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Vol. I.

OCTOBER, 1947.

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What is Ayurveda?

(Continued from our last issue)

By

BHISHAGWARA D. NARAYANA RAO,

(PHYSICIAN IN CHARGE.)

Sri Dandaiah Pantulu Free Ayurvedic Dispensary, Guntur.

AYURVEDA IS ETERNAL.

Apart from the traditional view of its impartation, like every other branch of knowledge, by Brahma, the supreme Creator of the Universe down to humanity through the medium of celestials, the sage Athreya establishes the eternity of this Science by reason of its 'Anaditwa (अनादित्वम्) Swabhavasidhata (स्वभावसिद्धलक्षणत्वम्) and Bhavaswabhava nityatwa (भावस्वभाव नित्यत्वम्) having no beginning, of its indicating those truths which arise from the very nature of living beings and of the eternal nature of existing things about which it deals.

Explanatory Note: Anaditwat (अनादित्वात्). A thing, the origin of which is not known or cannot be known is called Anaadi or Eternal. As the beginning of Ayurveda is not known i. e. when or with whom it began, it is said to be eternal. However it should be taken that the eternity is only with regards its knowledge or substance and not with any particular text dealing with it.

Secondly Swabhavasidha lakshana-twat (स्वभाव सिद्ध लक्षणत्वात्). The eternity of this science has been established by the fact of its indicating the facts which arise from the very nature of living beings i. e. both Life and pleasure and pain being eternal, the science

that treats of them should also be eternal.

Thirdly Bhava Swabhava Nityatwat (भाव स्वभाव नित्यत्वात्) the eternity of the science is established by the eternal character of the actions of existent things. The things and their attributes viz., as heavy and light, cold and heat being eternal, their regulating laws of increase and diminution also are eternal. Therefore the science of Ayurveda which describes about such laws and how they affect human beings is also eternal.

Ayurveda the most Auspicious among all Sciences.

By reason of the benefits it bestows upon man both in this as well as in successive births [and future worlds. Ayurveda has been approved by men conversant with Vedas and esteemed by them as the most sacred and auspicious among all the Sciences.

तस्यायुषः पुण्यतमो वेदो वेदविदां मतः

वक्ष्यते यन्मनुष्याणां लोकयोरुभयोर्हितः ॥

Furthur

(चरक० सू० अ १)

अन्ये यजुर्वेदादयः प्रायशः परलोकहितमेवार्थं वदन्ति, ते न पुण्याः । पुण्यतमश्चायुर्वेदो यस्मान्मनुष्याणां उभयोर्लोकयोर्यद्विदितम्, आयुरारोग्य साधनम्, धर्मसाधनञ्चतद्रक्ष्यते तेनातिशयेन पुण्यतमस्तथा वेदविदां च पजित इति ॥

Other Vedas like Ayurveda expound in general topics that relate to the acquisition of happiness in the next world (only) and as such they are said to be sacred while Ayurveda deals with topics that concern both with this as well as the next world by describing the (true) principles of life and health that are necessary for the attainment of the four main aspirations of man viz., Dharma, Artha, Kama and Moksha by virtue of which it is held to be most sacred of all sciences and is worshipped by man conversant with the Vedas.

Why and by Whom Ayurveda should be Studied.

The science of Ayus was ordained to be studied by ब्राह्मणराजन्यवैश्यैः । तदनुग्रहार्थं प्राणीनां ब्राह्मणैः आत्मरक्षार्थं राजन्यैः, वृत्त्यर्थं वैश्यैः, सामान्यतो वा धर्मार्थं काम परिग्रहार्थं सर्वैः ॥

Brahmins for doing good to all beings by *Kshatriyas* for self protection, by *Vaisyas* for trade and in general by all for the acquisition of *Dharma*, *Artha* and *Kama*.

The acquisition of Dharma by the practice of Ayurveda.

The religious merit or *Dharma* that can be acquired by the practice of this science is represented by यद्ध्यात्मिकविदां धर्मपद स्थापकानां धर्मप्रकाशकानां वा मातृपितृभ्रातृबन्धु गुरुजनस्य वा विकार प्रशमने प्रयत्नवान् भवति । यच्चायुर्वेदोक्तं अद्यात्ममुनुध्यायति वेदयत्यनुविधीयते वा सोऽप्यस्यपरोधर्मः ॥ the care that one takes in curing the ills of those that are conversant with the service of Soul, those that tread the path of righteousness, those who are propounders of the Right as also of mother, father, brothers, and kinsmen, seniors and preceptors and the study that one makes of this Science, imparting its knowledge to

others and dissimulation by compilation of treatises there on.

Acquisition of Artha (Wealth) by the Practice of Ayurveda.

यापुनरीश्वराणां वसुमतां वा सकाशान् सुखोपहार निमित्ताभिव्यक्त्या वासिरारक्षणञ्च, याच स्वपरिगृहीतानां प्राणिनामातुर्यादारक्षा सोऽस्यार्थः ॥

The acquisition of different forms of wealth from kings and chiefs and the wealthy for the healthy enjoyment and happiness, the preservation of one's own self and the preservation of all those that are dependents on him represent the wealth that this science can afford to its votary.

Acquisition of Kama (Pleasure) by the Practice of Ayurveda.

यत्पुनरस्य विद्वद्ब्रह्मण्यशः शरण्यात्स्वञ्च याच सम्मान-
शुश्रूषा यच्छेष्टानां विषयाणामारोग्यं आधत्ते सोऽस्य कामः ॥

That which gains the approbation, of the learned and the famous, that which gives status as the shelter of all, the general esteem of the society, the willing obedience of all to him and the restoration of health of all those near and dear to him constitutes the pleasure desirable from this science.

Therefore only it is said

कचिद्धर्मः कचिन्मैत्री कचिद्धर्मः कचिद्यशः ।

कर्माभ्यासः कचिच्छेति चिकित्सानास्ति निष्फला ॥

that the practice of Ayurveda can never be without yielding good results, religious merit in some instances, friendship in other cases, wealth in some, fame in some others and experience in certain are acquired.

The Skandhas and Angas of Ayurveda.

The illustrious Indra is said to have summarised the whole science of Ayurveda to the sage Bhardwaja (who was

deputed by the other sages) in three aphorisms viz. हेतुर्लिंगोपघ्नानं विस्कंधमायुर्वेदम् । i. e. the knowledge of the causes of the diseases the knowledge of the symptoms of the disease and the knowledge of the application of drugs on disease. But according to Susruta इलोकशतसहस्रं अध्यायसहस्रं च कृतवान् स्वयंभूः ततो अत्पायुष्टं अल्पमेधस्त्वं च आलोक्य नराणां भूयोऽप्यप्रणीतवान् ॥ the self begotten Brahma who originally composed the science of Ayurveda in a hundred thousand verses divided into a thousand chapters, considering the short span of human life on earth and also the failings of memory dealt with the whole science in eight divisions, popularly known as the Ashtangas viz.,

1. Kaya Chikitsa-treatment of general diseases.

2. Bala Chikitsa-Disease of infants and their treatment i.e. pediatrics. This is also known as Koumarabhritya.

3. Graha Chikitsa-Demonical diseases otherwise called Bhuta Vidya.

4. Urdhwanga Chikitsa-treatment of diseases affecting the parts above the clavicle i. e. of head and neck. This is known as Salakya Chikitsa also.

5. Salya Chikitsa-This is general surgery including obstetrics.

6. Damstra Chikitsa-Toxicology also called Visha Chikitsa.

7. Rasayana Chikitsa-This is tonic treatment with drugs that ward off the effects of old age and prolong the period of life. This is otherwise called Jara Chikitsa also.

8. Vajeeekara Chikitsa-This deals with aphrodisiac measures that regulate, maintain and rejuvenate the reproductive activity and improve the capacity of the individual in his approaches to the opposite sex.

The last two branches may be claimed as the pride and glory of Ayurveda and achievement of the ancient Indian Rishis aimed at the conservation of Vim, Vitality and Vigour by the preservation of the vital fluid a principle now faintly brought to light in western medical science. Recent researches of Brown Saguard and Metchen Koff and the later demonstrations of vorn off bear testimony to the importance, the subject is being given now. It may also be noted, in this connection, that the system of Rasayana treatment familiarly known as Kayakalpa has attracted the attention of several Scientists both in India and abroad after the miraculous treatment of the late reverend Pandit Madan Mohan Malavyajee.

The Sources of Ayurveda.

In Charaka it is said when the physician is asked of the four Vedas viz., Rig, Sama, Yajus and Atharvana, which Veda is taught by persons conversant with Ayurveda, he (physician) should indicate that his devotion directed to Atharvana Veda which is his own among the four as it deals with the offerings of gifts, probitiatory rites, offerings to daities etc., and such topics relating to the science of Medicine.

चतुर्णामृक्सामयजुरथर्ववेदानां कं वेदमुपदिशन्त्यायुर्वेदं विदः—तत्र भिषजापुष्टेनैवं चतुर्णामृक्सामयजुरथर्व वेदानां आत्मनोऽथर्व वेदे भक्तिरादेश्या । (च० सू० १०)

AYURVEDA AN UPAVEDA.

सर्वेषामेववेदानां उपवेदा भवन्ति । ऋग्वेदस्य आयुर्वेदः उपवेदः, यजुर्वेदस्य धनुर्वेद उपवेदः, सामवेदस्य गान्धर्ववेद उपवेदः, अथर्व वेदस्य शस्त्र-शास्त्राणि ।

Every Veda has an Upaveda of its own; Ayurveda being the Upaveda of Rigveda, Archery of Yajurveda, Music

of Sama Veda and the Science of Surgery of Atharva Veda. This clearly indicates that the source of general medicine is Rig Veda while that of Surgery is Atharva Veda. But Susruta says,

‘इह खलु आयुर्वेदो नाम यदुपगमथर्ववेदस्य’

i.e. Ayurveda is an Upanga of Atharva Veda. A question may now arise viz., if Ayurveda originally contained one hundred thousand verses how could it be called an upanga or Upa Veda of Atharva Veda as the former is far from being an Upanga is more than ten times as extensive as the latter itself, Atharva Veda contains only six thousand verses and one thousand prose lines, The Veda more on account of its religious value is held higher and primary than the Ayurveda. Darila Bhatta while commenting upon Kousika sootra 25—2 explains the coincidence and difference between Ayurveda and Atharveda as follows :

द्विप्रकारा व्याधयः, आहारनिमित्ता अशुभनिमित्ताश्चेति । तस्य आहार समुत्थानां वैषम्यं आयुर्वेद-यकार । अशुभं समुत्थानां तु शास्त्रमिदमुच्यते ॥

i. e. there are two kinds of diseases viz., those that are produced by unwholesome diet and those produced by Adharma (Transgression of the rules of hygiene). Ayurveda is intended for the care of the former and Atharva Veda for the cure of the latter. By the commonness of character and utility viz., the quality of curing diseases Atharva Veda becomes related to Ayurveda अथर्ववेदस्य आयुर्वेदं युक्तं भवति ।

Thus Ayurveda is a part of Atharva Veda

अथर्ववेदैकदेश एव आयुर्वेदः ।

Ayurveda is Endless

The great Charakaacharya warns a physician, however proficient he may

be, not to regard himself as having attained the end of his knowledge of the science and maintains that Ayurveda has no end न चेन्न ह्यस्ति सुतगमायुर्वेदस्य पारं तस्मादप्रमत्तः शश्वदभियोगमस्मिन् गच्छेत् । and as such that he should heedfully devote himself to the study of the same. He further advises its votaries. अमित्रस्यापि धन्यं, यशस्यं, आयुष्यं, पौष्टिकं, लौक्यं अभ्युपदिशतो वचः श्रोतव्यं अनुविधत्तव्यं चेति । to listen and act up to the advice of even foes if laudable., deserving, instructive, conducive to the length and prosperity of life and beneficial to the world at large.

The scope of Ayurveda

The application of the term Ayurveda though in particular traditionally restricted to the Hindu Medical Science, in general it embraces within itself all the different systems of medicine i. e. the Eastern or Western as the end and aim of all medical systems is the same viz., स्वस्थस्य स्वास्थ्यं रक्षणं आतुरस्य रोगप्रशमनं च । i. e. the preservation of health in the healthy (i. e. preventing diseases) and the alleviation of ill-health from the unhealthy. With this view only Charaka charya without prejudice to other systems विविधानि हि शास्त्राणि भिन्नजां प्रचरन्ति लोके । says

तदेव युक्तं भैषज्यं यदारोग्याय कल्पते ।

सचैव भिन्नजां भेष्टः रोगेभ्यो यः प्रमोचयेत् ।

that which cures is the best medicine and he who cures is the best physician.

In conclusion I appeal to the students and practitioners of this hoary science that they should aim at the objective prayer enunciated in the following famous verse viz.,

सहनावचतु । सहनीभुनक्तु । सहवीर्यं करवावहे । तेजस्विना वधीतमस्तु मा विद्विषा वहै ।

ओं शान्तिश्शान्तिश्शान्तिः

VISHA CHIKITSA

BY

HIS HIGHNESS KERALA VARMA

(The Late Maharajah of Cochin)

Translated into English from the original malayalam

BY

Ayurvedacharya M. VISWESWARA SASTRI, H.P.I.M.

(Continued from No. 1.)

CHAPTER III.

Signs, symptoms and treatment of Darveekara and other snake poison according to the stages or Vegas as it enters into each Dhatu.

Darveekara Poison as it enters into Rasa Dhatu causes intense heat at the affected part. This can be remedied by letting out blood by means of Sira vedham, Sringam or by means of leach application to the part.

Entering into the Raktha Dhatu, the poison gives the body black colour and causes swelling. For this, after Raktha mokshanam, give pepper powder ground in ghee, internally.

As it enters Mamsa Dhatu, the patient feels excessive pain, heat and weakness as well as giddiness. Usheeram and Chandanam powdered and ground in cold water should be given for drinking in this stage.

Entering Meda Dhatu it causes dragging pain, diarrhoea and diuresis. For this, give Meghanada moolam and Aswagandha powdered and ground well in cold water to drink.

Entering into Asthi Dhatu, the poison will cause pain in the chest and deafness. The treatment for this is bloodletting in five places and internal administration of purified Tankanam in breast milk. This can be used as Nasyam also. The five places of the body of the patient from where blood letting is to be done are forehead, palms of both hands and soles of the feet (viz., the veins in those parts).

The poison after entering the Majja causes Dyspepsia, Hiccough, unconsciousness and pain in the chest. Nasyam should be done with Tankanam in Bringaraja swarasam, with Trikatu, or any similar Rooksha drugs.

Finally when it enters Shukla Dhatu death is the result. However if necessary precautions are taken before this stage by applying Nasyam and Anjanam with renowned medicines, there is a possibility of saving the life of the patient.

The following preparations are used for Nasyam, Anjanam etc.

1. Vacha, maricham and Hingu should be taken in equal quantities and be ground in the swarasam of Kimsuka leaves. Then apply it externally.

2. Trikatu, Tankanam and Saindhavam, as well as Griha-doomam, mixed in equal proportions and ground in Cow's urine, should be applied externally all over the body.

3. Mathu ghati (Kilukiluppu) moolam and Hingu ground in Cow's urine, should be given for Nasyam and administered internally as well as externally.

4. Anjanam should be done with Bakula beeja majja.

5. Trikatu, Lasunam, and Hingu, soaked in Arka ksheeram, and dried several times should be ground in the same liquid and used for Nasyam and external application.

6. Nasyam may be done with Bringaraja Swarasam, with a mixture of Dhanyamlam and Cow's urine.

7. Juice of Dhattura leaves and betel leaves in which Saindhavam is well mixed may be used for Nasyam.

8. Grind Tankanam in Tilwakaksheeram, Arka ksheeram and Snuhi ksheeram separately and make pills. These should be dried in shade and preserved separately.

In cases of necessity, it should be ground in breast milk and used for Nasyam.

Hingu may also be used in the same way as Tankanam is used.

9. Powdered Hingu filled in the shell of a crow's egg and immersed in Bringaraja swarasam should be held out for drying in bright sun-shine and preserved. Sufficient quantity taken out of it should be given for Nasyam in the juice of Kimsuka leaf when necessary.

10. Gunja beeja majja, Bakula beeja majja and Maricham each should be ground separately in Cow's urine and given for Nasyam.

11. Kuppamanjal (Marjara Mohini) should be ground in Dhanyamlam and applied externally.

12. Aswagandha, and Garudalata moolam ground in human urine should be given for internal use.

13. Mathulangam, Karanja bark, Jeevanthimoolam, Nandinimoolam, Mallika pathram, Gudoochi, Kuberakshi beeja majja, kurachila (?) moolam, any one of which ground in Dhanyamlam together with Maricham may be given for internal use.

14. Soak Black pepper in Sirisha pushpa 5 to 7 times and use for Nasyam in the same swarasam.

Black pepper subjected to 5 to 7 times Bhavana in Sirisha pushpa swarasa should be ground in the same swarasa and used for Nasyam.

Bhavana of Maricham.

Powdered black pepper soaked in sufficient quantity of Sirisha pushpa swarasa just immersing the former should be dried in the bright sun.

Arka leaves ground with Saindhavam in Cow's urine should be applied externally.

Dharveekara poison is treated thus.

Poison of mandali snake and its treatment.

The poison of Mandali snake as it enters Rasa Dhatu turns the skin yellow and produces intense heat in the body. Jaladhara must be done in such a case and Chandanam ground in water should be given for drinking.

Entering into Raktha Dhatu, it produces paleness and shivering. For this Raktha Mokshanam should be done.

Besides, Usheeram and Chandanam ground in water should be applied externally and used for Nasyam. Chandanam alone ground in cold water should be given for drinking.

In Mamsa it causes giddiness and thirst and for this apply the Kalkam of Usheeram, Chandanam, and Yashti madhu externally.

When it enters into Medas, the patient will not be able to talk and there will be swelling, pain and fever. Thriphala ground in cold water should be given internally (Thriphala should be used without seeds and in equal quantities):

As it enters into Asthi Dhatu it causes loss of vision, burning heat and restlessness. It is advisable to let out blood at this stage and to give Chandanam in cold water internally.

The poison passing into majja, causes weakness and obstruction to breathing. Punarnava moolam ground in boiled water should be given internally.

When in Shukla, unconsciousness and death occur. Before it occurs, Nasyam and Anjanam should be done with Rooksha drugs.

Take Haridra, Daruharidra bark, Manjishta, Lodhratwak, Bilwamoolam, Swetarka Moolam, Chandanam, Sirisha Moolam, Patola and Pashanabhedhi all in equal quantities and make Kalkam. Then use it internally, externally and for Nasyam.

To reduce the swelling caused by the mandali snake bite, the following prescriptions are recommended:

1. Make a paste of the roots of Punarnava, Snuhi and Arka in cow's urine and apply it externally.

2. Aswagandha, Vacha, Jatamamsi, Purana nimba moolam, Sigrumoolam twak, Arkamoolam, Neelinimoolam, Karanja Moolam, Sigrumoola thwak, Dhatura phalam, Gokshura and Punarnava moolam all these should be ground in Kanjikam and applied externally.

3. Punarnava moolam, Sirishamoolam, Aswagandha and Sigrumoolam should be ground in Kanjikam and applied externally.

4. Sigru thwak, Punarnava moolam, Arkamoolam, Yashti, Sirisha thwak and Gokshurapatram ground in Kanjikam should be applied externally.

5. Cut a Dhatura fruit into two equal parts. Take one half, remove the seeds and fill it up with powdered Saindhavam. Afterwards cover it with seven leaves of Upodaka and tie the whole thing with its creepers. The bundle should be boiled in Kanjikam in a pot covered with a lid, till the fruit becomes soft. Then take out the bundle remove the leaves and creeper and grind the fruit with Saindhavam in the same Kanjikam. Apply it externally as frequently as possible.

6. If there is excessive heat on the swelling it is likely to get pakam; so to avoid it the following prescriptions are recommended.

Prepare kashayam with the leaves of the four Ksheeri Vrikshas taken in equal proportion. To this add equal quantities of Doorva swarasam, Kadali (Vaza) moola swarasam and boil them all together and reduce the quantity to $\frac{1}{2}$. In this remaining fluid, mix the kalkam of Chandanam, and Aswagandha and boil till it reaches the consistency of lehyam. This is used for external application.

7. The barks of mango tree, Velltamboo tree, Lime tree, Karanja, Ambashta and Thinthirini ground in Kanjikam should be boiled in the same liquid and used for Dhara.

8. Ghee mixed with Saindhavam, should be boiled and used for Dhara. By this, the poison, swelling, pain and heat will be reduced.

9. Take leaves of black Dhatura and Thinthrini, in equal quantities. Grind them together with an equal quantity of buffalo dung, warm and apply externally.

10. Mix butter, butter-milk and honey with powdered Thrikatu, Saindhavam and Khandasarkara and use both internally and externally. This can be prepared even without Khandasarkara. Poison will disappear.

11. Take the barks of Karanja, Nimba and the root of Nilini. Grind them well adding ghee and use internally.

12. Vajralatha may be ground in Milk and given internally.

13. Yashtimadhukam, Chandanam, Useeram and Saribamoolam and Bhallatakam should be ground in milk and be given to be taken internally as well as for external application.

14. Dhanyaka, Neelini moolam, Musta, Vanapatola moolam, (Kattupadiri moolam) and Meghanadam should be given in milk internally.

Raktha Mandali Poison.

In the Rakthamandali poison, the signs and symptoms are: Bleeding through the nose, eyes, mouth, anus, urethra and even through the pores of the body.

To cure this following prescriptions are useful:

1. Neelinimoolam, and Nimba twak, taken in equal quantities should be ground in Neelinipathra swarasam and given internally.

2. When urine of a person suffering from Raktha mandali Visha is yellow, then Karanja pathram ground in hot water should be given for drinking.

If there is excessive heat in the body Chandanam and Useeram ground in cold water may be given internally. In the

case of vomiting Triphala choornam well ground in cold water may be given internally.

Thirst may be quenched by drinking the juice of Kadali (Vazha) moolam.

Headache is relieved by taking internally Kakanasamoolam ground in milk. Vomitting of blood can be stopped by giving internally neem bark or Vanapatola moolam ground in milk.

If there is fever, Thinthrini moola twak should be ground in milk and given internally.

If there is dislike for everykind of food powdered Pippali should be mixed in the swarasam of Kattu Vazha (Kadali Kandam) and given internally.

Bleeding through the anus should be remedied by giving internally either the bark of Kutaja root or Kadamba plant ground in hot water.

If there is Adhmanam, Hareethakee (without seeds) Sunti, and Saindhavam all taken in equal proportion powdered and mixed in hot water should be given internally.

Urinary obstruction should be relieved by giving internally heated tender coconut water with powdered Elabeejam and Pippali added to it.

Pippali and Ela becejam ground in Kanjikam should be used for Dhara just below Nabhi. Urine will flow out freely.

Thutham, Jatamamsi and Vanakara-valli moolam, rubbed in Kanjikam or Cow's urine may be applied externally.

The swarasam of Vanakara-valli moolam and Sankhapushpa flower should be used for Nasyam.

Thutham, Jatamamsi and Vanakara-valli moolam, rubbed in Kanjikam or Cow's urine may be applied externally.

The swarasam of Vanakaravalli moolam and Sankhapushpa flower should be used for Nasyam.

Rajila Visha Chikitsa

The poison of Rajila snake, entering into Rasa Dhatu turns the body pale. For this blood must be let out by Siravetham etc. For this dry ginger should be powdered and given internally in hot water.

Entering into the blood, the poison makes the wound sticky and the skin red. Even before this is caused cauterise the part with red hot ironwire. Gudoochi and Maricham ground in hot water should be given internally.

In the third Vega, heat in the face and watering of the eyes are caused. For this give Trikatu and Saindhavam in honey internally.

In the fourth Vega, inability to talk, swelling, pain and fever occur. Then Theekshna drugs should be used for Nasyam. Afterwards the use of Emetics and blood letting are indicated. Then the above mentioned medicines may be administered.

In the fifth vega, hiccough, vitiation of Kapha and weakness of the neck happen. Then also the letting out of blood and the application of the aforesaid medicines should be given.

In the sixth vega, breathing difficulty like obstruction, suffocation and pain in the chest as well as unconsciousness will be seen. At that time Saindhavam and garlic should be ground in Vanakara-valli swarasam and used for Nasyam.

In the seventh Vega death occurs. Even before this happens, Thrikatu and similar Theekshna drugs should be rubbed on the head. Similarly Theekshna drugs should be applied for Nasyam as well as for Anjanam.

General Treatment in all the Vegas.

1. Heat the just passed Cow-dung and extract juice from it. Add Pippali powder, honey and Saindhavam to it and give it internally.

2. Do Nasyam with juice of Sariba moolam ground in Cow's urine.

3. Make Kalkam of Vanakaravalli moolam in milk and give it internally.

4. Krishna Nirgundi leaves and Chitraka root should be ground well and in the juice extracted thereof rub Thrikatu and use it for Nasyam.

5. Madhooka Saram, Maricham, Vacha and Sunthi should be ground in Kanjikam and be given internally and for external application.

6. Saindhavam, Lasunam, Vanakara-valli moolam, rubbed in Gomootram or Kanjikam may be similarly used for Nasyam, as well as externally and internally.

7. Vacha, Aswagandha and Neelini-moolam, these ground in Kanjikam may be used both internally and externally.

These will cure the poison of Rajila Snake.

CHAPTER IV

Treatment of Rat Poison.

When the poison due to a Rat bite enters Rasa Dhatu the signs and symptoms exhibited are pain and itching at the bitten area.

Pachangams of Sirisha ground in milk should be given for drinking as a cure for it.

When it enters Rakta Dhatu, heat and swelling occur. As a remedy for this blood should be let out some way or other and Meghanada moolam ground in milk should be given for drinking.

In the Third Vega of the poison, urine assumes yellow colour followed by fever and headache which should be treated by giving the barks of Ankolamoolam ground in milk or in Kanjikam internally.

In the Fourth Vega viz. Medas, there will be pain in the joints and ulcers circular in shape will be formed. For this bugs ground in the juice of the Sirisha leaves should be given internally.

In the fifth stage, heat, vomiting and pain are caused. To counteract this add gingelly oil to the preparations prescribed for giving internally and for Nasyam.

In the sixth Vega heat and unconsciousness are seen and for this give Nasyam with Sirisha Panchanga Swarasam or with other Vishahara medicines.

Life leaves the body when the poison enters Sukla Dhatu. So even before this occurs apply Nasyam and Anjanam with unfailing and reliable remedies.

Mustha, Saindhavam, Neelini moolam and Punarnava moolam, all these ground together in milk should be applied externally.

Velipparuthi (Mesha Sringi) whole plant ground in Kanjikam should be used externally and internally as well as for Nasyam.

Sirisha panchangam powdered, should be mixed in honey and given internally.

Chandanam and Arkamoolam ground in milk may also be given similarly.

Black Dhatura fruit ground in the juice of the same plant should be given for drinking. There is no better remedy than this for curing poison due to rat bites. There is a belief, that eating of Dhatura fruit will cause madness and excitement. Afraid of this, this medi-

cine should not be given up. Its efficacy is so supreme that it can be little disregarded. Even if it causes a little mental excitement (Bhramatha) it will last only for 24 hours.

Vriksbadanee grown on the Swetarka, Bilwa, Kapitha or Nirgundi should be ground in Kanjikam and given internally.

Take the seeds of the black Dhatura-fruit and gingelly seeds 3 parts and Khandasarkara 4 parts, grind all these together, and give internally in the early morning.

Ankola moolam, and Dhatura Samoolam ground in Kanjikam is good for external application.

Devathali Samoolam, ground in buffalo's butter-milk should be given internally to cause vomiting; this is considered very effective.

White Sankhapushpa moolam ground in milk should be used internally (as a purgative).

Apply externally Hingu rubbed in the juice of leaves of Arka, Veliparuthi (Mesha Sringi), and Dhatura.

Arkamoolam ground in the swarasam of the leaves of Udumbara, Veliparuthi (Mesha Sringi) and Chitrakam may be applied externally.

Hareethaki and Gudam ground together should be made into a mixture with hot water and given for drinking.

Take in equal quantities the juice of Kapitha fruit and the juice squeezed out of heated fresh cow-dung, and give for drinking with a few drops of honey added to it.

Take internally the juice of Kapitha Phalam with Cow's Milk added to it.

CHAPTER V.

Treatment of Scorpion Bites.

Scorpion sting causes shivering, vomiting, giddiness, pain, sweating, heat, stiffening of hair, hardness at the part severe heat and bleeding at the part.

When the poison enters into Rasa Dhatu, it causes severe pain, now and then; in Rakta it produces severe heat, in Mamsa Dhatu, hiccup and tumorous swellings, in Medas, dryness of throat, in Asti high fever, in Majja, restlessness to mind, in Sukla redness of the eyes and finally death occurs.

Soon after a sting by a scorpion, the blood should be let out by cutting the veins by Srunugam or by application of leeches. Then the following medicines should be applied.

1. Nasyam should be done with the juice of the Arka Patra and Aswagandha. Poison will disappear immediately.

2. Dhara may be done with butter-milk in which Kalasakam and Maricham are ground well and mixed.

3. Juice of the tamarind leaves with Saindhavam should be used for Nasyam and Anjanam.

4. Karanjapatra Kalkam may be used both externally and internally as well as for Nasyam and Anjanam.

5. Rub Hingu in betel leaf juice in a bronze vessel and apply it over the wound.

6. Fumigation with Mayoora-sikhi, cock-feathers, Saindhavam and gingelly seeds externally at the wound is recommended. Margosa leaves, hair, paddy husk, turmeric, Snuhipatram, Talapatram and Mayoora Sikhi all these may be mixed up with ghee and used for Dhoopam and for application to the body and at the wound. By these Scorpion poison is cured.

Arkamoolam may be rubbed in milk and given internally.

Thrikatu may be rubbed in Dhanyamlam and given internally. Take $\frac{1}{2}$ lb. of Cow's milk and add 6 ozs. of Snuhi Ksheeram to it. Extract butter from it in the next morning and give it to the patient to be taken internally with the first morsel of food.

Garlic and Arkapatram should be rubbed together and applied externally.

Extract juice from the Silk cotton leaves (Poonool Paruthy leaves) and add equal quantity of oil and give it internally.

Prepare Ghritam in the juice of Kakamachi and Kakanasam and give it internally.

Oil prepared in the juice of the Sirishapatram together with its Panchangakalkam may be used internally as well as externally.

Ghritam prepared in Brahme swarasam with the Kalkam of Triphala and Sankhapushpa moolam, may be used internally.

Take 4 palams of Yashtimadooka Kalkam, mix it in 10 Prasthams of Cow's milk and one Prastham of Oil and boil till it attains Mridupakam. Then one Prastham of the juice of the root and leaves of Sankha Pushpi should be added to it and boiled till it attains Madhyamapakam. This is recommended for internal use. The same boiled further to reach Khara Chikanapakam should be used for external application.

Extract Juice from the leaves of the Velipparuthi (Mesha Sringi), Arka, Dhatura and Thintrini add equal quantity of oil and use it internally.

Thus rat poison can be cured.

CHAPTER VI

Treatment for Spider poison.

The Spider bite causes, eruptions, swellings, severe pain, headache, fever and blackening of the part.

In its 1st Vega, there will be itching, swelling, blackening of the bite and small eruptions around it. There will also be severe pain, headache and fever. As a cure for this, after Raktha Mokshanam Kalkam of the Rakta Tulasi and Turmeric for external application and a mixture of the same Kalkam in milk to be taken internally are indicated.

In the 2nd Vega, stiffening of the hair shivering occur. Then take internally the Kalkam of the Tulasi root in milk.

In the 3rd Vega i.e., when in Mamsa, thirst, eruptions and swellings occur. For this Chandanam, Useeram, and Yashtimadhu made into Kalkam may be used both internally and externally.

In the 4th Vega round ulcers, small eruptions and fever are caused. It will be cured by applying externally the Kalkam of Sirisha moolam and Nilini moolam ground in the juice of the same leaves.

In the 5th Vega, weakness in the body and dryness of tongue are observed. Then give internally the Kalkam of Samoolam of Meghanadam in milk.

In the 6th Vega, pain in the throat, head-ache, fever and unconsciousness occur. For it, Sariba root, Useeram, Nilini and Chandanam ground in milk should be taken internally.

In the 7th Vega, Delirium, thirst and unconsciousness occur. For it, Tulasi, Turmeric and other drugs recommended for use in Spider poison should be used for Nasyam and Anjanam. This may also be given internally.

Grind the roots of Nilini, Meghanadam and Sariba in milk and give internally.

Take roots of Vanakaravalli, black and white varieties of Tulasi make Kalkam of them and apply externally. The eruptions caused by spider poison will be cured.

Sirisha Panchangam ground in Dhanyamulam or in milk may be used both externally and internally.

Prepare Ghritam with the Kalkam of Trikatu, Lasunan and Aswagandha, the Kashayam of garlic, Rakta Tulasi-moolam, Khadiram, Aswagandha and Neelini-moolam. This is good for internal use. Coconut oil can also be added instead of ghee in the above said prescription and used for external application.

Take the leaves of Neelini, Nirgundi and Rakta Tulasi each 5½ Palams grind in four Prasthams of hot water and extract juice from it. Add to it the Kalkam of garlic, Trikatu, Aswagandha, Chandanam, yashti, Thagaram, Koshtam, Sariba and Garudalatha moolam each 2½ Kazhanchi and one Prastham of coconut oil. Prepare, oil in Madhyama-pakam and use it for external application. The poison due to spider bite can be cured by this.

CHAPTER VII

Treatment for the poison of
Mongoose and Cat.

Mongoose bite causes black colour to the palate, lips and teeth, inability to speak, redness of eyes, weakness of neck, and fever. For this grind Veliparuthi (Mesha Sringi) root and black pepper in the juice of Nirgundi and Bhringaraja and use it both internally and externally.

Cat Bite: There will be eruptions around the bite, itching, blackening of the body, pain in the naval region and in palate, vomiting and fever. For this prepare Kashayam with Harithakee and Castor root and give internally adding Tankanam to it.

Take the powders of Trikatu and Saindhavam mix in equal quantity and give in honey.

Grind Hingu in Bhringaraja Swarasam and use both internally and externally.

CHAPTER VIII.

Treatment of Rabid dog poison
(Mad dog.)

When a rabid dog bites, blood oozes from the wound either in dark or red colour. Swelling, fever and fear at human sight will be produced. For this, make Kalkam of either of the root or the bark of Ankola in Kanjikam and use both internally and externally.

The method of moving the poison
of Rabid dog.

The person bitten by a rabid dog should take only rice Kanji early in the morning, even without salt on the day of treatment. After one hour he should be given internally 6 Kazhanju (2½ toles) weight of Black Dhatura leaves and 1½ Kazhanju (112 gr.) weight of pepper ground and mixed with either toddy or butter-milk. For children, old people and weak individuals it would be given in Coconut fruit juice. After 9½ hours give the ghee boiled with Jeerakam to be applied to the head and well rubbed. Then cold water should be poured over the head till the chin shivers. After this, wipe out the water thoroughly and rub dry pepper powder over the crown of the head. Then give Rice Kanji without salt as before. The patient should be on this diet for 3 days and take rest in bed. He should not bathe during these days.

The above said treatment should be adopted before the tenth day of bite. If 20 days are passed do not use it.

When the patient recoups his strength after the above course of treatment, then use the following medicine as a purgative.

Trikatu, Patram, Ela, Twak, Mustha, Vidangasaram, Amalaki, each one Kazhanchu: Trivruth 9 Kazhanchus should be powdered and kept in bottle. 2½ to 3 Kozhanchu weight of this may be given to the patient above 18 years old, according to the strength, with equal quantity of sugar in hot water adding to it the milk of Arka. This should be given only in a small dose to children. If there is no free purging, give hot water.

From the 3rd day after the Rechana Karma is done give ½ Kazhanchu of Trikatu Choornam with ghee for 9 days before food in the morning.

Then for 9 days give the powder of Trikatu and Kalasakam in 1½ Kazhanchi per dose before food in the morning with milk.

Then give for further 9 days 1½ Kazhanchu of the powder made out of Trikatu, Nimba Patram, Koshtam, and Vyaghrapadi, with ghee in hot water before food.

After this course, give again the purgative said above and then repeat the course of treatment for 90 days on the whole.

During the period of oil boiled with Ankola root should be used for Abhyangam once a week, and for removing the grease Siresha powder should be used.

Uncooked food, Sleeping during the day, cold water for bathing and drinking should be avoided. Only hot water

should be used for bathing. The dietetic and other restrictions are just like in other poisons.

While undergoing treatment for dog-bite Pathyam should be observed very strictly. Otherwise untoward consequences would occur.

CHAPTER IX.

Treatment for horse, monkey etc.

Horse-bite causes tearing pain, bleeding and pain all over the body, watering of the eyes and inability to open will also be caused. For this, Vacha, Lodhra Thwak and Aswagandha should be made into Kalkam in milk and used internally.

In a *monkey-bite*, there will be pain at the bite, oozing of dark blood, weakness of the body, stiffness of hair, blackening of teeth, skin and lips occur. For this use the Panchangams of Sirisha ground in Kadi externally and internally.

In the *human-bite*, inability to talk, torturing pain high fever, pricking pain in joints, blackening of teeth and lips, excessive salivation, and redness of eyes will be seen. For this, Sariba, Meghanadam, Nilinimoolam, should be made into Kalkam with milk and used internally and externally.

Frog bite produces itching, swelling, around the bite, Adhmanam, high fever, thirst and Bharamatha. For this, Hingu and Trikatu should be ground in Dhanyamlam and used internally and externally.

Arana (Green lizard) bite causes swelling, black or red coloured, ulcers of small circles, all over the body, fever, pain, slackness of body, tastelessness, chills, bad smell in the mouth and constipation. Neelinimoola Kashayam for internal use is prescribed for this.

Grind Garudalatha and Grihadhooma in Doorva juice and apply externally all over the body.

Take Tuntukam, the bark of Sigru, Nimba and Karanja and grind them all in Dhanyamlam and apply externally. The powder of these drugs can also be used for fumigation.

The treatment of "ondu" (Chameleon) is just as in the case of "Arana"

In the case of "Gowli" (common Lizard), there will be itching, Stomach pain and round ulcer to the size of a small coin and dryness in the mouth occur. For this, Nilinimoolam, Aghori, Garudalatha moolam and Saribamoolam may be made into kalkam and used internally and externally.

In the bite of *Kadannal* ("Hornet") Swelling, pain and weakness will be found and in that the Kalkam of "Mukkutti" rubbed in butter should be used both externally. Gnonganam grass, Neelinimoolam and leaves, together with those of red Tulasi should be ground and applied externally, which will save from the effects of hornet poison. (Even if one takes the house of hornets it will not bite him if he applies the above lepam on him.)

Apply externally the Kalkam made out of Neelini moolam and the leaves of red and white Tulasi.

Leech bite causes itching and bleeding at the bitten part. For this apply externally the Kalkam of Sariba and Haridra mixing it with ghee.

In the bite by *Theratta* ("millipede"), there will be small ulcers and eruptions and itchings spreading quickly. This can be cured by using externally as well as internally the Kalkam of Trikatu and Sirishasamoolam taken in equal quantities. Coconut oil in which Kethakipathram and Kirathapathram are boiled should be applied externally.

The treatment in "*Thottaratti*" (Ear snake) poison is same as in millipede. External and internal use of Meghanada (Samoolam) Kalkam is specially indicated in this.

The symptoms seen in *fish-bite* are pain, swelling, fever and stiffening of the hair. In this, apply externally the Kalkam made with Dasa pushpa and Gudoochi ground and boiled in milk. Prepare Kashayam with the root and tender leaves of Nux Vomica Tree and do Dhara with it.

Apply Kalkam of Punarnava and Devadaru. The swelling and pain will get relieved with this. Sweda Karna with the Kashayam of Pasugandha Samoolam is good.

In *Bhringam bite*, there will be excessive pain, and swelling. For this apply externally, the paste made with Thagara Pathram, Haridra and Darvi twak.

CHAPTER X.

Symptoms and Treatment of Sthavara visha.

Sthavara Visha is that which is produced by various parts of trees, Creepers etc., and those parts are fruit, leaf, flower, root, gum, juice, milk, bark and seed.

The Symptoms produced in Sthavara vishas are delirium, restlessness, heat, fever, vomiting, weakness, unconscious emaciation, obstruction to the free passage of urine, and constipation. In this, use the Kalkam of Meghanadam, Neelini and Saindhavam, by mixing it Kanjikam both internally and externally.

1. In the marking nut (*Bhallataka*) poison, use butter melted Ghee churned for 40 hours in the Ksheera Vriksha Kashayam (i.e. Dhouta or Sata Dhouta Ghrita) internally and externally.

2. In excessive purging, caused by the use of *croton* root or Thirivith; use Sathavari Kashayam internally and also for Gudadhara and bath.

3. In the excessive itching caused by the touch of *Swadamashtra fruit*, apply externally Karpasa-thwak ground in Kanjikam.

4. In the itching caused by the touch of *Chorion puzhu* (*Caterpillar*) or by using clothes on which it moved, apply tamarind with butter-milk externally.

5. The drowsiness caused by the use of *toddy* can be cured by either drinking the juice of lime-fruit or smelling the crushed leaves of lime-tree.

6. The intoxication caused by the use of Ganja is cured by taking Bimbi fruit ground in Kanji.

7. In opium poisoning use the root and leaves of Bimbi ground in Kanjikam.

8. Mendoni roots when used without purification will be causing certain troubles which can be cured by the use of Neelini.

9. In the case of Arsenic poisoning Nirvisha, Maricham, or Sarshapam, may be made into Kalkam and given internally. Of these Sarshapam is preferable.

The roots of Neelini and Bisa ground together may also be given internally.

10 For mercury poisoning Kushmanda Swarasam is recommended.

11. As an antidote for unpurified Chitraka root taken internally the use of the Kalkam of Satavari root and the tender leaves of Castor tree mixed with an equal quantity of butter is indicated

12. The same treatment is adoptable for treating the poisonous symptoms caused by the use of "*poothika*".

13. The chewing of betel leaves containing worms known as "betel snake" causes collapse. In such a case the Swarasam of Goa leaves should be given internally and the Kalkam applied externally all over the body.

14. The eating of Nux Vomica fruit causes lock jaw, swelling, twichings in hands legs and fingers. It can be remedied by using the Kalkam of the tender leaves of Chitraka both internally and externally.

15. In aconite (Vatsanabhi) poisoning, the Kalkam of Nirvisha or Nilinimoolam should be given internally.

16. Excessive use of curd and buttermilk causes gastric disturbances which can be cured by giving to eat old salted mango and the pulp of its seed internally.

17. Doshams caused by drinking oils can be cured by salted water.

18. The tobacco poison is neutralised by Cocoonut juice.

19. The Kalkam of either Vrishchikali moolam or Sunti can be effectively used for curing the disturbances caused by the use of jack fruit.

CHAPTER XI.

Paribhasba (Translation):

Patients suffering from the effects of Poison (whether of snake or otherwise) should observe the following restrictions:

They must abstain from using oils, chewing Tamboolams, Tiffins, sweet meats, jaggery, Tamarind, mustard, coconuts, buttermilk, curds, meat, liquors,

green leaves for curry, sugar-candy, jack fruit, Prudhuka, (beaten rice), Redgram, blackgram, horsegram, Yavaksharam, Sowarchala Ksharam and other Ksharams as also those which increase heat. Sexual intercourse, walking long distances, smoke and smoking, frost, dust, sleep during day-time, speaking loudly, crying, thinking ill of others, anger, worry, laughing too much and other exciting emotions should be avoided.

In letting out blood from the body of a patient suffering from poison, more than one Kuduyam of blood should not be allowed to go out. If the whole Dosha is not removed by this, the blood letting may be done at intervals particularly care should be taken to stop blood when it appears red like Kumkumum (Saffron colour). If not complications may arise. In order to stop blood, Dhara should be done with cold water and the wound cooled. Thereafter, powdered Lodhra bark, Yashtimadhu and Gairicam should be applied thickly over the wound and pressed with the hand tightly into it.

Sirabhedam is contra indicated, in the following cases:

1. One who is unconscious owing to drinking of liquors like toddy etc. (2) weak, (3) timid, (4) old, (5) too young, (6) very fat, (7) wearied and exhausted, (8) pregnant, (9) hungry, (10) thirsty and lazy, and (11) chronic patients. In these cases, blood letting may be done with Jalooka or Sringam.

Patients suffering, from poison may be given Kashayam $1\frac{1}{2}$ Tavi (about One ounce or more) Kalkam shaped like Gutikas in the size of a Vibheethakee and Lehyams weighing 3 Kazhanchus (about $1\frac{1}{2}$ tola).

Kalkams for lepams should be externally applied to the thickness of a paddy grain. Medicines for Anjanams should be in the size of a Yava and for Nasyam in 12 drops.

These are average doses.

The doses of these preparations may either be increased or decreased according to the nature of the disease and seriousness of the condition.

Medicines should be given several times, as prescribed. If the entire medicine is given in one single dose, it may cause vomiting leading to further complications. If the fluid for the preparation of a medicine is not specified, then Drona-pushpi swarasam for Nasyam, Rice water, (Danyamlam) for internal use and external application and breast-milk for Anjanams are to be used. If the individual be strong, the dose of medicines for internal use should be $\frac{3}{4}$ Kazhanchus for every four hours. Kwidi (Dhanyamlam) should be prepared with raw rice in cold water.

Dhara should be given for a period of $3\frac{1}{2}$ Nazhikas viz., $1\frac{1}{2}$ hour and Jalahara continued till the chin of the patient shivers.

Fumigation (Dhoopam).

Keep the patient lying on a rope-cot with a pillow under the head. Covering the body up to the neck as well as all around the cot touching the floor with a thick cloth or rug. Then keep below the cot an earthenware basin smoking on the fire. As the sweat appears on the face and forehead take off the covering and the fire.

Different kinds of Swedam.

Boil water with the prescribed drugs. Put it into a small vessel containing a tube outlet. Covering the patient well in a sitting posture pour out the liquid of bearable heat slowly over him. The patient will perspire.

2. Pour out the medicated boiling liquid in two vessels three fourths full and cover their mouths with leaves. Make a hole in the centre of the leaf. With the patient lying on the cot as stated above and the two vessels containing the liquid kept below the cot, allow the vapour to come into the covered area.

3. Or, dip a cloth with the above medicated liquid and foment the part with it. Cease fomentation as the sweating appears on the forehead.

Of the three kinds of Swedams each preceding one is better than the succeeding one.

Thailams indicated for external use in poisonous wounds.

Doorva Thailam

1. Prepare Thailam with juice of Doorva 16 Palams ground in 4 Prasthams of water. Add the Kalkam of two Palams of Yashtimadhu to it together with one Prastham of Cocoonut oil. Boiling it for three days and taking out in Laksha Pakam on the 4th day filter away the Kalkam and preserve the Thailam.

2. The barks of four Ksheera Vrikshas, Trikatu, Chandanam, and Paranta, each $5\frac{1}{2}$ Kazhanchus should be ground and mixed in 4 Prasthams of water together with one Prastham of Cocoonut oil. Then prepare Thailam and preserve.

3. Sahadevi leaves, Mooshikakarna, Vishnukrantha, Doorva, Mukkuthy, Sakralatha, Srithalam, Boothalam, Bhringarajam, and Pashanabedi each weighing $1\frac{1}{2}$ Palams should be ground in 4 Prasthams of water and filtered. Mixing this filtered liquid with one Prastham of Cocoonut oil and the Kalkam of the tender leaves of Bakula, Nisa, Dinesa Valli, Nagavalli, Yashtimadhu, Sariba, Aghori, Neelinimoolam, Vacha and Chandanam (about 1 tola).

Then boil the whole and prepare Thailam as stated above in Lakshapakam.

Ghrithams for Chronic Poison.

1. Take Neelinimoolam. 8 Palams, Nimba Thwak, and Karanja-Patram each 4 Palams, crush them in a mortar, boil it in 16 Prasthams of water and reduce it to 4 Prasthams. Add to it the Kalkam of Neelini-moolam, Vacha, Trikatu, Aswagandha, Haridra, Bark of Daruharidra, Yashtimadhu, Kutajabeejam, Saindhavam, Thagaram, Chandanam, Mustha, Pata (without bark and root), Garudalatha-moolam each weighing 2 Kazhanchus (150 grains), powdered and made into Kalkam together with one Prastham of Ghee. Then prepare Ghritham in Madhyamapakam.

2. Pound 16 Palams of Brahmees in 4 Prasthams of water and filter the juice. Add to it the Kalkam of Lasunam (without peel and fibre) Jeerakam, Krishna-jeerakam, Saindhavam, Garudalatha-moolam, Pata root (without bark and fibre) Haridra, bark of Daruharidra, Vacha, Trikatu, Dushparsamoolam Katuka, Athivisha, Hareethakee without seeds, Hingu and Chandanam, each weighing 1½ Kazhanchu (112 grain). Add also one Prastham of ghee and prepare Ghritham in (Mrudupakam). This Ghritham is very useful in treating the effects of every kind of poison, pain, loss of appetite, worms in Children, biliousness and jaundice.

3. Take 2 Palams each of the following-Pata root (without bark and fibre), bark of Daru Haridar, Vanapatola-moolam, Parpatakam, Brahmees, Nimba-thwak, Dusparsamoolam, and Katuka, crush them all and boil them in 16 Prasthams of water till the liquid is reduced to 4 Prasthams. Filter this Kashayam and add to it the Kalkam of Chandanam, Mustha, Bhoonimba-

moolam, Pippali, Kutaja Beejam, and Brahmees each weighing 5½ Kazhanchus. Add also one Prastham of Ghee and prepare Ghritham as usual in Madhyamapakam. (This Ghritham is good for treating the evil effects of Mandali Visha and consequent ulcers, swelling and foul discharge from the ulcers. It also purifies the blood.

Oils for Abhyangam for persons suffering from Poisons.

1. Take Durva and Amrita each 8 Palams and crush them well. Then boil it in 16 Prasthams of water reducing it to ¼ of it. Add to this the Kalkam of Yashtimadhu, Chandanam, Haridra, Daruharidra (Bark) each weighing 8 Kazhanchus (1½ ounce) together with one Prastham of good gingelly oil and prepare Thailam in Lakshapakam.

2. Boil Amritha, Lodhra, Bilwa-moolom, and Amalakee (4 palams each) in 16 Prasthams of water and reduce it to one quarter. After filtering it, add one Prastham of oil together with the Kalkam of Chandanam, Usheeram, Thagaram, Devadaru, Mamsi, Koshtam, Manjishta, Aswagandha, Hriberam, Ela, Padmakam, Yashtimadhukam, Lavangatwak and Pathram, each weighing 2½ Kazhanchu (about 1 tola) and boil it and prepare Thailam in Mrudupakam. Then add Bhringaraja Swarasam, Doorva Swarasam and milk each measuring one Prastham and boil it till the whole reaches Mrudupakam. Then on the following day boil it to attain Laksha Pakam. Put 2½ Kazhanchus (about 1 tola) of Pacha Karpooram in the Vessel in which the oil is to be filtered and preserved.

(This oil is good for treating the evils caused by all kinds of Poison, sleeplessness and insomnia).

Immediate Dhara with cold water should be applied to the affected part

caused by the bite of a poisonous creature till the symptoms like numbness etc., stop completely.

If there are symptoms like burning sensation all over the body unconsciousness, weakness, burning heat in the head and also insomnia, Jaladhara without break should be done.

How to do Jaladhara.

Pour out Cold water continuously through some tube or outlet attached to a small vessel containing the liquid till the chin shivers. If there is any difficulty in breathing, keep a hand on the forehead to avoid water flowing over the nose. If cold becomes unbearable Maricham ground in cold water should be given internally.

If there is swelling give Kashayam prepared with Vana-patolam, Katuka, Chandanam, Perumkurumbamoolam, Amritha (without its bark) and Patha-moolam, (without bark and fibre,) each weighing 2 Kazhanchus (150 grains) crushed and boiled in one Prastham of water and reduced to one quarter. Filter and reduce it to 1½ Thavi by slowly heating. Then with little Jeeraka Choornam give it internally in the morning. Again prepare Kashayam with Trikatu, Aswagandha, Katuka, Garudalathamoolam, Vacha and Chandanam each weighing 1½ Kazhanchus (gr. 112) grind well and boil it in water as stated above. Give it internally in the evening.

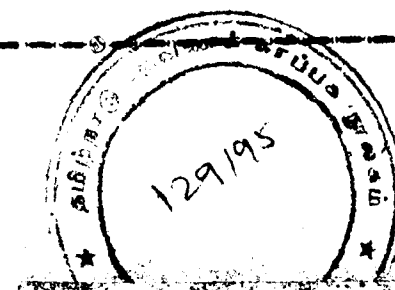
Particular care should be taken to give the Kashayam one hour before food, in the morning and evening.

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Classification of eye Diseases According to Different Authors and Ophthalmic Operations Ancient and Modern

BY

DR. V. NARAYANASWAMI H.P.I.M.

Ophthalmology in India, in ancient days, was comparatively in advanced state and if Indian Medicine was given the same encouragement that was given to the various contemporary sciences, it would have advanced to a very great extent. As any branch of Indian Medicine had not developed after the eighth century A. D. even ophthalmology had its set back. Even then, in these days of advanced modern treatment for the diseases of the eye, Indian medicine could contribute, if understood properly, to the many problems that arise in the treatment of the diseases of the eye. What is required is not sympathy towards Indian medicine, but respect towards it, and a scientific attitude by the votary of modern medicine and not a prejudicial attitude. In a short paper as this it is not possible to deal with every aspect of the question, but an endeavour would be made to present a few outstanding points.

In Charaka Samhita the earliest of the available books, the period of which is stated to be the sixth century B.C., no extensive mention is made. He merely says that there are four kinds of diseases of the eyes namely, due to Vata, Pitta, Kapha and Sannipata and also mentions 76 diseases later without giving names. Two interpretations could be given to this; either during that period the knowledge of ophthalmology was not

much or as he has devoted his writing mostly to the medical aspect of the human diseases, he has left to the specialist to tackle this branch of medicine. Even in ancient India specialisation was a feature in medicine. Ophthalmology in its entirety is said to have been written by one Nimi. But now we have no idea of the book or of the author except that in the commentaries of various books, his name is mentioned and certain texts alleged to have been written by him is quoted. His name is also mentioned as Videha and the orthodox view is that this person is the same as Janaka, the father of Sita, the heroine of Ramayana. There is no evidence either to refute this theory or to support it. Any way, as the book is not available, one need not proceed with the question. The next important period in the development of Ophthalmology is during the period of Sushruta. In the book which is now available, there is a little bit of the anatomy of the eye and a greater description of the diseases and treatment than that found in Charaka. Sushruta's period is generally believed to be the 3rd century B. C. Even the authenticity of this is questioned. Sushruta is supposed to have written only five stanzas. The treatment of eye diseases comes in the Uttarasthana which is believed to be added later by a Buddhist monk by name Nagarjuna who

is a specialist in the diseases of the eye and alchemy. If it is true, the development of ophthalmology dates later than the 3rd century B. C. We are in a more stable ground when we come to the Christian Era. The illustrious author of Ashtanga Sangraha, Vagbhata, has written a treatise on medicine. He has synthesised the various branches of medicine which was till then separate and made a book and called that as Ashtanga Sangraha or the composite of eight parts of medicine. And ophthalmology was included as a separate category and extensively dealt with. It may be mentioned here that in Sushruta Samhita there is only 76 diseases of the eye mentioned, whereas in Vagbhata 94 diseases are mentioned. That means, that, during the interval between Sushruta and Vagbhata a few diseases with distinct signs and symptoms should have been observed and Vagbhata had included them in his book. We shall mention the differences at a different stage.

Latter to Vagbhata no one has dealt with the science of Ophthalmology in any intelligent way. Almost the same verses are quoted in Ashtanga Hridaya attributed to Vagbhata again. Later Madhava in the 8th century preferred to copy the classification of Sushruta and he has done it in the most unintelligible way. Again in the book, Bhavaprakasha written in the 16th century by Bhava Misra treatment of the eyes are not elaborately dealt with though on the materia medica and in general medicine he had included a few new drugs and treatment of a few new diseases. And so the conclusion is that after the second century A. D. no attempt had ever been made to enlarge the knowledge of Ophthalmology. Sushruta as he was a surgeon, greater knowledge of anatomy was attributed to him. There is a couplet which means 'in

pathology and diagnosis Madhava is the best, in treatment, Charaka is best in Anatomy; Sushruta takes the first place and the fundamentals credit is given to Vagbhata'.

However, from the modern standpoint of Anatomical knowledge, Sushruta's anatomy does not bear any credit. So a modern contemporary has substituted the word शरीरे सुश्रुते नष्टः in Anatomy Sushruta is lost'. But yet I would like to say the anatomical knowledge should have been very high and in the various recensions of the Samhita a large portion of it should have been lost. So when Sushruta described the anatomy of the eye we have only a meagre description. The description of the eye is as follows:—

विद्याद्रुचुल्लबादुल्लयं स्वाङ्गुष्ठद्वयसंज्ञितम् ।

द्रुचुल्लं सर्वतः सार्धं निपङ्क्तयनबुद्धवम् ॥

सुवृत्तं गोस्तनाकारं सर्वभूतं गुणोद्भवम् ॥

Two inches in length, two inches in breadth, one inch in depth and giving an appearance like that of cow's teeth, the eye is composed of all the five Bhutas. Parthivamsa contributes to the fleshy part of the eye, Agni contributes to the blood, Vayu to the dark portion, Apu to the white portion and Akasa to the lacrimal ducts. पलं भुवोऽग्नेतो रक्तं वातात् कृष्णं सितं जलात् । आकाशादश्लमागंश्च जायन्ते नेत्र बुद्धदे ॥ Again the eye is divided into — 5 Mandalas, 6 Sandhis and 6 Patalas. The Mandalas are 1 Pakshma—eye, lashes 2 Vartma—eyelids, 3 Sweta, the white portion of the eye, 4 Krishna—the dark portion of the eye and 5 Drishti Mandala—the pupil of the eye, one seventh of the Krishna Mandala is the size of or the size of Masura Dala—one half of the bengal gram. These correspond to the four tunics of the eye of the modern medicine excepting the eye lashes and the pupil. The Sandhis or the joining of the Various structures of the eye are six and they are:—

- | | | |
|---|--|---|
| 1 | Pakshma Sandhi }
Vartma ,, } | Juncture between eye lashes and eyelids. |
| 2 | Vartma Sandhi }
Sukla Sandhi } | Juncture between eyelid and white portion of the eye. |
| 3 | Sukla ,, }
Krishna ,, } | conjunctival and corneal junctions. |
| 4 | Krishna ,, }
Drishti ,, } | Corneal and pupillary junctions. |
| 5 | Kaninaha | Outer Canthus. |
| 6 | Apanga | Inner Canthus. |

Patalas are six and they are two Vartma and four in the centre of the eye. Diseases in these Patalas are Timira etc. where eye sight becomes defective. The outer Patala is constituted by Tejas and Jala, the second by Mamsa, third by Medas and the fourth by Asthi. We are not in a position to know exactly what these Patalas and to which part of the eye these are referred to. We shall discuss about this a little later.

Pathology.

The general causes for the eye diseases are the following. Application of hot water or steam, straining the eye to see long distanced objects and minute objects, loss of sleep or too much of sleep, anger, sorrow, debilitating conditions and excess of sex indulgence are some of the causes. Also indulgence in alcoholic drinks, suppression of urges like urine, faeces etc, and excessive smoking cause various eye diseases.

It should be remembered that in Indian Medicine, no disease in any part of the body is possible without the Doshas undergoing changes. So even in the case of the eye Vata, Pitta and Kapha should separately or collectively get vitiated to cause any disease. Only

two diseases could come without the Dosha vitiation and they are diseases due to trauma and loss of sight by looking at the Sun. Excepting these two all the other 74 diseases of the eye according to Sushruta is caused by the Dosha vitiation. This is the fundamental difference between the Western view and the Indian view. In the western classifications of the diseases of the eye, it is mostly the local manifestation and greater attention is paid to abate the local symptom. Of course in modern times certain eye diseases as avitaminosis are attributed to general causes and treatment for the system also is done but in the majority of the cases it is not so. Whereas in Ayurvedic medicine whatever may be the affection of the eye it should be due to the derangement of Doshas and so along with the local treatment Doshas also have to be brought under control. It was mentioned before that Sushruta has classified only 76 diseases. Apart from the classification according to the various structures of the eye, the following is the Doshic classification.

Vata 10. Pitta 10. Kapha 13. Raktha 16. Sannipata 25. Traumatic cause 1. Sun etc. 1. Total 76.

Vagbhata has mentioned 94 diseases. His classification is according to the structures and also according to the Doshas. His classification is very much

like that of the modern classification. The following table will show his classification along with that of Sushruta and how 18 more diseases are added by him.

Vagbhata's Classification.

1. Vartmaroga-diseases of the eyelids.	24
2. Sitharoga-diseases of the white portion.	13
3. Sandhiroga-diseases of the Canthus	9
4. Krishna Mandalarogas-Diseases of the Corner.	5
5. Drishti Mandalarogas-Diseases of the lense and Retina.	27
6. Sarvakshiroga-Diseases of the whole eye.	16
	94

Sushruta's Classification.

21	—3
11	—2
9	
4	—1
12	—15
17	plus 1
74	—20
External	2
	76

So we find in the Drishti Mandala diseases there are 12 diseases included by Vagbhata. Apart from these classifications the descriptions of some of the diseases are not very clear to make a proper diagnosis. In my opinion particularly in Vartmaroga some of the signs and symptoms are classified as diseases and some of the complications are classified as separate diseases. This view is from the modern standpoint. It is not possible now in a short paper to take up each disease, describe their causation, symptomatology and treatment and compare it with that of the modern medicine. So I will refer only to a few diseases. Among the Drishti Mandala diseases the most important is Timira, Kacha and Ling-nasa. Each one of them when neglected passes on to another stage. This may be compared to the cataract of modern medicine. The classification is first

according to the Doshas and then according to the Patalas. It was mentioned that the Drishti Mandala has four Patalas starting from behind or posteriorly.

सिरानु शरिणि मले प्रथमं पटलं त्रिते ।

अव्यक्त मीक्षते रूपं व्यक्तमप्यनिमित्ततः ॥

The deranged Malas passing through the vessels affect the first Patala causing thereby dim vision even in near objects without any cause. When it affects the second Patala the person sees objects, where there are none, near objects are not seen and distant objects are seen. When the Malas go to the third Patala the Timira passes on to the Kacha stage soon, when the person sees the objects above but not the objects below. When the affection passes on to the fourth Patala the Drishti Mandala is completely covered and the stage is called Ling-nasa. Different signs and

symptoms are mentioned for each of the Doshas Vata, Pitta, Kapha, Rakta and Sannipata. These diseases, particularly Timira, Kacha and Linganasas can be identified with the modern disease cataract in various stages. But many of the signs and symptoms of Timira and Kacha are not exactly identical with cataract. Perhaps the influence of various Doshas are responsible with the manifestation of various signs and symptoms in Indian Medicine. From the modern standpoint, cataract is a disease in which the crystalline lens gradually develops opacity in persons over fifty years of age, rarely in those under forty five. It is usually bilateral. In Ayurvedic books no mention is made of the age limit. The classification of cataract according to the modern medicine is as follows:— (1) Senile cataract. (2) Complete congenital cataract. (3) Complete cataract of young people rare and pathogenesis unknown. (4) Diabetic cataract. (5) Oalss blowers' cataract. (6) Black cataract. Also partial cataracts are mentioned. (1) Central cataract. (2) Zonular or Lamellar cataract. (3) Punctate cataract. (4) Pyramidal cataract etc. Though in all varieties of cataract, according to modern medicine general bodily disturbances are mentioned as the cause of the disease no general treatment is given and only operated. Whereas in Indian Medicine from the beginning various medicines particularly Ghritams are mentioned. This is an advantage. From the beginning of the disease if medicines are given internally and some Anjanams are applied locally, it is possible that many cataracts may be cured without allowing it to become mature, and then operate on it.

तिमिरं काचतां यति काचोऽप्याभ्यमुपेक्षया ।
नेप्रक्षेपोपचता चोरं तिमिरं साधयेत् द्रुतम् ॥

The cataract is operable only in its mature state. So also in Indian Medicine operation is described in the last stage—particularly in Kacha linganasas. It means that opacity is complete and no shadow falls on the pupil.

The operation for Linganasas is not identical with that of the modern operation for cataract. The operations for cataract according to the modern medicine is Linear Extraction (a) cutting the sclero-cornial junction, (b) Iredeotomy, (c) Capsulotomy (d) Delivery of the cataract and (e) Toilette of the wound. The operation according to Ayurveda is different. It is difficult to compromise both the stand points. Vagbhata describes Vedanam or puncturing. Extraction is not mentioned. Even gouching could not be compared to the operation. The Kapham that is the cause of the cataract is described as expelled through the nostril after the operation. It is not known that any passage exists from the position of the lens to the nostril.

Leaving this let me consider about another disease Arma-Pterigium. I think that there will not be much difference of opinion to compare Arma as Pterigium. Five varieties of Arma are described (1) Suklarma, (2) Sayitharma, (3) Prastharyarma, (4) Snayvarma and (5) Athimamsarma. These are membranous growths which start from one of the Canthasus and grows towards the centre of the eye thereby disfiguring it and in later stages obstructing the vision.

The treatment described is removal of the new growth. After the usual preparation the person should lie on his back. The eye should be made Mardana after applying Saindhava and Bijupurarasas. The object is to get the Arma loom bigger. Then a needle should be passed behind the growth in two places near the canthus and near the cornea. Then

the growth should be cut by Mandalagra. The eye should be bandaged after applying the post operative medicines. The bandage should lie there for 7 days.

Now compare with the modern treatment. Pterigium is treated either by ligature, excision or transplantation. By ligaturing the pterigium in the start and in the end it falls away in four or five days. For excision the apex is seized with a forceps and dissected off either with scissors or with a fine scalpel as far as cornea without injuring the true cornea.

The Ayurvedic operation resembles very nearly the excision.

Another operation where there is a similarity between the Ayurvedic people and allopaths is the operation for Pakshma-rodha, the obstruction to the eye by the eye-lashes. Pakshma-rodha may be compared to the distichiasis and trichiasis. The first of the term denotes growth of eyelashes in the inter-marginal portion and trichiasis indicates false direction given to the true cilia. The modern operation for these conditions are (1) epilation-pulling out the cilia with a forceps (2) Electrolysis-scorching the bulb of the hair follicle (3) excision-removing the ciliary margin and (4) Transplantation or shifting. In Ayurveda the treatments mentioned are Daha Karma which is similar to electrolysis and an operation similar to transplantation. The operation is as follows: One third below the eyebrow a longitudinal incision is put and a piece of skin to the size of Yava (wheat) is removed. Then the two margins are sutured. This suture should be connected to a bandage on the forehead. On the fifth day the sutures are to be removed and later the usual post operative treatment adopted. This operation is similar to the operation of jusche modified by Arlt.

I will mention only one more of the common operations where there is a similarity between the Ayurvedic method and Allopathic method. In diseases like Pothaki, Sikata Vartma etc. where there are growths on the eyelids, Lekhanam or scraping is indicated. In modern medicine for trachoma though no specific treatment is yet found scarification and scraping are considered best under the circumstances.

Lekhanam or scraping is described in the following way by Vagbhata. After the usual preliminary treatment, the patient should be asked to lie on his back. His eyelids everted with Mandalagra Shashtra and Lekhanam should be done. As an alternative Samudraphena or any leaf which has got a rough surface may be used. When, with a rough surface, the eyelid is rubbed, the growths are removed mechanically. Later on the eye is bandaged with the usual post operative treatment. On the second day the bandage is removed. Parisekam (washings) is done. This is exactly like scraping the granular lid with a scraping spoon and not dissimilar with the process of crushing the granules with a roller forceps.

From the foregoing pages it may be clear that in ophthalmology Ayurveda has developed to a very considerable extent. In the medical aspect of the treatment of the eye even today we are supreme but we have lost our heritage on the operative part of the science. We can still recover it only if we attempt seriously. While we could give many of our medicines to the allopaths for their benefit we may also learn from them the technique of operation which they have developed. In conclusion I may mention here some of the medicines I have used with advantage, (Contd. Next Page)

Treatment of "Maral Jwarams" and Their Complications.

By
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MADRAS.

Maral Jwaram is widely known in Tamil as "Murai Jwaram", "Nalir Jwaram" and "Malai Jwaram." This can be broadly classified as Malaria according to the allopathic view. But the definition of this Jwaram includes such Jwaras which are due also to weakness or loss of potency of Dhatus Datugata Jwaras as "Vara Jwaras" fever occurring every week on a particular day and "Paksha Jwara" i.e., fever occurring on a particular day once in fifteen days. The latter Jwaras are very rare and occur once in a way. All these are classified as "Vishama Jwaras" in general.

Commonest form of Maral Jwaram that a general practitioner comes across is the "Murai Jwaram." The name itself is suggestive of its regularity in occurrence. Further it is called "Nalir Jwaram" which means its unfailing accompaniment of shivering. In some parts of the "Tamil Nad" it is called as Malai Jwaram for it originates only after a trip to some hilly places. No one, who has gone on a pilgrimage to Tirupati and stayed there for sometime, returns without this Jwaram.

There is no need to describe the signs and symptoms, the differential diagnosis etc., of this disease for every medical

(Contd. from Page 25)

1. In Pakshma Sadana (Blephorities-falling of the eyelashes,) Jambeeranjanam is good. A piece of cloth is soaked in lime juice and dried. This process is repeated seven times. The cloth is rolled, dipped in ghee and allowed to burn under a copper vessel. The soot is collected and used as collierium.

2. For Pothaki and Sikata Vartma. Chandrodaya Varti is used. (Bhai-shajyaratnavali) In about 250 cases of trachoma very similar results are obtained as brushing with Ag. NO₃ or Cu. SO₄ and washing with saline.

3. In very early stages of Timira along with Triphaladi Ghritam or Patoladi Ghritam, Kachayupana Anjanam is used with good results. (Ashtanga Hridayam).

4. In Ratriyandha (Night blindness) the following treatment has given some good results. The person is asked to take a piece of raw liver every day. Pippali prepared in the following way as Anjanam is used. A number of holes are made in a piece of liver. Pippali is inserted in the holes. The liver is boiled in steam. Then the Pippali is removed dried and kept. It is rubbed with honey and applied to the eye.

man is conversant with them. The microscopic test for the presence of the malarial parasite will help us to know the Allopathic diagnosis.

The Allopaths are of opinion that these Murai Jwaras cannot be completely eradicated without the help of quinine. In practice, after treating nearly 150 cases of Murai Jwaram in the Ashtanga Poly Clinic from 1942 to 1944, I have found that there is no necessity for the drug. The general treatment adopted was as follows.—

Vishnu Chakra Mathrai 1 to 2 pills per dose. Such two doses according to the strength of the patient with Pancha thikta Kashaya (Charaka Samhitayogam) oz. 1 along with each dose.

If the course of the fever is not altered in certain cases, I have found success in administering the Jwara Rama Bhana Mathrai or the Pashana mathirai. 1 to 2 pills twice daily with the same decoction said above.

The formulae of the above pills are different from the H. P. Yogam of the Government School of Indian Medicine. The Yogams that are used are as follows:—

(1) *Vishnu Chakram* (Agastyar Chilarai Kovai):—

Well purified Rasam, Lingam, Nabi, Gandakam, Kantham and Manosilai, equal parts - Bhavana and grinding in Jambeera Swarasam (Elumichai Pazham) *Pill size*:—To the size of one gunja (Kundri).

Usual Anupanam is honey with Injiswarasam or with other Jwara Kudineers.

Indicated in particular for Jwaras and Sannipatha Jwaras.

(2) *Jwara Rama Bhana Mathirai* (Agastyar Pin 80):—

Well purified Vellai-pashanam Palam 1, Gowri-pashanam palam 1, Balai

Rasam palam 1, Milagu Churnam palams 3; grinding in (a) Oomathai Ilai Swarasam (Dathoora leaf) (b) Kombupagal Ilai Swarasam (Karavalli leaf) and (c) Milagu Kashayam (pepper decoction) *Pill size*:—To the size of one Masham (full black gram).

Dose:—1 to 2 pills with honey B. D.

(3) *Pashana Mathirai*:—

Well purified Vellai-pashanam, Lingam, Rasa-Chenduram, Pachai Karpuram and Thrikatu Churnam each equal parts-Bhavana and Mardanam in (1) Milagu Kashayam and (2) Vetrilai Swarasam (Naga Valli Swarasam).

Pills to the size of Payaru or Ulundu (green or black gram). Usual Anupanam-Honey.

Dose:—1 to 2 pills with honey B. D.

Note:—Jwara Ramabhana Mathirai and Pashana Mathirai should not be used in the case of patients having albuminuria.

Diet during those medication:—Rice Kanjee, wheat Kanjee, and Barley water with sugar alone, Salt should not be used for Kanjees; Sathkadi, Pomegranate, dry grapes and figs can be used. Malted milk, ovaltine and such other salt free tinned food may be used.

Coming to the general complications:

(1) *Vomittings*:—

(a) *Ordinary type*:—Stops without any particular treatment after one or two vomittings. (1) Jambeeradi Panakam (2) Jathi Jambeera Kuzhambu and (3) Thuringi Manappagu were used as and when required.

(b) *Insistant vomitting*:—

This alarms the patients and the doctors. In fact the patient will vomit even his or her saliva as soon as it is swallowed. Amongst the 150 cases, a dozen cases were having this kind of complication. The treatment,

ice in the mouth, was partially successful. Treatment was as follows :—

Patikara Chunnam grains 1 to 2 with sugar: This is to be kept in the mouth and allowed to dissolve in saliva and slowly swallowed.

Note: Only three doses can be used at a time i.e., within twelve hours. If vomiting stops with the first dose itself there is no need for repeating this medicine. To test whether it has stopped or not is to give a mixture of Sherbathe Gulab-teaspoons 2, water ounce $\frac{1}{2}$, twice or thrice every half an hour. In no case I have failed to arrest vomiting within two doses of the above medicine.

Patikara Chunnam:

Patikaram Palam 1. This is to be ground with the Jayaneer prepared out of Apamarga Kshara (Nayuruvi) for two days. Then it is to be made into Chakrikas and dried well. Put to putam in a suitable Saravasamputam (Agals) in 15 to 30 cowdung cakes.

(2) *Constipation*:—If it was found in the beginning of the treatment, I have given Ashta Bhaivaram, Goda-cholee rasa or Mehanatha mathirai one or two pills according to the requirement of the patient with sugar water.

Generally Pitha Prakrithies and Bbeerus (one who is afraid of) will not stand these pills. So they were treated with Peechu (Enema) prepared out of warm water with Dhatree or Hingu-triguna Thailam.

If constipation was found during treatment, the same treatment may be adopted and in order to keep the bowels free, advise the patient to take the decoction of Drakshai as a part of diet.

(3) *Pandu (Anaemia)*:—This occurs as a latter complication in chronic cases.

Annabedi Chenduram gr. II with honey followed with Pancha Tikta Panakam Teaspoons two, mixed with $\frac{1}{2}$ ounce of warm water. If this were continued for at least one Mandalam (40 days), repeated attacks of Jwaram and anaemia subside.

Other complications such as headache, giddiness, thirst and diarrhoea are common for which the treatments were simple and every one may know.

I have not so far come across a case of Murai Jwaram with delirium, liver and spleen enlargement and bloody urine.

Then coming to the other variety of this "Maral Jwara" group, I have come across one case with a history of fever occurring every Friday between 3 P. M. and 9 P. M.,—temp. 99° to 100°F. The Patient—un-married—in the habit of smoking—spermatorrhoea on alternate days: The patient was thin and weak and his eyes appeared as if he had been disturbed from sound sleep. Nadi—Pitha Vatham.

Treatment adopted:

(1) Malinee Vasantham (ordinary)
1 pill, Special gold Parpam.gr. $\frac{1}{4}$.

such two doses every day with honey.

After ten minutes R.

(2) Vithadi Lehyam Teaspoon $1\frac{1}{4}$.

These medicines were given on all days when he had no fever.

On the day prior to the attack of the fever and next two days the patient was given Pashana-mathirai—2 pills for

2 doses with 2 ounces of Nilavembu Kudineer (Siddha Pharmacopea H. P.) at each dose. Such two courses of the medicine were able to make the patient sleep without dreams and the fever instead of coming on Friday came on Saturday morning with less intensity and duration. The patient did not experience so much weariness after the fever from the 3rd week onwards.

From the end of the 3rd week, the patient was advised to take oil bath with Balaswagandadi Thylam. The patient never complained of fever after the 6th week till then the above line of treatment was continued.

After that he was advised to take Vidaryadi Ghritham Teaspoon 1. twice a day with a cup of Cow's milk (diluted) in empty stomach.

Diet: The patient was advised to take his ordinary food on all days. On the days when the pills for fever were given, he was advised to take liquid diet without salt.

This case, I think may be classified under a case of "Dhatugata Jwaram" or Vara Jwaram. I hope some of the Medical Officers might have come across with such a peculiar variety of Jwaram of which I want to learn more and more because no proper description is

found in our books about the "Vara Jwaram".

A Similar case observed by Dr. V. Narayanaswami Aiyar H. P. I. M. is also reported by him.

A medical man himself had this type of fever for a period of four months. The fever came to him regularly on the 8th or 9th day. The temp., was 100-101°F. Blood examination was negative for malaria, urine—nothing particular, X Ray of Lungs: nil abnormal. Dietetic restrictions, rest and other usual diaphoretic remedies did not help him. The regularity of the fever was surprising but he attended to his usual work though he lost about 8 lbs. in weight. He consulted some eminent allopathic and Aynrvedic medical men with no avail. He took in the end for about a month Vidaryadi Gana Kashayam (Ashtanga Hridaya Sutra Ch. 15.) and Garlic fried with gingelly oil just before food. This completely cured him.

लघुनस्य मतेलस्य प्राग्भक्तमुपसेवनम्

Charaka (Chi. 3-300).

Charaka mentions a kind of fever called 'Punaravarthaka Jwara' a fever that relapses often (260-329-339).

Proposals for Research in Indian systems of Medicine

By

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The Ayurvedic and Unani Systems even as they obtain, to-day, represent the sum-total of Medical knowledge both as Science and Art, in all their different aspects such as, pure and applied; and Preventive and Curative; accumulated continuously through out the unbroken past of many thousands of years. From all accounts one has, from persons entitled to opinion (1) "*As a science*—The Indian Systems of Medicine are undoubtedly Scientific, their general principles and theories (both in subjects of preliminary scientific study like Physics, and Physiology, as also in the subjects of Medical Science proper, like Pathology, medicine, and so on) are quite rational and scientific (2) "*As an art*—as practised at present, Indian Systems are not self-sufficient. If we divide broadly into two sections, viz. Medicine and Surgery, the Indian Systems are, generally speaking, self-sufficient and efficient in Medicine, while in Surgery they are not" (vide the Report of the Committee on the Indigenous Systems of Medicine, Madras, Vol. I pages 2 and 3). In view of the above, Research in Indian Systems of Medicine will logically mean an assiduous and painstaking search to unearth valuable knowledge inherent in these systems—including the fundamental principles on which the science as such has been based as well as subjects com-

ing under Medical Science proper—and make them available to all those who are concerned in the task of the prevention and cure of diseases; and restoration and maintenance of Public Health.

The need for Research in the Indian Systems of Medicine which should naturally proceed and keep pace with all efforts, directed to their rehabilitation has been agreed upon by all shades of opinion in the country. As research and rehabilitation of the Systems go hand in glove we may for our present purpose consider these two terms together as multuals, rather than differently or separately.

The need for the clarification and proper understanding of the basic concepts of Ayurveda

The general impression among Indians is that Ayurveda is a satisfactory and scientific system of Medicine that deserves full support and encouragement; to the Westerner, it is, at best an interesting archaeological curio and a dignified form of quackery having little pretence to the status of a science in its modern sense. To a critical student, both are biased opinions, the result of cursory and superficial acquaintance with the subject. It is worthwhile to note that no system of medicine can, as yet, claim to be fully scientific,

as a fair amount of empiricism is still to be found in every system. It is true that the modern western system of medicine with its world-wide and colossal organisations are earnestly attempting to study many problems, thereby deserving great respect and consideration. Similar studies in the field of Ayurveda is no impossibility; it can and should be taken up in earnest. Ayurveda will then be found to be on a par with the modernmost western system. A careful study of Ayurvedic Text will show that in fundamental principles and lines of treatment, it is fully scientific and second to none: in some respects, in fact, it may even excel modern teachings. The highly maligned "Tridosha theory" is one such. When the true significance of the theory is recognised, it will be seen to be perfectly rational and capable of explaining some of the unsolved problems as natural resistance etc. The theory appears absurd only when Vata, Pitta and Sleshma are equated with wind, bile and phlegm; misguided equations of ill-equipped hands at bilingual studies. When it is known that they stand for the functions of the nervous system (including automatic) the secretory system (including internal) and connective tissue system, it will be seen that their theory that the balance or imbalance of these three interdependent triads determine health or ill-health, is a perfectly rational one.

The need for bringing out its real and scientific nature in the light and languages of Western Positive Sciences

Due to variety of causes operating through centuries, the study and practice of Ayurveda has undergone much deterioration: so much so, that from the practice of the system as one sees around, one has little option but to

stigmatise it as a form perhaps, a dignified form of quackery. Therefore, if Ayurveda is to come back to its own, the first essential is to bring out its real and scientific nature to the notice of even superficial observers and to start an intensive study of the servers and to start an intensive study of the whys and wherefores of its teaching in the light and language of modern positive sciences. Such an enterprise means much steady work and heavy expense. This must be faced or Ayurvedic system should be absolutely and finally scrapped: for there is no justification whatever, to retain any doubtful teaching or procedure in the field dealing with the lives and limbs of human beings. Work required for efficient rehabilitation falls into three separate categories, viz. (1) redaction of texts, (2) pharmacological studies and (3) improvements in pharmaceutical methods and preparations. The first two are mutually complementary and the last, a very necessary supplement to cope with modern demands.

Research in Classical Texts basic to Indian Medicine and the need to make them intelligible to modern students and bring them up-to-date

The practice of the systems, as now obtains, is based on the teachings found in the classical texts such as Charaka, Surutha, Vagbatha, etc. It is very doubtful if these works, now known as Charaka Samhita etc., are the real and original Samhitas by Agnivesa and others; it is very probable that the stanzas the captions such as "Bhavanti-chatra" alone belong to the original Samhitas, the rest being the words of the redactors. Works like the Samhitas of Bhela, Kasyapa, etc. are little known and less used by modern Ayurvedins. Pharmaceutical work like Rasarathna Samuchaya, Yogarathnakara and others,

being mainly compendia of formulae, have little value as scientific treatises on Ayurveda though they may be of considerable help to the practitioner.

The works as are now available are unsatisfactory in many respects. They are written in such terse and condensed style, almost aphorismic that they can at best only serve as memory aids for teachers, never as text books for students. Though from references found in the texts themselves, one is led to infer the existence of works on descriptive anatomy, descriptive materia medica etc., these works are no-where available today. Even in the field of symptomatology, the description found in the existing works are not always full and sufficient. The available commentaries on these works fare no better; in fact, they are often liable even to mislead. The impression one gets on reading these commentaries is that they perhaps were written by people who were not Karmakusalas. In short the existing texts cannot efficiently serve as text books on Ayurveda. This defect must be overcome.

To this effect, all available classical works should be restudied, corrected or modified in the light of experience (Pratyaksha Pramana) collated and rearranged on strictly subject-war basis, re-written in full detail and edited with good illustrations and brought on a par with modern text books on medicine. The language used must be simple prose; it may be Sanskrit, Hindi or English. If so desired some of the more important verses may be retained to serve as memory aids. This is a very important work and must be done by a board of able and responsible editors well versed in Ayurveda and in actual practice of the profession. It should be well understood that mere linguistic scholarship, however great, is of no consequence

in this work; what really counts is Karmakusalatvam and no other. Some, at least, of the members must be those well and actually trained in the western system of medicine to enable the board to adapt and adopt factors from the Western system when found necessary or useful. It should however be always borne in mind that incorporations from alien systems do not adversely affect the salient features of Ayurvedic teaching. In this manner authoritative treatises on the various branches as anatomy, physiology etc. must be brought into being.

Research in Public Health and Forensic Medicine

Though Ayurvedic treatises contain teachings in respect of personal hygiene, Indians generally left the question of public health problems to Dharma Sastras. Incorporate into Ayurveda all such portions that have a bearing on public health. In the same manner, to meet the requirements of law and judicature, principles of medical jurisprudence as accepted by the existing judiciary should be incorporated into Ayurvedic literature.

Research bordering on Materia Medica and Pharmacology

To make these editions full and efficient, it is essential to carefully and critically re-study Ayurvedic Materia Medica in all its bearings. As things stand, the whole problem is in a chaotic state. The meagre and unsatisfactory descriptions seen in the available texts are quite insufficient for purposes of identification. Even apart from this there are other factors giving rise to serious confusion. A single term may stand for a host of absolutely different things; 'Bala' may mean one of or six different things and 'Gouri' one of eleven. This in itself is sufficiently confusing.

Again, by a certain term entirely different things may be understood in different parts of India; Patha for example, is understood as Cissampoles periera in certain parts and as Cyclos Burmanni in others; 'Jivanti' is another such example, as no descriptive materia medica is available, there is no possibility of ascertaining the correctness or otherwise of any identification. These difficulties must be overcome once for all. This may be done by renaming according to natural order nomenclature after identification. Want of descriptive materia medica makes correct identification difficult, or even impossible. At the present moment the only way to correct identification is tiresome and difficult procedure. It is this; whatever practising Ayurvedins use for the material of a certain name should be obtained and identified according to natural order: If in different areas different materials are understood by the term, all such materials should be obtained and identified. Now the therapeutic preparation of such identified things should be clinically tested to see which of them answers to the therapeutic properties contemplated for the materials of the given Sanskrit name. All such materials tried clinically and found to possess the credited Karma should be chemically analysed to find out the nature of active principles they contain. From the data obtained for the operations, clinical tests, chemical analysis and pharmacological tests, will be possible to definitely identify the material in question. All these various operations may not be required in all cases, though in a large number, all or almost all these tests may be found necessary.

While doing chemical analysis, it may be advantageous to do quantitative estimations of the active principles to enable

standardisation to be effected for Ayurvedic pharmaceutical products. It is also essential, though not from an academical point, to improve pharmacy operations of Ayurveda. It is easy to use modern apparatus and contrivances. Modern marketing conditions demand that the produces should be preserved against time and should neither quickly deteriorate nor should the preservatives used, if any, affect the desired properties of the preparations. What is now in vogue in Ayurvedic Pharmacies is to prepare and market the more recognised Yogas or formulae. This is unsatisfactory, in-as-much as the prescribing physicians cannot add or deduct any ingredient to meet the needs of any particular case. Some may contend that such additions and reductions are not required in Ayurveda. This is not true or correct. It is within the living memory of many in Kerala, that the late, well-famed Aryan Narayan Moos of Vayaskkara rarely ever prescribed a Yoga as it stood without making some change or other to meet the requirements of the particular case he was dealing with. In those days, when every one made his own pharmaceutical preparations changes in prescriptions were of no consequence. To-day when one has to buy the prepared materials from the market even small changes in the prescriptions will be a real difficulty. Nor can we expect the market to provide all possible permutations and combinations that may be called for; such is not a commercial possibility. The only way out is to prepare and market single drugs and invariable combinations (as say, Dasamula, Eladi etc.) in such forms as will lend themselves for compounding as occasions demand. Pharmaceutical research in this field is essential to enhance the usefulness and popularity of Ayurveda.

The need for integrated work in Materia Medica, Pharmacology and Standardisation.

This phase of the work, the work on Ayurvedic Materia Medica, is costly and laborious; but it is essential if Ayurveda is to be recognised by the modern world. Both the phases of the work, textual restudies and pharmaceutical researches must be conceived together as a single whole and work planned: mere tinkering with one of the items at random will be a mere waste of time and energy.

Considering the colossal and the highly technical nature of the work involving the co-operation of many branches of knowledge, it can effectively be undertaken, only as an All-India concern and with the earnest and active co-operation of some of the well equipped universities. Unfortunately, it looks as if the Universities in India are as it were, fighting shy of the problem for one reason or other. The more institutions of degree or diploma, as is done by the Benares and Madras Universities, is of very little consequence. The main difficulties that Indian Universities labour under, in respect of this problem, as I see it, are two; want of money and want of confidence in the system they are to explore. The public must come to the rescue in respect of finances; the better placed Ayurvedics should by precept and example, try to infuse confidence regarding the scientific and rational nature of the system.

Summing up the above, the organisation of Research can be classified as follows:—

Longterm programmes of Research

1. To undertake researches in the basic fundamentals of Indian Medicine with a view to bring out its real and scientific

nature to the notice of even superficial observers and to start an intensive study of the whys and wherefores of its teaching in the light and language of modern positive sciences.

2. Organisation of Literary Research:

To collect all available classical works on Medical and related subjects, correct and modify them in the light of experience (Prathyaksha Pramana), collate and rearrange them on strictly subject-war basis: rewrite in full, details and edit and bring them on par with modern text books of medicine.

3. Drug Research and preparation of *Materia Medica*: This will come both under long-term and short-term programmes. The long-term programmes will have to be directed towards the proper identification and verification of the innumerable drugs mentioned in available texts and traditions, classify them both according to the *Ganas* in which they are mentioned as well as according to their natural order. This will lead on to the preparation of a dependable *materia medica*.

Short term Researches:—

1. *Clinical Research*: This is perhaps the one line of research that will produce very good results in a short-term programme. The diagnosis of diseases, made from the Indian Medicine stand point of view, supplemented with modern diagnostic controls such as X-ray, electro cardiograms, laboratory tests etc., and treat them according to reputed and well known principles and methods of treatment for which Indian Medicine is famous and publish the results periodically. Under this programme will come for trial and verification many famous remedies and drugs. Reputed drugs and medicines can only be tried in diseases for which they are indicated

and the correct clinical diagnosis will therefore be a prerequisite for the assessment of the value or otherwise of such preparations. As most of the medicines of Ayurveda occur as compound preparations and during the course of planned treatments as mentioned in the authoritative texts, their value cannot be established by purely chemical and pharmacological methods. These methods will generally hold good in respect of single drugs. Clinical Research will therefore be able to contribute a great deal (1) in regard to a proper understanding of diseases many of which have an ancient description and (2) the determination of the value of methods and lines of treatment prescribed in the ancient texts as well as the verification of the value or otherwise of single drug and compound preparations.

2. *Pharmacological Research*: The data obtained from clinical Research in respect of drugs and compound preparations will be very helpful aid to study the chemistry and pharmacology of all such items. This kind of research will be both complementary and supplementary to clinical research.

3. Research relating to Nutrition, Sick-nursing and Domestic Medicine.

The scope for this aspect of research is indeed very much in Indian Medicine as it abounds with valuable knowledge in regard to *Pathya* or diet (suitable) and *Apathya* (Unsuitable) for each disease and for various stages of the diseases. So too there are texts and traditions relating to the subject of nutrition and properties of the articles of foods and drinks in common use.

This knowledge now lies scattered over many books so that reference to single work will not be sufficient to give full information in every case. All these will have to be brought together

by painstaking work. The same in fact applies to the question of compiling treatises on *Griha Vaidya* (the subject of household remedies, and preparation of diets in health and illness) a working knowledge of which was well known to our grand-mothers, less known to our own mother and least known to our sisters and daughters—a process of gradual decline of knowledge of which a reference is made by even that reputed authoritative allopathist Dr. Jivaraj N. Mehta in the following terms:—

“The older generation of women in India had some working knowledge of the essentials of good dietary in health and in illness, as also of some household remedies. This knowledge is rapidly fading out from the present generation of women living in towns and cities; and unless we adopt measures for the imparting of such knowledge based on Modern study, the country will be in a sorry plight indeed.”

The above, in short, are outlines of long-term and short-term programmes of research which I have tried to bring together within the scope of a brief note. The whole subject, has to be taken up in detail under each heading and the schemes proper are to be worked out. Before closing, I have to add a few words about the organization proper of research. Researches in Medicine in general and Indian Medicine in particular have to be conceived as one integrated whole and not in parts. Medical Research in Indian Medicine will entirely depend on well organised medical relief. It is a team-work between several units, such as out-patients, in-patients, pharmacy including drug stores and Herbs Garden, library and laboratories. Work in the out-patients, and in-patients sections should from the periphery of research in Indian Medicine,

(Contd. Page 40)

OURSELVES

Higher Education in Indian Systems of Medicine.

We issue this edition of our Journal with a sense of freedom from foreign domination and all the attendant miseries. The memorable August 15th, had brought vast changes not only in the political, economical and social aspects of our nation, but also a renaissance in the cultural and spiritual spheres. While it is good to think of what we have achieved by our incessant struggle for a century and a half, we should not lose sight, in the first flush by success, what we have to do in future, having obtained political freedom.

From the beginning of the present century the nation has awakened and tried to re-discover the cultural heritage that was ours for centuries past and we find notable contribution in every sphere of life, art, poetry, historical research etc. These are the things that make a nation civilized or otherwise. In the wake of these things the support to Indian Systems of medicine also come into existence. As far as this presidency is concerned the Government have opened a School of Indian Medicine in January 1925. The School has worked successfully year after year turning out practitioners of Indian Systems of Medicine, who were capable of treating of Medical, Surgical and Obstetrical cases. As the School and its *alumni* have proved successful, it was considered time enough to give higher education in Indian Systems of Medicine. Accordingly the Government of Madras in G. O. No. P. S. 763, Public Health dated 10th March, 1947, have sanctioned the opening of the College of Indian

Medicine and a Research department. The College is functioning from July of this year with fifty students on its rolls.

It is too early to predict the future of the College. The syllabus and the curriculum of studies which was prepared by a Board appointed by the Government last year is so compassing and redundant in many places that it is difficult to follow. The Board though now dissolved consisted of more people who had very little to do with medical education in this province. They might have been eminent physicians and practitioners; but a syllabus and a curriculum could be drafted only by people who have experience in teaching modern students. Therefore while we do not ask the Government to scrape the curriculum of studies that were published, we ask them to give freedom to the principal and professors of the college to so adopt and modify the syllabus as to suit the needs of the present day public health problems.

We have been complaining all along that the State has not supported the Indigenous Systems of Medicine as much as it is expected or necessary. While the foreign Government was at the helm of affairs the support to the School or to its *alumni* was meagre and niggardly. The College is expected to have a better future for men, at the helm of affairs are our people. But we are yet to know of any attempt by the Government the support intended to give the newly started college or the prospects that are in store for the graduates. The Government should publicly state that the change is not merely in the sign-board but a radical change will be there in the emoluments

and prospects of the Graduates. If the College is to be a success, if the best intellect is to be attracted to it, the Government's intention of the future of the medical profession of the Indigenous Systems should be stated publically in unequivocal and unambiguous terms. We have known to our great sorrow, in the past the preferential treatment meted out to the Graduates of the allopathic medical colleges and the practitioners. Time and again it was pointed out to the then Government by the Indigenous medical practitioners the lack of support to them by the state, nay, even acts to humiliate them. For them it was not merely a fight and competition for a man of pottage, but a fight to keep their shoulders high and preserve their self respect. We ardently hope, that here-after, the products of the College may not have the necessity to fight for their own existence. The Government should assure them of that. There ought not to be any distinction; made with obliterating or otherwise in matters of service, pay, authority etc., between these Graduates and the Graduates of the allopathic colleges. If need be greater attention and support should be given to these people for they are in their infancy. Therefore we earnestly hope the Government will consider that these are not two rival systems of medicine *east and west* but only systems of medicines complementary to each other. At this late hour it is unnecessary to proclaim to the world or convince the Government about the excellence of Indian Systems of Medicine. It has been accepted as such even by the unbiased votaries of western systems of medicine, whose authority to talk on systems of medicine is unquestionably as the present Director of Medical Services in the Dominion of India. We also appeal to the practitioners of allopathic

systems of medicine who have not understood the greatness of Indian Medicine to try in future as far as possible to appreciate the theories and practices of the Indian Systems and not to look up on it as a rival System. The School of Indian Medicine stood and now the College of Indian Medicine started for a particular purpose; and that purpose is to evolve a system of medicine in India which will be the fusion of both of what is wrongly called rival systems. The true scientists always have an open mind and which-ever is good from whatever source is taken by them. It is only the smaller people who for their own selfish interest deny any truth which do not belong to them. The followers of medical Science and profession are more liberal minded and generous hearted by nature and equipment. Therefore in the future in our free Dominion they should forget their class distinctions and refrain from picking holes on each other and close up their ranks and unite to fight the pestilence and disease of their fellow brethren. They should be complement to each other till the fusion takes place and there is only one system of medicine-the Indigenous one.

Research in Indian Medicine.

In recent years there is a lot of notice on the subject of Research in Indian Systems of Medicine both by the practitioners of Indian and allopathic systems. The Government of Madras in a recent G.O. which we have mentioned above have a department for the research. We are not aware of the details of the scheme excepting the sanction of a Research Officer, five professors and few other officers connected with it. There is diversity of opinion regarding the mode of approach to the subject. The Government should have a scheme drawn up by their own advisers. As the scheme has not yet

been put into force we may also offer a few suggestions. We have published elsewhere a scheme drawn up by Dr. C. Dwarakanath of Sri Jayachamarajendra Institute of Indian Medicine Bangalore. He himself had done researches in tuberculosis both in India and in Germany. Therefore he has a claim to be heard. We have a paper read in a meeting of Royal Asiatic Society of Bengal by Dr. B. Mukerji, M. B. (Cal) D. Sc. () M.D., (Munich) F.N.I. etc., of the Central Drugs Laboratory, Government of India, Calcutta, and published in the May issue of the Indian Medical Association. Both of them commend themselves for a careful study.

The idea of Research in Indian Medicine as far as allopathic medical men are concerned is only in drug research. Though we do not deprecate the value or underestimate the utility of such a research, we are inclined to think that that alone will not serve the cause of Indian Medicine, if the status of Indian Medicine has to be improved. As far as planning of Research in the Indigenous Materia Medica is concerned both the authors give identical Schemes, namely (1) Botanical identification (2) Chemical examination (3) Pharmacological and toxicological assay and (4) clinical trials. Such researches to some extent has already been done both at the Tropical School of Indian Medicine, Calcutta and at the Haffkine Institute at Bombay. They have their own values. This kind of research requires a good team work and a considerable finance resources of the Government. It may not be possible for a Provincial Government without the aid and the support of the Central Government. The Central Government has already appointed a committee to go through the question of the rehabilitation of

Indian Systems of Medicines and recommend to the Government the ways and means to restore the systems to its old and pristine glory. In the mean-while the provincial Government can go on with what is called clinical Research.

It is true in the existing text books of medicine, there is so much of extraneous matter, it is difficult for a modern student circumscribed as he is by the time factor, to go through all the details and discover only the essentials. Therefore a committee of experts should be appointed for the compilations of suitable text books that a modern student can use with ease. That will neither take much time nor money.

The second and more important point is a controlled clinical research on medicines and recipes which are reputed to cure certain diseases. For this a well equipped Hospital with all modern conveniences is necessary. A few diseases may be taken for clinical experiment and day to day therapeutic value of medicines may be gathered. This has to be done by professors of Indian Medicine and if need be the assistance of allopathic medical Scientist may be given to use the modern methods of investigation, so that in the long run we may have undisputable records to go through and judge the value of certain recipes and medicines. Such an attempt was made in the Government School of Indian Medicine some time back and it had to be dropped for want of Government support. There is no use in appointing Research professors independent of the College and Hospital. No-where in the world medical Researches are done by people who have nothing to do with educational institutions or hospitals. The present Hospital of Indian Medicine may be enlarged and made as a nucleus for the

researches that are contemplated. Unless the Government have full faith in the potentialities of Indian Medicine, there is no use in starting any researches in haphazard and half-hearted way. That is bound to fail. The Government should appoint Research Officers who have no bias in one or other system of medicine and who will addict to nothing but truth and who will not

allow their intellectual integrity to be influenced by sentiments. The researchers should not have preconceived ideas or fanatical attachments of their pet theories. Then alone any scheme of Research will be successful. Will the present Government be able to secure the services of such people wherever they may belong to? We hope they will.

Letters to the Editor:

Sir,

In view of the recent developments in the department of Indian medicine in our province, I am obliged to bring the following few points of vital importance to your kind notice for necessary action and publication in our 'JOURNAL of INDIAN MEDICINE,' the official organ of our Association.

Does the opening of the College of Indian Medicine warrant the closure of the School of Indian Medicine?

While considering the subject of Reorganisation of the Indian Medical Department, the Govt., of Madras were pleased to raise the status of the School of Indian Medicine into a College of Indian Medicine, for which one and all should be highly grateful to the wisdom exhibited by the present regime, but it is with great displeasure we find that the Govt., have found it content with only a verbal change of the School into a College, without meeting with the other requisite changes in the quality or quantity of the staff, training facilities for clinical study, equipment and other emoluments for the students of the collegiate course.

It has been a matter of great disappointment that the Govt., felt it wise to invite applications for admissions to the collegiate course, without prescribing the prospectus for the products of the college in future, and we are at a loss to know how the Govt., found it feasible to attract to itself the flowers of 'YOUNG-INDIA-boys and girls'?

Though it is a matter for gratification to find that the existence of a College of Indian Medicine should be there, closure of the school is detrimental to the development of Indian Medicine in general and rural-medical-relief in particular. While considering this aspect I feel it relevant and necessary to clarify certain doubts raised by the interested members and the Govt., regarding the necessity of having schools and refresher courses for Vaidyas with different standards, in addition to the collegiate course or it would be advisable to have one standard of medical education only.

In answer to this, I may mention, it is impossible to produce only one standard of EXPERTS in a short period, and it is not at all necessary that every practitioner of medical profession should be

an expert in all the branches (ASHT-ANGAS) of treatment. When the Govt., is bent upon meeting with the medical needs of the whole of the rural population by qualified medical practitioners, any scheme adumbrated at whatever cost it may be, it is not possible to produce adequate number of experts when number of admissions into the college is less than that of the school. Further, every rural practitioner need not be an expert, in view of the limited field of work for him and it is sufficient if he is given such training as to be able to diagnose and advise for advanced treatment in expert hands for major surgical and maternity cases. It would be a mere waste of funds for the Govt., to establish fully equipped hospitals, paying high salaries to the experts to be appointed in rural and phirka dispensaries. Hence, it is highly necessary and desirable to have different standards in training practitioners to meet with the needs of different purposes.

While considering the 'Post-war-planning schemes' for the medical-relief of the rural areas, on the basis of the recommendations of the BHORE-COMMITTEE, it transpires that the present regime has overlooked the recommendations of the Provincial post-war planning committee appointed by the previous govt., of having some 'units'

of Indian Medical Hospitals also, and are contemplating to have one set of 'Medical Units only' of the Western-system of medicine'. In addition to this anomaly, the present Govt., seem to have preferred to open such "Units of Western system," at places where there are already well-equipped and well-working dispensaries of Indian Medicine. This proposal of the Govt., strengthens suspicion about their sincerity in encouraging Indian Systems of Medicine with a 'show' of having taken up the re-organisation of Indian Medicine, opening a special-department for it with a lay-person as its head in whom the Indian Medical profession cannot lay any confidence of being able or willing to do anything of real constructive re-organisation.

In view of these facts it is highly desirable to look after the inherent defects in the system and the necessary moulding in the training of pupils and the development of the department with the full co-operation and assistance of the veteran practitioners of Govt., School of Indian Medicine, to help in the running of the future schemes of the Govt., ignoring all the baseless controversies in the matter.

T. L. KANTHA RAO.

(Contd from Page 35)

while work done in the clinical, chemical and pharmacological laboratories must supplement and not supplant the above. Of this the reports of the two Ad-hoc committees viz., (1) Central Pharmacy and (2) Staff and

equipment for the out-patients and in-patients sections of the Institute have discussed at some length. In one word it is team-work shared equally by Physicians, Clinician, Scholars, Botanists, Chemists and Pharmacologists.

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Pandit D. Gopalacharlu,



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