

4090

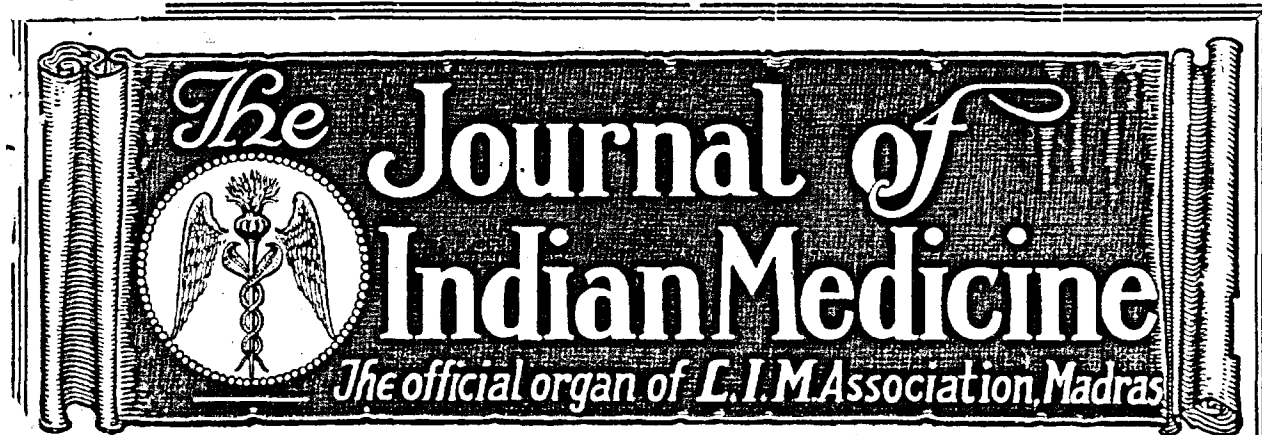
THE JOURNAL OF THE INDIAN
MEDICINE.

VOL-I

NO-1

APRIL-1935

JL
LB m211, N35 IN
N35. 1.1.
129831.



Vol. 1

April 1935.

No. 1

CONTENTS.

1. **Message** - From Captain G. Srinivasamurthi, B. A., B. L., M. B., & C. M.
Vaidyaratna Principal, Govt. Indian Medical School. ... Page 1.
2. **Ourselves** - Editorial. „ 2.
3. The Role of Indian Medicine in Modern Medical Curriculum.
V. K. Venkataswami, M. B., & B. S., F. I. M. 6.
4. **Proceedings** of the 4th L. I. M. Conferance, „ 9.
5. Clinical notes—a few Vatha diseases.
V. Narayanaswami, L. I. M. „ 44.

Subscription Rs. 2/ per am.

Single copy As. 10.

Editors:

Dr. C. N. KUPPUSWAMI.

„ M. VISWESWARA SASTRI.

„ V. NARAYANASWAMI.

129831.

L. I. M. Association, Madras

THE JOURNAL OF INDIAN MEDICINE

(QUARTERLY JOURNAL).

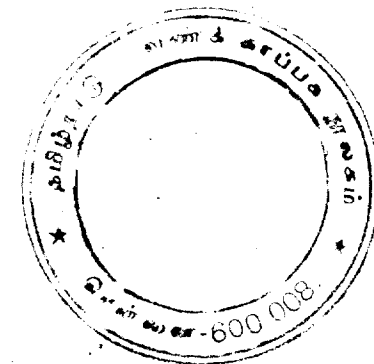
PUBLICITY SECTION.

A business interest to you.

“The Journal of INDIAN MEDICINE”, issued as an official organ of the L. I. M. Association, has within its objects the advancement of Indian medicine and the betterment of the lot of Indian medical practitioners. It has to make appeals to the heads of local bodies and to present memoranda to Government as occasion arises; and, as such, besides its usefulness to the practitioners of Indian medicine, it is bound to have much wider circulation than any other journal of its kind, yielding much better results to its advertisers.

Intending advertisers are requested to send in their matter along with the charges of Rs. 10 per page per insertion or Rs. 5 for $\frac{1}{2}$ page per insertion and 50 o/o extra for wrapper pages.

(All Communications to be addressed to the publisher.)



THE JOURNAL OF INDIAN MEDICINE

Vol. 1

APRIL, 1935.

No. 1

MESSAGE.

BY

Vaidyaratna Captain G. Sreenivasamurti.

Heartiest good wishes to you, my past students and my present co-workers, in your new enterprise for conducting a journal of your own. Go forth, pioneers, go ahead and smoothen the way for those who come after you. Those who came before you lived in that darkest hour before the dawn when great faith and greater sacrifices were demanded of those who chose to work for Indian Medicine; and if now the dawn is upon us and there are welcome signs everywhere of the long-looked for renaissance in Indian Medicine, it is to those heroic souls that praise and thanksgiving are due in abundant measure. It is now our duty to see that the torch of knowledge placed in our hands is kept burning bright and clear and to prepare the way for those in whose hands the light would burn brighter and steadier.

You have requested from me a message, which, of course, you have the right to demand. It seems to me that, at this juncture, the best message I could give you is to remind you that, first of all and most of all, we are all members of that Universal Brotherhood of Science and Learning where there

exist no barriers of Race or Country. Caste or Creed, Colour or Community, Some there be who tell us that Indian Medicine is unscientific in theory and quackery in practice; that it is urgently necessary to end this obsolete system so that Western Medicine which is the only thing that deserves to live may grow and flourish mightily and that, having regard to recent events, it is also necessary that safeguards should be provided in the coming changes against the resuscitation of systems that should have been ended long ago. Others there are who would argue that there is nothing so perfect as Indian Medicine which is the only thing that deserves to live; that there is no need to look at any other; and that what is urgently necessary is to safeguard its purity by keeping it free from any contact with Western Medicine. These are the extremes, my friends, which I would counsel you to avoid; here, as elsewhere where extremes exist, it is wise for you to follow the middle path. Experience has already shown that the assertions and fears of either group are unwarranted. Allopathic practitioners who had the Scientific open-mindedness to investigate the Indian Methods of treatment



CAPTAIN. G. SRINIVASAMURTHI, B. A. B. L., M. B., & C. M.,
(VAIDYARATNA) PRINCIPAL, GOVT., INDIAN MEDICAL SCHOOL, MADRAS.
"By the Courtesy of Andhra Bhumi"

for Dysentery, Leprosy, etc. have been better able to serve the cause of Allopathic Science as well as of suffering humanity by incorporating into Allopathic practice the use of Ipecacuhana and its derivatives, Chalmooogra oil and its derivatives, Punarnava, Kurchi and so on. Such a study of Indian Medicine by Allopathic Practitioners has not resulted and will not result in the decadence of Allopathic Science; on the contrary, it has but served to enrich the science and enlarge the boundaries of knowledge enshrined therein. Similarly, practitioners of Indian Medicine need have no fear that, by studying Western medicine and incorporating into Indian Medicine whatever is of proven utility therein, they stand to suffer in any way. Indian Medicine in the past has freely given to and taken from the Western Medicine of those times—viz., Arabian Medicine; and the result has been the enrichment of both and the birth of Indian Medicine of the present day. Why should it be different in the relationship of the Indian Medicine and Western Medicine of the present day? After all, how could anybody be any the worse for additional knowledge? Did not Sushruta himself commend in emphatic terms the study by the Physician of other Shastras?

“By the study of a single Shastra, a man can never catch the import of this science of medicine. Therefore a physician should study as many allied branches of science or philosophy as possible.”

I myself have been and am still a student of Western Science; and I feel I owe it more than I can tell. I feel also that the more one studies Modern Science and Modern Medicine, the more one begins to appreciate the immense value to the world of thought generally of the foundational tenets of Indian Medicine—such, for example, as its views on Matter, on Mind, on Prana and on its Thridosha Physiology Pathology and the methods of treatment based thereon. It is after such comparative study that one feels like adapting to the present topic the well-known saying: “Who knows of England who only England knows” and exclaiming to oneself “Who knows of Indian Medicine, who only Indian Medicine knows”. I am also one of those who believe that it is not by a mere accident that Indian Medicine and Western Medicine have come into contact with each other; but that the contact is designed to active the end that each may learn from the other what the other has to teach and that each may rival the other in making its own unique contributions to the sum-total of medical and health knowledge of the world as a whole. I hopefully look forward for a day and that, at no distant date, when Indian Medicine will not only become self-sufficient in all its eight departments as of old but will also so influence the world of Medicine generally as to enable others to enrich their own Science and serve their own people better than they could otherwise do. Thinking along lines such as these, I cannot help incorporating into this message, here and now,

what I ventured to state elsewhere nearly a decade ago:—

“Ever since the dawn of history there has been free and unrestricted communion between the East and the West in the domain of advancement of learning; in Medicine, as in other branches of knowledge, each has freely and joyously given to, and taken from, the other in the past; even when Kings were engaged in mortal strife, the men of Medicine were freely fraternising as members of that Universal Brotherhood of knowledge and wisdom, which knows no distinctions of race, creed or community. The supreme object of all students of Medicine—Eastern or Western—is the maintenance of health, and prevention and cure of diseases. There is no better way of working towards the fulfilment of this object than to think in terms of the whole of humanity, and of no lesser unit, such as the European, the Asiatic and the like, which sometimes so unfortunately—and may I say, so unscientifically,—divide man from fellowman, even in the colourless domain of Science. Many, many years ago, Charaka laid down the following dicta for the guidance of his disciples:—

“That alone is the right treatment, which makes for health; he alone is the best doctor who frees us from diseases. There is no end to the Science of medicine; hence needfully, shouldst thou devote thyself to it. Skilfulness in practice should be acquired from others without feeling any humiliation. Unto men possessed of intelligence, the entire

world acts as a preceptor; unto men destitute of intelligence, the entire world acts as an enemy. Hence, the wise should listen to and follow the counsels when they are instructive, praise-worthy, health-promoting and well suited to the conditions of the people.”

I desire also, before I close, to invite your attention to one striking feature of Indian Medical studies which has always seemed to me to be supremely worth conserving. In modern times, there have been discussions in academical circles concerning the relative values of the study of Humanities and the study of Sciences. There is a tendency to envisage these studies as though they were ranged in opposite camps and fighting each other for supremacy. The ancient Indian view has been to look upon these as complementary studies to be earnestly pursued by all aiming at cultural harmony and fullness. Hence, it is that, in Indian Medicine, it has always been considered necessary that the training of the future physician should provide not only for the study of the subjects of Medicine in all its branches so as to equip him with the capacity to have the proper orientation to problems of health and ill-health but also for the study of such classics as will enable him to have the proper orientation to life and its vital problems; in other words, the ancient scheme of studies was so ordered as to give to the world great physicians who were not only Great Scientists but also Great Humanists—a type of

Physician vividly pictured for moderners in the following description of "The Doctor of the Future" by a Western writer Dr. R. W. Wilson:—"The Physician of the future will not, as is now usually assumed, be a Scientist of the Orthodox type, a man with the technic of Laboratories at his finger ends and with the aim in his mind of elucidating the phenomena of Life in terms of Chemistry or Physics. Rather, he will be a Humanist—a man with the widest possible knowledge of human nature and the deepest possible understanding of human motives. He will be a cultured man, ripe in intellectual attainments, but not lacking in emotional sympathy, a lover of the Arts as well

as a student of the Sciences. This is, indeed, no more than a projection into the future of a "Gracious figure of the past—for the Great physicians of other days were all, likewise, great citizens of humanity".

It is to keep the vision of such gracious figures of the past always before our mind's eyes that, in the curriculum of studies pursued in your Alma Mater, the study of the Humanities finds its own honoured place along with the study of the Sciences. See to it my friends, that the visions of such gracious figures continue always to impel us to high and noble ends. May full success attend your labours! With all my heart, I wish you God—speed in your high undertaking!!

THE JOURNAL OF INDIAN MEDICINE

Vol. 1.

APRIL, 1935.

No. 1.

OURSELVES.

The art of healing is as old as Man himself and the various systems were born and developed at various times as the original nations came into existence. India is classed among the oldest of civilised nations of the world and the birth of the Indian systems of medicine dates several centuries B. C. But subsequently, the Indian systems of Medicine gradually fell into decay on account of various causes. Constant political changes, invasion of foreign powers and more recently the onset of the allopathic system all affected it adversely and the field of Indian system came to be more or less entirely neglected. Lack of state support and encouragement added not a little to the decay of the system. When times of

comparative peace set in, the people had no dobut time to think of internal affairs and began to devote some time to examine the state of indigenous sciences but much could not be done to advance the cause of the indigenous system of medicine, though the feeling and earnestness were there. The Western system had made tremendous advances under every possible encouragement that had been given to it both in this country and elsewhere. The desire to revive the national system had therefore to lie dormant until better times came. With increasing education and enlightenment, a sense of national feeling grew and and with it came love of everything national.

Opinion came to be expressed in various quarters that the system of Indian medicine should be thoroughly investigated, and means found to make it suitable to conditions obtaining in modern times.

So far as the Madras presidency is concerned, the agitation at last came to be felt by the Government who thereupon decided to appoint a committee for the purpose. But the work was entrusted to a Western medical man and the report submitted by him at no small cost was anything but encouraging. The agitation however did not subside, and through the efforts of public-minded men like Sir Thyagaraja and Sir Subrahmanya Iyer among others, a second committee came to be formed in the year! under the Presidentship of Mr. (now, Sir,) Mohamed Usman. The Usman committee, as it was called, instituted a thoroughgoing investigation into the problem with the help of many practitioners of Indian medicine and finally recommended that the system be given a fair trial under state support and patronage. As a result of the recommendation, the Indian Medical School was started during the time of the late Rajah of Panagal who had to face not a little of adverse criticism in accomplishing this Herculean task. The institution was thereafter left under the fostering care of Captain G. Srinivasa Murthi, B.A. B.L., M.B. C. M., (now Vaidyaratna). To him is mainly due the growth of the institution, and he guided the affairs through continuous struggles with the allopaths on the one side and the practitioners of Indian Medicine on the other, and little by little advanced the cause entrusted to him. He obtained state recognition to the practitioners of Indian medicine by opening a register for them. He also obtained orders of the Government according status to the

institution and the graduates who passed out of it. It was therefore in all fitness of things that the Fourth L.I.M. conference decided to honour him suitably and to raise funds for the purpose through subscription. It is fervently hoped that the members of the Indian medical profession will respond to the call in a generous manner.

Our intention in the foregoing paragraphs was to trace the system from the beginning and to take stock of the situation to-day. One of the crying needs of to-day is production of sufficient literature on the indigenous systems of medicine. On account of the troublous times it had seen in its progress, there is very little publicity given to it and the number of magazines or journals on the subject are very few. There is no need therefore to offer any apology for the introduction of this journal of Indian Medicine. It is intended to go some little way in meeting the demands of the times. It is earnestly hoped that the medical public will welcome the journal.

The chief aim of the journal will be to work for the cause of Indian medicine and to suggest ways and means for its advancement, besides voicing forth the needs of the Indian medical practitioners. It will also serve as a medium through which practitioners can exchange views. Original contributions or new interpretation of old texts are gladly welcomed. It is hoped that the public will give whole hearted support to this venture.

For the present it has been decided to issue the journal as a quarterly. If and when the financial aspect of the association is improved and when we are confident that we can have a good feed of original contributions from its members, we shall change the journal as a monthly.

The Role of Indian Medicine in the Modern Medical Curriculum.

By V. K. Venkataswami, M.B., B.S., F.I.M.

That the Indian Medicine is based upon sound scientific basis has been well stated and proved by the report of the committee on the Indigenous System of Medicine, Madras. It is now our duty to study the various systems of Medicine in their proper perspective with regard to the present day knowledge. In other words, we should ascertain the role of Indian Medicine in the Modern Medical curriculum and exactly estimate the amount of theoretical and practical knowledge that it contributes to the sum total of the human medical lore.

Modern Medicine or the allopathic system, as it is called, is a living one being supported by all the political powers of the world. Everything medical is considered as contained in it. Anything outside its realm are only 'so called' systems if not quackery, though law may permit their existence and the public may get benefitted by them. This is the opinion held with regard to the Indian Medicine by many of the modern medical men. Prejudice often prevents critics from carefully considering the view-point of the persons whom they think their opponents. Most, if not all, who find no use in the Indigenous systems of medicine are persons who have not first of all studied the subject in its original tongue let alone their not having practiced it. Things are judged from hearsay information and advertisement columns. It is highly doubtful if any one who sympathetically studies the subject under a master will say that the Indian Medicine has nothing good in it even though he does not put it into his practice.

Now let us see whether the modern medicine can claim to be a perfect science. Perfection in science should not be confused with progress; for any search after truth always leads on to progress and the discovery of some new facts. Each age has got its own greatness in this respect. Mere accumulation of detail is not science. The collection of data is but a means to an end and if that end is not reached they are a weariness and vexation to the scientific spirit. Object of fact collecting is the deduction of a law. Not all facts can be collected, for facts are infinite in number and it is absolutely necessary to select, wherein comes the guiding wisdom or judgement of the genius—the final and indefinable property of mind.

During the last four hundred years, enormous mass of facts have been collected and recorded in every field of human activity. It is almost absolutely impossible for any single human being however great, clever, and well-equipped he may be, to master even a single

subject. Thousands of papers in a multitude of languages appear every week, each claiming that it has something new and original to say. Not only the magnitude of the subject but also the methods of study have become highly technical and instrumental. Except those that are fortunate enough to get employed in well-equipped hospitals or practice in big cities, wherein there are biochemical, bacteriological and such laboratories, besides X Ray Radium and other installations, majority of medical practitioners in India have to depend on the simple methods of diagnosis and treatment. Not that the modern workers are unaware of these methods, but they consider them as speculative and useless. This sweeping remark has no justification.

For, 'clinical acumen' is a great asset for a physician. It is not a speculation or guess-work. It is an art, an innate human power which is developed by patience, practice and experience. Accurate observation, rational interpretation, and correct judgement of the signs and symptoms of an affection, in accordance with the fundamental principles of health and disease are factors that help one in acquiring this faculty. No medical man can be without developing this capacity. Often times our senses prove a better guide in arriving at the diagnosis of some pathological condition than laboratory methods and instrumental means. The various systems of Indian Medicine deal with this method of diagnosis only. When a Vaid or Hakeem cures a case given up as hope-

less by an allopathic doctor, it may be not only that the medicines might have acted well, but the diagnosis too must have been different, being approached from a different angle of vision.

Moreover, in a country like ours the economic factor is of prime importance. The cost of therapeutics should be cut according to the cloth of the patient. Well equipped laboratories can be established everywhere. Even if these are available, many do not make use of them as they have to pay more. This makes them resort to quacks and medicine vendors who give them confidence without responsibility at a cheap cost. Therefore it is absolutely necessary that every medical man should study the primary methods of diagnosis and treatment, before he learns elaborate laboratory technique and costly complicated methods of treatment, so that he can be of use both to the poor and the rich.

Coming now to the main part of our subject, the demand for some sort of synthetic medicine is keenly felt by many of the modern authors. They say that the day has arrived when it is vital to consider how the huge amount of facts which are being daily recorded by scientific research can best be correlated in an attempt to trace the fundamental process in disease. With this object in view, W. J. Pearson and W. G. Wyllie in their book on 'Recent advances in diseases of children', classify human beings from childhood onwards into two distinct groups as follows:—

Alkaline, or Lymphatic or Hypocalcic Type.

Complexion. Dull and pale.

Skin. Coarse and clammy.

Eyes. Dull and languid.

Teeth. Small and frail with poor enamel, tendency to early caries.

Mucous membrane. Pale watery.

Hair. Sparse and poor.

Muscles. Soft, atonic and weak, sphincters atonic.

Mentality. Dull and torpid, lack of energy and interest. Educationally slow.

Build. Tend to be fatty.

Circulation. Pulse slow and of low tension. Blood-pressure low-Arteries soft. Evidence of poor circulation in skin which is pale and often cyanosed. Blood tends to show excess of lymphocytes.

Temperature. Tends to be sub-normal.

Naso pharynx. Adenoids tends to be more enlarged than tonsils, which look pale and juicy. Mucous membrane pale and soft. Tongue is moist and pale and furs only moderately. Enlargement of lymphatic glands tends to be general but moderate in degree. Glands are soft to feel.

Acid or Hypercalcic Type.

Bright and clear.

Bright red in colour, soft, delicate and transparent looking. Tend not to swell easily.

Very bright.

Massive especially incisors, enamel good. Early retraction of gums.

Good red in colour; firm to feel.

Luxuriant growth of fine hair.

Fine, normal tonicity, sphincters hypertonic.

Bright, active and intelligent. Restless, impulsive and a tendency to nervousness. Fidgety and emotional.

Tend to be thin.

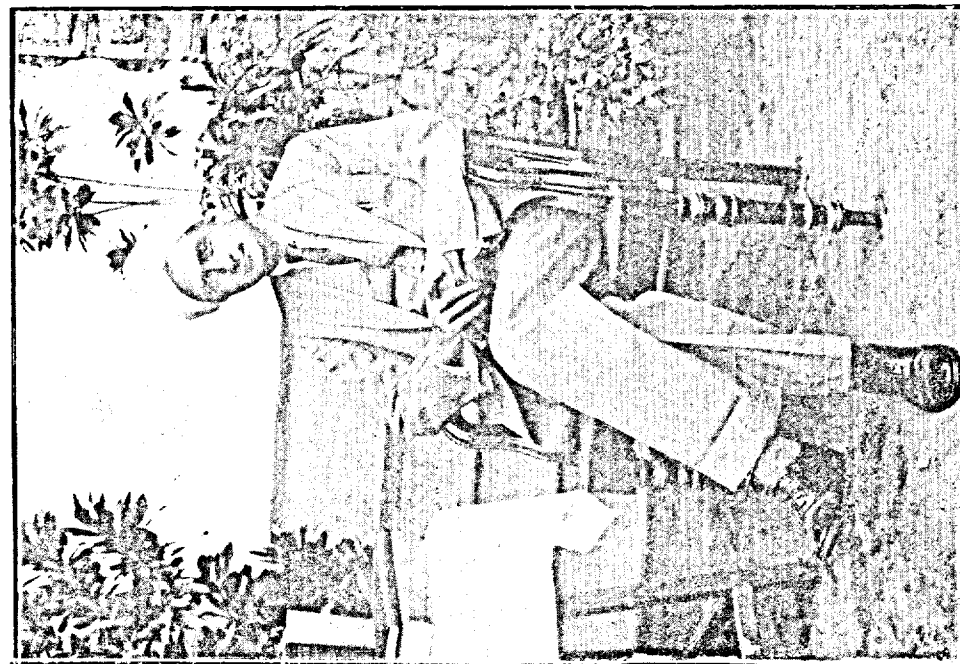
Pulse quicker and of higher tension. Blood pressure normal. Arteries of better tone and firmer to touch. Feel cold easily. Poor circulation is shown by chilness of exposed parts and chilblains.

Easily elevated owing to slight causes.

Tonsils tend to be more enlarged than adenoids and are of a different type i. e. have a hard red appearance. Mucous membrane of mouth and tongue red; tends to form thick fur, secretions in mouth and throat more viscid i. e. in the form of thick mucus. The same mucoid tendency is seen in the bowels. Lymphatic gland enlargement not so extensive. Enlargement tends to be more localised and better marked. Glands feel very firm.



AYURVEDACHARYA. DR. M. VISWESWARA SASTRI. H. P. I. M.
CHAIRMAN, RECEPTION COMMITTEE.
The 4th L. I. M. Conference, Madras.



RAOBAHADUR. DR. T. S. THIRUMURTHI.
B. A., M. B. & C. M., D. T. M. & H. (London)
PRESIDENT.
The 4th L. I. M. Conference, Madras.

Proceedings of the 4th L.I.M. Conference

WELCOME ADDRESS

Delivered by:

Ayurvedacharya Dr. M. Visweswara Sastry, H. P. I. M.

Inspecting Medical Officer, (Northern Division.)

Chairman Reception Committee.

Brother Delegates, Ladies and gentlemen!

It is with great pleasure that I stand up to offer you all, on behalf of the members of the Reception Committee and on my own behalf, a hearty welcome to this the Fourth Conference of the Licentiates in Indian Medicine. The pleasure is all the greater, the privilege all the happier, in that we have among the audience here not only the alumni of this institution but also our co-workers in the field of Indian Medicine, who, if they have not passed out of this institution, are not therefore the less honoured or the less welcome. On the contrary, I should say we have been looking forward to their association with us here as a special feature of this conference. It is their presence that makes this gathering completely representative of the vast multitude of Indigenous practitioners in this Presidency. Through them the Conference gains added strength and importance at a time when momentous questions affecting the welfare of us all are awaiting our serious consideration of which I shall talk in greater detail at a later stage. Let me now thank the members of the Reception Committee for having conferred upon me this privilege of welcoming you.

At the outset I wish to refer to the sad demise of certain of our valued colleagues and sympathisers whose help and sympathy had been a source of strength and encouragement to us. I refer to the death of Pundit C. T. Muthia Pillai, Pandit Syamadas Vachaspati and S. G. Sengodaiyan Esq. I. C. S. The first of these, Pandit C. T. Muthia Pillai was an honoured member of our profession. He was for many years a member of the Advisory Committee of this institution, of the Central Board of Indian Medicine, and of the Board of Examiners in Indian medicine in all which bodies he occupied a worthy position, having to his credit ripe wisdom and decades of practical experience in the medical field.

Pundit Syamadas Vachaspati was a great figure in the realm of Indian medical science and an ardent proponent of the Ayurvedic system.

S. G. Sengodaiyan Esq. I. C. S., though not a member of the medical profession was throughout his tenure of office as the Deputy Secretary to the Government of Madras, Local Self-Government Department, a sympathiser in the cause of Indian medicine.

The loss sustained by their death is great, but we hope that their spirit will stand by us in all our difficulties and guide us aright.

The L. I. Ms after whom this Conference is named are the alumni of this institution, the Indian Medical School, which is the only one of its kind maintained by the Government in this Presidency, nay, in the whole of India. It will not, therefore, be out of place that I say a few words about the origin and growth of this institution, before I proceed further. As many of you may be aware, this institution was founded in January 1925 as the practical expression of the Government's acceptance of the recommendations of the Usman Committee under the chairmanship of Mr. (now Sir) Mohamed Usman Sahib. The Committee travelled throughout India, collected a mass of material and took voluminous evidence. A careful study of the material thus collected showed that the system of Indigenous medicine was well worth a detailed study and trial under State Patronage. The value of the report could be fully appreciated only if we have knowledge of the state of affairs at that time. The Government were under the impression that it would be of little use to pursue the enquiry into the indigenous system of medicine to any length. It was through the persistent efforts of M. R. Ry. Rao Bahadur A. Krishna Rao Pantulu Garu of Nellore and others, and the active sympathy of the late lamented Rajah of Panagal that the Usman Committee was formed to make a thorough investigation into the question. The work of

Captain G. Srinivasa Murti Ayl, (now Vaidyaratna) as the Secretary of that Committee will be remembered for all time to come. It was due to the scholarly report drafted by him and the masterly exposition of the Science and Art of Indian system of medicine that the misunderstandings previously entertained by the Government were cleared. Thus you have to-day this institution which has been running on for 9 years and more with increasing success and usefulness. The course of instruction is of 5 year's duration, including in itself, as an integral part, a hospital practice of nine months as course of apprenticeship. The course itself includes, a study of the Indian system, as well as Western system of medicine including medical, surgical obstetrical and medico-legal work. The L. I. Ms are thus equipped with all the fund of knowledge and practical training that is calculated to stand them in good stead in the discharge of their daily duties as members of the medical profession. With this knowledge and training to their credit more than 250 L. I. Ms have gone out into the world to try their various fortunes. We shall study briefly in what manner the public received them and what measure of support and encouragement they had and are having from the public, local bodies and the Government.

All pioneering work is difficult and discouraging, the first fruits of labour are seldom looked upon as meritorious. The L. I. Ms were no exceptions to this rule. The profession they had chosen was a sacred one. In the words of Charaka.

"Not for self, nor for the fulfilment of any earthly desire or gain but solely for the good of suffering humanity."

But the honour of the profession depended to a large extent on the way in which it was practised by its followers. The L. I. Ms who went out of this institution had therefore, besides earning their livelihood, to maintain the honour of the great profession and to resuscitate it wherever they found it to have fallen into decay; and it had fallen into decay. The Indian system of medicine had to some extent fallen into disuse and disregard for want of state support. Though there were a few privately trained practitioners, proving the worth of Indian medicine here and there, quacks had sprung up in abundance and had dragged the system into disrepute. The wave of Western medical science had swept over the public at large so that the L. I. Ms who first went out of this institution as qualified and approved practitioners were hardly recognised as such. At every stage, these L. I. Ms had to encounter difficulties and to overcome them. Nor could they turn anywhere for help and advice except to the principal. They represented at that time a new type of practitioners whom neither the public nor the allopaths appreciated or understood. They had no example to follow but had to carve out a path for themselves. Unlike the allopaths of to-day who have every difficulty confronted and smoothed out for them by their predecessors, the L. I. Ms had to depend entirely on themselves for the solving of their difficulties.

Many of these difficulties still exist; but it will be accepted on all hands that the sky has been clearing all along, steadily though slowly. Their future is not so bad, I imagine, as it was five years back. Their merit has come to be recognised more and more and their work by itself has succeeded in demanding public attention and appreciation, without initial help from outside agencies.

First and foremost of these difficulties, I may say, was the question of registration. The fundamental importance of registration was recognised by the earliest Medical authorities in India. The report of the Usman Committee puts it in the following terms:—

"The conception of the due regulation of the practice of medicine by the State is no recent innovation imposed by the British Administration but is traceable not only in the writings of the ancient Aryans but also in the written records of other archaic institutions as well".

According to Susruta the intending practitioner, when he had obtained proficiency in the Science and Art of medicine had to secure the king's permission for setting up practice as a member of the medical profession.

Ancient literature of our country also shows to what high state of perfection the study and practice of medicine had reached among us, in all its branches viz; Medical, Surgical and Medico-legal. History of Ayurveda reveals that the system had obtained State recogni-

tion in Indian States. But in our times, the Government were not ready to recognise the qualifications of our practitioners for registration. The L. I. Ms who went out after their course had no rules under which they could be registered as qualified practitioners. So much so, it was impossible for the public to find the qualified medical man from the unqualified ones.

Secondly, the chances of earning their livelihood were meagre for the L. I. Ms, due to the financial depression which prevailed at that time. The rural dispensaries were monopolised by the allopaths under the orders contained in G. O. No- 1522 P. H. dated 22nd October 1924 where in the Government expressed want of sufficient number of duly qualified and accredited practitioners of the indigenous systems of medicine. The local bodies also could not be easily persuaded to entertain many of the L. I. Ms in dispensaries maintained by them.

Lastly, the course of public opinion and the trend of Government policy was such as to encourage a sort of disparity between the allopaths and these practitioners of Indian medicine. For some unknown reason, the allopath was considered in some way superior to his colleague of the indigenous system. Unfortunately, much of this feeling still exists and only by a determined effort and continued agitation will it disappear. I shall speak about this in greater detail subsequently. Let me only remark here that the difficulties experienced by the early batches of L. I. Ms. are gradually

waning; half a dozen batches of L. I. Ms who have gone out have made the path smoother for those that follow.

The necessity for registering them was at last recognised and special rules were framed for the purpose, under G. O. No. 231 P. H. dated 1-2-1933.

Secondly I may refer to the removal of the disability felt by the earlier L. I. Ms in regard to the use of morphia, cocaine and other drugs of poisonous nature, in G. O. No. 166 dated 30-1-'30; This is another step towards recognition of the status and merit of the L. I. Ms.

Thirdly, the scope extended to L. I. Ms for employment were gradually widened both in the matter of aid from the Government and from the local bodies. The Government recognised L. I. Ms as qualified for appointment as rural medical practitioners on the same footing, the same subsidy and the same status as L. M. Ps in G. O. No. 678 P. H. dated 11-3-'29. Then there was another difficulty in the matter of issuing medical certificates. Even after the L. I. Ms were recognised as approved practitioners and were privileged to work on the footing of an L. M. P. the right of issuing valid medical certificates was withheld from them. It was only last year that Government in G. O. No. 1814 P. H. Dated 17-8-'33 recognised the right of registered L. I. Ms to issue valid medical certificates. Next I may mention the difficulty met by L. I. Ms in the matter of public health work. Last year the

privilege of working as medical officers in connection with anti-epidemic work was extended to rural medical practitioners. But the order was misconstrued and it was held in some quarters that L. I. Ms were not eligible for appointment in this connection. It was only after agitation that L. I. Ms were declared eligible for the supply of vaccine and sera to undertake epidemic duty, in G. O. No. 652 Ms P. H. dated 10-3-'34. What I have said in regard to L. I. Ms applies equally to A. L. I. Ms. We thank the Government for extending these privileges to the L. I. Ms and also the Principal who helped us to obtain the same for us. But the struggle is not yet over. The inferiority that has come to be attached to the practitioners of the indigenous system should go. We have to prove that the Indian system is the most effective at least for us in this country on account of the climatic conditions etc, to which it is peculiarly suited.

To demonstrate this, it is necessary for us to throw ourselves heart and soul into the work and we should see that workers in this field are as much respected and relied upon as others in other fields. I give below some of the difficulties confronting us immediately in the achievement of our object.

The one question that is agitating the minds of all of you now is the question of pay. Every one of you, at least those who are employed in dispensaries under local bodies are aware of the recent Government Order fixing the scale of pay admissible to medical officers and subordinates in the employ of local

bodies. This Government order affects you not merely immediately but also stands on the way of your prospects in the future. It has set up a difference between the L. I. Ms and the L. M. Ps in the matter of scale of pay. The scale of pay fixed for Sub-Assistant Surgeons is Rs. 60-5/2-120 and that fixed for L. I. Ms is Rs. 40-3/2-70. With regard to non L. I. M. practitioners of Indian medicine the position is much worse. They are condemned to a perpetual Rs. 40. Study carefully the implications of this Government Order. The only reason for making this distinction in the scale of pay between the two can be that the one belongs to one system and the other belongs to another system. None of you, I am sure would be willing to accept this Government order without so much as raising a voice of discontent against this unfair discrimination. You are assembled here to-day to express collectively what you all feel about this matter, and to come to an agreed understanding as to the most effective way of getting this injustice rectified as early as possible. I still believe that the order was passed precipitately and that the matter was not properly represented to the Government to enable them to look at all sides of the question before issuing an order of this kind. In any case, it will be necessary for us to make arrangements to represent our grievances to the Government at the earliest possible opportunity in the form a unanimous resolution. Arrangements will have to be made to carry your decision to the authorities by means of a deputation to the Ministry. The members of the deputation should try their best to impress

upon the authorities the necessity for reconsidering their orders and I ardently hope that our claims will be recognised by the Government. This is one of the prime duties of the Conference.

Among the other ways in which the lot of the L. I. Ms can be improved is the opening of Hospitals and dispensaries of Indian Medicine in Taluk and District Head quarters. I have been studying the conditions of the L. I. Ms and of the indigenous system of medicine in rural and urban areas and I firmly believe that opening of such hospitals is absolutely necessary for improving the cause of the indigenous system. As yet there is not a single institution of this kind in the Presidency though time and again the necessity for opening them has been given expression to. The alternative suggestion put forward, that of providing some beds for the indigenous system of medicine in the existing hospitals at head quarter places has not also been considered by Government. We would renew the request this year also.

I would also like to lay stress upon the necessity for opening of a Research institute for studying the Indian system of medicine from a scientific point of view and improving it. The surgical side of the system has almost entirely been forgotten and unless we do something practical and prove its efficacy, it may not be possible for the public to appreciate it fully. Research cannot mean mere analysis of individual drugs, but the entire system has to be subjected to a thorough scientific study. The present method followed in Bombay, Calcutta,

Madras and other places of Research work by Government, is hardly of the nature of research from the above point of view. Full scope should be given to expert practitioners of Indian medicine to carry on the research in their own way, for, as Dr. Gananath Sen says, "The success of the Ayurvedic physician is due not to the 'charm' of this or that drug but to the clear grasp of the Doshic derangement and his selected and well considered treatment of that derangement according to well defined principles of Therapeutics." This, can be expected only from a practitioner of Indian medicine. Study of a few Indian drugs by allopathic experts has served no purpose and has led them to believe that these drugs do not possess the properties attributed to them by the Indian system of medical science. In this connection I may cite the instance of Musk which, when analysed by the allopath has been stated to have no cardiac value. The present method of research does not therefore hold good and a special Indian Medical Research Institute has to be staffed.

With regard to the question of undertaking medico-legal work, and conducting post-mortems, the L. I. Ms are still prevented from undertaking such work as could be seen from G. O. No. 1211 P.H dated 4 5 34. which authorises only practitioners registered under the Madras Medical Registration Act of 1914 to undertake such work. Why should not the argument of the Surgeon General in favour of that order be applied to the case of the L. I. M rural medical practitioners registered under

G. O. No 211 P. H dated 1-2-1933 when they are no less qualified in this respect?

I take this opportunity to impress upon the Government the extreme inadequacy of medical aid in remote villages in spite of the rural medical relief scheme. Many more dispensaries have yet to be opened in out-of the way places where it is not possible to find a qualified doctor for miles and around.

I thank the local bodies for the interest they have evinced in the matter and maintaining dispensaries of Indian medicine in many places under their jurisdictions. I would like to make special mention of the Nellore, Guntur, Tanjore & Coimbatore Districts Boards which are maintaining the largest number of dispensaries of Indian medicine. Among the municipalities I mention Tenali, Guntur, Dindigul and Mangalore Municipalities as maintaining a fairly large number of dispensaries. While thanking them and other local bodies I hope that they will continue to evince increasing interest in the Indian systems of medicine.

Pardon me for a few words which may seem out of place here. But mention of dispensaries maintained by local bodies brings to my mind certain facts to which I wish to make a reference. In my tour in the northern part of the Presidency for purposes of inspection I have noticed that almost all the dispensaries are suffering from want of proper medical supplies. This is a serious handicap to the medical practitioner. There is also a feeling prevalent that medicines supplied by private firms are not so good or effective as they ought to be. So long

as the supplies are undertaken by private agencies this feeling is bound to exist. It was to rectify this that a suggestion was put forward that each district Board may maintain a District Drug Store of its own and Government in their order No 2064 P. H. dated 1-10 32 commended the proposal for adoption. But so far, there has been no response from the local bodies. I request that local bodies may bestow earnest attention on this matter.

Before finishing my speech I wish to allude to one happy circumstance, viz, the conferring of the title of 'Vaidyarathna' on Dr. C. S. Murugesamudaliar by the Government in recognition of the valuable services rendered by him to the cause of Indian medicine. Those of you who have been students of this institution know his merits and how richly he deserves the honour. I congratulate him on your behalf and on my own behalf on the distinction conferred on him.

Brothers, I have laid before you briefly the position as it appears to me to exist to-day. I have also given my own views as to how our lot and the status of the system may be improved. These points I now leave for your discussion as the use of conference of this kind lies in the opportunity it affords for discussions and exchange of ideas.

Before I close, let me offer a hearty welcome to you and to M. R. Ry., S. Muthia Mudaliar who will shortly open this Conference, to Rao Bahadur T. S. Tirumurthi Ayl., whom we have chosen as our President for this Conference, and to Siddha Vaidya Sarabham A. Jothi Pandyan, who will open the Exhibition.

PRESIDENTIAL ADDRESS

By

Rao Bahadur Dr. T. S. Tirumurti,

B. A., M. B & C. M. (Madras) D. T. M. & H. (London.)

Ladies and Gentlemen!

I do not know the reasons why the organisers of this, the 4th Conference, of the Licentiates in Medicine chose me to preside over it and conduct your deliberations this year, but I thank you sincerely for extending to me the invitation to address you to-day. As I cannot claim to have read any of the Indian systems of Medicine, or to have been associated in a professional capacity with their practitioners, I may be considered by most of you to have been indiscrete or wrongly advised to accept this onerous responsibility and by my allopathic friends as a renegade.

The Presidents of your previous conferences, Dr. C. Natesa Mudaliar, Dr. C. Muthu, & Khan Sahib, Dr. syed Tajuddin Sahib Bahadur have been eminent men, who had made a study of the Indian systems of Medicine, though they were the practitioners of allopathy, and were, therefore, much more competent than myself to speak about Ayurveda, Siddha or Unani medicine and to advise and guide you in the task that lies ahead of you. They have also been prominent in the political, municipal, social and other fields of public work and, owing to their considerable experience in public services of various kinds, have acquired the ability to properly direct your activities. I am, compared to them, at a considerable disadvantage and I hope that you

would pardon me for my unskilled guidance in your ensuing deliberations.

It is the fear, that a refusal to accept your invitation for the Presidentship would be misconstrued to mean that I, a fairly senior representative of the Western School of Medicine, have no sympathy with the practitioners of the Indian Systems of Medicine and that my action would be singled out as an example to prove the unfriendly attitude of the allopaths towards you, which compelled me to agree to serve. Moreover, I hoped that it might be possible for me, taking the opportunity of this occasion, to bring about better relations between the practitioners of the great systems of Indian medicine and those of allopathy, to which I have the honour to belong. It remains to be seen how far my hopes would be realised and my suggestions to that end would be found feasible or practicable.

The Antiquity of Ayurveda.

Medicine is as old as the human race and the quest for methods for the alleviation of pain and suffering should have started from the earliest beginnings of the human animal to people this earth. Every community of people or every nation should have been confronted with problems of disease very early in its existence and the various views, held at different times, regarding the nature of disease, give us an insight as to the ways by which

these problems were attempted to be solved.

Primitive medicine was animistic in all countries. Spirits and spells, prayers and priests, incantations and invocations, amuletes and aradhanas and charms and chantings have played a considerable part during this period in the evolution of medicine.

But even as early as the Brahminic period (competent authorities of the History of Medicine have told us) the Hindu medicine was evolving into an inductive science.

We find medical knowledge systematised in Ayurveda, the oldest existing medical record of Hindu medicine. Yet in the works of Charaka and Sushruta, there are traces of the earliest animistic beliefs. There are those who would trace the earliest beginnings of Medicine, Philosophy, Arts and in fact all Sciences to Greece and a few who would belittle anything, if traced to ancient Indian origin. But let us have no quarrel with them.

More competent authorities, like Dr. Wise, Dr. Neuberger etc., have written that it is the Hindus who first systematised medicine and other scholars and researchers like, Wilson, Heyne, Ainstic, Royle, Dutt, Thakore Saheb, Jolley, Hoernle etc., have conclusively shown that the ancient Indian ayurvedic medicine played a prominent part in the history of the evolution of medicine in the western countries. The great antiquity of the Hindu civilization and Indian systems of medicine has been established by both western and Indian Scholars.

The early achievements of the Hindus.

The inventors of numerical figures and the decimal system are Hindus. The invention of Algebra, Geometry and Astronomy is due to them. Even European scholars maintain that there are Hindu observations extant, which must have been more than 3,000 years B. C., showing that even at this early period astronomical sciences had attained a high degree of eminence in India. In mathematics, the law of gravity and the principle of the differential calculus were expounded by Bhaskara in the 12th Century A. D. many centuries before Newton. I need not further dilate on the many other achievements, which have been credited to the Hindus of that remote period. India has been the home of philosophy and religion as well as of the exact sciences. The Indo-Aryan civilization had attained to a considerable height, when the other nations of the world were yet in a primitive state of civilization. It is no wonder, therefore, that also in the field of medicine the science and art of medicine were considerably in advance of the period.

The history of medicine is a record of the various systems of medicine which were born, practised for a time or decayed prematurely or gradually underwent various changes in their evolution. It is only the scoffer who will consider the ancient Hindu medicine as empirical, unscientific and purely metaphysical but to us India's record in the evolution of medicine is a praiseworthy achievement, though we must agree that the positive teachings of these systems have now be-

come antiquated. The fate of all the celebrated systems of medicine of the past has been the same. Even the medicine of to-day is not yet an exact science. Medicine is a science in the making.

Insularity is fatal to progress in science.

I should very strongly condemn the attitude of some of the practitioners of the Indian systems of medicine who think that the ancient systems which they have been practising and which have been recently revived are perfect in themselves and that there is no need to bring them up-to-date by the assimilation of the accepted teachings of the allopathic or western system of medicine. Insularity is fatal to progress in science. I should impress on you to remember that medicine is of late, though slowly but steadily, progressing towards the goal of becoming a science. It is because science is sure of nothing that it is always advancing.

Ayurveda not mentioned in the books on the History of Medicine.

Western writers of the History of Medicine have failed to make mention of the ancient Hindu medicine or show any critical appreciation of it, whereas, Egyptian, Babylonian, Assyrian, Hebrew, Chinese and other medicines have not escaped their notice. It is no wonder as the books on ancient Hindu medicine are mostly in Sanskrit and not easily accessible to all, unless they be Sanskrit scholars. Proper critical opinion on the Hindu medical classics has not yet been passed by the authors of medical histories. Sir William Jones is stated to have asserted that there is no evidence that

in any language of Asia there exists an original treatise on medicine considered as a science. Such and similar statements from a few persons only show their ignorance on the subject.

Need for Critical Study by Comptent Medical Men.

The available classics, if they are studied without any preconceived ideas or racial prejudice, would substantiate the statement that from a very remote period there was a system of medicine in India, which was of independent origin and which, considering the age in which it was practiced, was at least as systematised and scientific as the ancient Greek medicine. Dr. Wise and other impartial writers, thanks to them, have refuted some of the false notions prevalent about Indian medicine.

In this connection I should not fail to mention the urgent need to give an impetus to critical study of the ancient systems of medicine by Indian scholars, well versed both in Sanskrit and English, who have made a study of the allopathic and the Indian systems of medicine i. e. the occidental as well as oriental systems.

The originality of Hindu medicine.

There is ample and incontrovertible evidence regarding the great antiquity of the India's civilization and the high eminence and excellence she attained in literature, philosophy, astronomy, mathematics and other sciences. At such a period it would be surprising, if she had lagged behind in medicine alone, as the evolution of medicine in other countries has kept pace with the advancement of

the other sciences. It is hardly necessary for me to quote from various authors to substantiate the above statement.

As there is a certain amount of similarity between the Greek and the Hindu medicine, a few of the Western scholars have raised a doubt as to the originality of Hindu medicine. But there are ample historical proofs for the indebtedness of the Greeks to the Indian medicine. I am informed by persons, who can speak with authority on this matter, that Indian medical treatises do not contain a single technical term pointing to a foreign origin, whereas in the earliest Greek works on medicine Indian drugs are mentioned by their corrupted Sanskrit names. Neuberger says that "The trend of opinion today, informed by recent observers, is in favour of the originality of Indian medicine in its most salient features."

Striking characteristics of Hindu medicine.

In the Hindu medicine there are a few striking characteristics which probably contributed to the greatness of the ancient physicians who practised it.

Firstly, the oneness of life, i. e. that man is composed of body, mind and soul, was recognised and the man was treated as a whole. Secondly, they recognised that the soil was as important as the seed in the causation of disease in man. I do not think that it is correct to interpret the three humours or the three Dhatus of the Ayurveda to correspond to the enzymes, catalysts and hormones of our present

day allopathic medicine. Thirdly, they recognised that the emotional of the psychic side of man should not be ignored in the treatment of diseases. Trends in these three directions are found in modern internal medicine.

The Siddha System.

As regards the Siddha system it is said to date beyond 3000 B. C. It was practised for ages in South India but, unfortunately, it has not been handed down to us in its original or systematised form. South India was once the mistress of the seas and carried on trade with Babylone, Egypt, Greece and Rome on the west and Java, Malaya state on the east. There are historical records to show that the South Indian civilization and culture had spread to many parts of the world. It is nothing unnatural to expect that such a civilized people were in possession of a fairly developed system of medicine. The Siddha physicians lay a great stress on the importance of minerals in the treatment of many diseases. The literature of this system has been written in Tamil, mostly in the form of verses, the interpretation of which is difficult, unless the reader is learned in that language. The synthetic chemistry of the Siddha school appears to have been far advanced even in those ancient days. The Siddha system, therefore, deserves careful investigation, since it is said to contain many methods and principles of treatment which may be useful in enabling us to supply the defects and deficiencies in our modern conception and treatment of diseases.

Unani System of Medicine.

Just as Ayurveda may be called the grandmother of Allopathy the Unani or Islamic Medicine may be said to be its mother. Unani is a combination of both western and eastern systems. We know from history that for centuries the Moslems were the intellectual leaders of Europe. Greek medicine had then attained a high degree of excellence but the credit of having carried it beyond that stage belongs to the Arabs. In the experimental sciences the Arabs are said to have originated chemistry. They invented chemical pharmacy and the very name chemistry is said to be Arabic in origin. Like the ancient Hindus and Buddhists they also founded hospitals and dispensaries. They are credited to have established travelling hospitals and hospital libraries. Medical Colleges were established even in those remote times and the students had to pass examinations to enter into the profession and practice. Those interested in this subject may read about the lives and works of such great Moslem doctors, as Ibn Xoha (Avenzor), Rhazes, Avicenna etc.,

The metaphysical conceptions of disease in the old system of medicine.

But of what avail are these old systems of Indian medicine at the present day? Where do these stand in comparison to the international or universal allopathic medicine of to-day? What is the use of gloating over the glories of the past? Think of the present and act.

The materia medica of the Hindus

Ayurvedic medicine had made considerable advance even at that remote age in the diagnosis and treatment of diseases. But the whole system of ayurveda and the allied Indian systems of medicine are based on the Tridathu physiology and Tridosha pathology. The Hindus, like all other ancients, were naturally not content merely to observe but from their observations they desired to form a conception of the nature of diseases, and thus could not resist the temptation to systematise their knowledge prematurely. As physiology is far more recent than anatomy as a science, the science of physiology was then in a very primitive stage. The physicians, however, could not resist the temptation to explain the phenomena of life. In the absence of positive physiological knowledge, the Hindu physicians were led to the speculations of Tridathu and Tridosha, which to my mind are purely of a hypothetical nature. In the infancy of the physical sciences such metaphysical concepts might be permissible, but to-day, an experimental age, with a wealth of precise and positive data, on which we can build our hypotheses, there is no need for pure and metaphysical creations, which are not founded on observed natural facts and experimental data.

It is also highly objectionable to compare the ancient Indian systems of medicine with those of the present day, as they are not comparable, being of different stages in the history of the evolution of medicine. It must be remembered that the metaphysical manner of interpreting things takes a large place in the history of medicine. From

the time of Hippocrates, who attributed diseases to the quality of varying mixtures of the four humours, and of Ayurveda founded on the three doshas down to very recent times, medicine has seen the promulgation and decay of many ingenious but purely imaginary hypotheses. In those days metaphysical explanations were easier, because positive discoveries were very few.

"Speaking in a general way, metaphysics applied to medicine is the search for the essence of the disease instead of its causative factors and nature. Hence humouralism, methodism, iatrochemistry and other celebrated theories are metaphysical creations in the sense that they are not founded on experimental data, but upon the intellectual faculties of their inventors, who developed their doctrinal systems according to their own light."

Pathology of Ayurveda.

Pathology, as it is understood today was practically an unknown science to Ayurveda. The little pathology consisted in explaining the nature of diseases on the Thridosha hypothesis. Like the Thridathu physiology, the Thridosha pathology of the Indian systems of medicine has to be abandoned. Post-mortem examinations were not performed in those ancient days. The sciences of histology and clinical pathology were sealed books. Without a precise knowledge of anatomy and physiology, the science of pathology cannot be built up.

It is no wonder, therefore, that the old pathology was too crude and conjectural to be useful at the present day.

Diagnosis rested purely on the empirical data supplied by the Thridathu and Thridosha theories. Diagnosis became a rule of thumb, resting on the symptoms and signs of disease, and not a deduction from ascertainable data, correlated to physiology and pathology. The science of bacteriology is only of recent origin.

The Materia Medica of the Hindus is a voluminous portion of their science of medicine. The properties of drugs belonging to the animal, vegetable and mineral kingdoms are described. This Materia Medica is still very valuable. In treatment Hindu physicians excelled as their principles of treatment were quite sound and rational. They relied less on medicines and more on natural methods of treatment.

As for Surgery, nothing is to be gained by any attempt to revive the old teachings now. All the surgery of the pre-Listerian epochs is only of historical interest to us.

Being trained in the western system of medicine, I may be considered to have made rather unfounded or rash statements regarding the foundational sciences, like physiology and pathology of the ancient Indian systems of medicine. I wish to be understood that I have not made them from any critical study of those systems but am only voicing the opinions of the few who had done so. Having been for many years a teacher in pathology according to the western conception, it is only natural that I should be fond of my own subject. I should also not fail to confess to my

JL
LB m21, N55IN 1135-1

inability to comprehend your Thridhatu and Thridosha theories.

There is much to learn from each other.

But this has not blinded me to the greatness of the old Indian systems of medicine or to the necessity of reviving our interest in their resuscitation or making researches in them. I strongly condemn the hostile attitude of some of the allopaths to the practitioners of the Indian systems of medicine. No practitioners of the western system should look down upon a brother practitioner in the profession, whatever indigenous system he may practice, and I am definitely of the opinion that unless the allopaths and the practitioners of the indigenous systems come together in greater comradeship to learn from each other and combine together in the common cause, dear to all of us, of alleviating human pain and suffering due to diseases, there is no prospect of our making much headway in consolidating the forces, which will go to make, at a no distant future, a united medical profession practising a common universal international system of medicine in this country. It is in such a combined endeavour that I foresee that India will play a great part in the future growth and evolution of medicine and in the greater prosperity and welfare of our motherland.

The School of Indian Medicine, Madras.

I know there have been many detractors who doubted the necessity or advisability of starting the School of Indian Medicine, in which you have been educated and trained and to

which your Principal and my friend, Vaidyaratna Captain G. Srinivasamurti, continues to be an ornament of incalculable worth. From the very inception of the idea of starting the School, he has laboured hard and strenuously all these years. But for his indefatigable advocacy to advance the cause of the indigenous systems of medicine and the progress of the school, I may without any hesitation or fear of contradiction say that this school and its adjunct of a hospital would not have attained the rapid growth to which we are a witness to-day.

Tribute to those who helped the cause of the School & the Alumni.

I cannot fail to mention that it is to the genius of the late Rajah Saheb of Panagal that this institution owes its existence. Mr. S. Muthiah Mudaliar, who has graced your Conference by opening it this year gave a further impetus by issuing a G. O. authorising Local Bodies to employ the Licentiates of this School and to patronise them. Dewan Bahadur B. Munuswamy Naidu, late Chief Minister, had the Indian Medical Registration Bill passed into an Act and has made it possible for the Licentiates in Indian Medicine to work on a par with those of the allopathic system. I believe I am right in saying that all these three gentlemen, to whom you are all greatly indebted, foresaw that, unless such a school came into existence, it would be moonshine to talk of the possibility of exterminating the quacks in medicine and replacing them by properly quali-

fied medical men. I believe they feared that the allopaths, most of whom took up an hostile attitude at the time towards the indigenous systems, would not undertake any research work in them, unless separate institution was founded where, such of those who were interested might also be trained and that unless such an institution was established, it would not be possible for them to conduct clinical research. They fully recognised that 90% of the Indian population, who live in rural areas and who contribute largely to the coffers of Government depend entirely for the relief or cure of their sickness and suffering on the practitioners of the indigenous systems of medicine. May their hope that this School of Indian Medicine would lay bare the hidden treasures of true wisdom, so that they may be incorporated with all that is best in our modern conceptions, regarding the nature and treatment of disease to the great benefit of mankind, be fully realised! May I also fervently hope that such conferences as yours do stimulate a real interest in Indian medicine, both here as well in the western countries? There are many who are glad to notice a great revival in all branches of indigenous medicine all over India at the present day. The expectations of those who are interested in the welfare of the School of Indian Medicine would be amply satisfied only when you, the alumni of this School spread yourselves out into every nook and corner of India and displace the ignorant quacks by your superior skill and ability to treat diseases in a rational manner and to win

the sympathy of the people, in order that they may in a more increasing measure advocate your cause in the Legislatures and secure for you the support, necessary for the progress of the indigenous systems.

Need for Expansion of Rural Medical Relief.

To those who demur to the manufacture of this new brand of medical practitioners and the creation of a new caste of practitioners in a profession, said to be already overcrowded, I have only one answer to give. Think of the enormous number of people who are dependent on cults, on the untrained irregular practitioners, on quacks and on patent medicine vendors.

Please bestow some thought on the 23 years average life period of Indians. Surely, this is no credit for any country. It was so in England three centuries ago, but has not England by sustained national endeavour doubled the average age period of her people? Surely, we can achieve the same record here also, if there is unity in the profession, proper planning and Government help. We should also consider the needs of the 360 millions of our population, 80% of whom live only in rural areas, India being mostly agricultural. If we mean business, we have to carry medical aid to the remotest parts of these rural areas. Can this be done without the establishment of a School for Indian Medicine? Could we at any time abolish quackery unless more and more well-qualified practitioners are able to displace quacks? We can at no time wipe out the irregu-

lar practitioners, unless institutions of this kind train up large numbers of qualified men to take up their places.

Overcrowding in the Medical Profession.

At the present time there is considerable anxiety in the minds of many members of our profession that there are too many every year entering the profession. Most of us would agree with Dr. William J. Mayo of the Mayo Clinic when he says that we are a profession, not a trade, and should not introduce hurdles into our medical schools to reduce the number of students, traps to the unwary, memory tests on subjects, not always closely related to medicine or its application. He says, "The development of medical education should be based on improving the qualification of the medical practitioner to meet fully the responsibilities of the sick rather than having for its object the reduction in the number of physicians." If you compare the figures of the population and number of qualified medical men in India with similar figures in other countries, you would realise the enormous headway we have yet to make in supplying the needs in this matter in this large country.

One minimum standard of medical knowledge.

I am one of those who is hopeful that in the near future an act would be passed insisting on one minimum standard of medical knowledge without acquiring which no man should be allowed to practise. Such standards should be applied to all the systems of medicine

and I foresee that, in course of time before very long, all these various systems will merge into one and that there would be only single minimum standard of medical knowledge for all medical practitioners.

Recent advances in allopathy.

It may not be out of place at this conference to give you a brief idea regarding the recent advances in allopathy. The new science of Biochemistry has enabled us to realise the value of the examination of the blood for various substances like Urea, Cholesterol, Calcium, Phosphates, Creatinine, Sugar etc., in the diagnosis of various diseases. For example, the estimation of blood sugar enables us to distinguish between early and advanced diabetes and renal and other forms of glycosuria. Similarly, the examination of the urine for diastase content is useful in the diagnosis of new growths of the pancreas and acute pancreatitis. Albumose is present in the urine when there is accumulation of pus in different parts of the body and in the disease, known as, multiple myelomatosis. Different examinations of cerebrospinal fluid, Shick and Dick tests, Wasserman and Kahn tests and various cutaneous tests in asthma have been added to our diagnostic armamentarium.

Our conceptions of some diseases have also undergone changes. Many diseases have been added to the group of virus diseases. Rickets, Pellagra and Beri-beri are now looked upon as avitaminoses. The conception of heart disease is now different. The back

pressure theory of heart failure has been given up. The arrhythmias have been carefully assessed. The important part played by syphilis in the causation of cardiovascular diseases has now been recognised. New light has been thrown on the aetiology and treatment of pernicious anaemia. Much advance has been made in the knowledge of nutritional diseases. The important part played by vitamins in nutrition and their deficiency or absence in the causation of some diseases has been well established. Many of these vitamins have also been isolated and marketed in pure form. Thyroxin, insulin, parathormone, folliculin, anterior pituitary secretion etc have been added to the list of useful internal secretions in the treatment of diseases. In Chemotherapy a large number of preparations have been added to our therapeutic list of useful drugs. For example, Neosalvarsan, Kharsivan, N. A. B. and other preparations of arsenic in the treatment of syphilis, relapsing fever, trypanosomiasis, rat bite fever etc., bismuth preparations for syphilis, gold preparations such as, gold thiosulphate, Sanocrysin, Salgonal, Doleosum etc., in the treatment of tuberculosis; Faudin for infective granuloma; various Acridine derivatives, like, Acriflavine, Tripaflavine and Rivonal as antiseptics and for the treatment of various diseases; Salyrgan and Novasurol as new diuretics; Quinidine for auricular fibrillation; Caprokol or hexly Resorcinol as urinary disinfectants; oleum chinapodium and carbon tetrachloride for the treatment of worms; emetine bismuth iodide, yatren, Storvarsol, Rivanol, Kurchi-bis-

muth-iodide for the treatment of amebiasis; Plasmoquin, Atebrin, Quinoplasmoquin etc., for the treatment of malaria, Ureastibamine, Neostibosan etc. in the treatment of Leishmaniasis. I may also mention the prophylactic treatments with bilivaccines for cholera, typhoid and dysentery and treatment of the above diseases also by bacteriophage; serum of convalescent patients is used in the treatment of diseases, like measles and acute anterior-poliomyelitis; blood of malarial patients is injected for the treatment of general paralysis of the insane. Milk injections are given for chronic septic conditions. Various efficiency tests have been devised. X-ray examinations of the cavities in the brain and spinal cord, and of the kidney and gallbladder have been made possible. Advances have been made in the treatment of various diseases by ultra-violet rays, deep X-rays, and radium. This is however, an imperfect list of the recent advances in allopathy.

Necessity for Research in Indigenous Systems.

To compare with these recent advances in allopathic medicine, I am afraid the practitioners of the indigenous systems cannot lay any claim to have done anything so far. It is, moreover, unreasonable for any one to expect that, within such a short period of revival of your system, much could be done by way of research. You may turn round and ask me what contribution India has made in those recent advances in knowledge, which I have just detailed. It may be said that the contribution of India to this progress has not been very

much, in spite of the greater facilities and the patronage that the practitioners of allopathy possess at the hands of the Government, but I must say that it is not inconsiderable. All honour to the few distinguished Indians, such as, Dr. Rao, Col. Chopra, Sir Brahmachari and others who have done excellent research work. The meritorious services of Sir Ronald Ross, Sir Leonand Rogers and other I. M. S. officers are well known to all. There are many now in the Medical Research Department and under the Indian Research Fund Association and in the staff of the School of Tropical Medicine, Calcutta, who have contributed to the advance in our knowledge of tropical diseases and are pursuing their special lines of research.

The indigenous systems of medicine offer a very extensive field for research to the practitioners not only of these systems but also of allopathy. The volume of research work which is being done in India in the other sciences, such as, Physics, Chemistry etc., is steadily increasing and I am confident also that in the science of medicine a similar progress would be made, of which all of us may be proud.

Difficulties in the way of allopathy to take root in India.

I am of opinion that allopathy would not take root on the Indian soil for many years to come. I will not become popular, so long as the country is poor. The practitioners are dependent on foreign importation for drugs and appliances and the cost of establishing allopathic institutions are prohibi-

tive for private donors and Local Bodies, and the earning capacity of the large majority of the people is such that they cannot resort to the costly allopathic treatment. With the present finances of the country it would be impossible for the Government and Local Bodies to establish an allopathic dispensary or hospital in every village.

Part which the medical profession can play in the scheme of rural reconstruction.

In the matter of the rural reconstruction, of which we hear so much now-a-days and for which there is considerable enthusiasm in the country, the practitioners of the indigenous systems of medicine have greater opportunities to play a well-merited role than the followers of allopathy. Our callousness to the clamant call of the countryside for reconstruction can no longer continue. As institutions for the treatment of patients by the indigenous systems of medicine can be started with greater ease and less initial and recurring expenditure, I expect that the practitioners of the Indian systems can better serve the people than the allopaths.

Scheme of National Medical Help.

There is no doubt that the country needs medical men trained in simple and cheap methods of rendering aid to the masses with a fair measure of skill and a maximum of safety and with the above opinion of Major M. G. Naidu I fully concur. Sir Neelratan Sircar has computed that we would require 1,50,000 qualified men to meet the

medical needs of the country. Major M. G. Naidu thinks that we need at least 2,00,000 of such men. Where and how are we to get them is the next question. Major M. G. Naidu had drawn up a Scheme of National Medical Help, which is at present being discussed at the All India Medical Association meeting at Delhi. He says that we should form a Society for the Propagation of Health and put a Medical Corps into the field to fight disease, which is a tangible and terrible reality. Is it not better to die with semi medical aid than no aid at all? There may be two views on this question.

Salvation Army for the Gospel of Health.

Major M. G. Naidu has been vigorously pleading at the various medical conferences for the creation of a Salvation Army for carrying the Gospel of Health to the remotest parts of India and for saving the men, women and children now at the mercy of disease and death. Look at the amount of preventable suffering and the extent of preventable diseases in our country. Unless the whole medical profession unites to form an army for a colossal work of this magnitude and unless a beginning is made now alone, there is not much hope that we are likely to get any extraneous help for this venture. We are all working towards that common goal i. e. the prevention of disease, the relief or eradication, if possible, of pain and suffering, due to disease, to whichever system we may be wedded. May the

appeal of Major M. G. Naidu obtain a ready response from the members of our profession and the public and may the scheme drawn up by him receive the proper and serious consideration which it deserves!

No Untouchability in the Medical Profession.

In his scheme no one who practises any system of medicine should be treated as an 'Untouchable.' He says, "To begin with, the proud and purdush mind of the western or westernised doctor will be shocked at the idea of flooding the country with a large number of what may be called 'quacks'. He will hold up his hands in horror at the attempted desecration of the temple of Aesculapius by the admission into it of the medical 'Untouchables.' We must sympathise with the high priests of that temple, argue with them, and convert them to the idea that free temple entry is good for the body physical of the nation, even as it is for the body spiritual."

We should remember that the present day village doctor cannot be displaced immediately. He can only be replaced slowly. "In this Salvation Army of Health we should rope in the Hakims, Vaidas and Dayees and give them a rudimentary knowledge in western methods. By doing so, we would certainly enhance their usefulness, enlarge their outlook and make them less dogmatic and dangerous."

So long as we consider that a scheme of this nature is impossible, we shall never make a move. It is no

longer advisable to sit placidly and keep on merely talking. The days of arm-chair arguments and ornate oratory in such matters are gone and I hope, are gone for ever.

It is only those who dare who do anything at all, I don't think it is impossible for all of us to sink our minor differences and wrangles and unite for the common good. It is only then that we can be said to belong to a noble profession and it is only then posterity would give us credit for having played our part nobly and well.

The Public are our final arbiters

To whichever system of medicine we may belong, it is after all the public who are the final arbiters to decide which system deserves to be supported. Do you think the legislators would have permitted the creation of the School of Indian Medicine, if they really believed that the indigenous systems of medicine were of no use to the public? May I point out to you that there is no such thing as a medical Government civil service in other countries? You may all know that in the western countries all the hospitals are charity hospitals or run by Local Bodies. The system of medical service obtainable in India is peculiar to India alone. In the west all hospitals, except certain special ones are managed by managing committees, elected by the public and the professional services in these hospitals are rendered by Honorary Medical Officers. Only the Resident House Surgeons and Physician get a little pocket money. In these countries the poor man gets a

very much greater amount of skilled professional attention by different specialists in the hospitals. These hospitals are maintained by the donations of the middle class people and the rich. If all hospitals are run as endowed and charity hospitals and not as state hospitals in those countries, I don't see any reason why it cannot be done in India as well. But our poverty does preclude the possibility of starting allopathic institutions but so far as institutions for the other systems of treatment are concerned it is within the range of practical politics. Public aid can be had only to such institutions as give them the best service and in this test, if any of the systems do not obtain sufficient encouragement, it is bound to go under and die of inanition. My advice to you, therefore, is not to look only for state aid for your hospitals and dispensaries but to tap all the resources possible in your own native places. I am sure there are still a sufficient number of philanthropists and charitable rich men, who will willingly contribute the necessary funds for the establishment of institutions for the indigenous systems in their own places I wish you to take a lesson from the splendid achievements in different parts of India of the many distinguished missionaries and various missionary societies in this direction.

Discontent everywhere & in every Profession.

There is of course discontent everywhere. It is not only the members of the indigenous systems of medicine, who have a long list of their real grievances

but also those who belong to allopathy, whether in Government Service or in the independent profession, have theirs.

I note that recently the Ayurvedic practitioners had met at Madras to protest against the Registration Act and that the L. I. Ms met at Guntur and passed a number of resolutions and that a conference of hereditary ayurvedic practitioners was held at Yelamanchili. Probably, many more similar meetings which may have been held in the other parts of the Presidency have escaped my notice. Divine discontent must lead to vigorous effort to improve the existing state of affair and it is, therefore, contributory to further progress. Divine dissatisfaction can be an impetus to progress, just as cursed contentment may lead to lethargy. I expect that in your deliberations hereafter you may have to air many of your real grievances and pass properly considered resolutions to remedy them. But I advise you sincerely that in all these discussions you would keep an equanimity of temper, a moderation in your demands, an eye to the practicality of things and a sobriety which should characterise the members of our profession.

Meagre output of scientific papers for discussion.

In many of the Medical Conferences I have noticed that the time is taken up mostly for the discussion and passing of resolutions and very little is done by way of real useful work, such as, the reading and discussion of scientific papers, by which alone we

can exchange our thoughts and catch new suggestions for further research work. In India there is an enormous field for research work, especially, in tropical diseases and epidemic diseases. In common with the rest of the world we have inherited also those diseases for which doctors have not yet found a cure.

The medical correspondent of the 'Spectator,' says, "In fact we know little more than did the physicians of the 17th century, how to cure or even how to hasten the recovery of patients suffering from typhus fever, scarlet fever, or pneumonia. The saline draught and the purgative pill are still among the most serviceable weapons in his armoury—Perhaps the disease concerning which the public is most critical of medical science and medical research is Cancer, not unnaturally, seeing that about one in seven of us is doomed to die of this disease. Fear tends to blind our judgment."

We have as yet found no remedy for the common cold which is so common but fortunately very much less alarming. There are also a host of degenerative diseases, such as, rheumatism, decay of teeth, Bright's disease, diabetes and so on. In the elucidation of the etiology, pathology and treatment of them and other diseases all of us would like that our medical science makes progress. Such of those who would undertake this great task and help the progress of medicine would have done a real service to science, to their mother country and to humanity.

The high ethical standards of the profession of medicine.

We are going to be judged by the public for what we are. We would only get what we deserve. The graduates in medicine who are fully qualified and take their diploma at the University Convocations are put the following question by the Chancellor.

"Do you promise that you will faithfully and carefully fulfil the duties of the medical profession, that you will on all occasions, maintain its purity and reputation and that you will never deviate from the stright path of its honourable exercise by making your knowledge subservient to unworthy ends?"

To which each of them replies "I do promise."

I am sure if this promise is kept the public will continue to regard our profession as a really noble one.

The great Charaka has said "Not for self, not for the fulfilment of any earthly desire of gain but only for the good of the suffering humanity, should you treat your patients, and so excell all. Those who sell the treatment of disease as merchandise gather the dust and neglect the gold." I am sure all of you will be familiar also with the famous Hippocratic oath which is as follows:—

"I swear by Appolo, the Physician, by Aesclepios, by his daughters Hygeia and Panacea and by all the gods and goddesses, to the best of my abilities and judgment, I will faithfully keep this oath and obligation.

The master that has instructed me, I will esteem as my parents, and shall supply to him, as occasion may require the comforts and necessities of life. His children I will regard as my own brothers, and if they desire to learn I will instruct them in the same art without any reward. My patients shall be treated by me to the best of my power and judgment in the best manner without injury or violence.

Neither will I be prevailed upon by any one to administer noxious medicines nor will I be the author of such advice myself. I shall never recommend means to procure abortion, but will live and practise chastely and religiously. I will not meddle with lithotomy, leaving that to operators of that art. Whatever house I am called upon to attend, I will aim at making the patients good my chief aim, avoiding all injury, corruption and unchastity, and whatever I here in the course of my practice relating to the affairs of life of my patients that ought to remain secret, nobody shall ever know of me.

May I be prosperous, honoured and esteemed by all men as I observe this solemn oath and may the reverse be lot, if I violate it and forswear myself."

Practice of medicine a Business or a Calling?

Let us not look upon our profession as a business proposition or as trade union but regard it as a calling. The great obstacles to the spread of health are poverty, ignorance and superstition. We may not be able to do much to get

rid of the first but it does lie within our power to remove the other two. Propaganda for the spread of a correct knowledge of health and hygiene is urgent and this is admitted on all hands. "I do fervently hope that the view of medicine as a missionary calling will spread and doctors will regard themselves as men called to their mission." These were the wise words of Sir S. Radhakrishnan, Vice-Chancellor of the Andhra University in the speech which he delivered recently presiding over the National Health and Baby Week Celebrations at Vizagapatam. May the spirit of 'Thyaga' pervade the whole profession of medicine. Let us realise the sacred responsibilities of our calling and dedicate ourselves to this holy mission.

We are a long, long way behind the other progressive countries in the matter of health and all other good things of this world. Let us no longer sit idle or waste our energies in empty talk and never ending discussion but let us grin up our loins and put our shoulders to the big wheels of that heavy and mighty chariot of the Goddess of

Health enshrined in the temples of Aesculapius and Dhanvantri. Let not blasting fatalism possess us and a belief in preordination induce a sense of paralysis in our bodily and mental activities.

The appeal of Dr. J. H. Cousins, D. Litt, Principal of the Madanapalli College, to his fellow teachers in the profession of Education at the 26th Provincial Educational Conference held only four days ago at Ananthapur may with a slight variation and with equal aptness be made also at this Conference:—"Heaven is about us not only in our infancy but all through life. To reach it we have only to ascend. The humblest Vaidyan in a remote village hut with a few of Gods children anxiously seeking treatment for their diseases through his medical knowledge is as near to it as the exalted Professor in the city college".

Thank you, gentlemen, for the very kind and patient hearing which you have given me this evening. May your Conference be a great success!



EXHIBITION OF INDIAN MEDICINES.

OPENING ADDRESS.

By

Siddha Vaidya Sarabham Dr. A. J. Pandian.

Ladies & Gentlemen,

I am deeply sensible of the great honour you have done me by giving me this rare privilege of opening this Exhibition of Indian medicines. I sincerely feel that this honour is given me, more in recognition of the sincerest and purest love I have for that system, than for my depth of knowledge in it, and I assure you all that I am second to none in my earnestness of desire to advance it.

The systems of Indian Medicine, have had their origin from Saints, Rishis or Angels. Although some sceptical men may dismiss it as an idle claim, I am sure, if they care to study it, they will have nothing but admiration for the perfection that it has reached. The subtle treatment that has been prescribed for the very many diseases of our land, particularly suited to the physical and mental constitution of our people, will surely astound a real student of that system.

This Indian system of medicine has been perfected long since, and somehow by the strange history of our land, this ancient lore has fallen into decadence. The foreign systems have filled our people's minds with glamour, and successive generations have gradually neglected our system. The responsible task of reviving this wonderful system and restoring it to its pristine glory has fallen upon our shoulders.

Our system of medicine seeks to fulfil its aim by a truly psychological process. The primary sense preceptions of mankind have been fully recognized as important factors in effecting a cure for any human malady. In the science of our system we find how the medicines are made, and the doctors to administer them, so as to satisfy all the primary senses of man. Apart from the medical properties of a drug, we have in our science of medicine fully described how to make that drug quite palatable to the patient. You may just imagine how much the utility of a drug will be minimised, if it is quite unpalatable, if the patient feels it a horror to take it in—If the sense of taste of the patient is satisfied by using a suitable vehicle for a drug, the very satisfaction of the patient will prove a factor in effecting the cure.

Next in importance comes the peculiar feature of our science in effecting the diagnosis of a disease by the feeling of the pulse. Our science teaches us how to diagnose the maladies of our body by the mere feeling of the pulse. Apart from the scientific aspect of this system of diagnosis, this method recognizes the importance of a mesmeric touch for effecting a cure. The soft and gentle touch of our physicians of this system goes a great deal to favour the conditions of cure of the patient's malady.

Now a days, the methods adopted by our ancient physicians have been caricatured in the stage and the press. But I implore such scoffers to bestow some time to understand the true science of our system and the psychology of its procedure, before they ridicule it.

Again you may all be aware how spices and sweet smelling drugs such as musk etc. are used as vehicles for our medicines, let alone their medical properties. The very pleasant smell of the drug prepares the mental attitude of the patient fitting for a speedy cure. His smell perception is also satisfied as his taste and touch. The soothing way of talk necessary for a physician has also been outlined in our science. A physician is not to come and go, counting the minutes of his stay, dropping a word or two, not to the people about, but to the patient direct, only to leave the people of the household with a serenity and awe on his departure. This feeling of awe of the people about, creates in the mind of the patient, a sympathetic fear, which surely will deter a speedy cure of his disease. But our system outlines the very mode of talk of a doctor.

It is therefore, a sacred duty of ours to exert our best to revive this ancient lore, and restore it to its former glory. I deeply realise that the holding of such exhibitions as the present one is one important aspect of our work. These exhibitions are indeed a very effective propaganda work. Do we not see that the popularity of the foreign system among us is mainly due to propaganda? Is it not our bounden duty to do similar propaganda, if we wish to revive our own system?

These exhibitions are really stimulants of the people's activities. There they learn so easily many important principles and the fundamentals of our science. Thinking minds will be stirred up to make researches in the field of this science. Who knows one among you may not be actively encouraged by witnessing this exhibition, to make his own researches, and one day come out in all glory with an invention or discovery to fill the world with wonder? This important aspect of the usefulness of holding exhibitions must be duly recognized. All encouragement should be given to the struggling devotees of this science.

Lastly I would stress upon the organisers of this exhibition to arrange for an All India Day for Indian medicines styling it as India's Saints' day, or Siddhas' day, knowing, as we do that our system owes its origin to Saints. Of late the importance of celebrating weeks for the promotion of some activity such as Health, Education, Industry, etc., has been recognised. Why not we organize, if not a week, at least a day for the promotion of Indian Medicines? Lectures on the science of Indian medicines may be arranged for, prizes may be awarded for doctors who have analysed a disease, and found out a cure on the basis of our science, essays upon the medical researches of our Indian drugs may be called in. I earnestly request the organisers to arrange for such a celebration as early as possible.

Offering once more my humble thanks to them for giving me this share in their activities, I shall hasten to discharge my pleasant duty of declaring this exhibition open. May the Almighty, and all his angels, may the saints and fathers of this ancient science of our land, bestow their benediction upon it.

OPENING OF THE CONFERENCE

By

Mr. S. Muthiah Mudaliar,

Ex. Minister Public Health.

Mr. S. Muthiah Mudaliar while declaring the conference opened observed that the school of Indian Medicine, considering the short period that had elapsed since its inauguration, should be considered to have been progressing very satisfactorily. The credit for this, he said, was due to Dr. G. Srinivasamurti, the Principal, and Dr. Murugesu Mudaliar. Even though the L. I. M.s now felt that they had not received sufficient encouragement and recognition at the hands of the authorities and the public, the speaker was sure that in course of time, the indigenous systems of medicine would come into their own and gain due predominance over other systems. The indigenous systems were far cheaper than the allopathic system of medicine. This was a vast country with a large population and there was room and also need for all the L. I. M.'s, L. M. P.'s and other medical graduates that they could produce.

Mr. Muthiah Mudaliar said that he, would like to make a suggestion to the practitioners of indigenous systems of medicine, viz., that they should confine themselves to indigenous drugs and not resort to allopathic or other drugs except where absolutely necessary. He deprecated a free resort to western drugs on their part. Not only were the Western drugs more costly to the patient but their having recourse to

them might create doubts about the sufficiency and efficacy of their pharmacopoeia. When trying to promote indigenous systems of medicine, they should guard against such a possibility. Indian systems of medicine, if properly studied and practised, could hold their own against any other system of medicine in the world.

In conclusion he adverted to some of the handicaps experienced by the L. I. M.s (referred to in the address of the Chairman of the Reception committee) and hoped that the representations they proposed to make to the Government would produce useful result. He declared the conference open and wished it success.

Dr. Srinivasamurthi in proposing Dr. Tirumurthi as the president of the 4th L. I. M. Conference, which was duly seconded and carried, referred to the suggestion of Mr. Muthiah Mudaliar to L. I. M.s to use always indigenous drugs. Dr. Srinivasamurthi said that the instances where allopathic or other drugs were used were very few and were almost entirely confined to cases of midwifery and surgery. Apart from that fact, he said there was nothing wrong in their taking into their system any drug that was effective, to whichever system it might belong. It was not considered wrong for an allopathic practitioner to

prescribe a drug outside the allopathic pharmacopoeia. Indeed, he said, there were numerous instances where this had been done and the practitioners had been applauded for their 'broad-mindedness'. Why should the L. I. M. be discouraged from doing what was not inherently wrong and what was being done by his brothers practising the other systems?

Messages wishing the conference success, received from Mr. S. Satyamurthi, Sir C. P. Ramaswami Iyer, Mr. M. Ramalingaiya, Mr. Kelunambiar & few others were communicated to the House.

The conference then adjourned to meet next day.

2nd day's Proceedings.

With a slight change in the original timing of the programme of the 2nd day of the conference as announced by the Secretary on the previous day's gathering, the whole conference resolved itself into subject committees and met at 10 a. m. under the Chairmanship of Dr. M. Visweswara Shastri. All the resolutions placed on the table were moved & discussed, and those that were passed were then moved also at the open session.

The Second item of this day's programme namely the meeting of the practitioners of Indian medicine, Reading of papers, carrying discussions etc., in Indian medicine was commenced exactly at 2-30 p. m. under the presidency of Dr. M. Mallikarjuna Rao, Dr. D. Lakshmipathi read a paper on

preventive Medicine, Dr. Ibrahim on Tuberculosis, Dr. Narayanaswami Iyer on Malabar special treatment Dr. Purushothama Pillai spoke on copper and its therapeutic value and Dr. S. V. Ramanuja Iyengar on chandrodaya & its therapeutic value." Each paper, after it was read, was discussed by the members, and questions were answered by the author wherever necessary. The president, after elaborately dealing on the merits of each paper thanked the organisers for giving him this honour of presiding over a scientific gathering.

At the open Session of the Conference at 5 p.m. under the presidentship of T.S. Thirumurthi, the following resolutions were moved and passed.

1. This Conference places on record its deep sense of sorrow at the death of Pandit C. T. Muthia Pillai and requests the Secretary to communicate a copy of this resolution to the members of the bereaved family.

2. This Conference places on record its deep sense of sorrow at the death of Pundit Syamadas Vachaspati and requests the Secretary to communicate a copy of this resolution to the members of the bereaved family.

3. This Conference places on record its deep sense of sorrow at the untimely death of Mr. Sengodaiyan I. C. S. and requests the Secretary to communicate a copy of this resolution to the members of the members of the bereaved family.

4. This Conference resolves that the Government be requested to open a

Central Pharmacy at Madras to prepare all indigenous medicines according to Shastras and provide the same to all dispensaries under local bodies.

5. This Conference requests the Government once again that hospitals of Indian Medicine at District and Taluk headquarters be opened to afford better facilities to extend medical aid to the public in the indigenous systems of medicine.

6. This Conference resolves to request the Government to revise the G. O. No. 1211 P. H. dated 4—5—34 so as to empower all practitioners working in rural dispensaries to render first aid, grant wound certificates and give evidence in courts when summoned, making no distinction between practitioners registered under the Madras Medical Registration Act. of 1914 and those registered under G. O. No. 231 P. H. dated 1—2—1933.

7. This Conference resolves to request the Government to permit L. I. Ms also to undertake honorary work as Honorary Assistants in all Government Headquarter hospitals and also to provide facilities for L. I. Ms to undergo post graduate course in special branches of Medicine as Ophthalmology, Midwifery, etc., so as to enable them to acquire a comparative knowledge of these subjects.

8. This Conference resolves to request the Government to provincialise the service of the L. I. Ms working in dispensaries under local bodies.

9. To increase the No. of beds in the Maternity & Gynaecology wards, & also to open ophthalmic wards for in-patients, in order that post graduate training can be given to L. I. Ms. in ophthalmology and midwifery.

10. This Conference resolves to form District L. I. M. Associations in every district of the Presidency and empowers the executive to frame rules accordingly.

11. This Conference strongly protests against the scale of salaries fixed for L. I. Ms in G. O. No. 2403 P. H. dated 15—10—34 as it is too low when compared with the general and technical qualifications possessed (and the heavy sums of money spent upon the protracted course of five years at Madras) by L. I. Ms and the important public duties imposed on them; and requests the Government to enhance the scale and bring it at least on a par with the scale of Sub Assistant Surgeons (as the medical education received by both is almost equal and both are being treated in rural dispensaries as equals). This Conference also requests that a graded scale of pay be fixed for Non—L. I. M. Medical officers instead of the stationery scale of Rs. 40/— fixed in G. O. No. 2403 P. H. dated 16—10—34 and further resolves that the present incumbents be not affected by the G. O.

12. This Conference resolves to request the Secretary to make necessary arrangements to wait on a deputation on the Ministry of Public Health to modify G. O. No. 2403 P. H.

dated 15-10-34 and to represent other grievances.

13. This Conference resolves to request the Secretary to constitute an influential Committee to concert measures to raise funds for showing our appreciation of services rendered by Vaidyaratna G. Srinivasa Murthi, in a suitable manner.

Third day 30—12—30.

General body meeting of the L. I. M. association to elect office bearers for the year 1935-36 commenced its sitting at 2 p. m. under the chairmanship of Dr. V. Narayanaswami Iyer. The following report was read by Dr. S. Govindaswami, the secretary L. I. M. association, before proceeding with the elections.

Brothers and Sisters,

I have the honour to submit the following annual report of the working of our Association for your acceptance.

It is customary in respect of all associations, that the Secretary and Treasurer prepare, a month or two before the annual general body meeting, a report of the Association together with the progress, statement of accounts etc., to have it passed at the Executive Committee meeting before it could be presented to the annual General Body meeting. But this time I have to depart from the usual procedure and adopt a new one for reasons which I explain below.

The Association was handed over to the present executive committee with

no funds at all and it was not possible to raise funds at the time. During the latter part of the year we tried to raise some funds for printing circulars, to cover postage etc., and finding the response encouraging; we planned to have the Association registered under the Societies Act. On 20—12—34, the L. I. M. Association was registered though we had not been able to do it ever since 1928. Before registering, we modified the rules so that the Conference became an integral part of the Association.

So far no amount has been realised from members in the shape of subscription. I do not blame the members for this, but I wish to lay stress on the point that the executive which is to be elected to-day may bestow some special care to enforce the rules and collect the subscription.

In regard to the amount of money already collected, I am unable to give account at present as some items of expenditure are yet to be met. As soon as the dues are paid, a statement of account will be drawn up and submitted to the Executive committee of the conference and shall be presented at the next General Body meeting.

Before I could end my report 'Brothers and Sisters, kindly permit me to offer my thanks to the two Inspecting medical officers Dr. C. N. Kuppuswami and Dr. M. Visweswara Sastry, for their untiring help rendered for the cause of L. I. M. association. It is by their help, that we are able to make this conference

a thorough success, to have our association registered and to save something to run a journal of the L. I. M. association in near future. I once more thank them on my own behalf and on behalf of the L. I. M. association.

After the report was read and accepted the following office bearers were elected.

Patrons.

Maharaja of Pithapuram,
Sowcar. Janab. C. Abdul Hakeem Sahib Bahadur.
Rao Bahadur Dr. C. Natesa Mudaliar, L.M. & S., M.L.C.
Vaidyaratna Captain G. Srinivasamurti,
B.A., B.L., M.B. & C.M.

President.

Rao Bahadur Dr. T. S. Tirumurthi, B.A.,
M.B.C.M. (MAD.), D.T.M. & H. (LOND.)

Vice Presidents.

Janab Abdul Hameed Khan Sahib Bahadur, M.L.C.
Dr. Siddha Vaidya Sarabham, Jothi Pandiyan.

Secretary.

Dr. M. Fida Hussain.

Asst. Secretary & Treasurer.

Dr. K. S. Rangaswamy.

Executive Committee Members.

Dr. M. Visweswara Sastri.
„ C. N. Kuppuswamy.
„ M. Mallikarjuna Rao.
„ S. Govindaswamy.
„ V. Narayanaswamy.
„ C. S. Uttamarayan.
„ Ghulam Ghouse.
„ Md. Ibrahim.
„ K. Satyanarayana.
„ K. Sitaramayya.
„ K. Narasinga Rao.
„ P. Subbaraya Pandya.

The meeting terminated with vote of thanks.

At 4 p.m. The practitioners of Indian medicine employed under local bodies met with Dr. C. N. Kuppuswami, Inspecting Medical Officer in the chair. The chairman in the course of his

speech said that this usual meeting of the practioners of Indian medicine, was used to be addressed by Captain G. Srinivasa murthi, to offer advice as to how the medical officers should conduct themselves in their new posts; but this time as the Inspecting Medical Officers are immediatly connected with them, he was asked to address them. He then went on to explain some of the difficulties which may arise in the working of dispensaries, and how these difficulties were to be faced and overcome. The practitioners were advised by the chairman, not to take part in the local politics which would surely, bring misunderstandings in the locality, and make the medical officer unpopular. Dr. Narashinga Rao, Dr. Venkataramana, and Dr. Purushotham Pillai then spoke of their difficulties in the working of their dispensaries, as in the case of Contigent Bills, Subsidy bills, Indents etc. The chairman then explained to them, in detail the cause of difficulties and their proper remedies, Dr. Visweswara Sastri, Inspecting Medical Officer, then addressed the audience in Telugu, embodying the whole speech of the chairman. With a vote of thanks the meeting terminated.

Of all the items on the programme of the conference the last and the most enjoyable item was Tea. The caterers were The Ramakrishna Lunch Home. Elaborate arrangements had been made, under the shade of the Large Banian Tree, on a lavish scale. All the delegates and distinguished visitors attended and had a free and enjoyable talk.

Continued from page. 8

Vaso motor system. Reaction to stimuli slow. Sun or artificial or ultra violet treatment gives slow response.

Alkaline Tendency. Tendency to diarrhoea which is made worse by feeding especially with fat. Improves on acid diets and medication. Saccharides and incidentally phosphorus badly absorbed.

Urine. Faintly acid or alkaline. Amounts passed are large.

Endocrine. Tendency to develop signs of hypothyroidism and of excessive vagal and pituitary control.

Diseases. There is difficulty in absorption and assimilation. Tendency to rickets, moist eczema, lymphatism, coeliac disease, severe anaemic states, leukaemia, lymphosarcoma, sarcoma, purpura, glandular tuberculosis, lymphadenoma, nephrosis, parenchymatous nephritis, rheumatoid arthritis.

N.B.—“Though it is in early childhood that these two tendencies are perhaps most marked, they are apparent at all ages, being particularly noticeable once again in middle age, when the condition of the body begins to deteriorate as the result of errors of living and environment.”

It may be noted here that on a broader out-look there is a striking similarity between the *Vata prakrithi* and the acid type and *Kapha prakriti* and the alkaline type. *Pitta prakriti* corresponds to an acid-alkaline type not recognised by these authors. In a later edition they may include that too; for it is but a common sense conclusion, since when there are two distinct types

Very quick reactions. Small doses of natural or artificial sun give a quick response. Poisons in the body or external irritation produce marked effects on the skin. Tendency to erythema.

Acid Tendency. Prone to constipation, Soapy stools, bilious attacks. Acid diets disagree. React well to alkaline diet and medication, e. g. fruits, green vegetables and cereals.

Strongly acid. Amount passed small.

Tendency to develop signs of hyperthyroidism and of excessive thyroid and adrenal control.

There is difficulty in elimination. Tendency to rheumatism, dry eczema, seborrhoea of the scalp, impetigo, acne, rheumatic arthritis, heart disease, renal sclerosis, cyclic vomiting, migraine fibrosis of lung or liver.

that can be clinically diagnosed and treated, naturally there ought to be a third state manifesting features mid way between these too, but yet well-defined in itself as to warrant a separate grouping. We cannot push this comparison between the modern views and the ancient theories beyond this stage; for it is only recently and that too in a very tentative manner this view has

been advanced. The authors themselves say: "This classification for diagnosing may be but dimly recognised and accepted but to take them seriously enough, to endeavour to convince others of their truth, and enforce them in practice is another matter. So long as our aim is to find out truth about disease and try to eradicate it, we maintain that there is already sufficient evidence before us to allow a dogmatic assertion as regards the adoption of this clinical view-point for the study and management of human illness." Therefore the whole theory is in its embryonic stage. We do not know the turn the details will take. Anyhow for our purpose it is the spirit or trend of thought that should well be noted. And it is this spirit that the ancient authors tried to emphasise and inculcate in the training of a medical student. Vagbata says that a physician need know only the state of the doshas, dhatus and malas in a particular disease, for its proper treatment. The names may change and the patterns differ according to time and place.

From this angle of vision the interpretation of the Indian Medicine take a new shape and is of a living interest. Arguments such as whether one can demonstrate doshas under microscope is without meaning; for the subtle aspects of the three doshas refer to the functional manifestation of the human system. They are inferred from their gross effects just like the phenomena of love, hatred, anger, self control etc., are judged from the doings of a person.

The whole human system is conceived as a vayu-driven machine consisting of a net work of innumerable ducts within which circulate the nutritional fluids, absorbed from the food eaten, water taken in and air respired. From all these arise the functional phenomena supporting structures and waste matter. That aspect of vayu which is responsible for the manifestation of the bodily and mental activities is directly attributed to *Vata*. *Pitta* is the term applied to the portion of the vayu by which the whole of the chemical processes in the system take place. Viz. the conversion of the food, water and air into matter and energy. Finally the duty of vayu that helps in the maintenance of the human frame work itself, wherein all these things take place goes by the name of *Kapha*. Thus *Vaat* is the dynamic factor, *Pitta* the metabolic activity and *Kapha* the static energy of the human mechanism. These three work in unison in the body. Thus the static energy of the body or *Kapha* keeps up the frame-work of the human system in such a way that the metabolic factor *pitta* acts upon the air, water and food taken in, converting them into matter and energy. The former i. e., the material part becomes the supporting structures and waste matter called *dhatus* and *malas* respectively and the latter i. e., the energy portion is manifested as human activities.

Regarding the structural aspect of the system i. e., the supporting structures called *dhatus*, they are seven in number. Viz. *rasam*, *raktam*, *mam-*

sam, *medas*, *asthi*, *majja*, *sukram* in male and *arthavam* in female. All the organs of our body are made up of these *sapta-dhatus* in various proportions. In modern medicine they correspond to the primary histological tissues viz. Epithelial, connective, muscular and nervous. Here however we have them in a detailed division with their relation to the functional aspect of the human system both in health and disease.

About *malas* they are not merely excretory products. Their presence is absolutely needed for the proper regulation of the systemic reactions and the maintenance of the body integrity. Each *dhatus* has got its corresponding *mala*. Reduction of *malas* mean lengthening of life—a principle employed in yogic practices. The medical man tries to keep them in their optimum amount just as he deals with the *dhatus* and *doshas*.

This comprehensive survey of the human system gives a very good approach to the nature of health and disease. By such a synthetic outlook every observation however novel and heterogeneous it may apparently appear, finds a place in a proper perspective. It is the back of this scheme that renders the whole of the modern medical literature such a confusing and enormous amount of facts. Definitions of health and disease themselves are nebulous. Thus Taylor says, "It has never been very satisfactorily determined what is to be called disease. To say that disease is any divergence from health opens up

the question what is health? To this the answer is a perfect structure of all organs and tissues with a perfect performance of all their function and in the broadest sense any alteration of the structure of function may be called disease. But some special cases have to be considered. The term has a very comprehensive meaning."

In Indian Medicine however the two terms health and disease are very clearly defined. Thus in Ayurveda health is taken to be that state of the body in which the three doshas are in a state of equilibrium i. e., neither excessive nor diminished or perverted, maintaining the *sapta dhatus* and *malas* in their normal quality and quantity. In other words the three doshas or the three essential forces that maintain the cycle of life in every living thing viz., the dynamic activity or *vatha* inherent in all animate beings, the various metabolic changes or *pitta* constantly taking place as a result of the respiratory digestive and excretory processes, and the static force or *kapa* responsible for integrity of the human framework constituted as it is by the *sapta dhatus* and *malas*, form the trinity of a healthy human existence. A diseased condition of the body takes place when these three doshas are out of equilibrium and fail to keep the *dhatus* and *malas* normal.

So in conducting the clinical examination by interrogation, palpation and observation with the five senses and mind, the Indian physician always

equates the points he notices to the dosha-dhatu-mala changes in accordance with the clinical features associated with their vriddhi, kshyam and vigunam (aggravation, attenuation and vitiation). After having exactly ascertained the state of the doshas, dhatus and malas treatment is carried out in accordance with the following two principles. (1) Doshas, dhatus and malas are increased by things having similar structure, property and function and diminished by dissimilar things. (2) The second principle is a very comprehensive one. The three main therapeutical measures viz., diet, medicine, and the control of the sensory, motor, and mental activities may be such as (a) to put down the cause of the affection (b) to subside the clinical features of the disease (c) to increase the cause of the abnormality and (d) to aggravate the very features of the morbid process, the end-result aimed at in all cases being the cure of the disease. Under this statement both the modern systems of treatment viz., *contraria contrariis curantur* (cure by producing opposite effects) and *similia similibus curantur* (cure by producing similar effects), are included.

Other points in connection with the methods of treatment are (1) Only those medicines that have stood the test of time and experience and whose composition and nature are well understood by the physician are used. They are not employed in a haphazard way. Every disease has got its routine treatment well established in literature tradition and experience. Further by the

accumulated works of the physicians time immemorial, innumerable prescriptions have got standardised and these need only careful preparation and timely administration under the personal supervision of the doctor in charge of the case and the medicinal preparations. (2) The methods of preparing medicines are so chalked out that a doctor himself can prepare everything with the help of ordinary coolies, however complicated the processes may be, provided he has trained himself in the art during his academic career. This obviates the two great drawbacks of the present day medicine. First the question of adulteration never comes in. A doctor will have no purpose in using wrong or inferior drugs. It will be to his own loss of reputation. Secondly all the evils of preservation and over production of medicines consequent upon a huge output and competition of the commerce do not arise here. Medicines can ever be fresh. Green extracts are always available. Preparations are made then and there just enough and exactly suitable to the climatic conditions of the country and the particular tastes and customs of the people. They are not things that have been employed to a different race of mankind in a different clime. (3) Fullest advantage is taken to mobilise the local material and labour before going in for the extraneous aids, so that the system is really economical to the country though apparently it may appear equal in cost to or even costlier than that of the western medicine. (4) The mode of administering medicines should be well noted. Alcoholic extracts

and saline substances form the majority of the allopathic pharmaceutical preparations, most of them being not palatable or convenient to take. Painful injections, nauseating mixtures, bulky powders patients often revolt to take, Indian Medicines on the other hand are very pleasant especially in the Unani system—Lehiums and Sherbats, Murabas and Majoons, Bhaspams and minute potent pills, ghees and honey. There are not any substitutes for these in modern medicine. To take iron in the form of Bhaspam is certainly better than Easton's syrup or inky iron mixtures. 'Cured' Valam (dhentee) pills give a better purgative action than Mist. Sennae-co or Mist. Alba, without bitterness of the latter. Carminative mixtures do not

act so well as some of Ayurvedic lavanams, and lehiums. Instances can be multiplied.

Thus there is much in the Indian Medical systems that a modern medical man can make use of. What applies to the Ayurvedic system, applies also to the other schools of Indian Medicine viz., Siddha and Unani as they partake of the same spirit. Viewed in a proper, sympathetic, and unprejudiced way, as indicated in the above paragraphs, it will be greatly helping to understand and adopt all useful things found in one system by the followers of the other without in any way losing their own individuality by the impact of diverse schools.

GOPAN'S
SRI PANOL
 THE SPECIFIC FOR DYSPESIA
 AND ALL
 CHRONIC STOMACH TROUBLES

SUCH AS:
 ATONIC DILATATION,
 CARCINOMA OF THE STOMACH,
 CHRONIC GASTRITIS,
 COLITIS, GALL STONES,
 ENLARGEMENT OF LIVER & SPLEEN,
 GASTRIC AND DUODENAL ULCER,
 GASTRIC FLATULENCE,
 NEURASTHENIC OR NERVOUS DYSPESIA,
 SPASM,
 VOMITING.



Directions With phial:
Manufacturers:
TAMIL NADU AYURVEDIC PHARMACY, LTD.
 P.O. BOX 278 MADRAS.

Case No. 1. Clinical Notes - A few Vata diseases.

BY

V. Narayanaswami L. I. M.

(Asst. Medical Officer, In patient ward, Kilpauk Hospital.)

Pakshavadham - Hemiplegia.

A Hindu male aged 30, police constable, came under my observation on 4th May with a *complaint* of loss of power of right limbs, headache and giddiness *of a month's Duration*.

History of present illness: A month back the patient went to bed as usual. At 2 a.m. he woke up and found that he could not move. He found that he was unable to speak. His right limbs were unable to move. He was treated in an allopathic Hospital in Madras. He did not improve.

History of Previous illness: No history of venereals. For the last one year he was suffering from periodical attacks of severe headache and vertigo. He underwent no treatment for this.

Personal History: Police constable on the traffic section. Used to stand number of hours in the hot sun etc. No alcoholic habit.

Family History: Nothing particular.

Condition on admission: The patient was young and moderately nourished. He was unable to close his right eye, could not protrude his tongue properly and had difficulty in speaking. The deep reflexes were increased. There was no rigidity of the muscles, no onset of atrophy, no loss of sensibility. Blood pressure Systolic 155. Diastolic 106. The patient complained of severe headache and giddiness always.

Dosha: Vata was generally vitiated as indicated by roughness of the body, darkness of colour, loss of sleep and constipation.

All the five Vayus were affected as indicated by difficulty in speaking, in deglutition in normal movement of the limbs, constipation etc. Pitta and Kapha no appreciable change.

Diagnosis: As the loss of motor function on one side of the body was present, the diagnosis was not difficult. It was Pakshavadham. (As the face and limbs were affected only on the same side it was not crossed paralysis).

Treatment Adopted:

Progress.	Diet.	Medicine.
4th May	Wheat Rice.	1. Ksheera bala oil Pichu for the head and smeared all over the body and removed by cloth after an hour.
condition on admission.		2. Aswagandrarishtam 2 oz. 1 oz. B. D.
		3. Gandharvahasthadi Kashaya 2 oz. every morning.

No. 1. External sneham was started from the first day itself. No internal sneham was done as the condition of the patient was not for it. Pichu for the head will bring down the headache and vertigo as they show the aggravation of the dosha there.

No. 2. Was given internally as it would bring down the provoked Vata and incidentally the high B. P.

No. 3. Was given to keep his bowels regular.

As the condition of the patient was weak and complained of acute symptoms like vertigo, headache etc. He was not submitted to Pizichal from the beginning. He was undergoing the same treatment for about 20 days during which time his headache had disappeared the vertigo was cured and B. P. came down to 140 and 90. The tendon reflexes became normal.

25th May. 1. $\frac{1}{2}$ drachm of Ksheerabala 101 times medicated in 2 ozs. of Shacharadi Kashayam. B. D.
2. Pizichal with Ksheerabala Tailam (ordinary).

As the patient's condition has much improved internal snehapanam was commenced and pizichal was started. He was continuing this treatment for some time. He showed signs of improvement. He was able to walk, speak much better than before. The same treatment was continued.

26th June. No. 1 & 2 was repeated and along with that Bashpa swedam (steam bath) was commenced.

These were the primary treatments given to the person. Of course, now and again minor treatment as opening the bowels with purgatives etc. was done which were not mentioned here. The patient was cured completely.

Case No. 2.

Vranayanam - Tetanus.

A hindu boy aged 12 came under my observation on 21st Sep. with a *complaint* of frequent fits, inability to open the mouth and severe pain all over the body of 8 days duration.

History of present illness: About two weeks back he swam for a long time in a tank. On the next day he got high fever and this continued for 3 to 4 days. When the fever came down, he got stiffness of the whole body. This progressed daily and began to get fits now and then. He had some treatment elsewhere for the condition with no improvement.

History of previous illness: About a month back he sustained two wounds one in the middle of the left arm and another on the right foot while swimming in a tank. The wounds were not treated.

Condition on admission: The patient was young and ill-nourished. Neck stiff, head could not be moved on either side, mouth could not be opened (trismus). He was not able to swallow anything (Dysphagia). Trunk was bent forwards (emprosthotonos). Limbs extended and inflexible. Two sloughing ulcers were seen one on the big toe of the right foot and the other on the upper arm of

the same side. He had not passed any motion for the past 5 days, urine scanty and high coloured. Temp. 99.6 F. H. and pulse quick irregular and was of high tension; pulse 108 p. m. during fits. when there were no fits, 120 p.m. during fits respiration 52 p.m. Fits were frequent and each time lasted for 5 to 10 minutes. Profuse sweating over the face and thirst.

Doshas: All the Vayus were vitiated as indicated by difficulty in breathing and in deglutition, inability to

talk, inability to move about, constipation etc. All the abnormal functions of Vata were present as pain, tremor, stiffness of the neck etc.

Pitta: Generally vitiated as indicated by temperature, thirst etc.

Kapha: Generally vitiated as indicated by stiffness of joints coated tongue, bad appetite etc.

Dhatus: All the Dhatus Ksheena (wasted) as indicated by pale colour, emaciation roughness of skin etc.

Treatment Adopted:

Progress.	Diet.	Treatment.
21st Sep. condition on admission.	Barley water, & coffee.	1. Vasthi with Hingu triguna Tailam. 2. Application of Ksheerabala all over the body. 3. Navaneetham 1 part Eranda Tailam 1 part for external application on the head. 4. Gorochanadi pill, 1 pill every 3 hours with jeeraka dasamula kashaya 1 oz. each time.

Rationale of the Therapeutics.

No. 1. As the patient was having very bad constipation the Vasthi was given. Hingu triguna Tailam works against Vata. Vasti is the primary treatment.

No. 2. In these cases of Ayama the ideal thing would be to immerse the person in oil tubs. But the cost would be very much and every one cannot afford that treatment. So the boy was

smeared with oil all over the body and kept.

No. 3. To keep his head cool and also to act against Vata especially Prana.

No. 4. As his heart was weak and the general condition of the patient was to be improved Gorochanadi pills with jeeraka dasamula kashaya was given. It would subdue the vitiated Vata and bring down the convulsions.

22nd Sep. The medicines were repeated and along with Bashpa Swedem was done. The fits were not as frequent as before. The general condition of the patient improved.

Rasnadi Kashaya ozs. 4; 2, ozs. 2, times a day with a teaspoonful of garlic juice each time. All excepting No. 4. was repeated. This Kashayam is a specific in many of Vata diseases. The patient was reacting very favourably.

2nd October. Along with the above medicines Kukkuta ghritham was given 1 teaspoonful in each dose of Kashaya. As the patient's appetite was improving, internal snehapanam was begun. His diet increased to more nutritious one. He was continuing the same treatment till he was finally cured on 6th November.

Discussion: The patient had sustained wounds. He neglected them. They had gone bad and caused the vitiation of the doshas. Authors like Sushruta and Vaghbata have given a classification under Traumatic convulsions, Apathnaka or Vranayama. This classification is recognized by all the authors. But Vaghbata distinctly says it as Vranayama. He is of opinion that Vrana (wounds) "should be near a marma (vital point). In that case Vayu gets vitiated spreads the other vitiated doshas from head to foot. He looks pale and thirsty. Prognosis is bad."

In this patient there were two wounds which were in the Marmasthanam one in the great toe and another on the upper arm one inch above the elbow joint. The first is called Kshipra marma and the other is Ani. Sushruta says that trauma in Kshipra marma will cause Akshepaka.

Vaghbata's opinion that any wound in any marmasthanam may cause a skshepaka be taken in a general way as it has come under observation that not only wounds on Kshipra marma could cause convulsions but also in other marmas. In this case the difficulty does

not arise as the boy was having wounds in two marmasthanams.

Case No 3.

Kampavatham:—

A Hindu male, clerk, aged 39 came under observation in the middle of October with a *complaint* of shaking of the whole body, weakness of the right side, inability to move about, frequent vomiting and giddiness of 5 months *Duration*.

History of Present illness:—In April he suffered from typhoid which was treated in Coimbatore Hospital. After the fever he had an attack of synovitis of the right knee. From that time he did not regain his lost strength. In June he had an attack of dysentery. Though it was cured, the weakness increased and he began to get pain all over the body. In the middle of August he got admitted in Royapuram Hospital, and two weeks later he developed this tremor and began to vomit frequently. He was discharged from there.

History of previous illness:—Two years back he had general weakness for which he took a dozen injections of Testogen (P. D.) and a few tonics. He was slightly improved.

Personal History:—Unmarried. No history of venereal.

Condition on admission; Patient was very weak and emaciated. Eyes sunken and pale. Shaking of the whole body aggravated on exertion or in company. He was unable to stand or sit. Pain all over the joints. Muscles not rigid. Tendon reflexes not

exagrated. Ankle clonus and planter reflexus positive. Conjectival reflex and pupillary reaction normal. Patient had not good appetite, coated tongue and constipated bowels.

Doshas Vata: Generally vitiated as indicated by weakness, shaking of the body, inability to move, constipation etc.,

Pitta: Vitiated generally as indicated by loss of appetite, loss of colour of the body etc.,

Kapha: Generally vitiated as indicated by vomiting, heaviness of limbs etc.

Dushyas: Slight ksheena.

Treatment Adopted:

Progress.	Diet:	Medicine.
15th October.	Liquid diet.	1. Bilvadi Leheyam 2 tolas to be taken every now and then. 2. Dhanvantaram pills 2 with 1 oz. of Dasamularishtam.

No. 1. The general or the special treatment for Vata was not begun here as the patient was unfit for sneha or sweda karma. Not only he was weak, but his appetite was so poor that even the minimum dose of sneham will upset him completely. So the treatment was directed first towards keeping his appetite proper by and to stop the incessant vomittings. Bilvadi lehiyam is an ideal thing for both purposes.

No. 2. Is an antivatic medicine and will give him some strength.

By these treatment, his general condition became good. He stopped vomiting, desired for more diet and was given.

20th October.

No. 1 Repeated B. D.

Mamsarkam oz. 3 given at 6 p. m. This will give him strength; with these medicines he was given now and again either gomutra hareethaki or Drakshadi Kashaya to keep his bowels clear.

23rd October. As his general condition has definitely improved Pizichal was commenced with Balaswagandadi oil.

This oil is more tissue building than the other oils. As he was weak and emaciated this was chosen. internal medicines repeated.

1st November. In about 10 days time the patient has considerably improved. He gained strength he practiced walking without falling down, his limbs did not shake so much and was able to attend to his own duties a little as helping food for himself etc. The treatment was continued.

20th November. From this date the patient was given Navara Kizi. Kanta vallaha rasam as a rasayanam in 4 gr. doses twice was given for about a month.

The patient had none of his complaints. He was cured.

Tel:-IMMATTY.

Estd:-1900.

IMMATTY P. JOSEPH'S
Ayurveda Oushada Sala,
TRICHUR.

Government Gold Medalist & Certificate Holders.

THE PREMIER AYURVEDIC HOUSE OF
MALABAR.

Branches:—

COIMBATORE, IRINJALAKUDA & PALGHAT.

CONTRACTORS TO GOVERNMENT MUNICIPAL & LOCAL FUND
AYURVEDIC DISPENSARIES.

GENUINE AYURVEDIC PREPARATIONS
A SPECIALITY.

ALL INDIAN DRUGS & HERBS AVAILABLE
IRRESPECTIVE OF SEASONS.

FREE CONSULTATION AND EFFICIENT
PRESCRIPTION SUPPLIED BY POST.

DESCRIPTIVE CATALOGUES OF MEDICINES FREE.

The Premier & Oldest House for Indigenous Sastraic Medicines.

ESTABLISHED 1894.

Suppliers of Ayurveda & Siddha Medicines to the Medical profession, Dispensaries under Municipalities, District Boards, Corporation etc., etc.,

Large stocks held & Indents promptly executed at most favourable terms.

It pays you to consult us for every requirement in this line.

P. SUBBAROY,

Ayurveda & Siddha Medical Works,
Sri Venkatesaperumal Coil Sannathi, TANJORE.

LEUCOLYSIN.

A Specific for Leucoderma and other Skin diseases. A Trail of 10 days will Show a Change in the colour of the Skin, a Complete course of 40 days treatment gives a permanent & ever lasting cure.

Obtainable from all Chemists

or

From:— **THE INDIAN DRUG HOUSE,**
23, Pallayappan Street, G. T., MADRAS.

Suppliers of Ayurvedic & Siddha Medicine to Local Board & Municipal Dispensaries.

SATISFIED CUSTOMERS CALL IT

"Nectar for Life", "Real Pick-Me-up",
"Worlds panacea for weakness",
"Strength giver", "King of Medicines",
"Universal remedy",
"Great Boon to the suffering humanity" etc., etc.,

The Highly Admired Preparation is nothing
but your Favourite and Life essential

JEEVAMRUTHAM

it is known all over India as the effective tonic preparation invented by Pandit D. GOPALA-CHARLU and in use since 1898. If you suffer from Nerve weakness, Loss of Virile power, Lassitude, Anæmia, Nervous debility, Brain fag, Loss of weight etc., start taking JEEVAMRUTHAM. The results you experience will be amazing. You will know its high qualities even from the first dose. Your chemist sells it in two sizes for Rs. 3-4-0 and Re. 1-12-0, or write to:—

AYURVEDASRAMAM, P.B. No. 207, MADRAS.

THE
BHARATHA BHAISHAJYA NILAYAM.
(BEST HOUSE FOR GENUINE AYURVEDIC MEDICINES.)
SUPPLIERS TO VARIOUS LOCAL BOARD
AND MUNICIPAL DISPENSARIES,
VEPERY, MADRAS.

ESTABLISHED IN 1928.

Consulting Physician
AYURVEDACHARA

I. V. SARMA, A. M. A. C.

For further Particulars

Apply to the Manager.

Phone 3447.

Telegram: "TINCTURE"

THE
MADRAS DRUG STORES,
WHOLESALE & RETAIL CHEMISTS & DRUGGISTS,
98, Nyniappa Naicken Street,
G. T. MADRAS.

Sole Agents for:—

SMITH STANISTREET & Co., Ltd.,
CALCUTTA.

The fully equipped house for all your requirements of the Pharmaceutical
Line, Chemicals, Drugs, Patent Medicines, Surgical Appliances, etc., etc.
Direct Importers of Drugs, Chemicals Surgicals and Druggist Sundries.
Contractors to Govt. Hospitals, Native States, Mission Hospitals and
Estates.

Prescriptions are dispensed by qualified men.

(Enquiries and orders solicited).

వైద్యయోగ రత్నావళి.

ఇందు మద్రాసు గవర్నమెంటువారిచే 2411 జి. ఓ. యందు అంగీకరింపబడిన
బొషధ ప్రకరణములున్ను, మరికొన్ని ముఖ్య యోగములన్ను చేర్చబడినవి.

ఈ బొషధయోగములను చేయుటయందలి సాంప్రదాయమును, వానిని వ్యాఖ్య
లందు ప్రయోగింపవలసిన విధానములును చక్కగ వివరింపబడినవి.

ఇది ఆయుర్వేద వైద్యులకును ముఖ్యముగ లోకలుబోధ మునిసిపల్ వైద్య
శాలలందు పనిచేయుచున్న వైద్యులకును ఫార్మశీలవారికిని చాల యుపయోగకరము.

వెల రూ. 1—8—0

సంపాదకుడు:—ములుగు - రామలింగయ్య,

ది ఇండియన్ మెడికల్ స్టోర్సు, తెనాలి.

Vaidya Yoga Ratnavali.

A Hand book of Ayurvedic Pharmacy & prescriptions both
Official & non-official (in Telugu.)

This is a Boon for Ayurvedic Physicians, especially for those
employed in Local boards & Municipalities & to Pharmacy
Superintendants.

This Book Contains:—

(1) The Prescriptions (Ayurvedic) approved by the Madras
Govt. under G. O. No. 2411 of 29 to be used in the institutions
of Indian medicine & also Someother important Ayurvedic
preparations.

(2) The methods of Preparations, & their technic in detail.

(3) Their uses on diseases with Practical experience.

Price Rs. 1 8 0

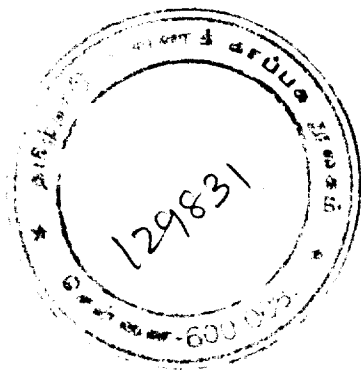
Compiled by:—

Pandit. M. RAMALINGIAH,

Indian Medical Stores, TENALI.

(Guntur Dist.)

TO-LET



THE
INDIAN MEDICAL STORES
AND DISPENSARY,
NELLORE.

RECOGNISED
BY
THE CENTRAL BOARD OF INDIAN MEDICINE
MADRAS.

THE RELIABLE HOUSE
FOR
GENUINE AND SHASTRAIC AYURVEDIC MEDICINES.

Proprietor and Superintending Officer:—

Ayurvedabhushana Bhishagvara
Dr. Y. SREENIVASACHARYULU,
A. M. A. C.

TO-LET

THE JOURNAL OF INDIAN MEDICINE

Kilpauk, Madras.

1st April 1935.

Dear Sir,

The L. I. M. Association is now issuing a quarterly journal under the name "THE JOURNAL OF INDIAN MEDICINE" from this month onwards. The journal, being the official organ of the association will stand by the aims and objects of the association and serve as a medium through which its members could ventilate their voice. It is therefore expected of all the practitioners of Indian medicine in general and those employed in the local boards and municipalities in particular to become subscribers and to contribute interesting articles on Indian medicine and to make the journal a success.

May I, therefore, dear sir, request you to kindly make it convenient to pay your annual subscription of Rs. 2 for the journal and to send your regular medical contributions?

Yours sincerely,

MIR FIDA HUSSAIN.

Secretary, The L. I. M. Association,

&

Publisher, "The Journal of Indian Medicine."

129831

JL
LIBRARY
1935.4.1