

## A COMPARISON OF TWO EXAMINATION METHOD: IMPLEMENTATION OF ATURAPARIJNANA HETU w.s.r to DESHA PARIKSHA IN AYURVEDA

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### ABSTRACT

There are varied techniques of patient examination methods declared in classical manuscripts of *Ayurveda*. Out of which *aturaparijnana hetu* is perfect one. *Charaka* has named it in *Vimana sthana* before *dashavidha pariksha*. Here in present article an attempt is made to rule out to show the classical study and represent the survey report of an dissertation work, which shows importance of a perfect person understanding method namely *aturaparijnana hetu* before *dashavidha pariksha* in diagnostic research.

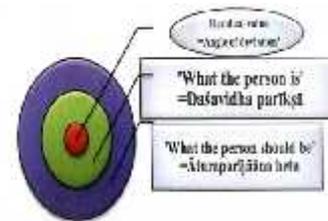
**Keywords:** *Aturaparijnana hetu, Charaka, Dashavidha pariksha, Vimana sthana.*

### INTRODUCTION

*Charaka* is the father of Indian medicine, in the year 2 A.D. many inventions are made up; out of them *aturaparijnana hetu* is foremost. This is a diagnostic research in which classical concept of person understanding is assessed. *Dashavidha pariksha* is conventional and importantly utilizing centuries ago and utilizing till date. This *aturaparijnana hetu* concept is supporting *dashavidha pariksha* in base manner. It gives standard (what one should be and in what condition or status a person is) on which *dehabala* and *doshabala* are assessed clinically.

### Material and method:

As this is a literary research the literary materials which include the reference of



*Aturaparijnana hetu* have been get together through the *Ayurveda* text; are mainly the *Charaka samhita*<sup>1</sup>, *Sushruta samhita*<sup>2</sup> and *vagbhata*<sup>3</sup> (including *samgraha* and *hridaya*) and its available commentaries.

Along with these classical materials; original dissertation<sup>4</sup> on *aturaparijnana hetu* and Ph.D. dissertation of Dr. Paprinath<sup>5</sup> is taken as a genuine material.

## CONCEPTUAL STUDY

The concept of *Aturaparijnana hetu* is placed in *Charaka Samhita: vimaana sthana*: chapter number eight: under the broad heading of *dashavidha parikshya bhaava*<sup>6</sup> and after *desha pariksha*<sup>7</sup> also before *dashavidha pariksha*.

*Pariksha* is important in each and every phase of life of an individual. Here two examination methods are mentioned by *charaka* as *aturaparijnana hetu* with special reference to person's original *desha* after which *dashavidha pariksha* is perform and another method is conventional *dashavidha pariksha* (which is not included *aturaparijnana hetu* nor *desha vichara*).

*Charaka* has describe *Desha* mainly of two types

1. *Bhumidesha* (land) &
2. *Aturadesha* (Human body)

*Bhumi* is accessorially divided into two parts, they are as follows;

1. *Aturaparijnaana hetu* &
2. *Ausadhparijnaana hetu* for both utility and applicability in *chikitsaa-karma*.

The quotation of *Aturaparijnana hetu* in *Charaka samhita* is as follows;

तत्र तावदियमातुरपरिज्ञानहेतोः । तद्यथा -  
कस्मिन् संवृद्धं व्याधितो द ; तस्मिंश्च  
मनुष्याणामिदमाहारजातम्,  
, एतावच्च ,  
सत्त्वम्, सात्त्व्यम्, ,  
भक्तिरियम्, व्याधयः ,

प्रायोग्रहणेन | औषधपरिज्ञानहेतोस्तु कल्पेषु  
भूमिपरीक्षा वक्ष्यते || Ch.Vi. 8/93 .....

The verse mentioned here means: "Place is defined as land as well as patient. Land is to be examined for knowledge about the patient or the drug. For knowledge about the patient (these things are considered) such as - in what type of land the patient is born (*Jangala, Anupa, & Sadharana*), grown or diseased in that type of land the people probably have such diet, physical and mental behaviour, code of conduct, having strength (physical, mental, social and spiritual), mind (mental status), suitability to substances, having definite pathology, likings, having disorders, probable wholesome and unwholesomeness".

*Chakrapaani* clarify this matter as;

प्रायोग्रहणेनेति च्छेदः, प्रायोग्रहणेन नैकान्ततः  
परीक्षेतेति य | प्रायःशब्देन देशेनाहाराद्यनुमा  
निश्चितं किं प्रायोभावीति दर्शयति | (*Chakra-  
paani* on above)...

The verse mentioned here means: *Chakrapaani* more specifically told that *Aturaparijnaana hetu* is important to understand an individual on very 'probable' mode; this can differentiate a person; from one group to another. And this assumption of understanding a person is most of the time very perfect. Sometimes a clever physician easily understands the person from his name and birth place only. Sometimes half of the diagnosis can be understood by the name, place of living and diet only.

But the ultimate aim of a physician is to understand a person from all the angles, criteria,

from all the sides and understand the *karya*. As rightly quoted that *kaarya* is to be imagined from *karana* and *karana* is to be understood from *kaarya*.

### Criteria for Selection of Individuals:

#### For clinical survey study of healthy volunteers:

Only those volunteers were selected who have no major disorder for more than 5 yrs having age group of 16 yrs to 60 yrs and more preference is given to the resident of Jamnagar.

#### For clinical survey study of unhealthy volunteer

Sick patients having minor disorders attending the OPD and IPD of Basic Principles I.P.G.T. & R.A. were selected also who have not fulfilling the parameter if health which are se-

lected in the health group are also shifted in this group.

### Inclusion and Exclusion Criteria:

In this study healthy and unhealthy people (health and ill health) & (both types of person's samples) has been selected in between age group 16 to 60 year of either sex (for the assessment of *dehabala* and *doshabala*). Both the objects examined through *dashavidha pariksha* from the O.P.D. & I.P.D. of basic principles of I.P.G.T. & R.A., Jamnagar (Guj) India. And Individual below 16 and above 60 years, who do not paying attention in responding into survey sampling, Chronic severity like various syndromes i.e., cancer, D.M., A.I.D.S., T.B. etc. and Psychiatric disorders were excluded from this study.

### GROUPING:

**Table A:** There are two groups which include method of person understanding.

Group	Subject of the group
Group A	<i>Aturaparijnana hetawah</i> followed by <i>dashavidha pariksha</i>
Group B	<i>Dashavidha pariksha</i>

Which means it is elaborated as follows;

**Table B:** Showing schematic representation of method of examination

	Group A		Group B	
	Healthy	Unhealthy	Healthy	Unhealthy
Step 1	<i>Prakriti Parikshana</i> <i>desha Nirdharana</i>		<i>Prakriti Parikshana</i>	
Step 2	<i>Aturaparijnana hetawah</i> Haemetological & Biochemical Analytic Reports		Haemetological & Biochemical Analytic Reports	
Step 3	<i>Dashavidha pariksha</i>		<i>Dashavidha pariksha</i>	

### CRITERIA FOR ASSESSMENT:

The most specific criteria for the assessment are the examination method describe in *Ayurvedic* classic i.e. *Charaka Vimana* 8/93 (i.e.

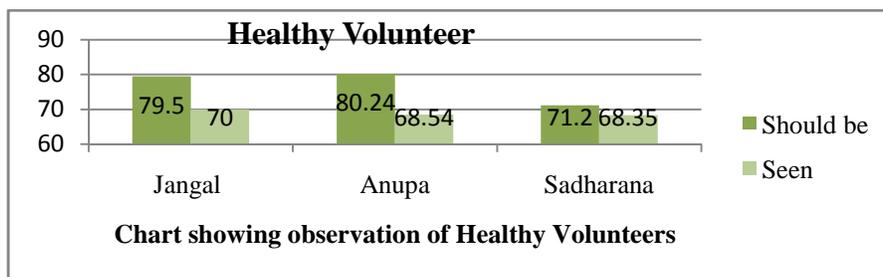
the parameters of *Aturaparijnana hetawah*). Detailed Performa prepared, Standard *Dashavidha pariksha* (revised from Ph.D. thesis), and Modern biomarkers of general health

assessment. Observations and results of randomized survey sample method. Mean differences of two groups, scored and analyze with the help of biostatistics in the form of paired T test & Chi square test.

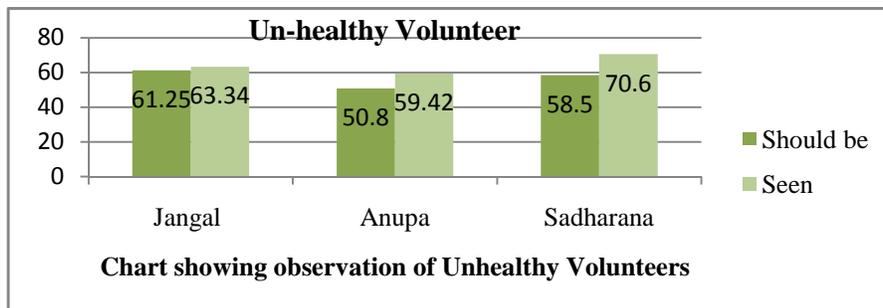
**OBSERVATIONS AND RESULT:**

Surveys are necessary to know actual position about status of health or illness (according to *Bala*), affecting a group of peoples or a whole community belonging one region. Survey should be representative, randomized to reflect the real picture of the health or un-healthiness of the entire group. The re-establishment of concept of *Aturaparijnana hetawah* is possible only through the means of Clinical Survey.

**Table 1:** showing data of observational results of Healthy volunteers.



**Table 2:** showing data of observational results of Un-healthy volunteers.



**Application of the Chi square test:**

The Chi Square Test is applied to find the difference in the efficacy of the two examination method.

**Steps to apply the test:**

1. *Dehabala* & *doshabala* was assessed on the basis of Grading Proforma of Healthy and Unhealthy Volunteers respectively.

- The obtained “14 Series” grades as *Pravara* (more than 75%), *Madhyama* (between 75 to 50 %) and *Avara* (less than 50%).
- These grades were assessed with optimal marks awarded to *Aturaparijnana hetawah* series from 100 marks. These marks were compared with the standardized series

marks of DVP, adopted from Ph.D. Dissertation of Dr. Paprinath.

- The average marks were highlighted for the sake of angle of deviation in *dehabala* and *doshabala*.
- Average marks were positioned on 4 x 2 Chi square contingency table, is prepared using obtained values.

Chi Square (x<sup>2</sup>) is calculated by applying the formulae as follows:

$$X^2 (\text{Chi Square}) = \frac{O - E}{E}$$

Degree of freedom is obtained by following formula:

$$D.F. = (c-1) \times (r-1)$$

(c= no. of columns; r= no. of rows)

The obtained Chi square value is then compared with that of Fishers x<sup>2</sup> table at the particular degree of freedom and results are interpreted in terms of level of significance.

As degree of freedom (D.F.) = (4-1) x (2-1) = 3, the p values from the table corresponding 3 degree of freedom are as given below:

Fishers Table of n=3:

### Total effect of Examination method:

The data is analyzed for evaluating the total effect of *dehabala* and *doshabala* in each of the scales. Chi square test is applied to obtain data to see the difference between effects of two examination methods.

**Table 3:** showing the final assessment of results by applying chi square.

Showing Final Assessment Of Results Of Chi Square (X <sup>2</sup> ) Applied To Both Groups									
Groups	Jangala		Sadharana		Anupa		Dashavidha		TOTAL
	OBS	EXP	OBS	EXP	OBS	EXP	OB	EX	
Gr. A	74.75	75.20	69.77	73.50	74.39	70.76	68.09	66.92	287.00
Gr. B	62.30	75.20	64.70	60.50	55.08	58.24	54.15	55.08	236.23
X <sup>2</sup> (o-e) Results	137.10	150.40	134	144	129	129	122	122	523.23
	0.003		0.189		0.186		0.020		X <sup>2</sup> = 3.091
	2.213		0.292		0.172		0.016 df = 3		

## DISCUSSION

*Darshana shastra* already mentioned that *kaarya* and *kaarana* as linked with each other. The effect of *desha* factor on the health of an individual is a boon reason for basic changes in *prakriti*, *sara*, *samhanana* and other *dashavidha* factors upon which *aturaparijnana hetu* gives standard parameters as birth place, diet, routine, behaviour, mental status etc.

यान्यनुचिन्त्यमानानि विमलविपुलबुद्धेरपि  
बुद्धिमाकुलीकुर्युः किं पुनरल्पबुद्धेः; Ch.Su. 15/5

The verse mentioned here means: There are various separate single parameters mentioned in *charaka samhita* are having nature of very concealed concept whose clinical assessment is very difficult to prove in front of ethical research society.

The legend concept behind the person understanding is to remind that before going to *atura pariksha* in context of *roga* & *rogi*, there is first need to study and understand a person,

in whom the physician wants to examine the state of *roga* or *doshabala*.

Society of Ayurvedic research methodology had utilized this grading method, since more than half century, but their interpretation is lacking. *Dosha kshaya*, *dhatu vriddhi*, *prakiiti saamya* etc. words are being utilized since many years but what is the normal limit is to be defined, from which level it is to be low, from which level it is to be high; in an individual, of different constitution.

Follow to this aspect only, to study the knowledge of *Aturaparijnana hetawah* with ones respective *desha* has been applied before *Dashavidha pariksha* of the person (i.e. state of Health and Illness), and then only; data has been analyzed about *dashavidha pariksha*.

This is to be clarified, what is the optimum level of health in this type of person, is very rightly can be demonstrated with the help of *aturaparijnaana hetu*. It is to be rightly noted a famous quotation that, no two human beings are same. But better interpretation should be done regarding dose calculation and proper management, by considering the concept that an ant should be compare only with an ant and not by elephant.

That's means, to explain here that, no two different persons should compare at each time. But their comparison should be done with proper intension. The person of same *desha* should be compared. Their age group, marital status, sex, diet pattern etc. should be first keep in reference and then, one should think about comparison, otherwise not.

Only *Charaka* mentioned, ten investigatory processes for *ayusahpramanajnaana* and *aturabala pramaanajnaana* and *aaturadoshabala pramaanajnaana* in relation to *aatura pariksha*, *dashavidha pariksha* seems as more complete one, because at a time, it assess the status of health and diseases. It is inter-relation of both *roga* and *rogipariksha*. Determination of line of treatment and dose calculation depending upon *aatura dosha bala* seems more accurate with the help of *dashavidha pariksha* when rightly combines with *Aturaparijnaana hetawah*.

The effect of *bahyadesha* can be understood very easily. But an individual has a different effect on own *desha*. *Desha* may be *Anupa*, *Jangala* or *Sadhaarana* to a person of *Jan-gala*, *anupa* or *Sadhaarana desha* as *Pravara*, *madhyama* or *Avara*. This is very rightly explained by *Raja-Nighantu*.

In this Standard Group while making the Observation and Assessment, all the 14 parameters of *Aturaparijnana hetu* have been considered.

### **Comparison between “Standard Group”(A) and “Observation Group”(B).**

Here in standard group, there is the entire results mentioned as previously but in observation group, only *dashavidha pariksha* is based, which is the popular trend of physicians i.e. to study a person by *dashavidha pariksha* a and obtain the *dehabala*. But why *dashavidha parikshaa* has done is never statistically observed i.e. *dehabala* was lowered or increased for that the dose of medicines are to be calculate.

To indicate the phenomenon that the person understanding without *Aturaparijnana hetu*, i.e. only knowing the *bala* of HVs and UHVs by *Dashavidha pariksha* gives only values i.e. 68.09% and 54.14% *dehabala* respectively.

### Discussion of Results Based on The Statistics of “Chi Square” and “Rank Correlation”

Rank correlation shows positivity” of correlation in healthy volunteers and negative” correlativity in unhealthy volunteers.

Chi square reveals insignificant results, in comparison to H and UH group at the level of  $n=3$ , which in-signifies to compare the data of standard and observational group, also shows un-uniformity and incomparability of expectation of pattern of healthy and unhealthy group’s *dehabala* mean score.

### CONCLUSION

Both the examination methods are complex one, but actual assessment of *dehabala* and *doshabala* are available was found in group A; as it gives basic values to *dashavidha pariksha*. The total data obtain for valuation of *dehabala* and *doshabala* are assessing easily and bias-free results were obtained. But the length of the examination increase up-to some extent which make bulkiness of the method.

Thus *Aturaparijnana hetu* helps to understand and differentiate an individual, from a group of individual in very accurate and easier way. As it gives the actual grade, regarding what the person should be according to its original *desha*, recommended as standard.

Without having the standard of *Aturaparijnana*, the *dashavidha pariksha* cannot give

the perfect state of the *Bala*. Hence comparison between these two type of *pariksha* i.e. *pariksha* by *Aturaparijnana* then *dashavidha pariksha*, together becomes essential, to know the perfect state of healthy person in regards its *bala*, otherwise not.

A real procedure to obtain a proper history, was mentioned in *Ayurveda* in the form of *Aturaparijnana Hetu*, which was supposed as hidden or absent (as per few physicians) in last few decades of ‘Diagnostic Research’. Lacking to this, ayurvedic physicians were eagerly looks towards Modern Medical Science.

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**Source of Support: Nil**  
**Conflict Of Interest: No**

How to cite this URL: Rupesh Wadher: A Comparison Of Two Examination Method: Implementation Of Aturaparijnana Hetu W.S.R To Desha Pariksha In Ayurveda. International Ayurvedic Medical Journal {online} 2017 {cited June, 2017} Available from: [http://www.iamj.in/posts/images/upload/1298\\_2105.pdf](http://www.iamj.in/posts/images/upload/1298_2105.pdf)