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# Concept of *Deshaviparyaya* w.s.r. to Migration - A Literary Review

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## ABSTRACT

*Desha* (geographical distribution) is one of the important principles linked with health of individual. The characteristics of the *Desha* impart certain physical, physiological, psychological attributes in inhabitants. There is another term *Deshaviparyaya* which is not much understood. This factor is one main cause for many diseases prevailing nowadays. A comprehensive exploration can be done between *Deshaviparyaya* and migration. Through a multidisciplinary lens, this work aims to provide insights into complex interplay between geographical disorientation and health effects on people's health. **Aims & Objectives:** Literary review on basic concepts of *Desha* & *Satmya* (Habituation) & understanding concepts of *Deshaviparyaya* in view of migration. **Materials & Methods:** *Ayurvedic* literatures containing all details about *Desha*, *Satmya* & *Deshaviparyaya* were studied and literary material was critically reviewed. **Discussion:** Effect of migration and on sleep, integumentary system and generation of stress has been discussed with its *Ayurvedic* treatment. **Conclusion:** Migration has impact on different systems of human body. This article can be hypothesized that *Desha* & *Satmya* should be considered for successful administration of therapeutics.

**Key words:** *Desha*, *Deshaviparyaya*, *Satmya*, *Migration*.

## INTRODUCTION

*Ayurveda* is the science of life that was developed for maintaining the health of *Swastha* (Healthy person) and helping the diseased out of their miseries. It has many unique concepts which are yet to be discovered and understood from a different perspective. *Desha* (geographical distribution) is a term that is present in

our texts in context of both *Swasthas* & *Aturas* (diseased). It is a factor that plays a major role in disease formation and treatment aspect too. A person by birth is accustomed to a geography and is adjusted to *Ahara* (Food) & *Vihara* (Activities) pertaining to that. Due to many factors migration had been an age old practise seen. This change can be understood as *Deshaviparyaya* (change in geography).

There has been a lacunae in understanding disease of migrants from view of *Deshaviparyaya*. Administering medicines without assessing the cause cannot give a fruitful result. *Ayurvedic* medicines are administered mainly on basis of *Dosha*, *Agni* (digestive fire), *Koshta* (vacant places in body having covering) which has to be assessed properly which will change according to *Desha*.

This article mainly focuses on *Deshaviparyaya* concept with special reference to migration. Understanding concepts in a different way help to provide data base and scope for further research to our basic principles

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mentioned in *Ayurveda*. Due to growing industrialisation and urbanisation migration has become a trend throughout India. But along with this trend, created health risks to migrants both physically and mentally which are not properly addressed or taken care of.

### AIMS AND OBJECTIVES

1. Literary review on basic concepts of *Desha* & *Satmya*.
2. Understanding concepts of *Deshaviparyaya* in view of migration.

### MATERIALS AND METHODS

#### Materials

*Ayurvedic* literatures containing details about *Desha*, *Satmya* & *Deshaviparyaya*.

#### Methods

All compiled literary material has been critically reviewed.

#### Classification of *Bhumi Desha*

Almost all *Acharyas* have explained about classification of *Desha*. According to *Brihatrayees*, *Desha* can be - *Jangala* (Dry land), *Sadharana* (Normal land), *Anupa Desha* (Marshy land).<sup>[1]</sup> *Yogaratanakara*<sup>[2]</sup> & *Kashyapa*<sup>[3]</sup> have mentioned similar way of classifying *Desha*. According to *Rajanighantu* similar way of classification is seen - *Anupa Desha*, *Jangala Desha* (subtypes include - *Mukhya*, *Madhyama*, *Kaniya*), *Sadharana Desha* (divided into *Anupa*, *Jangala Desha*).<sup>[4]</sup>

#### Features of *Bhoomi Desha* as mentioned in *Samhita*

##### *Jangala Desha* (Dry land)

The surface is characterized by rocks & sand with full of stones, appearance of mirages in summer, small ponds, hot weather, thorny bushes & scanty rainfall with predominance of dry wind. Plants mostly seen are *Khadira* (*Acacia catechu*), *Aswakarana* (*Dipterocarpus alatus*), *Sallaki* (*Boswellia serrate*), *Aswatha* (*Ficus religiosa*), *Arka* (*Calotropis procera*). The people of *Jangala Desha* are mostly *Vata* & *Pitta Prakruti*. They

are harsh, strong and rough in nature and are more prone to *Vata-Pitta* dominant diseases. Animals predominant are antelopes, deer, bucks and donkeys.

##### *Anupa Desha* (Marshy Land)

It is moist & humid with uneven land surface. Hills and mountains, lakes with abundance of lotus flowers, wells, and rivers are found in abundance. *Tamala* (*Garcinia sps*), *Narikela* (*Coconut tree*), *Kadali* (*Banana tree*) are found in abundance. Sea coasts or river banks are full of trees. The individuals of *Anupa Desha* are mostly *Kapha* & *Vata Prakruti*. They are usually delicate, beautiful & gentle in nature and are more prone to *Kaphaja* & *Vataja* diseases. *Anupa Desha* is predominant with swan, crane, goose & animals like the rabbit, bear, buffalo, deer, duck.<sup>[5,6]</sup>

##### *Sadharana Desha* (Normal land)

Persons inhabiting this land are sturdy, tender endowed with strength, complexion & compactness. In this *Desha* normal climatic variations are visible. *Godhuma* (wheat), *Yava* (barley) are usual crops grown in abundance. Mixed characteristics of both *Jangala* & *Anupa Desha* are found. The soil here is golden colour with sweet taste. The animals and crops have the combined characters of *Jangala* & *Anupa Desha*. People are *Sama Doshaja Prakruthi*.<sup>[7]</sup>

#### Applied aspects of *Desha*

##### *Desha* as the factor for *Rogi Pareeksha*

*Desha* was described by *Acharya Charaka* in the context of *Rogi Pareeksha* (Examination of patient). While examining a patient, it's important to examine the *Desha* to determine which treatment is apt for the *Rogi*.<sup>[8]</sup>

##### Prognosis of disease based on *Desha*

A factor for deciding prognosis of a disease is *Desha*. A disease is said to be *Sadya* when Disease is *Desha*, *Prakruti* (Constituent), *Satmya* (Habituation) - *Vipareeta* (*Vipareetha*).<sup>[9]</sup> For eg: it is easy to treat a *Kaphajavyadhi* originated in *Jangala Desha*. *Dosha* manifested in *Swadesha* (*Kapha* in *Anupa Desha* & *Vata* in *Jangala Desha*) is more powerful than *Dosha* manifested in *Vipareeta Desha*. *Acharya Susruta* have

given an example stating that those animals living in water become weak when they are transferred to land. One who follow proper *Ahara*, *Nidra* (Sleep) and *Vyayama* (Exercise) doesn't need to be afraid of *Dosha Kopa* in *Swadesha* & *Anyadesha*.<sup>[10]</sup>

#### Relation of Ahara & Vyadhi in relation to Desha

In Eastern region (*Prachyam*) Fish and rice are taken more, Phlegmatic (*Kapha*), elephantiasis (*Shleepada*) & goitre (*Galaganda*) are common diseases. In South (*Dakshina*), fish of the river waters & sea are common food hence *Kusta* (skin disease) is seen in abundance. People of *Kambhoja* eat *Masura* (*Lens culinaris*), *Yava* (*Hordeum vulgare*), *Godhuma* (*Triticum vulgare*), *Tila* (*Sesamum indicum*), *Arsha* (Haemorrhoids) & *Danta Roga* (Diseases of teeth) are common. In west, people eat meat & wines and *Rajayakma* (Tuberculosis) is common. In *Bahlikadesha* food that is *Teekshna* (hot), *Panakas* (syrups) and *Audaka* (watery drinks) are taken in excess. Hence *Balasaka* (Excess of mucous) is common disease of that region. In *Parvata* (mountainous) regions and their neighbouring places *Abhisyandi Roga* (Discharge from eyes) is more common.<sup>[11]</sup>

#### Desha among Asta Ahara Vidhi Vishesha Ayatana

It refers to specialised facilities for dietary practises in a region. The goal is to create a culinary environment that reflects and caters to distinctive dietary preferences specific to that geographic area. The food substances grown in the same *Bhoomidesha* as that of the person suits the person well.<sup>[12]</sup>

#### Desha as Virudha Prakara

In 18 types of *Virudha* (Dietic incompatibility) explained by *Acharya Charaka*, consumption of *Ruksha* (Rough) - *Tikshna Dravyas* in *Jangala Desha* & *Snigdha* (Oily) - *Sita* (Cold) *Dravyas* in *Anupa Desha* is considered as *Desha Virudha*.<sup>[13]</sup>

#### Desha in treatment aspect

In *Charaka Sidhithana Acharya* mentioned the factors that need to be taken care of while administering *Vasti* (Enema), where one factor is *Desha*. If all the *Panchakarma* (Five purificatory therapies) procedures

are performed after due consideration of *Dosha*, *Desha*, *Kala* it bestows good results.<sup>[14]</sup>

#### Concept of Satmya

The substance which is favourable to a person by birth is known as *Satmya*. It is of three types: *Prava Satmya* (superior type of compatibility), *Avara Satmya* (inferior type of compatibility), *Madhyama Satmya* (medium type of compatibility).<sup>[15]</sup> *Chakrapani* have commented that *Satmya* means *Okasatmya* i.e. which becomes wholesome due to habitual intake.<sup>[16]</sup> *Desha Satmya* (Habituation to a geography) is a concept that needed to be referred here. It is desirable to take *Ahara* & *Vihara* (Food & Activity) which are antagonistic to the *Desha* and the causative factors of the diseases prevalent there. e.g.; *Ushna* and *Ruksha* (Dry) *Gunas* are suitable in *Anupa Desa* and *Sita* (Cold) & *Snigha* *Gunas* are suitable for *Jangala Desa*.<sup>[17]</sup>

#### Concept of Deshaviaryaya

In *Ayurveda*, *Deshaviaryaya* is a concept that emphasizes the impact of geographical location (*Desha*) and its variation on health and well-being. The term *Viparyaya* suggests that deviations or imbalances in *Desha* which leads to disruption of health. For instance, a person accustomed to a particular place and climate may experience health issues when exposed to different environment. Many references are available in our *Samhitas* but they are not addressed properly to enhance treatment quality.

#### Deshaviaryaya as Nidana for Vyadhi

There are many diseases that are explained in our *Samhita* that occur due to *Deshaviaryaya*. While diseases and its treatments are explained, *Desha* were told as a major *Nidana* like *Shlipada* (Filariasis) mostly occurs in *Anupadesha*.<sup>[18]</sup> *Amlapitha* (Hyperacidity) is as a disease of *Anupadesha* and is advised to give medicines from *Jangala Desha*. If disease is not cured, patient is asked to migrate to a *Jangala Desha*.<sup>[19]</sup> *Deshaviaryaya* concept is mentioned among *Nidanans* of *Vyadhis* like *Shiroroga* (Disease of head),<sup>[20]</sup> *Atisara* (Loose stools),<sup>[21]</sup> *Chardi* (Vomiting),<sup>[22]</sup> *Agnidusti Karanas* in *Grahani* (IBS),<sup>[23]</sup> *Visphota* (Skin blisters).<sup>[24]</sup> All these are few examples where we can elicit the role

of *Deshaviaryaya* as an etiological factor in disease formation.

## DISCUSSION

**Migration & health:** Migration is the movement of people leading to redistribution within a spatially extended population. Around 2/5th of total urban growth in developing countries are accounted by migration.<sup>[25]</sup> There are many push & pull factors for migration. Push factors include poverty; unemployment & pull factors include higher education & wages, better working & living conditions. Migration rate within India between 2020 and 2021 was almost 29% which is increasing as the years passes by.<sup>[26]</sup> While Migration has become an avenue to economic well being, the shift in population has drastically increased health issues like Cardiovascular system diseases, Diabetic Mellitus, Hypertension, obesity, increased BMI, Respiratory illness & unstable mental status.<sup>[27]</sup> Migrants doesn't care about their health status as they become busy in adapting to their new life. However, the bidirectional relationship between migration and health remains poorly understood.

### Effect of *Deshaviaryaya* (Migration) in understanding some prevailing health conditions of migrants:

**Insomnia & Migration - A growing concern:** Studies have shown that change in sleeping location is associated with issues like lack of sleep, incomplete sleep etc. Prevalence of sleep disorders in migrants ranges between 39 and 99%.<sup>[28]</sup> Migration includes separation from family and personal space and the efforts for integration in the new place may be a precipitating & predictive factor for insomnia in migrants. Disruption of circadian rhythm leads to weight gain, obesity & diabetes by altering timing and amount of food intake thereby impairing glucose tolerance, and insulin sensitivity. The issues related to migration can be tackled by giving sleep education including benefits of good quality sleep and information about consequences of untreated insomnia for mental health which can be taught to migrants. Also migrants must be able to access to their mother tongue for personal help.

In *Ayurveda* an integrative approach can be made using *Yoga* & meditation along with medications which enhances sleep (*Nidrajanaka*). The following factors are responsible for bringing good sleep instantaneously to the people suffering from insomnia – *Abhyanga* (body massage), *Utsadana* (unction), *Snana* (bath), *Samvahana* (rubbing body with soft hands), intake of mutton soup prepared by the meat of *Gramya-Anupa-Udaka* animals (domestic, marshy & aquatic), intake of rice prepared by *Shali Dhanya* (Rice that grows in 60 days) along with curd, milk, alcohol, do things which cause *Manosugham* (Pleasant to mind) and try to sleep in proper time in a comfortable bed. All these things can be followed by the migrants if they are properly guided by the physician.<sup>[29]</sup>

**Homesickness & Stress in Migrant population:** There is presence of elevated level of distress, anxiety, and depressive symptoms among mental health of homesick migrants as a result of leaving home and living in an unfamiliar environment.<sup>[30]</sup> If support is not offered, then homesickness may increase their suffering. Qualified professionals and volunteers can play a certain role in providing psychological assistance and support to needy migrants. Common symptoms include constant change in moods, frowning, teeth grinding, not finding a personal space and occasionally being unfriendly which denotes the mental state of migrants.

The judgment capacity of a stressed person is generally compromised and the faulty decision (*Prajnaparadha*) is an important cause for several diseases. To prevent stress there are two approaches- avoid factors inducing stress & increase the coping capacity of the body. The coping capacity of the body can be increased by life style modifications, dietary interventions and following *Sadvritta* (Good code of conduct). Necessary *Yoga* training that help to reduce stress can be practised daily. *Sathwavajaya Chikitsa* (*Ayurvedic psychotherapy*) is a method of restraining the mind from unwanted things. The best approaches to achieve the goal of *Sathwavajaya Chikitsa* are-*Jnanam* (knowledge), *Vijnanam* (analytical thinking), *Dhairya* (courage), *Smriti* (memory) & *Samadhi* (concentration).<sup>[31]</sup>

**Effect of migration on Integumentary system:** It is observed that 30-40% of immigrants suffer from allergy.<sup>[32]</sup> Migration exposes individuals to changes in environment and expose them to pollutants/allergens & climatic change all of which may contribute to the pathogenesis of allergic disorders.

In *Ayurveda*, allergy itself is not a disease but it gets manifested as a symptom of other disease. *Acharya Charaka* has mentioned some allergic disorders (*Anurjatatanyavikara*) such as *Udarda* (Urticaria) under *Kaphananatmajavikara*.<sup>[33]</sup> Later on, it is developed as separate disease under the title of *Sheetapitta-Udarda-Kotha* by *Madhavakara*.<sup>[34]</sup> *Udardaprashmana Mahakashaya*: It is a multi-herb decoction explained in *Charak Samhita* which contains ten herbs. They are - *Tinduka* (*Diospyros peregrina*), *Priyala* (*Buchanania lanzan*), *Badara* (*Zizyphus jujuba*), *Khadira* (*Acacia catechu*), *Kadara* (*Acacia suma*), *Saptaparna* (*Alstonia scholaris*), *Ashwakarna* (*Dipterocarpus turbinatus*), *Arjuna* (*Terminalia arjuna*), *Asana* (*Pterocarpus marsupium*), *Arimeda* (*Acacia leucophloea*) all in equal quantity.<sup>[35]</sup>

#### Methods to overcome effect of Deshaviparyaya in migrants

Follow *Dinacharya* (Daily routine) & *Ritucharya* (Seasonal regimen) which suits the new place, intake of food at proper time and make sure that food is taken when appetite is present. Do not suddenly stop *Ahara* and *Vihara* of *Swadesha* (Original place) while moving to a different *Desha* but try to follow *Padamshika Krama* (Adopt good habits and discard bad habits). Intake of *Rasayana Dravyas* (Rejuvenation) helps to improve mental and intellectual competence, preserve the youthfulness in you, maintain our sense organs in their normal state etc. Try to maintain a normal sleep wake cycle which is the cause for many health related conditions nowadays. Keep a positive mindset regarding your change of place from your hometown by adopting new good habits like gardening, reading or even exploring the new area to its fullest thereby creating a bond with the new place. Try to make healthy bonds with habitants of the place and don't keep yourself aloof from the society. Try learning the

new language and culture of the place which boost our confidence and enable us to interact more with others.

#### CONCLUSION

Understanding and adapting to the variations in *Desha* play a crucial role in *Ayurvedic* approaches to holistic well-being. Migration in terms of *Deshaviparyaya* is a concept that needs to be analysed and reviewed in depth to understand diseases that originate due to change in geography. As this article clearly points out the impact of migration on different systems of human body hence careful planning of treatment must be done accordingly. It can be hypothesized that *Desha* & *Satmya* should be considered for successful administration of therapeutics. This helps researchers and health workers in dealing with migration related issues more effectively.

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