



ATURA PARIJNANA HETU VIS-A-VIS HEALTH GEOGRAPHY: A REVIEW

Arpita H R^{1*}, Anand Katti²

¹ PG Scholar, Dept. of P.G. Studies in Dravyaguna, Government Ayurveda Medical College, Dhanvantari road, Bengaluru, Karnataka India

² Associate Professor, Dept. of Samhita Siddhantha, Government Ayurveda Medical College, Dhanvantari road, Bengaluru, Karnataka, India

*Corresponding Author Email: arpithargowda54@gmail.com

DOI: 10.7897/2277-4572.106221

Received on: 02/01/22 Revised on: 27/01/22 Accepted on: 06/02/22

ABSTRACT

Health is a state of equilibrium of *doshas*, *dhatu*, *mala*, *atma* and *indriya*. In decessed condition it is necessary to maintain the balance between the *doshas* and bringing back to their normalcy. *Ayurveda* had described various tools for diagnosing various diseases one among that is *roga* and *rogi pariksha*. *Roga pariksha* is done by assessing *nidana panchakas* while *rogi pariksha* is done by *dwividha*, *trividha*, *chaturvidha*, *ashtavida*, *dashavidha pariksha*. In the context of *desha pariksha* Acharya Charaka has mentioned *bhumi pariksha* and In *Atura pariksha* he has mentioned *atura parijnana hetu* which explains in detail about relationship between the *desha* and *atura* from the birth how these factors contribute a role in developing a disease, which helps in diagnosing the condition of the patient, health geography deals with the interaction between people and environment, It conceptualize the role of place, location and geography in health ,well-being and disease.

KEY WORDS: *Atura*, *parijnana*, *hetu*, medical geography, health geography.

INTRODUCTION

Clinical examination essentially comprises of clinical examination and history taking. History taking begins as soon as patient comes in contact with the physician. History taking is a process by which information is gained by asking specific questions to the patient with the aim of obtaining information useful in formulating a diagnosis and providing medical care to the patient. History essentially involves not just the history of disease or symptoms but also includes the lifestyle history, personal and family history.

In *Ayurveda* clinical examination has been focused with two approach *roga pariksha* and *rogi pariksha*. The former is complete examination on disease front whereas the latter focusses on the diseased, in terms of his age, habits, strength, habits so on and so forth. However, it goes untold that both *roga* and *rogi pariksha* are interconnected.

Roga pariksha is done by assessing the *nidana*, causative factors, *purvarupa* premonitory symptoms, *roopa* clinical features, *upashaya* diagnostic tests and *samprapti* etiopathogenesis. *Rogi pariksha* is done by *trividha pariksha* threefold examination, *shadvidha pariksha* six folded examination, *ashtavidha pariksha* eight typed examination and *dasha vidha Pariksha* ten factors examination. However, most of the texts of clinical examination seem to be influenced by Acharya Vagbhata method of clinical examination that involves *darshana* inspection, *sparshana* palpation and *prashna*¹ interrogation for complete examination of the patient.

One of the important aspects of clinical examination is to identify the etiological factors. The disease may be caused by one or many etiologies. It is the prerogative of the [physician to trace all

probable possible etiologies. In epidemiology eliciting the causes can happen in two ways probabilistic and deterministic approach.

The probabilistic approach tries to trace all probable causes for the disease and then it will be narrowed down to exact etiologies in a deterministic way. To obtain all probable causes for the disease, patients' history in relation to his geography becomes very important hence terms like health geography and medical geography are in use. In *Ayurveda*, Geography features as *Desha*. *Desha* is an essential and integral component of clinical examination.

Desha and Atura parigana hetu

Term *desha* generally means place, region or land. *Ayurvedic* literature attaches two meaning for the word *desha* as *Bhumi desha* (geography) and *deha desha*² (place where disease is present, that is afflicted human). Both are to meticulously examine before arriving at a diagnosis and evolving strategies of treatment.

Bhumidesha that is land or geographical place gets categorized in three divisions as, dry arid less vegetative *jangala desha* and humid, wet, marshy land with abundant vegetation as *Aanupa desha*. And balance of both is known as *Sadharana desha*³.

Acharya Charaka while emphasizing the importance of *Desha pariksha* proposes a unique concept known as *Aatura parijnana hetus*. And stresses on all factors mentioned there arriving at a proper diagnosis. Charaka also reinforces that *Atura parijnana hetus* help decide physical and immunological strength (*bala*)⁴ of the patient which in turn helps decide appropriate medicine dose and form to be employed.

Phrase *Aatura parijnana hetu* consists of four words viz, *Aatura*, *pari*, *jnana* and *hetu*. *Aatura* mean diseased or patient, *pari* refers to complete or comprehensive, *gnana* means knowledge and lastly *hetu* means causes or factors. Therefore, *Aatura parijnana hetu* means the factors essential for complete knowledge of patients.

By implication it appears that all factors for clinical examination should follow under this title, however this concept is like an addendum after detailing clinical examination in different contexts of *Charaka Samhita*. Hence *Aatura parijnana hetu* is a concept and content should merge with other aspects in clinical examination set up.

Aatura parijnana hetu quoted by *Acharya charaka* says that Nature of the land is examined with a view to ascertaining the specific features of individual patients as well as the medicinal plants in different localities. The following points in the form of questions are to be examined with reference to the patient⁵:

- What is the place where the patient is born?
- What is the place of growth and development of the patient?
- What is the place where patient afflicted with or encountered disease?
- In that geographical place what are food practices of humans?
- What is the lifestyle of the people there?
- Is food or lifestyle cause for the disease?
- Is this disease connected to any practices of that region?
- What is s the strength? (Physical and immunological Strength of people of that region)
- What is the mental strength? (Mental Strength of people of that region)
- What is the dominant *dosha* in that region?
- What are the preferences (liking) of the people of that region?
- What are the diseases that are seen predominant in that region?
- What is good and bad for those diseases in that region?

These instances of *Charaka Samhita* easily point to the understandings of modern medical science with reference to Health geography and medical geography.

HEALTH GEOGRAPHY

Health geography is a subdiscipline of human geography, which deals with the interaction between people and the environment. Health geography views health from a holistic perspective encompassing society and space, and it conceptualizes the role of place, location and geography in health, well-being and disease⁶.

Health geography is the application of geographical information, perspectives, and methods to the study of health, disease, and health care.

Although health geography is closely aligned with epidemiology, its distinct primary emphasis is on spatial relations and patterns. Whereas epidemiology is predicated on the biomedical model and focuses on the biology of disease, health geography seeks to explore the social, cultural and political contexts for health within a framework of spatial organization.

Medical geography, a sub-discipline of or sister field of health geography, focuses on understanding spatial patterns of health and disease as related to the natural and social environment. Conventionally, there are two primary areas of research within medical geography: the first deals with the spatial distribution and determinants of morbidity and mortality, while the second deals

with health planning, help-seeking behaviour, and the provision of health services.

Medical geography

The first area of study within medical geography has been described as geographical epidemiology or disease geography and is focused on the spatial patterns and processes of health and disease outcomes⁷.

This area of inquiry can be differentiated from the closely related discipline of epidemiology in that it uses concepts and methods from geography, allowing an ecologic perspective on health that considers how interactions between humans and the environment result in observed health outcomes⁸. The second area of study focused on the planning and provision of health services, often with a focus on the spatial organization of health systems and exploration of how this arrangement affects accessibility of care.

The study of health geography has been influenced by repositioning medical geography within the field of social geography due to a shift towards a social model in health care, rather than a medical model. This advocates for the redefinition of health and health care away from prevention and treatment of illness only to one of promoting well-being in general. Under this model, some previous illnesses (e.g., mental ill health) are recognized as behaviour disturbances only, and other types of medicine (e.g., complementary or alternative medicine and traditional medicine) are studied by the medicine researchers, sometimes with the aid of health geographers without medical education. This shift changes the definition of care, no longer limiting it to spaces such as hospitals or doctor's offices. Also, the social model gives priority to the intimate encounters performed at non-traditional spaces of medicine and healthcare as well as to the individuals as health consumers.

This alternative methodological approach means that medical geography is broadened to incorporate philosophies such as Marxian political economy, structuralism, social interactionism, humanism, feminism and queer theory.

Area of Study

Health geography is considered to be divided into two distinct elements. The first of which is focused on geographies of disease and ill health, involving descriptive research quantifying disease frequencies and distributions, and analytic research concerned with finding what characteristics make an individual or population susceptible to disease. This requires an understanding of epidemiology⁹.

The second component of health geography is the geography of health care, primarily facility location, accessibility, and utilization. This requires the use of spatial analysis and often borrows from behavioural economics¹⁰.

Geographies of disease and ill health

Health geographers are concerned with the prevalence of different diseases along a range of spatial scales from a local to global view, and inspects the natural world, in all of its complexity, for correlations between diseases and locations. This situates health geography alongside other geographical sub-disciplines that trace human-environment relations. Health geographers use modern spatial analysis tools to map the dispersion of health, including various diseases, as individuals spread them amongst themselves, and across wider spaces as they migrate¹¹. Health geographers also consider all types of spaces as

presenting health risks, from natural disasters, to interpersonal violence, stress, and other potential dangers¹².

DISCUSSION

Medical Geography and *Atura parignana hetu* nexus.

Geography and health are intrinsically linked. Where we are born, live, study and work directly influences our health experiences: the air we breathe, the food we eat, the viruses we are exposed to and the health services we can access. The social, built and natural environments affect our health and well-being in ways that are directly relevant to health policy. Spatial location (the geographic context of places and the connectedness between places) plays a major role in shaping environmental risks as well as many other health effects¹³.

Land or region is classified in *ayurveda* as *Anupa*, *jangala* and *sadharana*. The geography in *jangala* region is *vata* dominant and hence can cause diseases related to *vata*, conversely *kapha* will have its toll on human body in *anupa*¹⁴ region. Therefore, a proper history of birth growth and place of succumbing to illness helps in predicting the probable disease. It is also to be noted that people of *jangala* region are physically strong and can sustain morbidity whereas in *anupa* region people are weak and vulnerable to many more diseases¹⁵.

Food practices, lifestyle actions and other social practices also greatly differ in *jangala* and *Anupa* region hence proper history of medical geography will help identify the probable and deterministic aetiologies.

Since, naturally *jangala* region has *vata* dominance and *Anupa* has *kapha* dominance, hence the lifestyle of people there should always strive to keep the respective *doshas* in a state of normalcy to prevent diseases. In some conditions the diseases manifested in *Anupa* geography poses poor prognosis.

Satmya which means homologation with foods also is directly connected to geography. Inhabitants of *bahlika* region are habituated to intake of meat, wheat *madhvika* (honey based alcoholic beverage). *Acharya Charaka* quotes that people in *bahlika*, *souveera*, and *sourashtra* region are generally consuming more salt are mostly languid and of loose flesh and blood and they are unable to withstand hardships, hence prone to diseases like premature baldness, grey hair and wrinkles in the skin¹⁶.

People of eastern part like China consume fish and more alkaline substances and hence vulnerable to blindness, impotency, baldness, grey hair and heart diseases characterised by sawing pain¹⁷.

CONCLUSION

Ayurveda is a complete science. Every aspect of human life is addressed in some way in *Ayurveda*. Concept of *Atura parignana hetu* is a unique idea emphasizing health geography. Geography has a great bearing on health as it is an important factor in disease manifestation. Certain diseases are more prevent in some geography and a physician should be conversant about medical geography. All aspects of medical geography should be obtained during the process of history taking which will help physician to arrive at a proper diagnosis and evolve good treatment strategies.

REFERENCES

1. Vagbhata, *Ashtanga hridaya Sutrasthana* 1st chapter, *Shloka* no.22, with the commentaries *Sarvangasundara* of *Arunadatta* and *Ayurveda rasayana* of *Hemadri* Annotated by Dr. Anna Moreswara Kunte and Krishna Ramchandra shastri Navre Edited by Pt. Hari Sadashiva Shastri Paradkara Varanasi, Chaukhamba no.14.
2. Agnivesha, *Charaka samhita Vimanasthana* 8th chapter, *Shloka* no.93, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by *Vaidya jadavjirikamji acharya*, Varanasi Chaukhambha, pg no.276.
3. Agnivesha, *Charaka samhita Kalpasthana* 1st chapter, *Shloka* no.8, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by *Vaidya jadavjirikamji acharya*, Varanasi Chaukhambha, pg no.652.
4. Agnivesha, *Charaka samhita Vimanasthana* 8th Chapter, *Shloka* no.94, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by *Vaidya jadavjirikamji acharya*, Varanasi Chaukhambha, pg no.276.
5. Agnivesha, *Charaka samhita Vimanasthana* 8th Chapter, *Shloka* no.93, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by *Vaidya jadavjirikamji acharya*, Varanasi Chaukhambha, pg no.276.
6. Tunstall HVZ, Shaw M, Dorling D. Places and health. *J Epidemiol Comm Health* 2004; 58:6-10
7. Mayer, J.D., 1982. Relations between two traditions of medical geography: health systems planning and geographical epidemiology. *Progress in Geography*, 6(2), pp.216-230.
8. Glass, G. E. 2000. Update: spatial aspects of epidemiology: the interface with medical geography. *Epidemiologic Reviews* 22 (1): 136-139
9. Ocaña-Riola, Ricardo. "Common errors in disease mapping". *Geospatial Health*. 2010 4 (2): 139–54. doi:10.4081/gh.2010.196. PMID 20503184.
10. Litva, Andréa "Coming out: exposing social theory in medical geography". *Health*. 1995. 1 (1): 5–14. doi:10.1016/1353-8292(95)00002-4.
11. Philo, Chris (2009). "Medical Geography". In Gregory, Derek; Johnston, Ron; Pratt, Geraldine et. al *The Dictionary of Human Geography* (Fifth Edition). Oxford: Blackwell. pp.451-453
12. Philo, Chris. "Health and Health Care". In Gregory, Derek; Johnston, Ron; Pratt, Geraldine et. al *The Dictionary of Human Geography* (Fifth Edition). 2009 Oxford: Blackwell. pp.325-326
13. Treyer JB Dummer. Health geography; supporting public health and planning. *Canadian medical association journal*, April 2008- 178(9), 1177PP
14. Vagbhata, *Ashtanga hridaya Sutrasthana* 1st chapter, *Shloka* no.23, with the commentaries *Sarvangasundara* of *Arunadatta* and *Ayurveda rasayana* of *Hemadri* Annotated by Dr. Anna Moreswara Kunte and Krishna Ramchandra shastri Navre Edited by Pt. Hari Sadashiva Shastri Paradkara Varanasi, Chaukhamba, pg no.15.
15. Agnivesha, *Charaka samhita kalpasthana* 1st Chapter, *Shloka* no.8, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by *Vaidya jadavjirikamji acharya*, Varanasi Chaukhambha, pg no.653.
16. Agnivesha, *Charaka samhita Vimanasthana* 1st Chapter, *Shloka* no.18, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by

Vaidya jadavjitrikamji acharya, Varanasi Chaukhambha, pg no.234.

17. Agnivesha, *Charaka samhita Vimanasthana* 1st Chapter, *Shloka* no.17, revised by *Charaka* and *Dridhabala* with the *Ayurveda dipika* commentary of *Chakrapanidatta*, Edited by

Vaidya jadavjitrikamji acharya, Varanasi Chaukhambha, pg no.234.

How to cite this article:

Arpita H R and Anand Katti. Atura pariijnana hetu vis-a-vis health geography: A Review. J Pharm Sci Innov. 2021;10(6):145-148. <http://dx.doi.org/10.7897/2277-4572.106221>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: JPSI is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. JPSI cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of JPSI editor or editorial board members.