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# Novel Research on Ayurveda's Standard Examination Method : *Aaturaparijnana Hetu*

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## ABSTRACT

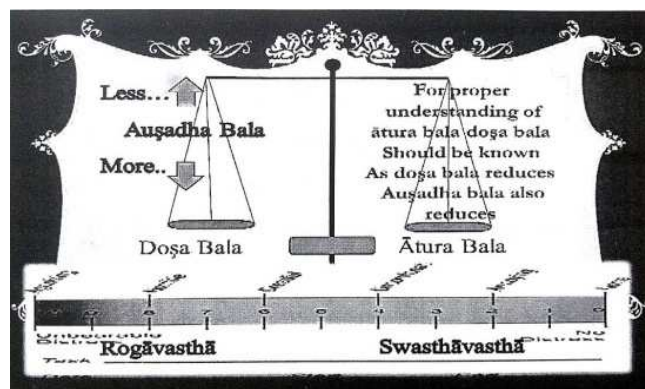
Examination of ongoing pathology in patient's body is quite essential for a physician to calculate the estimation the dose of drug. But examination method mentioned in *Ayurveda* is incomplete without using the present concept of *Aturaparijnana Hetu*. With the help of *Aturaparijnana Hetu* the traditional methods of person understanding (the *Dashavidha Pariksha*) become more accurate and powerful. *Aturaparijnana Hetu* gives standard of a person. In this way, examination method acquires the foundation; designed for grading. In short, person's residual strength can be documented. These article is intended to highlight the research work through survey study that how can a group is identify by their respective *Desha* and their role in *Dashavidha Pariksha*. *Dehabala* and *Doshabala* are assessing by this methods.

**Key words:** *Aturaparijnana Hetu, Dashavidha Pariksha, Desha, Dehabala, Doshabala.*

## INTRODUCTION

*Ayurveda* is full of authentic concepts for person understanding and of clinical evaluation of body, in term of *Dehabala* and *Doshabala* for perfect assessment of *Aushadha Bala*. *Dashavidha Pariksha*<sup>[1]</sup> is well established method to assess *Bala* of an individual. But in these articles one may be bound to convey the strength of present concept: *Aturaparijnana Hetu*,<sup>[2]</sup> as it gives standard value (what one should be and in what condition or status a person is) of *Dehabala* and *Doshabala* to *Dashavidha Pariksha* by which a clever physician can assess residual value of *Dehabala* and *Doshabala* by which perfect diagnosis can be made and bias in clinical

research avoided.



## MATERIALS AND METHODS

In favour of this study, the literary materials which include the reference of *Aturaparijnana Hetu* have been get together through the *Ayurveda* text; are mainly the *Charaka Samhita*, *Sushruta Samhita*<sup>[3]</sup> and *Vagbhata*<sup>[4]</sup> (including *Samgraha* and *Hridaya*) and its available commentaries.

Along with these classical materials; original dissertation<sup>[5]</sup> of Dr. R. Wadher and Ph.D. dissertation of Dr. Paprinath<sup>[6]</sup> is also taken as a genuine material.

## CONCEPTUAL STUDY

The concept of *Aturaparijnana Hetu* is placed in *Charaka Samhita, Vimaana Sthana*, chapter number

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eight, under the broad heading of *Dashavidha Parikshya Bhaava*<sup>[7]</sup> and after *Desha Pariksha*<sup>[8]</sup> also before *Dashavidha Pariksha*.

*Charaka* mentioned that; these examinations are meant for correct knowledge of subject. Without knowing the subject; it is impossible to complete understand the concept in whole and thus bias is occurs in clinical results.

*Dashavidha Parikshaya Bhava* → *Desha Pariksha* → *Aturaparijnana Hetwah* → *Dashavidha Pariksha* → *Deshastu Bhumi Aturashca* (Ch. Vi. 8/92)

*Desha* has been described mainly of two types,

1. *Bhumi Desha* (land) and
2. *Atura Desha* (human body)

*tatra bhUmiparIkShA Aturaparij~jAnahetorvA syAdauShadhparij~jAnahetorvA* | Ch. Vi. 8/93

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

1. *Aturaparijnaana Hetu* and
2. *Ausadhparijnaana Hetu* for both's utility and applicability in *Chikitsaa Karma*.

The quotation of *Aturaparijnaana Hetu* in *Charaka Samhita* is as follows;

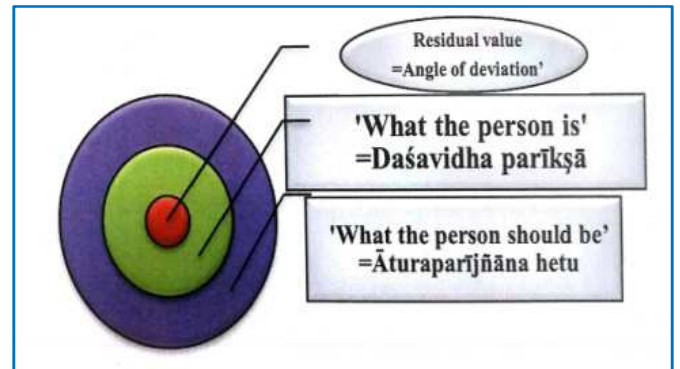
*tadyathA ayaM kasmin bhUmidеше jAtaH saMvRuddho vyAdhito vA; tasmiMshca bhUmidеше manuShyANAmidamAhArajAtam, idaM vihArajAtam, idamAcArajAtam, etAvacca balam, evaMvidhaM sattvam, evaMvidhaM sAtmyam, evaMvidho doShaH, bhaktiriyam, ime vyAdhayaH, hitamidam, ahitamidamiti prAyograhaNena* | Ch.Vi. 8/93

Place is land as well as patient. Land is to be examined for the knowledge about the patient or the drug. For the knowledge about the patient (these things are considered) such as - in what type of land the patient is born (*Jangala, Anupa* and *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;

*parIkSheteti yojanA| prAyaHshabdena ca deshen AhArAdyanumAnaM na nishcitaM kiM tu prAyobhAvIti darshayati* || (*Chakrapaani* on above)



*Chakrapaani* told 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 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 emarginated from *Karana* and *Karana* is to be understood from *Kaarya*.

*doShapramANAnurUpo hi bheShajapramANavikalpo balapramANavisheshApekSho bhavati* | Ch. Vi. 8/94.

Here *Karana* is *Dehabala* of a person and *Karya* is management of *Aushadha Bala* (manage by physician), by refluxing *Dehabala*.

### 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 range of 16 yrs to 60 yrs and more preference is given to the resident of Jamnagar, Gujarat.

**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., Jamnagar, Gujarat; were selected also who have not fulfilling the parameter if health which are selected in the health group are also shifted in this group.

**Inclusion and Exclusion Criteria**

In this study healthy and unhealthy peoples state (health and ill health) and (both types of persons 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. and 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 1: Grouping 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 2: Showing schematic representation of method of examination.**

	Group A		Group B	
	Healthy	Unhealthy	Healthy	Unhealthy
Step 1	<i>Prakriti Parikshana</i>		<i>Prakriti Parikshana</i>	
	<i>Desha Nirधारana</i>			
Step 2	<i>Aturaparijnana Hetawah</i>		Haemetological and Biochemical Analytic	

	Haemetological and Biochemical Analytic Reports	Reports
Step 3	<i>Dashavidha Pariksha</i>	<i>Dashavidha Pariksha</i>

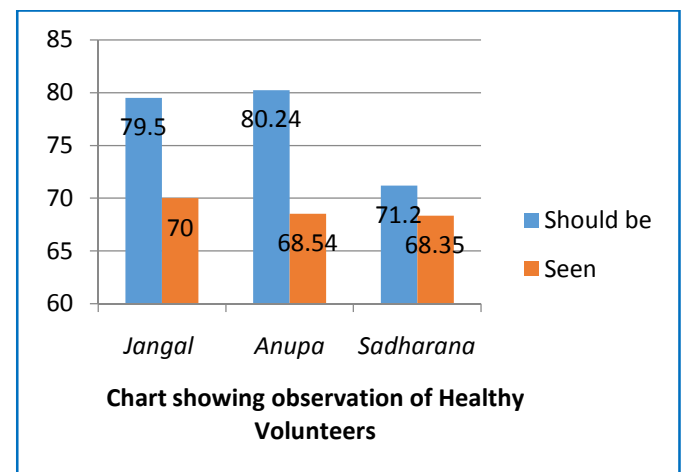
**Criteria for Assessment**

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 and 'Chi' square test.

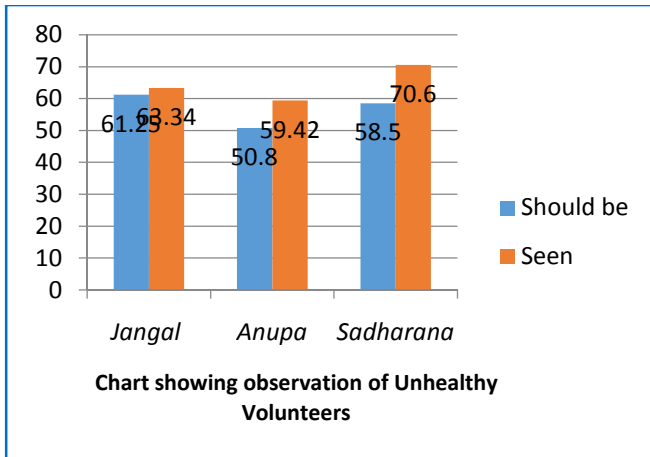
**OBSERVATIONS AND RESULTS**

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.

**Figure 1: Showing data of observational results of Healthy volunteers.**



**Figure 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* and *Doshabala* was assessed on the basis of Grading Proforma of Healthy and Unhealthy Volunteers respectively.
2. The obtained "14 Series" grades as *Pravara* (more than 75%), *Madhyama* (between 75 to 50 %) and *Avara* (less than 50%).
3. 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 *Dashavidha pariksha*, adopted from Ph.D. Dissertation of Dr. Paprinath.
4. The average marks were highlighted for the sake of angle of deviation in *Dehabala* and *Doshabala*.
5. Average marks were positioned on 4 x 2 Chi square contingency table, is prepared using obtained values.

Chi Square (x2) 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 x2 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 obtained data to see the difference between effects of two examination method.

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

Gro ups	Jangala		Sadharan a		Anupa		Dashavid ha		Total
	OBS	EXP	OB S	EX P	OB S	EX P	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) Res ults	137.10	150.40	13.4	14.4	12.9	12.9	12.2	12.2	523.23
	0.003		0.189		0.186		0.020		X <sup>2</sup> = 3.091 df = 3
2.213		0.292		0.172		0.016			

**DISCUSSION**

*yAnyanucintyamAnAni vimalavipulabuddherapi buddhimAkullkuryuH kiM punaralpabuddheH; Ch.Su. 15/5*

The legend concept behind the person understanding, is to remind that, Before going to *Atura Pariksha* in context of *Roga* and *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, 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 compare. Their age group, marital status, sex, diet pattern etc. should be first keep in control and then, one should think about comparison, otherwise not.

Only *Charaka* mentioned, ten investigatory processes for *Ayusahpramanajana* and *Aturabala Pramaana Jnaana* and *Aatura Doshabala Pramaana Jnaana* in relation to *Aatura Pariksha, Dashavidha Pariksha* is seems more complete one, because at a time, it assess the status of health and diseases. It is interrogation of both *Roga* and *Rogi Pariksha*. 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 *Bahya Desha* can be understood very easily. But an individual has an different effect on own *Desha*. *Desha* may be *Anupa, Jangala* or *Sadhaarana* to a person of *Jangala, 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* and obtain the *Dehabala*. But why *Dashavidha Pariksha* has done is never statistically observed i.e. *Dehabala* was lowered or increased for that the dose of medicines are to be calculated.

To indicate the phenomenon that the person understanding without *Aturaparijnaana Hetu*, i.e. only knowing the *bala* of HVs and UHVs by *Dashavidha Pariksha* a gives only values i.e. 68.09% and 54.14% *Dehabala* respectively.

#### Discussion of Results of 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 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

*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. *Pariksha* is important within each and every field of knowledge. An additional word *Pari Jnana* is necessary for achieving and assessing as well as verification of the reality and truthiness with the help of *Pariksha*. There is no any additional tool or method designed for the validation of knowledge. Hence in *Ayurvedic* medical science, it is mandatory to practice and apply the *pariksha* in the entire the aspects. 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*. As *Aturaparijnana Hetawah* is a Quantitative Analysis Methodology as compare to *Dashavidha Pariksha*. So *Aturaparijnana Hetawah* along with *Dashavidha Pariksha* become Qualitative and Quantitative Analytic Method. That is, after combination, it becomes Synergetic Processes, otherwise not. A real procedure to obtain a proper history, was mentioned in *Ayurveda* in the form of *Aturaparijnaana 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. *Aturaparijnaana Hetu* is a time-overriding procedure, to exploit-out the true understanding about person's *Dehabala*.

## REFERENCES

1. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Vimana Sthana, Roga Bhishagajitiyam, 8/93; 2nd edition, Composed by Vaidya Jadavaji Trikamji Acharya, Varanasi: Choukhamba Krishnadas Academy; 2006;p.276.
2. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Vimana sthana, Roga Bhishagajitiyam, 8/92; 2nd edition, Composed by Vaidya Jadavaji Trikamji Acharya, Varanasi: Choukhamba Krishnadas Academy; 2006;p.276.
3. Sushruta. Sushruta Samhita, Sutra Sthaana, 35/3. 8th edition, Vaidya Jadavaji Trikamji Acharya. Varanasi: Choukhamba Orientalia, 2005.
4. Vaagbhatta. Ashtanga Samgraha, Sutra Sthaana, 23/3. Hindi Commentary Kaviraj Atridev Gupta Reprint ed.; Varanasi: Krishnadas Academy; 2002.
5. Dr. Rupesh Wadher, Prof.R.R.Dwivedi. Comprehensive and Applied study of Aturaparijnana hetu in context of desha Pariksha [M.D. Thesis], Gujarat Ayurveda University, Jamnagar, 2010
6. Dr.Paprinath, Prof.R.R.Dwivedi. Conceptual and Applied Study of Ātura Parīkṣā in Brihatrayi for Bala Dosa Pṛamāṇa and Standardization of Auśadha Mātrā' [Ph.D. Thesis] Gujarat Ayurveda University, Jamnagar, 2010
7. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Vimana Sthana, Roga Bhishagajitiyam, 8/68. 2nd edition, Composed by Vaidya Jadavaji Trikamji Acharya, Varanasi: Choukhamba Krishnadas Academy; 2006;p.270.
8. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Vimana sthana, Roga Bhishagajitiyam, 8/92 2nd edition, Composed by Vaidya Jadavaji Trikamji Acharya, Varanasi: Choukhamba Krishnadas Academy; 2006;p.276.

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