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Applied Aspect of Sadyomaraneeya Indriya Adhyaya

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Abstract:

The chapter entitled Sadyomaraneeya deals with incurable complications of several diseases which can lead to a patient to an instantaneous death. It enlists some emergency conditions for intensive care. However the many signs and symptoms listed in this chapter are manageable now by advanced medical and surgical techniques. In ancient period of Charaka Samhita, there was a no such modern techniques, the conditions were untreatable leading to death.

***Keywords**: Instantaneous death, fatal signs, intensive care.*

Introduction:

Symptoms and signs which indicate the definite death of the patient is called *arishta*. By seeing flower, smoke and cloudy weather one can expect fruit, fire and rain respectively. In the same way certain symptoms which appear before the death of the person are called *arishta*.(Sushruta, Sutra Sthana.28/3) Sometimes *arishtas* are not recognized by ignorant *vaidya* due to their minuscule nature or misunderstanding or by carelessness because *arishta* develops instantaneously before the death of an individual. Once the symptoms developed death is certain.

List Of Signs Of Instantaneous Death:

- ✓ The patient of painful and fully manifested *vatasthila* (hard tumor caused by vitiated *vata*) in the cardiac region if, suffers from intense thirst, then he instantly dies.
- ✓ If patient develops laxity in the calf muscles and irregularity in the structure of the nose due to the movement of abnormal *vata* all over the body, then he instantly dies.
- ✓ If the eye brows of patient are dislocated (drooped) and severe burning sensation in the body develops, and patient suffers from hiccup, he instantly dies.
- ✓ Diminution of blood and flesh in a patient, who is suffering from distension of both the *manyas* (carotid regions of the neck) by the abnormal *vata* moving upwards leads to death.
- ✓ If a weak patient develops suffering in the groin region due to sudden aggravation of *vata* between the anus and the umbilicus, then he instantly dies.
- ✓ Congestion/constriction of both heart and anus by strongly aggravated *vata* in a weak patient leads to instant death.
- ✓ If a patient develops severe dyspnea due to congestion/constriction of both groins and anus by strongly aggravated *vata*, he dies instantly.
- ✓ If a patient develops severe cutting pain in umbilicus, urination, top of urinary bladder, defecation caused by strongly aggravated *vata*, he dies instantly.
- ✓ If a patient suffering from pricking pain in the groin region caused by the vitiated *vata* develops diarrhea and thirst, he dies instantly.
- ✓ The patient whose entire body is already pervaded by aggravated *vata*, if suffers from diarrhea and thirst, dies instantly.
- ✓ The patient whose body is swollen because of *vata* dominant *Shotharoga* and suffers from diarrhea and thirst, dies instantly .
- ✓ The patient having cutting pain originated from *Amashaya* (stomach including the small-intestine) suffers from diarrhea and thirst, dies instantly.
- ✓ The patient having cutting pain originated from *Pakvashaya* (large intestine) suffers from thirst and severe anal spasm, dies instantly.
- ✓ If abnormal *vata* having its site of

manifestation in *Pakvashaya* (large intestine) causes unconsciousness and develops stertorious breathing (obstruction of breathing by *Kapha*) in the throat, the patient dies instantly.

- ✓ Appearance of teeth as if adhered with mud, face as if covered with ashes and excessive perspiration, are signs of the patient who will die soon.
- ✓ Appearance of diarrhea in a patient having thirst, dyspnea, *Shiroroga* (headache), unconsciousness, debility and groaning sound from the throat are signs of the patient who will die soon.

The following signs are observed contemporarily that can be related with signs enlisted in this chapter.

Physiologic Changes	Signs/Symptoms	Intervention
Cardiac and Circulation Changes		
Decreased blood perfusion	Skin may become mottled and discolored. Mottling and cyanosis of the upper extremities appear to indicate impending death versus such changes in the lower extremities.	**Provide good skin care. Turn patient every 2-3 hours if this does not cause discomfort. Lotion to back and extremities. Support extremities with soft pillows.**
Decreased cerebral perfusion	Decreased level of consciousness or terminal delirium.Drowsiness/disorientation	**Orient patient gently if tolerated and this is not upsetting. Allow pt. to rest.**
Decrease in cardiac output and intravascular volume	Tachycardia Hypotension Central and peripheral cyanosis and peripheral cooling.	**Comfort measures. Space out activities.**
Urinary function		
Decreased urinary output	Possible urinary incontinence.Concentrated urine.	**Keep patient clean and dry. Place a catheter if skin starts to break down or if patient is large and difficult to change diapers and linen.**
Food and Fluids		
Decreased interest in food and fluid.	Weight loss/dehydration	**Do not force fluid or foods.Provide excellent mouth care.**
Swallowing difficulties	Food pocketed in cheeks or mouth/choking with eating/coughing after eating	**Soft foods and thickened fluids (e.g. nectar) as tolerated. Stop feeding patient if choking or pocketing food.**
Skin		
Skin may become mottled or discolored.	Patches of purplish or dark pinkish color can be noted on back and posterior arms/legs.	**Keep sheets clean and dry-avoid paper directly to skin. Apply lotion as tolerated.**

Decubitusulcers may develop from pressure of being bedbound, decreased nutritional status.	Red spots to bony prominences are first signs of Stage I decubiti and open sores may develop.	**Relieve pressure to bony prominences or other areas of breakdown with turning and positioning Q2 hrs if tolerated. If patient has increased pain or discomfort with position changes, decrease the frequency. Special mattress as needed.Duoderm or specialized skin patch to Stage I-II ulcers. Change Q5-7 days or as needed. Goals of wound care for Stage III and IV decubiti should be to promote comfort and prevent worsening rather than healing since healing most likely will not occur.Consider application of specialized products such as charcoal or metronidazole paste (compounded) if odor present.**
Respiratory		
Retention of secretions in the pharynx and the upper respiratory tract.	**Noisy respirations - usually no cough or weak cough.**	**Head of bed up at 45 degrees. Can fold small soft pillow or towel behind neck for extra support.**

Dyspnea	**Shortness of breath**	**Oxygen at 2-3 liters may help for some patients and often helps families to feel better. Link to Dyspnea module**
Cheyne-Stokes respirations	Notable changes in breathing.	**A gentle fan blowing toward the patient may provide relief.Educate families that this is normal as the patient is dying.**
General changes		
Profound weakness and fatigue.	Drowsy for extended periods. Sleeping more.	**This is normal. Educate family.**
Disoriented with respect to time and a severely limited attention span.	More withdrawn and detached from surroundings. May appear to be in a comatose-like state.	**This is normal. Educate family.**
Patient may speak to persons who have already died or see places others cannot see.	**Family may think these are hallucinations or a drug reaction.**	**If patient appears frightened may need to treat with medication. Otherwise, educate family that this is normal and common**

Discussion :

Fundamental to ensuring quality palliative and end-of-life care is a focus on four broad domains:

1. physical symptoms;
2. psychological symptoms;
3. social needs that include interpersonal relationships, care giving, and economic concerns; and
4. spiritual needs

Standardized methods for conducting a comprehensive assessment focus on evaluating the patient's condition in all four domains affected by illness: physical, psychological, social, and spiritual. Regarding social needs, health care providers should assess the status of important relationships, financial burdens, care giving needs, and access to medical care.

Especially when an illness is life-threatening, there are many emotionally charged and potentially conflict-creating moments, collectively called "bad news" situations, in which empathic and effective communication skills are essential.

Physical Symptoms and Their Management- Great emphasis has been placed on addressing dying patient's pain. Some institutions have made pain assessment a fifth vital sign to emphasize its importance. The most common physical and psychological symptoms among all terminally ill patients include pain, fatigue, insomnia, anorexia, dyspnea, depression, anxiety, and nausea and vomiting. In the last days of life, terminal delirium is also common. Assessment of patients with advanced cancer has shown that patients experienced different physical and psychological symptoms.

Conclusion:

The dying process usually begins well before death. As that process begins, person starts on a mental path of discovery, comprehending that death will indeed occur and believing in their own mortality. Death is a personal journey that each individual approaches in their own unique way. Nothing is concrete, nothing is set in stone. There are many paths one can take on this journey but all lead to the same destination. The journey ultimately leads to the physical departure from the body. There are milestones along this journey. Some may hit only a few while another may stop at each one, taking their time along the way. Some may take months to reach their destination, others will take only days. This chapter discusses what has been observed in research by ancient scientists which predicts the impending death. The patient afflicted with these signs and symptoms does not survive more than 3 days or 7 days. A variety of physiological changes occur in the last day and hours of life.

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