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### RESEARCH ARTICLE

#### ROLE OF DESHA IN DECIDING DIET AND LIFESTYLE

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#### Abstract

**Introduction:** In Ayurveda, the traditional system of medicine that originated in ancient India, the concept of "Desha" (region or country) plays a crucial role in understanding lifestyle and diet. Ayurveda recognizes that the natural and environmental factors of a specific region significantly influence the physical and mental constitution of individuals. Acharya Charak referred to the patient's habitat as well as the land by using the name Desha. Acharya Vagbhata listed the 10 examinable elements for Desha and said that a doctor who thoroughly studies these will never hesitate to determine the proper medication for treating an aggravated Dosh. Understanding Desha is required for a complete assessment of the patient and the medication.

**Material & Methodology:** Ayurvedic classics, commentaries, modern literature, research journals available in the institute library, and online resources were all used for inspiration for framing conceptual work.

**Discussion:** Recognising Desha provides assistance not just with medication selection but also with patient examination and disease diagnosis. Everyone needs to be aware of its many practical elements. Applied aspect of Desha includes Role of Desha in health maintenance-Swasthasya Swasth Rakshanam & Role of Desha in Disease-Aturasya Vikara Prashaman.

**Conclusion:** Pursuant to the current investigation, Desha affects a person's food and way of life from conception to death. From a health and illness perspective, Sadharana Desha is typically better than Anupa and Jangala Desha. These days, there is a lot of research being done on the gut microbiota, which highlights how crucial Desha is to leading a healthy life. Thus, this idea of Desha/ land/ locality/ place/ geographical area is crucial and need to be considered while organizing patient care or research projects, framing the policies too.

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#### Introduction:-

In Ayurveda, the traditional system of medicine that originated in ancient India, the concept of "Desha" (region or country) plays a crucial role in understanding lifestyle and diet. Ayurveda recognizes that the natural and

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environmental factors of a specific region significantly influence the physical and mental constitution of individuals. Ayurveda Acharya separated Desha into two categories: Bhumi Desha and Deha Desha, also known as Atura Desha.<sup>i</sup> Another name for location and land is Bhumi Desha, which describes the natural distribution of ecosystems. Atura Desha is the term for an ill individual. In the current period of modernization, the most affected part of life is relocating from one's hometown to a distant metropolis in quest of better work prospects. Changes in habitat, whether within the same nation or relocating abroad, have a negative impact on gut health because they might cause abrupt dietary changes or shifts in time zones, which can further disrupt circadian rhythm. Ten folds of examinable components include Desha. It's one of the four Satmya. The Desha, or drug habitat, is a crucial factor to take into account when discussing drugs because it significantly affects the way the drug acts as a whole. When discussing the sickness assessment, Acharya Charaka referred to the patient's habitat as well as the land by using the name Desha.<sup>ii</sup> Acharya Vagbhata listed the 10 examinable elements for Desha and said that a doctor who thoroughly studies these will never hesitate to determine the proper medication for treating an aggravated Dosha.<sup>iii</sup> Understanding Desha is required for a complete assessment of the patient and the medication.<sup>iv</sup> Knowing the Bhumi or Desha of the Dravya or drug helps us evaluate or understand its properties, acts, or Karma, as the qualities of treatment rely on its origin, growth, and storage place.

Classification of Desha<sup>v</sup>: There are three categories into which Bhumi Desha falls:

- a) Jangala Desha (~Dry forest land)
- b) Anupa Desha (~Marshy land)
- c) Sadharana Desha (~Normal land)

Ashtanga Samgraha<sup>vi</sup> has described type of Desha according to Shada Rasotpatti, the dominance of Dosha and Rasa are as follows:

**Table 1:-** Desha according to Shada Rasotpatti:

Desha	Dosha dominance	Rasa dominance
Jangal	VP	Katu
Anupa	KP	Madhura
Anupa Sadharana	K	Lavana & Amla
Jangal Sadharana	V	Tikta Kshaya

### Material & Methodology:-

Ayurvedic classics, commentaries, modern literature, research journals available in the institute library, and online resources including Pubmed Central, Ayush research portal, Google scholar, and E-books were all used for inspiration for framing conceptual work.

### Discussion:-

Recognising Desha provides assistance not just with medication selection but also with patient examination and disease diagnosis. Everyone needs to be aware of its many practical elements.

#### Applied aspect of Desha:

##### 1. Role of Desha in health maintenance- Swasthasya Swasth Rakshanam:

###### i) Desha concerning strength or Bala:

Compared to Jangal Desha and Sadharan Desha, the people of Anupa Desha are stronger.<sup>vii</sup> The Balvat Desha or the fact that people born in Sindh Pradesh have greater Bala, is one of the Balavrudhikara Bhava (Factors for improvement of Bala) that Acharya Charaka mentioned.<sup>viii</sup> Since Sindh Pardesha people have strong Vyayam Shakti and will need more Aushadh Matra, etc., this notion can be utilised.

###### ii) Desha Satmya (Homologation):

The characteristics of food and activities that are harmful to the environment and illness are known as Satmya. Desha Satmya (substances with properties opposing to their dwelling areas) and Roga Satmya (diet and regimen opposite to sickness) are the two ways Acharya Chakarpani defined Satmya.<sup>ix</sup> As was previously noted, even if the Ahara is incompatible, the cuisine and eating customs of people who live in a certain place become Satmya to those people. There could be two possible causes for the regional adaptability:

1. Food items have been used for a longer period of time.
2. People who are born in a particular Desha are naturally adapted to that Desha and its cuisine.

However, it does not apply to individuals who have moved to another location.<sup>x</sup> Thus, by organising the regimen in accordance with Desha, ailments to which an individual is susceptible because of their geographic location can be avoided.

### iii) Desha and Sutikaparicharya:

According to Desha, Acharya Kashyapa mentioned Vishisthparicharya in relation to Sutikaparicharya<sup>xi xii</sup>,

**Table No. 3:-** Vishisthparicharya according to Desha:

AnupaDesha	JangalDesha	SadharanaDesha	VideshJati
Agni and Balavardhaka Mandaprayoga Ushna Dravya	Ghrita, Taila or other Sneha with Pippalyadi Kwath Yavagupana	Neither too Snehana or Ruksha Dravya	Manma Niryuha, Kanda, Moola, Phala

### iv) Deshanupatni:

Desha in relation to genetic and epigenetic factors that affect Prakriti. A significant part of Prakriti's composition is played by Desha. Analysing Desha and its effects is crucial to comprehending the Prakriti person's personality. Desha's effect can be noticed in differences in people's physiognomy, complexion, behaviours, and personalities. People with different physiologies have different skin tones. For example, Chinese people have yellow skin, African people have dark skin, and so on. People who live in marshy areas have a mostly Vata-Kapha physiology. It has been given strength and colour here.

### v) Desha and Aushadhi (Drugs):

The examination of the soil necessary for the knowledge of drugs. “**औषधपरानहेतु कपेषु भूमपरावयते**” (Ca.Vi.8/93).

Desha Sampat is the term used to describe the collection of pharmaceuticals from their suitable habitat or natural habitat. The drugs that have the best therapeutic efficacy have been selected by Desha Sampat. Acharya Sushruta states that a plant's potency (or origin) is dependent on its cultivation location, harvesting period, and appropriate storage. Any plant's characteristics were directly influenced by its place of origin. Sushruta expressed the same viewpoint in the 36th chapter of Sutra Sthana regarding appropriate land for drug collection, with the caveat that the plant to be collected must be free from insecticide, poison, weapons, sunlight, wind, fire, water, oppression, and thoroughfares, and have excellent Rasa. It must also not be fragile or unfertile, and have access to distant water sources.<sup>xiii</sup>

### vi) Desha and Gut microbiome:

The "Gut microbiome" is the aggregate term for the hundreds of distinct kinds of bacteria that live in the human gut. Numerous research are carried out to evaluate the impact of immigration or to compare the gut microbiomes of citizens of the same nation who reside in several states.<sup>xiv,xv</sup> The study examined 514 healthy women in total, dividing them into three groups: those who were born and still reside in Thailand, those who were born in Southeast Asia and subsequently immigrated to the US, and those who were born in the US to parents who were originally from Southeast Asia. It was discovered that the gut microbiota changed over decades, starting as soon as the immigrants landed in the US.<sup>xvi</sup> Their microbiomes became to resemble those of native-born Americans of European ethnic background the longer they lived there. In a different study, the gut microbiomes of participants residing in the Leh region were compared at the phylum level. The results showed that the gut microbiota of these participants is highly homogenous, with a higher concentration of Bacteroidetes and a lower concentration of Proteobacteria in comparison to those residing in the Ballabgarh regions. Subsequent investigation demonstrated that the gut microbial community had clear patterns in its structure and inter-individual variability even among the Ballabgarh populations. The observed variances in gut microbiota are likely linked to the types of plants present and the changes in temperature across different regions.

### Role of Desha in Disease- Aturasya Vikara Prashaman:

#### i) Desha as an etiological factor for disease:

East Asians are more likely to acquire Kapha-Pitta illnesses like Shlipada (Filaria) since they consume a lot of rice and seafood.<sup>xvii</sup> People that live in Sind, Bahlika, and Saurashtra consume large amounts of salt, which leads to illnesses that do not normally occur. People in the south are more prone to have Kushtha because they consume fish from rivers and the sea (Skin disorders). The Jangala Desha is more likely to cause Pitta, Vata, and Asruka illnesses (disorders connected to blood). Kaphaja and Vataja Vikara are more common among Anupa Desha individuals. The finest Desha is Sadharan Desha since its citizens are less likely to get ill. Some poor dietary and lifestyle choices

made in this location are to blame for the development of diabetes, according to study by Rohit Sharma et al among people of Jamnagar, Gujarat.<sup>xviii</sup>

Malnutrition Related Diabetes Mellitus is a kind of diabetes that has been identified by the WHO and is prevalent in India. The majority of these patients are young, slender people between the ages of 15 and 35, and reports of them are more common in the states of Kerala and Orissa. One might compare this kind to KrishaPramehi. Diabetes is said to be mostly brought on by eating a lot, which raises Kapha, Meda, etc.

#### ii) Application of DeshaViruddha:<sup>xix</sup>

The DeshaViruddha is the only one where an individual consumes food items of a similar quality to that of the region, resulting in the production of ailments.<sup>xx</sup> Consuming food that is comparable in quality to that of their native area or Desha might lead to the ailment known as DeshaViruddha. For instance, the use of foods that are prominent in Vata, such as those that are dry (Ruksha) and quick-acting (Tikishana), in JangalaDesha, a habitat that is dominant in Vata. One of the Astavidhaaharavidhividhana (eight factors concerning food intake) elements is Desha. These are the eight specific dietary approaches factors, and Desha is referred to as the Food Habitat in this context. It represents the site of development, the distribution of drugs or food, and the appropriateness of the place. Variations in soil and climate have an impact on food quality.<sup>xxi</sup> Health benefits were demonstrated by taking into account Matra, Desha, and Kala when taking Ahara. Determining the DeshaViruddha based on food consumption has become extremely difficult.

#### iii) Desha and Sadhya /Asadhyata (Prognosis):

Sadhya is an illness that is exclusive to a different geographic region. If an individual residing in JangalaDesha has Vatavyadhi, a condition comparable to Desha, then they are not eligible for therapy.<sup>xxii</sup>

#### iv) Janpadoudvansa:<sup>xxiii</sup>

Despite the differences in individual physical constitution, Desha is identified in Ayurvedic literature as a causal element for the development of epidemic illnesses.

#### v) Desha importance for treatment:

When treating Amlapitta (hyperacidity), KasyapaSamhita stated that those who live in AnupaDesha are typically affected by the illness. Thus, the patient should have treatment with Jangala medication, and even if the illness does not improve, he should go to a different area where the environment will be different. Samhita also stresses the need of adhering to a healthy lifestyle when living in a healthy environment. Acharya says that while using therapeutic methods, the following should be kept in mind: Desha, Kala, Pramana, Satmya, and Asatmya. Desha is therefore regarded as the therapeutic measure's conduit.

#### Conclusion:-

Pursuant to the current investigation, Desha affects a person's food and way of life from conception to death. If recommended practices are not followed, this can lead to mild to serious health issues. From a health and illness perspective, Sadharana Desha is typically better than Anupa and Jangala Desha<sup>xxiv</sup>. These days, there is a lot of research being done on the gut microbiota, which highlights how crucial Desha is to leading a healthy life. Thus, this idea of Desha/land/locality/place/geographical area is crucial and need to be considered while organizing patient care or research projects, framing the policies too.

<sup>i</sup>Charaka samhita, Vimana sthana, Rogabhisakjitiya adhyaya, 8/92. Available from: <https://niimh.nic.in/ebooks/ecaraka/index.php>.

<sup>ii</sup>Dr. Brahmanand Tripathi, Carakasamhita Elaborated By Caraka And Drudhabala Edited With 'CARAKA-CHANDRIKA' Hindi Commentary, Chaukhamba Surbharti Prakashan.

<sup>iii</sup> Dr. Brahmanand Tripathi, Astanga Hridayam edited by 'Nirmala' hindi commentary, Chaukhamba Sanskrit pratishthan, Delhi. Page no. 181.

<sup>iv</sup>Charaka samhita, Vimana sthana, Rogabhisakjitiya adhyaya, 8/93. Available from: <https://niimh.nic.in/ebooks/ecaraka/index.php>.

<sup>v</sup>Charaka samhita, Kalpa sthana, Madanakalpa, 1/8. Available from: <https://niimh.nic.in/ebooks/ecaraka/index.php>.

<sup>vi</sup> Vagbhata, Ashtanga Samgraha, comm. of Indu, Shashilekha, edited by Shivprasad Sharma, Sutra Sthana 18/20-22. Varanasi: Chaukhamba Sanskrit Series Office, reprint 2008, page no. 146-147.

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