaṇa include:

- Sudden abnormal colour appearing without cause
- Abnormal complexion appearing only on one half of the body
- Clear demarcation between two different colours
- Altered complexion in nails, eyes, urine, stool, lips, hands, and feet
- Coexisting loss of strength and sensory deterioration
- Sudden onset, appearing without cause, is fatal.
- Any such differentiation on face or other parts → death sign.

Appearance of pimples *(piplu),* pigmented patches *(vyanga)*, moles *(tilakalaka)*, or boils *(piḍakā)* suddenly on the face is considered inauspicious.

3.7 Normal and Abnormal Voice [14]

Normal voices resemble:

Hamsa (swan), *Krauñcha* (demoiselle crane), *Nemi* (wheel)*, Dundubhi* (kettledrum), *Kalaviṅka* (sparrow)*, kāka* (crow), *kapota* (pigeon/dove), *jarjara* (a type of drum).

These denote clarity, resonance, and normal vibration.

Abnormal voices:

- resemble sheep; feeble, hoarse, choked, indistinct, painful, stammering.
- Sudden change in rhythm, tone, or pitch → inauspicious, fatal.

Fatal Signs Related to Voice [15]

Sudden onset of:

• Multiple tones in one voice
• One tone manifesting as many
• Extreme discordance in pitch or rhythm

Such sudden alterations signify grave prognosis and approaching death.

3.8 Other Morbid Signs Indicative of Imminent Death [17], [18], [19], [20], [21], [22], [23], [24], [25]

- The sudden appearance of abnormal complexion affecting the entire body or confined to one half of the body, without any apparent external cause, is also considered a fatal sign.
- When one half of the face displays bluish, blackish, coppery, or tawny discoloration while the other half remains normal, it indicates a morbid and terminal condition.
- Similarly, the presence of unctuousness on one side of the face and roughness on the other, or plumpness on one side with emaciation on the opposite side, are regarded as ominous signs.
- The spontaneous development of various cutaneous markings such as *tila* (black moles), *piplu* (port-wine–like marks), *vyanga* (freckles), and *raji* (mustard-seed–like spots) on the face further suggests an approaching fatal outcome.
- The appearance of flower-like spots on the nails and teeth, along with the presence of sticky or powdery deposits on the teeth, is also indicative of impending death.
- Discoloration of the lips, legs, heels, eyes, urine, stool, and nails in an individual who has markedly diminished strength is another grave prognostic sign. In particular, when both lips acquire a bluish hue resembling the ripe fruit of *Jambu*, it denotes a terminal state.
- The sudden onset of one or multiple abnormalities in the voice in a debilitated patient is likewise considered a sign of imminent death.
- In general, such abnormalities of voice and complexion occurring in an individual who is depleted of strength and body tissues clearly indicate an approaching fatal outcome.

3.9 Assessment of Various Prognostic Factors

A wide range of contemporary assessment scales, questionnaires, and investigative tools can be utilized for the objective evaluation of the prognostic factors described in the *Varnasvarīyam Indriyam Adhyāya.* These tools provide measurable parameters corresponding to the classical observations detailed by *Acharya Charaka*. The following tables present probable instruments that may be applied for clinical assessment of these prognostic indicators.

There exists significant scope for future research aimed at validating and integrating these assessment modalities to predict prognosis and life expectancy at an individual level.

Table 1: Assessment of Prognostic Factors [26]

S.No.	Prognostic Factor	Assessment Scales / Questionnaires / Instruments
1	Complexion *(Varṇa)*	Fitzpatrick skin type, reflectance spectroscopy, Minolta chromameter, Mexameter (erythema and melanin indices), C.L.B.T. assessment

2	Voice *(Svara)*	LASA-VQ, VPQ, VTD scale, EVD-QOL, SDQ, VHI, VSQ, VFI, etc.

3.10 Assessment of Complexion *(Varṇa)*

Normal complexion described in *Ayurveda* may be correlated with modern dermatological classification using the Fitzpatrick skin type system, as presented in Table 2.

Table 2: Correlation of Normal Complexion with Fitzpatrick Skin Types [27]

Ayurvedic Varṇa	Skin Colour	Fitzpatrick Skin Type
Kṛṣṇa	Black	Type VI
Śyāma	Brown	Type V
Śyāma-Avadāta	Light brown	Type III & IV
Avadāta-Gaura	Fair / White	Type I & II

3.11 Abnormal Complexion and Associated Morbidities

Alterations in complexion serve as significant prognostic indicators and may reflect serious underlying pathological processes. These changes, as described in *Charaka Samhita,* are summarized below.

Table 3: Alterations in Complexion *(Varṇa Vikṛti)* as Bad Prognostic Indicators and Their Possible Clinical Correlates [28]

S.No.	Pattern of Complexion Change (as per *Charaka Saṃhita*)	Possible Associated Diseases / Pathological Conditions
1.	Generalized discoloration of the entire body	Cyanosis, jaundice, pallor, Addison's disease, melasma, cutaneous amyloidosis, purpura, post - inflammatory hyperpigmentation, acanthosis nigricans, hepatocellular carcinoma, vitiligo, Wilson's disease, fungal infections in hypomelanosis, immunocompromised individuals
2.	Discoloration confined to the right half of the body	Harlequin colour change
3.	Discoloration predominantly affecting the upper half of the body	Differential or reverse differential cyanosis, spinal cord injury, paraplegia
4.	Discoloration over the posterior or dorsal aspect of the body	Venous stasis changes, especially in chronically bedridden patients
5.	Pigmentary changes involving internal or external mucosal surfaces	Acquired generalized hyperpigmentation, oral pigmentation, sinonasal melanosis, nevus of Ota
6.	Unilateral discoloration of the face	Harlequin syndrome, Horner's syndrome, Parry–Romberg syndrome
7.	Unilateral numbness or altered sensation over the body	Hemiplegia, hemiparesis, paraplegia, paraparesis, diplegia, hereditary spastic paraplegia, CMV polyradiculopathy, spinal cord injury, myelopathies
8.	Unilateral sensory changes affecting the face	Diabetic autonomic neuropathy, anhidrosis or hyperhidrosis, cervical spine pathology, spinal cord injury, Ramsay Hunt syndrome, facial nerve palsy

9.	Unilateral increase or decrease in unctuousness or dryness of the body	Paraplegia, spinal cord injury, myelopathy
10.	Appearance of abnormal skin lesions such as moles, freckles, or pimples	Basal cell carcinoma, squamous cell carcinoma, scleroderma, systemic lupus erythematosus, inflammatory and infectious dermatoses, Sturge–Weber syndrome, fungal and viral skin infections, melanocytic nevi, hyperpigmentation disorders, carcinoid syndrome
11.	Discoloration of nails, eyes, face, urine, stool, lips, hands, or legs	Cyanosis, melanonychia, acroperniosis, chemosis, jaundice, periorbital ecchymosis (panda eye), iris nevi, Horner's syndrome, melanoma, alkaptonuria, blackwater fever, biliary obstruction, gastrointestinal bleeding, peripheral vascular disease, acrocyanosis, Raynaud's phenomenon, terminal mottling
12.	Sudden and unexplained changes in complexion	Cyanosis, pallor, or erythrism observed in apparent life-threatening events (ALTE) and brief resolved unexplained events (BRUE)

3.12 Abnormal Voice *(Svaravikṛiti)* as a Prognostic Indicator and Its Clinical Correlates

Alterations in voice quality, intensity, clarity, or effort are recognized in the *Varnasvarīyam Indriyam Adhyāya* as important adverse prognostic signs. Such vocal changes often reflect underlying structural, neurological, neuromuscular, or systemic pathologies and may precede overt clinical deterioration. The clinically relevant morbidities associated with these voice abnormalities, as described in *Charaka Samhita*, are summarized below.

Table 4: Voice Abnormalities *(Svaravikṛiti*) as Bad Prognostic Indicators and Their Probable Clinical Correlates [29]

S.No.	Pattern of Voice Alteration (Classical Description)	Probable Associated Diseases / Pathological Conditions
1.	Hoarse or rasping voice resembling bleating of a sheep	Structural lesions of vocal cords, acute or chronic laryngitis, vocal cord polyps
2.	Feeble or weak voice	Hypophonia, aphonic palilalia, vocal cord paresis, lower motor neuron lesions
3.	Subdued or barely audible voice	Aphonia, hypophonia, LMN lesions, amyotrophic lateral sclerosis, myasthenia gravis, transient ischemic attack
4.	Indistinct or unclear articulation	Aphonia, aphonic palilalia, progressive supranuclear palsy, bilateral upper brainstem lesions
5.	Choked or stammering voice	Spasmodic or spastic dysphonia, dysarthria due to bilateral cerebral lesions, parietal gliomas
6.	Rough or harsh voice quality	Hyperkinetic dysarthria, inflammatory or structural disorders of the larynx
7.	Faint or painful phonation	Dysphasia, dysphonia, motor (Broca's) aphasia, inflammatory conditions of pharynx and larynx, neoplasms of the larynx, pharynx, lungs, or thyroid, lymphoma, mediastinal metastasis compressing laryngeal nerves, unilateral vocal cord palsy

8.	Persistent stuttering or stammering	Spastic paralysis, dysarthria, muscular rigidity, spasms of articulatory muscles
9.	Other unexplained abnormal voice patterns	Migraine aura, TIA, myasthenia gravis, amyotrophic lateral sclerosis, lower motor neuron lesions, unilateral vocal cord palsy, multiple sclerosis, epilepsy, malignancies of larynx, pharynx, lungs, or thyroid, lymphoma, mediastinal metastasis, cancer cachexia

4. Results

The analysis demonstrates that specific alterations in complexion and voice, as described in the *Varaṇasvarīyam Indriyam Adhyāya*, function as reliable bad prognostic indicators. Generalized or unilateral discoloration, sudden pigmentary changes, and involvement of nails, eyes, or mucosa were found to correlate with severe systemic, neurological, or terminal conditions. Likewise, abrupt abnormalities in voice quality—such as hoarseness, feebleness, indistinctness, or painful phonation—were associated with serious laryngeal, neuromuscular, or central nervous system pathologies. When these changes occur suddenly in individuals with reduced strength, they consistently indicate poor prognosis and imminent death.

5. Discussion

The *Varaṇasvarīyam Indriyam Adhyāya* of the *Charaka Saṃhita* provides a comprehensive framework for prognostication by emphasizing subtle yet decisive changes in complexion *(varṇa)* and voice *(svara)*. The present analysis highlights that these sensory alterations often precede overt clinical decline and thus serve as early markers of impending fatality. Classical descriptions of sudden, unilateral, or disproportionate changes in complexion correlate well with modern concepts of systemic hypoxia, metabolic derangements, neurological lesions, vascular insufficiency, malignancies, and terminal physiological states. Similarly, abnormalities of voice—such as hoarseness, feebleness, indistinct articulation, or painful phonation—reflect underlying structural, neuromuscular, or central nervous system pathologies and are particularly significant when they arise abruptly in a debilitated patient.

An important contribution of this work is the attempt to bridge Ayurvedic prognostic principles with contemporary assessment tools, thereby enhancing objectivity and clinical applicability. The integration of dermatological classifications, voice assessment scales, and neurological correlations demonstrates the enduring relevance of classical Ayurvedic observations. *Charaka's* emphasis on *pratyakṣa, anumāna,* and *āptopadeśa* reinforces the need for a holistic yet critical approach, guiding physicians to avoid futile interventions in terminal conditions. Overall, the chapter underscores ethical clinical decision-making based on accurate prognosis, which remains highly relevant in modern palliative and end-of-life care.

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