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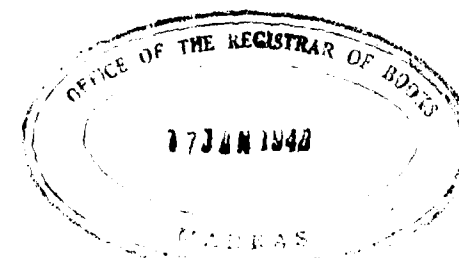
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A SEAL OF RELIABILITY

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Modern Science and Sankhya Tattva

By

V. K. VENKATASWAMI M. B. B. S., F. I. M.

In ancient days religion was the binding element (*Re-back, Ligare* to bind) of the society. It was synonymous with every kind of knowledge. During the Mediaeval age, philosophy (*Philos* a lover, *Sophos* wise) came into existence. Oftentimes priest was the philosopher and physician of a country. Physics, chemistry, Biology and similar subjects were studied as Natural Philosophy. However by the end of the last century, various sciences came to be recognised as separate entities and most of the scientists thought that the ultimate nature of things have been fully understood and considered religion and philosophy as superfluous, impractical and imaginary. This optimistic outlook was soon shaken very rudely as scientific discoveries came in galore and research workers felt that they were far from knowing the fullness of things. The exact role of science came to be assessed and a warning note issued regarding the attitude to be adopted by the modern scientists. The following quotation from Science News III(1947. Penguin Books) expresses this view clearly.

"Traditional idea of causality must be discarded as possibly wrong and certainly useless. With the possible exception of mere counting, a scientific law is never exactly verified. This fact appears to be unknown to many philosophical critics and to be conveniently forgotten by most scientists when talking about the basis of Science. We must either choose our laws to fit the data exactly

or be satisfied with a compromise. In practice we always compromise".

"Scientific success does not consist in exact correspondance but in the improvement of approximation. However carefully we measure, our measure never repeat themselves exactly, unless we use so coarse a measuring scale that all variations are swamped by the step of the scale and if we do that even such a law as the additive property of distance is not verified. Even the simple law that the length of a solid body is constant is not exactly verified".

"If exact causality is relegated to the indefinite future as something that science may achieve some day or into some unobservable realm underlying knowledge, it represents unwarranted optimism but possibly does little harm. But it is disastrous to suppose that it has anything to do with the constructive development of science. It then demands the impossibility that we shall know everything relevant to the observations before we can say anything. It leads to the disparagement of the careful attempts to synthesize a large number of data as "not final" whereas any body who has seriously tried to understand scientific advance is more than a step forward. The only practical method is to start at the other end. We know that observations is wholly random or partly systematic".

"Randomness is a technical term. The common feature is that in each case

there is a quantitative property of the system expressing the chance of a given type of event and this chance is the same whatever the results of other trials nearly equal to the chance. We usually meet the inverse problem; we have good reason to believe that a chance exists but we do not know its value to start with; we make a large number of trials, in which the event happens. This sampling ratio is our estimate of the chance. But since the same sampling ratio might easily arise from any value of the chance within a range, the chance is not equally determined. For this we should also give an estimate of the range such that there is a specified probability given the observations that the chance lies within it. This uncertainty expressed as $\pm$ is the standard error. Errors more than twice the standard are improbable and errors more than three times it are nearly impossible, as does not matter. Incidentally the common remark 'you can prove anything by statistics' is perfectly true but not in the sense that its makers intend. Many (perhaps most) important scientific advances have come from experimental results that their makers did not expect".

A study of *Sankhya Tattva* from this angle of vision will be of great interest to the students of modern Science as well as vedic literature including Ayurveda. Of the Ayurvedic books, CHARAKA Samhita makes extensive reference to sankhya doctrines. The attitude adopted by KAPILA the original author of sankhya, is exactly similar to the scientific outlook expressed in the statement quoted above. He gives a true picture of the entire universal things in all their dimensions viz. time, place and person (individuality), taking into account life-after-death and other worlds than ours, that modern science has not yet fully

investigated. Sankhya means merely enumeration, in the sense of thinking with reference to basic principles or knowledge of self and counting the universal tattvas (realities) as twenty five according to the canons of strict logic. No mention is made about *Iswara* (God) or the laws of Karma by which the number and duration of one's births and deaths are determined in this world and elsewhere. This has led to a misunderstanding of the scope of the subject by the orthodox commentators of the vedic literature, who condemn Sankhya as *Nireswara* (Atheistic) in its tenets. However to a student of Modern Science, Sankhya will be of great interest, in directing the methods of future research about the knowledge of things in the universe, the laws of the evolution and the main purpose for which everything exists.

Purusha is the twenty-fifth tattva. Its presence is postulated for the following reasons. (1) There ought to be a substratum behind all varying things which should be free from all their ever-changing properties (*Gunas*) (2) The way that all composite objects exist, appear as if they are for another's sake. (3) Some one should control and experience all substances. (4) The stage of *kaivalyam* (absolute and final beatitude) described as the goal of evolution has to be attained by an individual. Practical experience denotes that such a Purusha ought to be multiple i.e. as many as there are individuals because (1) There is definite adjustment of birth, death and indriyas (organs), (2) There is non simultaneity of activity and (3) there is diversity due to the different gunas. In all the activities of the universe Purusha is simply a *Sakshi* (witness), a seer (*Drishta*), maintains neutrality (*Madyastam*), and is not the doer (*akarta*) He experiences pain arising

from decay and death due to his non-discrimination from the gunas (of *lingha Sareera* or subtle body) or until its dissolution. Further by its union with the gunas, the insentient (*achetana*). Lingha (*Evolute*) appears as if sentient (*Chetana*). Conversely the activities of the gunas are projected to the Purusha who consequently appears to be the active agent (*Karta*). He is unique being neither a product (*vikrithi*) nor productive (*Prakrithi*) of any other thing. According to Modern Science, Purusha is a psychic concept having no exact term to express its full import. Spirit, Soul, Ego, Psyche, Consciousness etc., that are used to express it, have not much scientific significance.

The twenty-fourth principle is **PRAKRITHI** (Nature). It is *Avyakta* (unmanifest) and do not arise from another thing (*Avikrithi*). Its presence is inferred by its effects (*Karyam*). It is eternal (*Nityam*), pervasive (*Vyapi*), inactive (*Nishkriyam*) single (*ekam*), not component (*anasritam*) not soluble (*alingam*) and independent (*svatantram*) Reasons for deducing its existence from the manifested (*Vyakta*) aspects of the universe are (1) The finite nature of specific objects (2) Homogeneity (similarity of different objects.) (3) Evolution being due to the efficiency of the cause. (4) Separation between cause and its effects and (5) Merging of the whole world of effects. It operates through the gunas which are three in number viz., *Satva*, *Rajas* and *Tamas*, either by their combination or by using them separately just as the same rain water produces different tastes in different fruits.

Prakrithi exists solely for the benefit of the Purusha, as the inanimate milk flows out for the growth of the calf. It is just like persons who engage in acts

to satisfy the desire of others. Union of Prakriti and Purusha, by which evolution proceeds is compared to that of the blind and the halt, respectively. Prakriti is very generous, as with the gunas she brings about by manifold means of her evolution, without benefit to herself, the good of the Purusha, who is devoid of gunas and confers no benefit in return, though all these appear as if for the sake of Prakriti itself. Purusha is neither bound, nor attain Moksha nor enter samsara. It is Prakriti that is bound, get Moksha and take up to Samsara. She binds herself by means of seven forms of *Buddhi* (one of its products) viz. *Dharma*-virtue, *Adharma*-vice, *Ajnana*-Ignorance, *Vairagya*-Dispassion, *Avairagya*-passion, *a Iswarya*-Power, and, *Anaiswarya*-Weakness, and by one form of *Buddhi*. Viz. *Jnana*-Wisdom causes deliverance for the benefit of Purusha. Thus it is that from the practice of Truth (*tattva*) follows *Jnana* in the form—"I am not the doer" (*Naham*), 'No action is in me' (*Nasmi*) and 'I am not experiencing the action' (*Namai*). This stage is complete with nothing left unknown (*aparishesham*), pure (*Visuddham*) on account of the absence of (*Viparyayam*) Error and Doubt, and absolute (*Kevalam*-unmixed with error). Then possessed of this knowledge, Purusha, as a spectator, pure (*Swacha*-free from *Rajas* and *Tamas*) at ease, beholds Prakrithi which has ceased to be productive of experience and perception of *Viveka* (discrimination) and has turned back from the seven forms mentioned before, for the sake of Purusha.

Prakriti ceasing to operate when she has made herself manifest to the Purusha is like a dancing girl, who having exhibited herself, to the spectators of the stage, ceases to dance. No-body is more modest than Prakriti; once aware of

having been seen, she does not again expose herself to the view of the Purusha. 'She has been seen by me' thinks the one and hence loses all interest. 'I have been seen' thinks the other and ceases to act. Hence though their connection is still here, there is no motive for further evolution. In other words, by the attainment of perfect Jnana, Dharma and the rest become devoid of causal energy; yet the Purusha remain a while invested with the body, just as a potter's wheel continues to revolve through the momentum of the impulse previously imparted. When the separation from the body has at length been attained and by reason of the purpose having been fulfilled Prakriti ceases to act—then Purusha attains eternal (*athyantika*) and absolute (*ekanthika*) *Kaivalyam* (Final beatitude). Prakriti may be considered as the sum total of the universal energy visualised by the modern scientists—the pre-state of electrons, Protons, Neutrons, Deuterons, Atoms, Molecules etc.—and as such it is invisible and made known only by its effects as the manifested universe.

From Prakriti arises the entire visible universe (*Vyaktam*), which is characterised by features that are exactly opposite to that of *Avyakta*. Thus it is, with cause (*Hetumat*), not eternal (*anityam*), not pervasive (*avyapi*), active (*Satkriyam*), multiform (*anekam*), component of its cause (*asritam*), soluble (in Prakriti) and as such indicating its presence—*alingam*, Conjunct (having the relation of whole and parts—*savayavam*) and independent (*paratantram*). It is also indiscriminating (*aviveki*), objective (*vishaya*), Common (*Samanyam*), insentient (*achetanam*), productive (*prasa-vadharmi*) and possessed of the three gunas Satva, Rajas and Tamas. These gunas are respectively of the nature of pleasure (*preethi*), pain (*apreethi*) and

delusion (*Vishadatmakam*), besides serving the purpose of illumination (*Prakasa*), action, (*Pravritti*), and Restraint (*niyama*) and also being mutually subjugative, supporting, productive and co-operative. The Satva guna is held to be buoyant (*lagu*) and illuminating (*Prakasakam*), the Rajo Guna exciting (*upashambakam*) and mobile (*chalam*) and tamo guna sluggish (*guru*) and enveloping (*Varanakam*). Their functioning is for the single purpose like that of the wick, oil and container of a lamp.

Twenty-three tattvas issue from Prakriti. First to appear is the group of seven viz., Mahat or *Buddhi*, *Ahankara* and the five *tanmatras* (the five subtle, primary substances *Sabda*, *sparsa*, *Rupa*, *Rasa* and *Ganda* corresponding to the five Rudimentary elements *Akas*, *Vayu*, *Teyu*, *Ap* and *Prithvi*). These are both product (*Vikrithi*) and productive (*Prakrithi*). The products of these are the set of eleven *Indriyas* (*Manas*, five *Jnana Indriyas*—Ears, Eyes, Nose, Tongue and body surface as skin and five *Karma-indriyas* as speech mechanism, Feet, Hands, excretory organs as anus and generative organs) and five *mahabhutas* (Rudimentary Elements mentioned before). These sixteen realities are products (*Vikrithi*) only.

Buddhi is determination or will (*Adyatasa*). When it abounds in Satva, Dharma, Jnana, Vairagya and Alswarya constitutes its form. Adharma, Ajnana, Avairagya, and Anaiswarya are its form when tamo guna predominates it. All the external *indriyas* (Jnana and Karma *Indriyas*) and the internal ones (*Manas* and *Ahankara*), though different from one another, and of varying modifications of the three gunas, resemble a lamp in action and as such having first

illuminated (rendered manifest) the whole of Purusha's purpose, present it to *Buddhi*, which then discriminates the subtle difference between Prakriti and Purusha and accomplishes the experiences of Purusha. Thus *Buddhi* is regarded as superior to the other two internal organs—*Ahankara* and *Manas*.

Buddhi has not only innate (*prakriti*) forms (*bhavas*) as dharma etc. mentioned before, but also acquires them after birth by means of prayer worship etc. By Dharma is obtained ascent to higher planes; by Adharma descent to the lower; from Jnana results moksha and bondage from the reverse; from Vairagya emergence into *prakriti* (and rebirth afterwards); from Raga which abound in *rajas*, *samsara*; from Alswarya non-impediment (to all his desires) and from the reverse the contrary. All these eight forms of *Buddhi* are characterised in its subjective evolution by four features viz. *Viparyayam* (Error), *Asakti* (Disability), *Thushti* (Contentment) and *Siddhi* (Success). The subdivisions of these activities become fifty (*viparyaya* 5, *Asakti*—28, *Thushti*—9 and *Siddhi*—8.) by reason of mutual suppression of the gunas due to their inequalities. Details of these fifty divisions are as follows.

Five divisions of *viparyaya*—1) *Avidya* or *Tamas* (Error) is of eight forms. This is mistaking Prakriti, Mahat *Ahankara*, and the five *tanmatras* for Purusha (2) *Asmita* or *Moham* (Delusion) is also of eight forms. Here the eight divine powers (*Anima* getting into atomic size; *Laghima*. Possessing extreme buoyancy; *Garima*. Becoming very heavy; *Mahima*. Assuming great form; *Prapti* Approaching all places in the universe; *Prakamyam*—Fulfilling all desires; *vasitra*. Supremacy over every thing; and *Kamavasayita* Infallibility of purpose i.e.

all objects following one's dictates are considered as eternal. (3) *Raga* or *Mahamogam* (Extreme Delusion) is ten-fold. This is attachment to the five objects of sense as Sound Light, Smell, Taste and Touch each of which may be *divyam* (celestial) or *adiyam* (earthly). (4) *Dwesha* or *Tamisra* (gloom) is eighteen-fold. Here the objects of the ten *indriyas* (Five *jnana* and the five *Karma*) and the eight divine powers are mutually suppressed. (5) *Abhinivesa* or *Andhatamisra* (Blind gloom) is also eighteen fold. Here the same factors as in *Tamisra* are present. Instead of mutual suppression, there is a continual dread of those eighteen objects being wrested away by *Rakshasas*.

Twenty-Eight *Asaktis*—Injuries of the ten *indriyas* and *manas*, along with seventeen injuries due to the reversion *viparyayam* of nine *Thushtis* and eight *siddhis* stated below.

Nine forms of *Thushti*—Four internal *adhyatmika* named *Prakrithi* Nature, *upadhana* Means, *Kala* Time and *Bhagya* luck—with five external (pertaining to Mahat *Ahankara* etc) arising by an abstinence from the objects of sense as sound, light etc. each of which has the trouble of earning, saving, wasting, pleasure seeking and killing.

Eight forms of *Siddhi*—(1) Reasoning (*uha*) (2) oral Instruction (*Sabda*) (3) Study (*Adhyayana*) (4-6.) Three fold suppression of pain corresponding to the *Adhyatmika* *Adhibautika* and *Adhideivika* called respectively *Pramoda* *Mudita* and *Modhamana* (7) Acquisition of friends (*Suhritprathi*) (8) Purity of *viveka jnana* (*Dhana*). The aforesaid three viz., *Viparyayam*, *asakti* and *Thushti* retard the progress of the various forms of *siddhi* like the goad curbing the movement of the elephant.

This subjective evolution (*Bhavakyam*) of Buddhi is absolutely essential to the objective evolution (*Lingakyam*) of the Tanmatras, just as the objective is necessary for the Subjective. Thus the two-fold evolution the objective and subjective—proceeds in the universe. Buddhi comprises in modern science, the various laws that have been enunciated regarding the working of the various kinds of energy and matter.

AHANKARA—the twenty-second principle of Sankhya is (self consciousness or I principle) *Abhimana*. It is the individuality pertaining to every object we notice in the world. From it proceeds the two fold evolution viz., the set of eleven indriyas and the five tanmatras, formed, when satva guna predominates (*Vaikrita* Ahankara) and the later when Tamas pervades (*Bhutadhi* Ahankara.) Both of them draw their energy from the Rajasic (*Taijasa*) Ahankara.

The five tanmatras are non specific (*avishesha*) and the five gross Bhutas (Rudimentary elements) that proceed from it are specific (*visesha*.) The idea of tanmatras need investigation by modern science. The ultimate patterns that stimulates the five sense organs—Ears eyes etc. should be specific to each sense as a substance that causes sound fails to stimulate the eyes and so on.

MANAS partakes of the nature of both karma and Jnana Indriyas and is an indriya since like unto it, is born of Satvika ahamkara. It is the observing principle *Sankalpa*. Its multifariousness as also its diverse external forms, are due to the particular modifications of the gunas. The functions of the five sense organs (*Jnanaindriyas*) in respect to sound etc. is said to be mere perceiving (*Alochanamatram*.) The functions of the

five Motor organs (*Karma indriyas*) Speaking Handling, Walking Excretion, and Gratification—are concerned with specific objects (*vishesha*) as gross sound etc as well as their non-specific counterparts i. e. Tanmatras. Thus speech has sound as its object. Rest of the functions as Handling etc. are associated with the five gross Bhutas Prithvi etc. The eleven indriyas are the same as described in modern physiology.

The five gross *Maha bhutas*—first five of the Sankhya tattvas are specific (*visesha*) and gross in their nature. They become calm (*Santha*), turbulent (*Gora*) and (deluding) (*Muda*) according to the dominance of the three gunas Satva, Rajas and Tamas respectively. Five bhutas are the five aspects of things by which we get aware of the objective universe by our five sense organs Ears, Body Surface as skin, Eyes, Tongue and other organs of Taste and Nose.

The relation between the functions of the various organs of our body internal and external are as follows. At the onset it should be clearly kept in mind that all organs batake themselves to their respective functions through mutual impulse, the purpose of the Purusha being the sole motive as by nothing else is an organ made to act. The internal organs—Buddhi, Ahankara and Manas besides their peculiar *Asamanya* functions as *Adhyavasayam*, *Abhimanam* and *Sankalpam*—has certain duties Common (*Samanyam*) to them through the five *Vayus* *Prana*, *Apana*, *Vyana*, *Udhana* and *Samana*. With regard to perceptible (*drishya*.) things, the functions of the whole set of four organs, Ten external ones (five motor and five sensory), Manas, Ahankara and Buddhi—are said to be simultaneous as well as gradual. With regard to the imperceptible (*adrishya*) things, the functions of the three internal

organs are preceded by that (i.e. the cognition of some perceptible object). The specific functions of the karmaindriyas, Anthakaranas and Jnanaindriyas are respectively seizing (*Aharana*), sustaining (*Dhavana*), and illuminating (*Prakasakara*). The objects of these i.e., Seized, Sustained and Illumined, are of ten kinds, in each case. Thus karmaindriyas, extending (seizing) over, Speaking, Handling, Walking, Excretion and Gratification, *Anthakaranas* sustaining through five *vayus* the body which is an aggregate of five gross bhutas and the *Jnanaindriyas* illuminating the five objects—Sound, Sight, Smell, Taste and Touch being either *Divyamor Adivyam* become ten fold for each group. The external organs act at the present time, and the internal ones function at all the three points of time (Past-Present and Future), besides extending over all things. Thus the internal organs are the most important and form the warders (*Dwari*) while the external ones are mere gates (*Dwara*).

According to sankhya cosmology, i.e. description of the universe as it actually exists—we meet with three specific kinds of things viz., (1) *Sookshma Sareera* (*Lingha Sareera*) or subtle body, (2) *Sthula Sareera* (gross body born of father and mother and (3) The five Gross bhutas. Of these *sukshma sareeras* are everlasting and the *sthula* ones are perishable. Former are formed primarily, and are untrammelled (*asaktam*) They last from the first evolution to the final dissolution (*Mahapralaya*) and are composed of eighteen tattvas viz., Mahat, Ahankara, Five tanmatras, and eleven indriyas. They migrate (*Samsarathi*) to various bodies, are devoid of experiences (*Bhoga*), and are invested with eight bhavas attributed to Buddhi. All the

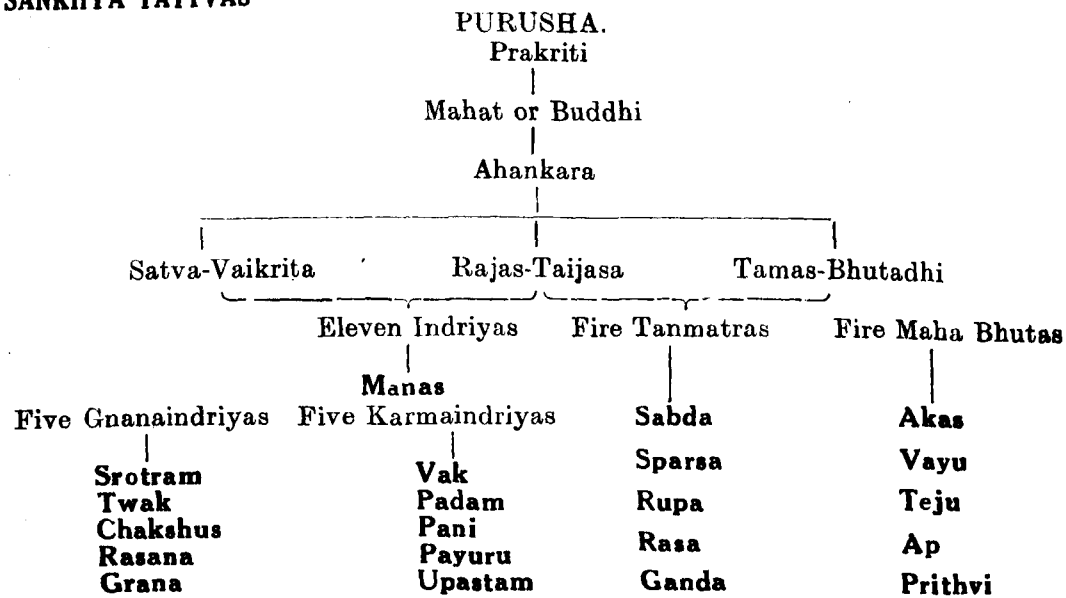
principles (Buddhi and the rest—*Linga*) rest in this body, just as a painting stands on a back-ground and a shadow depends on an object like the pillar. Formed for the sake of Purusha's purpose, the subtle body acts like a dramatic actor, on account of the connection of cause and effects and by union with all-embracing power of Prakriti.

The gross body—the end result (effects) of all causes is, formed out of the impregnated ovum and consists of a combination of six elements (*kosas*) viz., Hair (*Loma*), Blood (*Lohita*) and Flesh (*Mamsa*), formed from the mother and Ligaments nerves arteries etc. (*snayu*) Bone (*Asthi*) and Bonemarrow (*Majja*) arising from the father.

The evolution of the objective universe from Brahma down to the tuft of grass is classified according to the three gunas. The higher or *devas* abounding in Satva, the lower or animal in Tamas, and the middle or human in Rajas. The deva (celestial) evolution has eight forms (*Brahma-Prajapati-Indra-Pitr-Gandarpa-Yaksha-Rakshas* and *Pisacha*). The *Tiryakyonis* (animal) has five varieties (*Pasu*—cattle; *Mriga*—deer; *Pakshi*. Birds; *Sarisaipa*. Reptiles and *Sthavara* Immobile as plants and minerals). The human (*Manusha*) is of one kind only. The interpretation of the animal and human groups presents no difficulty. It is about the celestial worlds that we are at present in ignorance and perhaps they will be investigated by the future scientists.

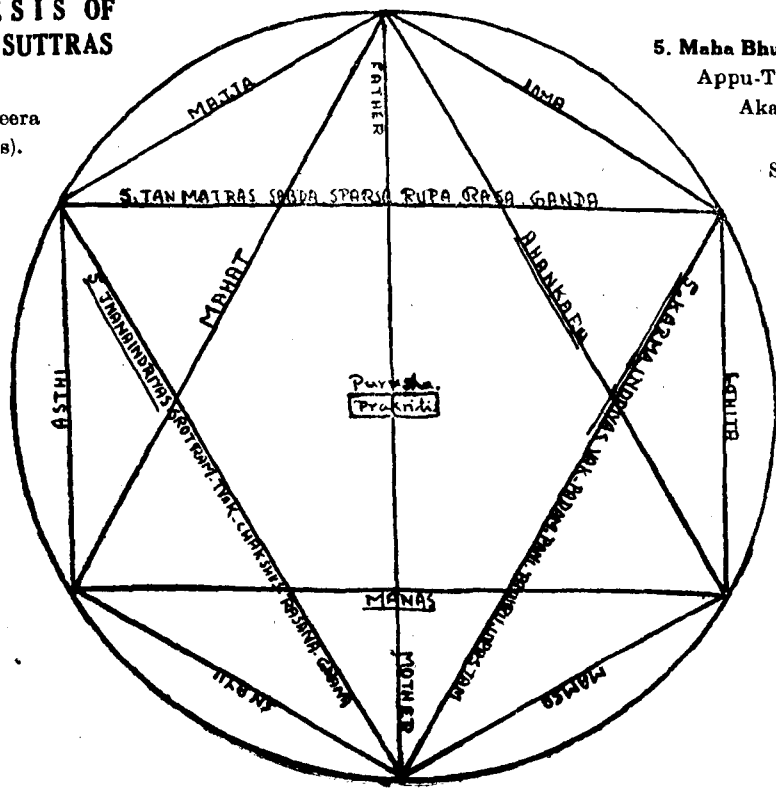
Following table and figure gives the analysis and synthesis of the twenty-five tattvas.

ANALYSIS OF
SANKHYA TATTVAS



SYNTHESIS OF
SANKHYA SUTTRAS

Sukshma Sareera
(18 Tattvas).



Principles of Tridosha

a critical Study

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

वायुः पित्तं कफश्चोक्तः शरीरोदोष संग्रहः ।
मानसः पुनरुद्दिष्टो रजश्च तम एव च ॥
C. S. I. 1-57.

“Vayu, Pittam and Kapha are the principles that govern the body and Rajas and Tamas are the two gunas that govern the mind.”

they vitiate the body they are called do-
shas, when they protect the body they
are called dhatus and when they become
gross and fit to be expelled they are
called malas.”

शरीरवृष्णादोषा धातवो देहधारणात् ।
वातपित्तकफाज्ञेया मलिनिकरणान्मलः ॥
Sar. Sa. I. 5-24.

According to the Sankhyas the whole universe is evolved and all things are constituted by Pancha Bhutas. So the human body also is Pancha Bhautic in origin. While they maintain the five divisions in all matters, for the sake of physiological and pathological purposes the five are reduced into three principles namely Vayu, Pitta and Kapha. These three principles are worked out with precision. As Akasa could not be separately seen and its existence could be inferred only along with Vata, the Ayurvedists clubbed both Akasa and Vayu and termed it as one principle—Vata. The Tejohbutha alone constitute Pitta. The other two namely Apya and Parthiva are clubbed and the name Kapha is given. So in the following pages the name of only these three principles would be mentioned. They are not the products of Pancha bhutas but pancha bhutas themselves possessing the same attributes.

Only on these three principles the whole of Ayurvedic physiology and pathology rests and only a proper understanding of these three principles would make a student have adequate knowledge of both the theory and practice of the science of Ayurveda. It is to be mentioned here that the virtue of Ayurveda is that of emphasis on the intrinsic causes or the human factors in the cause of the diseases, so that, the laws binding them become unchanging. The theory of Tridosha is so minutely studied and expanded by the ancient seers that even today the same theories based on Tridosha could be applied to any of the modern findings and properly explained. These would be discussed whenever the subject matter requires of such correlation and explanation. Hereafter the doshas will be taken one by one for detailed treatment.

Vata

These three principles are generally called as doshas (vitiators) but they are the sustainers of health as well. “When

Among the three doshas greater importance is attached to Vata than the other two. It will be interesting to

note that not only medical men considered this as important but references could be obtained even from the Vedas and the Upanisads.

The references in the Vedic and Upanisadic texts can be brought under two classes. Those that speak of Vayu in its gross form and those that speak of it in its subtle form. The Hymns of the Rigveda and a few texts of the Yajurveda refer mainly to the former i. e., the grosser form. But the Tantric Upanisads pre-eminently and the principal upanisads to some degree refer to the subtler form. This latter class is more on the lines of the Vayu that finds mention in Ayurveda.

In Rigveda, the earliest of the Vedas, there are a number of hymns in praise of Vayu. It is considered of course, in Vedic literature as one of the deities. In Atharva veda¹ again there are a number of sayings which speak highly of Vayu.

In Prasna Upanisad in the second and third prasna not only descriptions of Vayu are given but also the divisions of the Vayu, their respective places and their functions are described. These will be referred to in detail in a different place. In many other Upanisads which deal on Yoga, references to Vayu could be obtained.

Besides the Vedic and the Upanisadic texts references could be obtained at length about Vayu and its functions, in Tantric texts and in Yoga literature. It may be that the view point may differ, but there is no difference in the opinion

that it is one of the most forcible agents in the macrocosm (Bhramanda) and the microcosm (Kshudranda).

Coming to the medical literature the importance given to Vayu is of no mean order, Susruta begins his Nidanasthanam with Vata Vyadhi Nidanam. While writing the commentary on this Dalahana says "Among the Doshas as Vata is important the pathology of it is begun first."

तत्रापि दोषाणां वातस्य प्रधानत्वात् ।

S. S. Nida. I-1.

It is called Svayambhu because it does not require any others help, it has no causation, and it pervades the whole Universe as Akasa, as Akasa and Vayu constitute Vata. Not only is it because of the creation, sustenance and destruction of all living beings, but also it helps the evolution of the other Dhatus and Malas. Its power could not be imagined. In its pathological form it is the king of all groups of diseases.

The planetary movements of the earth or the movement during the earthquake etc., are caused by Vayu². It is not clear whether the ancient author means by 'Calanam' its (earth's) rotation on its axis once in twenty four hours or its orbital motion once in 365 days. If it is so, it would be interesting to the modern Scientists that Bhela, a contemporary of Agnivesha, who flourished in the 6 century B. C. should have known this interesting Scientific fact which from the Western stand-point is comparatively modern.

¹ "My breath is Vayu-Book 5 hymn 9.
"Vata breaths downward from above" ibid 6 hymn 9
"Creator and ordainer he is Vayu,
"He is lifted cloud" ibid book 13 hymn 6.

² पृथिव्याकलने चैव वातादेव प्रवर्तते ॥ Bhela P. 27.

So, the conception of Vayu as an important factor in the Universe for its creation as well as its destruction has taken a firm root in the minds of ancient authors. The importance given to it is so much that the other dosas and dhatus are described as lame and that Vayu as an important factor carries them wherever it is required, just as a cloud is moved by the wind.

पितं पङ्क कफः पङ्क पङ्कयो मलघातवः ।

वायुना यत्र नीयन्ते तत्र गच्छन्ति मेववत् ॥

Sar. Pr. Kh. V. 25.

Therefore, greater emphasis laid on Vayu than the other two doshas both in physiology and pathology appears to be reasonable. Even from the standpoint of treatment and therapeutics, diseases of Vata are considered more difficult to cure. These are some of the reasons why this particular dosha is considered more important than the other two.

Origin and Gunas of Vayu.

As Vata is the out-come of Akasa and Vayu, its physical properties also are the same. The normal character of Vayu is, dryness, lightness, coldness, fineness and mobility

तत्र रूक्षो रुधुः शीतो खरसूक्ष्मश्लेऽनिलः ।

A.H.I. 1-11.

The same character it exhibits in the case of the drugs and materials also.

Dryness, Fineness, Lightness, brightness, Vikashi, Vyavayi, cold and rough to touch, full of active principle are the characters of Vayavya drugs and they cause when taken, roughness, lightness clearness, weakness and sorrow.

रूक्ष सूक्ष्म रुधु विशद विकशि व्यवायि शीतखर-
स्पर्श गुणवदुलं वायव्यं रौक्ष्य लावव वैशद्यकानि
विचारकरम् ।

Ast. Sam. I 17.

Its Manifestation in Health.

Previously it has been said that Vayu is the primary factor in creation, sustenance and destruction of the Universe as well as the body. In Brihadaranyaka Upanishat when a question was asked 'by what thread this world and the other world and all things are tied together' the reply was that Vayu is that thread. By Vayu verily as by a thread this world and other worlds and all things are tied together. Therefore, they say of a deceased person 'his limbs become unstrung' for by Vayu as by a thread they are strung together."

सहोवाच वायुर्वै गोतम तस्मै वायुना वै गोतम
सूत्रेणायं च लोकः परश्च लोकः सर्वाणि च भूतानि
संस्थापि भवन्ति तस्मात्वा गोतम पुरुषं प्रेतमाहुर्व्यं
सिचतास्याङ्गानि वायुनाहि गोतम सूत्रेण संस्थापि
भवन्ति ॥

III 7-2.

It has already been stated that among the Tri dhatus Vayu holds the central and the active position. The general gunas are already described. Now its divisions and their separate functions will be dealt with.

Though the medical texts and other Tantric and Yoga texts mention five major and five minor Vayus, it has been stated by commentators that in fact that there are no five different Vayus but one and the same, though different names are given according to the places and according to its functions. The example given is as 'Devadatta is a Grihastha (householder) or Vanaprastha (hermit) according to the place he occupies; he is a potter or a flourist according to the work he does, so also Vayu though one and the same is described differently in different places and different functions are attributed to it. (Vijaya-rakshita-Madhava Nidana Vata Vyadhi chapter.)

Among the ten Vayus, five are usually taken by medical text books and the other five are not mentioned. The major five are: Prana, Udana, Vyana, Samana and Apana. Their primary places, secondary places and their functions will be described separately. It should be stated that all the medical texts agree in the divisions, in their functions and in their places. But many of the Upanishads and Tantric texts differ, on those points. The reason is unknown.

Prana is the first and important of the five divisions. This Vayu should not be identified as the atmospheric air that is breathed in and breathed out. But it is the vital force that pervades the whole organism and conducts its activity.

The place of Prana vayu is assigned as the head and it moves in the chest and throat.

प्राणोऽत्र मूर्धन्यः उरः कण्ठचरः

A.H. I 12-41.

But the Upanishats mention the heart as the seat of Prana Vayu.

Darsanopanishat (48) locates Gula as the seat. It is not difficult to explain why there should be such a difference. In describing the function Vagbhata says 'it supports, Bhuddi, Hridaya and the Indriyas.' The Ayurvedists say that Hridayam is the seat of consciousness. So it becomes the Chedanasthanam; Bhuddi and Indriyas take their support from the Prana and from the Chedanasthanam. Perhaps that is why Head and Heart are said as the places of Prana.

इति प्राणः स्थितः । Yogachudamani Upanishat 13 and Amruthanadopanishat.34

In the Chandogya upanishat, it is said 'Prana verily is snatcher unto itself when one sleeps, speech just goes to the Prana, the eye to the Prana, the ear to the Prana, the mind to the Prana, for the Prana snatches all here to itself.'

प्राणमेव वाग्येति प्राणं चक्षुः प्राणं श्रोत्रं प्राणं मनः
प्राणो ह्येतास्सर्वान्संयुक्त इति ॥ 4-3-3.

That is to say that the Prana activates every organ sensory as well as motor.

In Prasnopanishat, it is said that when the Indriyas told that 'we are holding the body together, Prana (the life breath) replied them 'I alone having divided myself five fold hold this body and support it.'

अहमेवेतन् पंच धारमानं प्रविभज्येत द्वाणवष्टभ्य
विधायामि इति 2-9.

In Hathayoga Pradeepika it is said that the mind and Prana have got a great affinity. "If one is suspended the other also is suspended. If one acts the other also acts. If they are not stopped all the Indriyas keep actively engaged in their respective work.

तत्रैकनाशादपरस्य नाशा एक प्रवृत्तेरपरप्रवृत्तिः
अध्वरयोश्चन्द्रियवर्गं वृत्तिः.....॥ 4-25

Further the same text describes for the sense organs the mind is the Lord and for the mind the Prana is the Lord.

इन्द्रियाणां मनो नाथो मनोनातस्तु मातुः । 4-29.

The commentator Brahmabhananda means only Prana (Maruta) in both the instances. In some of the functions also the Srutis differ from the medical texts.

Udana is the next Vayu. Its place is the chest (Uras). It moves from umbilicus (Nabhi) to the nose. Its functions are, power of speech, activity, enthusiasm, strength, colour of the body and remembrance. Some Upanishats give different places.

'Udana is in Kanta' (Throat).

'Udana stays in all Sandhis and in hand and feet.'

उदानः सर्वसन्धिष्वः पादयोर्हस्तयोरपि ।

'Udana stays in the hand and feet.'

उदानः संज्ञो विरायः पादयोर्हस्तयोरपि

It is not known why there should be this difference between medical and other texts. So also even in its functions differences are found.

Vyana is the third Vayu. Its place is the heart. It moves all over the body with great velocity. It does all the motor functions of the body.

Prashnopanishat says that Vyana is in the heart and it moves through 72,000 Nadis (arteries) which start from the heart.*

द्वावसिः प्रतिशाखानादी सहस्राणि भवन्त्यासु व्यानः
चरति ।

*Amrithanadopanishat 34.
Yoga Chudamani Upanishat 23.
Trishikhi Bramonopanishat Mantra Baga 81
Darsanopanishat 4-28.
Trishika Bramnopanishat 81
Sandilyopanishat 1-13

In some of the Upanishats the places are differently given.

"Vyana remains, in the ear, thigh, waist and cheek."

Vyana spreads all over the body and remain there always."

These agree with the medical opinion.

Samana, the fourth Vayu is said to be near the Jatharagni and moves all through the intestines. It receives the food, cooks, separates the nutrition and leaves the waste. Here also as in other places some Upanishats differ in location.

"Samana remains all over the body"

समानः सर्वगतेषु सर्वाण्यवस्थितः

Soandilopanishat while disagreeing with the location with the medical texts it agrees with the above mentioned texts describes the function that it takes the food Rasa and carries all over the body through 72,000 nadis. The idea that in digestion Vayu plays an important role is said both in medical texts and in Vedic texts. It is said in Smriti that

*Amrutha natha Upanishat 34
Yoga Chudamani Upanishat 24
Trishika Bramana Upanishat-
Mantrabaga 81
Darsanopanishat 4-31

*NOTE :- There is a difference between this text and the other Yogic texts. Nadis are said to start from the Sushumna and the other fourteen important Nadis wherein Vayu travels. But here the text mentions that the 72,000 nadis start from the heart. This inexact terminology is very common in some of the Indian texts. Even in the exact science as medicine the difference between Nadi, Sira, Dhamani etc. is confusingly used: how much more it should be in the philosophical

texts. Unhappily by no stretch of imagination could one identify the one with the other. For a long time past, the average Hindu mind was tutored in a tradition that nothing that is in Vedas or Upanishats should be questioned and if one could not agree or able to comprehend, it is not because the texts are wrong but because the reader did not attain the Samaskara. How far this explanation is satisfactory and acceptable is at question.

'I Parabhrāman becoming Vaisvanara in the body of living beings and joining myself with Prana, Apana etc. cook the four kinds of food'

अहं वैश्वानरो भूत्वा प्राणिनां देहमाश्रितः ।

प्राणापानसमायुक्तः पचाम्यन्नं चतुर्विधम् ॥

Bhagavad Gita XV—14.

It is emphasised in medical texts that Pitta a form of Tejas or Agniamsam of the body is essential for the digestion, but at the same time they were not unaware of the fact the Vayu (Samana) plays equally an important role in the digestion. 'Agni blown upon by Samana, blazes forth and digests the food that has been taken equally and properly and prolongs the life.

समानेनाह धूर्तोऽग्निरुदर्यः पचनेननु ।

कालेभुक्तं समं सस्यत् पचत्यायुर्विबुद्धये

C. S. V. 16-5.

It may be asked here that Vata is the cause of Visamagni (indifferent digestion) how then could it help digestion. The answer is, that Vayu in a provoked (Vikritha) condition causes Visamagni but in its normal condition it helps digestion. It may even be said that Vayu plays a more important role in the digestion than Pitta itself; for it is Prana Vayu that aids the process of deglutition, the Samana that aids digestion and Vyana that carries the digested material to the different parts of the body. They not only help the process of digestion and conversion of gross food to assimilable material, but also plays an equally important role in the structural conversions of the digested matter (Raktam into mamsam etc.).

Apana is the last of the five Vayus. It is located in the rectal and anal regions and moves in the Sroni (Inguinal

region) Vasthi (bladder) thigh and in the Scrotum. Its functions are, to expell semen, menstrual fluid, faeces, urine and foetus. As much importance is given to Apana Vayu as is given to Prana Vayu, there is no difference of opinion between medical and vedic texts in assigning its place and function.

It may not be out of place here to set down a few observations. In the foregoing pages, an endeavour has been made to depict the conception of non-medical literature along with the opinion of the medical seers. It is true there is disagreement in some places. But many of them are of minor importance. In the essence all of them agree that Vayu with its main divisions is more important a factor than the other two doshas. The interest evinced in non-medical literature in describing at length, the different places and the function of Vayu clearly shows that intellectual persons of ancient India were not satisfied mainly with their branch of knowledge, but always aspired for catholicity of knowledge, and so, it is found now that interesting points of medicine could be found in philosophical books and at the same time great philosophical point could be found in the medical books. Why every person should know something of his body may perhaps be explained better in the words of Skandopanishat where it is said that the body is the temple and the soul is Shiva the God and so, ignorance and dirt is to be removed.

देहो देवालयः प्रको सजीवः केवलः शिवः ।

त्यजेदज्ञान निर्मास्यं सोऽहमात्मेन पूजयेत् ॥

Skandopanishat 10

Again, the conception of the body as Kushdranda (macrocosm) the pro-type-representation of Brahmanda (macrocosm)

is also reasonable. "All movement in matter may be reduced to the centripetal and centrifugal attraction and repulsion which are pyhcically, like (Raga) and dislike (Dwesha) and physically cohesion and affinity on the one hand and their opposites on the other." Prana connotes special vital function which is appropriation or injection. It is vital representative of the centripetal movement of matter and of the physical principle which is like or attraction (Raga) "This is instanced in inspiration, in swallowing food, drink etc. On the macrocosmic scale Prana is gravity." "Apana is the specific vital function, the vital representative of the centrifugal movement in matter and on the physical principle which is Dvesha or repulsion or dislike. The organism appropriates and injects what it likes and wants and by ejection or excretion gets rid of what is not needed. It is instanced by all forms of elimination and expulsion such as defecation, urination, semination, parturition etc. Thus in the last case the seed is received in the womb by Prana Vayu and is expelled as the child by the Apana Vayu. On the macrocosmic scale we see it in operation in volcanic eruption and oozing of moisture from the rocks and the like. It would be possible to resolve all vital functions into these two—Prana and Apana"

२ प्राणोऽपानवशो जीवः

Vayus and Cakras.

It has been stated in the foregoing pages that the divisions of Vayu have got their own primary places, secondary places and different specific functions to perform. It is stated according to the

Surutis, that the five principal Vayus remain in the throat (Udana) heart (Prana) umbilicus (Samana) Anus (Apana) and the whole body (Vyana) whether it could be possible to identify the seats of these Vayus with the bodily regions is a point. Perhaps it is meant that the Cakras of the Yoga Shastra influence the functions of Vayu in the respective places. The connection between these Vayus, plexuses and Cakras will be dealt with in a different section.

The Surutis in dealing with Vidyas³ also mention these Vayus. For instance, Chandogya Upanishat in dealing with Gayatri Vidya gives hints to the following (3—13 Khanda).

Vayus and Vidyas.

"The heart (Hridaya) has five Deva gates Prana, the positive force or cntre-petal power is placed in the Eastern gate and Apana, the negative force or the centrifugal power is posted on the opposite gate namely West. Vyana is the neutral or the centre point of the two. That is vital force as explained previously which controls the expenditure of energy. It is described that as in doing some physical acts as jumping, running etc., persons hold the breath and so the Prana and Apana, the ingoing and out-going breaths meet in the centre place. Samana is placed opposite to it. So Vyana and Samana are placed at opposite poles of the central point of Prana and Vyana. Udana is at the higher point as it performs the function taking upward and unifying all the pranas into one and taking up the Jiva to the Higher worlds.

In those places if the Upasaka meditates he is said to acquire a few powers.

¹ The world as power—power as Life. Sir John Woodroffe pages 38—41.)

² Dhyanaabindu Upanishat 58

³ (Vidyas mean the science or knowledge of Dhyana and Upasana. The first is meditation and the second is generally applied to a long continued meditation. These Vidyas are described in many of the Upanishads vide also "The thirty two Vidyas"—K. Narayanaswami Aiyer).

On Prana if one meditates he becomes full of Tejas and is able to digest food, on Vyana if he meditates he gets prosperity and fame, on Apana if he meditates he gets divine effulgence and digestion of food, on Samana reputation and beauty and on Udana glory and strength. In Patanjali's Yoga Sutras it is said on subjugating Samana there arises a radiance and on subjugating Udana he will have power over water, mind, thorns or similar objects. III 39-40.

The above facts will bear testimony, that Vayu which is mentioned in the texts of Ayurveda is not merely the gross manifestation of wind or atmospheric air but the subtle vital power or energy which pervades both the cosmos and the body. The Vayus which are mentioned in Ayurveda, in Yoga Sastra and to some extent in the Srutis are one and the same and the only difference if at all there is—is that each one of them emphasises from their own stand-point and that is not unusual.

Mention may be made here of the other five minor Vayus namely Naga, Kurma, Krikara, Devadata and Dhananjaya. These five Vayus have the following functions respectively (1) belching (2) winking of the eyes (3) causing hunger (4) sleep and (5) post mortem radiance.

It may not be out of place here to compare and contrast the Vata Nadis of the Ayurveda and the cerebral and sympathetic Nervous systems of the Western Physiology. It should be remembered however, much information could not be obtained on the Vata Vaha

Nadis in medical texts. A large amount of information could, however be got from the vedic literature especially the Upanishads dealing with yoga and various texts dealing with Sri Vidyas. It is described that the body is permeated by nadis as the Aswatha leaf is by minute fibers. Through these nadis, prana or the vital force moves. Different Tantras speak differently of the numbers of these Nadis. Darsanopanishat and the like speak of 72,000 Nadis.¹

Some of the Tantra texts speak of 300,000 and 350,000 Nadis. Whatever may be their exact number-no possible number could be assigned - it is certain that even the minutest part of the body is supplied by the Nadis. No names are assigned to these Nadis. But certain Yogapanishats mention fourteen Nadis which are big and assign definite anatomical regions for them. It is difficult to identify those Nadis in terms of modern Anatomy and Physiology. It is stated that many of them are gross nadis and the rest of them are subtle or yoga nadis.

It is stated that there are fourteen important nadis and among them Sushumna, Ida and Pingala are the more important. Of these three again Sushumna is the biggest. This is situated in the Merudanda or spinal column. On either side of this great nerve Ida and Pingala run. The first runs on the left and the second on the right. Sushumna is taken as the spinal cord and the other two, Ida and Pingala are taken as the sympathetic chains. These indentifications are agreed by some of the modern writers² as Dr. Brejendra Nath Seal and Makomakopadyaya Gana Nath Sen.

¹ Darsanopanishat 4-6
Yoga Chudamani Upanishat 15
DhyanaBindu Upanishat 50
Hata Yogapradapika 4-18

² Positive sciences of the Hindus Page 214
Prathyaksha Sateeram

Arthur Avolan¹ identifies Sushumna as the Spinal cord taking the spinal cord from the Filum Terminale. The Sushumna passes above into the ventricles of the brains as does the spinal cord which enters the fourth ventricles.

Chakras and Plexuses.

There is an opinion that the Chakras or Padmas described in Tantric texts can be identified with the nervous plexuses that are seen in the body. The (1) Adhara Chakra is compared to the Sacrococcygeal plexus (2) the Swadishtana Chakra with the Solar plexus (3) the Manipuraka with Solar and Lumbar plexuses (4) Anahata with the Cardiac plexus (5) the Bharatiasthana or Visudha with the junction of the medulla oblongata and (6) the Ajna Chakra with sensory

and motor tract. These identifications are wrong as the chakras or Padmas are said to be placed within the Sushumna and Merudanda. Moreover the padmas are said to be lotus like with varying petals in various chakras. Therefore it would be unwise to identify them with the gross plexuses that are seen in the human body. However the regions of the Chakras correspond to the plexuses outside the vertebral column and there might be the subtle influence over the formations of these plexuses.

The various places that are assigned to the different Vayus correspond to the functions that are attributed to the plexuses. An idea of their positions can be gathered from the following table:—

Name of Vayu.	Place.	Chakra.	Functions.
1. Apana	Anus ...	Sacro coccygial plexus-Adhara Sacral plexus Svadhithana.	Genital and excretory functions
2. Samana.	Umbilicus..	Solar and lumbar plexuses Manipuraka.	Digestive functions.
3. Vyana ..	Heart ...	Cardiac plexus-Anahata ...	Cardiac seat of Egoistic sentiments, hope, anxiety, etc. Cardiovascular system and respiratory functions.
4. Udana ..	Chest ...	Junction of the spinal cord with the medulla oblongata Bharathisthana or Visuddha.	Pneumogastric regulation of larynx and other organs of articulation.
5. Prana ...	Head ...	Sensory motor tract of the Cerebrum Anjna.	Production of Egoaltruistic sentiments, affection self-regard pride etc.

¹ Serpant power. 150-151.

To a reader of the foregoing pages it would be apparent that the functions of Vata is both Physiological and psychological. So Vata is not merely a physiological agent. In modern physiology it is found that the endocrine organs influence both on the body and mind. Many of the mental diseases, as melancholia etc. are described under the nervous system. In Hindu medicine they have always emphasised the influence of the body on the mind and vice versa. So in describing the Prakrithi (temperament) of Vata, one finds the catalogue of both physical and mental characteristics.

In defining temperament Alexander Stewart says "Association of certain mental with certain physical peculiarities." Hutchison however in defining omits the mental and says "A sum of Physical peculiarities of an individual, exclusive of all definite tendencies to disease."

It is not possible to correlate Prakrithi with any of the Western divisions of temperaments. Prakrithi is divided according to the Doshas Vata, Pitta or Kapha. There are four divisions in the Western science, namely, Choleric, Bili-ous, Phlegmatic and Sanguinous. Some include nervous and Lymphatic also.

Vata Prakrithi has the following physical and mental characteristics. His body and hair will be rough and degenerate. He will dislike cold things and will like sweet, sour, saline and hot things. There will not be any steadiness for him in courage, memory, intelligence, character, friendship and other mental characteristics. He will have a shifty eye. He will be very talkative. His strength, longevity and sleep will be moderate. He will talk hesitatingly and contradicting himself. He will have an atheistic tendency. He will be inclined to play, sing, dance and to hunt. He will be tall and when he walks he will be making noise. He will have no physical strength and cannot control his sense organs and desires. He will not be sexually strong and will not produce a lot of children. His eye will not be bright and attractive and would have cadaverous look. He will dream as if he is travelling in air over trees and mountains. He will also have envious and stealing tendency. The above catalogue will show that Prakrithi influences both body and mind.

I will close this chapter with a table which would show the position and function of different Vayus.

Table of divisions of Vayu its place and functions.

Name	Primary place.	Secondary places.	Action.
Prana ...	Head ...	Throat and chest ...	Protection to intellect, sense, organs, heart mind and arteries (Dhamani) aid to spitting, yawning, belching respiration and degeneration.
Udana. ...	Chest. ...	Throat, Nasal to umbilicus	Capacity to speak, desire to work, feeling happiness, aiding strength, colour of the body, strengthening the Vessels (Srothas) courage remembrance and power of understanding.
Vyana. ...	Heart. ...	All over the body ...	Quick movement all loco motor functions as extension contraction abduction of the limbs, winking of the eyes desire for food, bleeding, conduction of semen into the uterus, gathers nutrition from food and supplies to the tissues.
Samana. ...	Near digestive fire.	Pakwasaya, Amasaya and passages of doshas. Malas, Sukla, Asthi and Urine.	It glows the digestive fire. It receives the food, digests and separate the nutrition of food from its waste.
Apana. ...	Apana. ...	Bladder, Vagina, Scrotum, Testis, Groins and Thighs.	Dispels faeces urine, semen menstrual fluid expulsion of foetus etc.

(to be continued)

Caudal Block or Sacral Anaesthesia.

By

Dr. P. N. BHAT, L. I. M.
(Kasaragod S. K.)

In surgical practice a safe and efficient anaesthesia is more than half the battle. The object of this small note is to focus attention of the profession, particularly the practitioner in the mofussil who is "ploughing a lonely furrow" on the advantages of the caudal block in dealing with surgical conditions in and around the perinium,—such as piles, fistula in ano, hydroceles, phymosis, stricture Urethra etc. For some reason or other, this method of regional anaesthesia has not gained the popularity that it deserves in this country though it is much safer than spinal anaesthesia and has a fairly wide range of usefulness. The technique is said to be very popular among American Surgeons and is used even in cases of normal labour as a method of conducting "painless labour".

The Solution required.

Freshly prepared 2% solution of Novocaine or procaine must be used. For an average adult 20 to 30 C. C. of the solution is required, the quantity to be varied according to the size of the individual.

Equipment.

A thin lumbar puncture needle and a 20 C. C. syringe are the only requisites. It

is advisable to have a 2 C.C. syringe and an ampoule of a pressor substance, either pituitary or Caffine sodi Benzoate, ready as a stand by.

Land marks and the Technique.

The object is to inject the solution of novocaine into the bony canal of the sacrum. The following anatomical considerations and land marks must be clearly appreciated.

The sacrum is a triangular piece of bone at the lower end of the vertebrae column and is made of five pieces of vertebrae. The bodies and laminae of these vertebrae fuse together in the course of development and form one bone with a canal running through their axis.

Viewed from the posterior aspect, there is a triangular opening at the lower end of the sacral canal; due to the failure of laminae of the 4th and 5th sacral vertebrae to coalesce. This opening is known as the *sacral hiatus*. This sacral hiatus is bound on either side by the sacral cornua. The cornua are nothing but the "fork like" prolongations of the spinous processes of the 4th and 5th sacral vertebrae.

The contents of the sacral canal are—the lower end of the cauda equana, the filum terminale, the spinal dura (the last extending only to the level of the 2nd sacral vertebra or to a level $2\frac{1}{2}$ inches above the sacral hiatus) and some areolar tissue.

The sacral hiatus is covered posteriorly by the posterior sacro coccygial ligament, the fascia and the skin.

From the above anatomical consideration it will be clear that the only way of entry for the needle into the sacral canal is through the sacral hiatus.

If the finger is passed along the middle line from the two of the coccyx upwards a triangular depression is felt by the finger which marks the sacral hiatus. The two bony tubercles, the sacral cornua forming the boundaries of the sacral hiatus must be clearly recognised before the puncture is attempted. Except in the very obese persons it is quite easy to feel the sacral cornua and the hiatus. The patient is made to lie down on the operating table with his back towards the light in the lateral posture. The thighs and knees are flexed and well drawn up and the land marks of the sacral hiatus identified. The skin over the site of puncture is well sterilised by cleaning with ether and painting with Tincture of Iodine. The lumbar puncture needle is thrust into the sacral hiatus at

an angle of about 25° to the plane of the back, directing the needle upwards and forwards. The point of the needle after piercing sacrococcygial ligament loses all resistance or strikes the opposite bony wall. Now the direction of the needle is changed so that the axis of the needle lies in a line with the long axis of the sacrum and the needle is pushed upwards to the length of about $2\frac{1}{2}$ inches. If the tip of needle has entered the sacral canal, the further progress of the needle is without resistance. When the needle lies well within the sacral canal the stylet of the needle is removed and any escape of cerebrospinal fluid or blood is looked for. Indeed it is a good practice to apply the aspiration test before injecting the solution. If after pausing for full $\frac{1}{2}$ minute and after applying the aspiration test no blood or cerebrospinal fluid is found to escape through the needle, 20 to 30 C. C. of the 2% solution of novocaine is slowly injected into the canal.

After the injection the needle is withdrawn and the patient is turned on the back, as otherwise the nerve roots of only the side lying lowermost will be blocked and the resulting anaesthesia will be unilateral. It takes about 10 minutes after the injection for getting the desired degree of anaesthesia which time is usefully occupied in sterilising of the hands and the field of operation.

The roots of the following nerves lie in the sacral canal and are blocked by this method :

- | | | |
|--------------------------------|---|--|
| 1. Posterior femoral cutaneous | } | These together supply the skin of the gluteal and perineal regions. |
| 2. Perforating cutaneous | | |
| 3. Pudandal Nerve | | |
| | | The branch known as the inferior as the inferior haemorrhoidal nerve supplies the external sphincter of the anus and the skin around the anus. The main nerve supplies the skin over the scrotum, the skin and muscles of the penis. |
| 4. The vesical Nerve | | Supplies the bladder, rectum and the vagina in the female. |
| 5. The muscular Nerve | | Supplies the levator and coccygus and the sphincter ani. |
| 6. The anococcygeal Nerve | | Supplies the skins of the anococcygeal region. |

Pitfalls and dangers.

1. Difficulty in entering the sacral canal may be experienced in rare cases where the sacral hiatus is unusually small or if the hiatus is not properly identified.

2. A vein may be pierced by the needle which accident must be guarded against at all costs as an intravenous novocaine is highly fatal. The aspiration test suggested above will exclude this eventuality.

3. The needle may be pushed too high up piercing the duramater and the injection may be intrathecal. Again, aspiration test will enable to discover the accident in which case the needle must be withdrawn by about $\frac{1}{4}$ of an

inch and aspiration tried again before injecting the solution.

4. Failure to get the desired anaesthesia even after a faultless technique are reported in which case another method of anaesthesia must be chosen. But in the writer's experience of 81 cases where the above technique was employed there has not been a single case of failure.

In conclusion the writer feels that this is a safe and handy method of obtaining regional anaesthesia and is very useful in mofussil and private practice where one is dealing with the surgical cases single handed. The method has much to commend itself for the simplicity of technique and safety to the patient.

The Ingredients of Nandi Mezhu and their Preparations.

BY

DR. V. VISWANATHAN L. I. M.

Serankottai Purification :—Cut the protruding portion of the Serankottai (செங்குத்து) taking care not to injure the seed proper. Boil this in cowdung water for three hours. Wash it with good water and dry it. This forms the first ingredient of Nandi Mezhu.

(1) Serankottai purified as above nos. 40 seeds.

Ettikotti purification :—Boil the seeds in Naval-pattai decoction : Cut it into 4 parts and remove the outer covering. Wash it well in water and dry it. This forms the second ingredient of the Mezhu.

(2) Ettikottai purified Tolas 5/8 (i.e., ten annas wt.)

Ponnimilai Parpam :—Take certain quantity of Ponnimilai and give Kavacham with the Kalkam of Kariyuppu and Vedyuppu ground with Arka-Ksheeram. Put a slight putam when it is dry. Repeat this process seven times. Lastly, grind Marungai-pattai Arka-Ksheeram and give Kavacham to the durgs. Subject it to a slight Putam. Take the drug when the Putam is cool.

(3) Ponnimilai Parpam Palam 1/5 (or 3/5 of a tola)

Kalnar Parpam :—Soak it in milk for 3 days. Heat it and while red-hot dip it in Cow's milk. Take such a purified

Kalnar and give Kavacham with Kuppai meni Kalkam. Subject it to putam. Take that Parpam for use.

(4) Kalnar Parpam Palam 1/5 (or 3/5 of a tola)

Kalmada Parpam :—Grind it in Coconut milk (Thengai pal) and dry it in the sun. Take such Parpam.

(5) Kalmada Parpam Palam 1/5 (or 3/8 of a tola)

Kalnandu Parpam :—Grind this also with Coconut-milk and dry it in the sun as in the case of Kalmada Parpam.

(6) Kalnandu Parpam :—Palam 1/5 (or Tolas 3/5)

(7) GoroChanam :— Palam 1/5 (or Tolas 3/5)

Purify by grinding with Human milk and dry it in the shade.

(8) Kunkumapoo :— Palam 1/5 (or Tolas 3/5)

(9) Pachai karpuram :— „ 1/5 (do) Purify these two drugs also (8th and 9th) as in the case of GoroChanam.

(10) Patikaram :— Palams 4.

Bala Sinduram :—Take a certain quantity of Bala Rasam. Make Kajjal

with an equal quantity of Sulphur (Suddha Gandakam). Put it in a Kacha Kuppi and mount it on a Valuka Yantram (Sand-bath). Heat in a Kramagni for three days. When Pakam is reached take it out of the sand-bath and remove the medicine for use from the Kacha Kuppi.

(11) Bala Sinduram Palam $\frac{1}{2}$ (1 $\frac{1}{2}$ Tolas)
Churnam of drugs of Vegetable origin:—

12. Sukku
13. Thippali
14. Milagu
15. Elarisi
16. Siruthekku
17. Thaleesapathri
18. Kurosani Omam
20. Athividayam
21. Jathikkai
22. Jathipathri
23. Jeerakam
24. Karuunjeerakam
25. Lavangam
26. Chavyam
27. Arenukam
28. Chitramula Verpattai
29. Kandanthippali
30. Gasa Gasa
31. Sombu
32. Nervalam (purified)
33. Chitrarathai
34. Jatamamsi
35. Akkarakaram
36. Aswaganda.

each palam 1/8 (or 3/8 of a tola)

Pashanadi Sinduram :

37. Moyil Thutham
38. Rasam (purified)
39. Puram
40. Lingam
41. Manosilai
42. Gandakam
43. Thalakam
44. Kudiraipal Pashanam
45. Vellai Pashanam
46. Gowri Pashanam

47. Rasa Sinduram

48. Poonceru

each Palam 1/10.

Grind the above in Neeli Elai Swarasam for three hours. Make a billae (Chakrika). Dry it in the Sun. Give Kavacham to the billae with the kalkam of Neeli leaves and dry it again. Cover it with Cow-dung and put to putam when it is half dry. When the Cow-dung Kavacham and the Kalka Kavacham are charred well remove it from the putam. One should be very careful about this preparation lest the Pashanas will fly off due to heat. Then powder it.

Now, mix all these powders from No. 3 to No. 36 and with that add the powder of this Pashanadi Sinduram thus got from the putam.

Fry the drugs No. 1 and No. 2 in

49. Cow's Ghee—ollocks 2.

When the seeds are seen floating over the hot ghee remove them out of the Ghee and grind in a slab of stone with a roller. This also is to be mixed with the above powder.

Pour the Ghee, in which the above drugs were fried, into a mud vessel old and add to it.

50 (Jeerna Gudam) Old vellam, Palams 4.

When it has got dissolved in the Ghee add the above powder and stir well like a lehyam.

Add (51) Honey—Ollock 1 when it is cool and mix well.

This completes the preparation of Nandi Mezhu. Keep it safe in some enamelled vessel with a suitable lid.

Dose—One clearing nut size is the maximum dose of this medicine. Dose is to be adjusted to patients according to their strength, age etc.

Usual Anupanam:—Make a capsule out of Panai vellam (Thala Gudam) and

keep a dose of the Medicine and close it with the same. It is to be swallowed not allowing the Jaggary to dissolve in the mouth in order to prevent mercurialism.

Mode of administration and number of days to be taken:

Even though it is stated in the book that this medicine could be taken $\frac{1}{2}$, $\frac{1}{4}$, $\frac{3}{4}$, or one Mandalam according to the strength of the disease continuously, we in practice do not venture to give this medicine continuously for more than three to five days. Generally this medicine is repeated in several courses of three days with an interval of three days without this medicine.

Diet:—Usual Salt and tamarind free diet. Some are of opinion that no Pathyam is necessary for this medicine. In our practice we have seen patients using this medicine with pathyam got the desired effect soon and those taking this without pathyam did not get any result and if so very late.

The uses and anupanam is stated in this tabular Statement for the guidance of the practitioners,

Diseases.

1 Poisonous bites:—

a Vandu Kadi	c Rate bite
b Seyyan Kadi	d Pachondi

2 Soolams:—

3 Kushtams:	4 Gulmams:
5 Karappan:	6 Valtharogas:

Anupanam.

In the decoction prepared out of.

Vilwa ver	Pal. $\frac{1}{2}$
Kumizhan Ver	„ $\frac{1}{4}$
Thulasi Samoolam	Pal. $\frac{1}{2}$
Maramanjai	„ $\frac{1}{4}$
Devadaru	„ $\frac{1}{4}$
Manjai	„ $\frac{1}{4}$

In the decoction prepared out of Jeerakam, Karunjeerakam, Oomam

Sivadai ver, Nilavarai, Sukkuand Kadukkai Thole.

In Parangi Rasayanam

Ref: H. P. Yogam.

Followed with Castor Oil in the morning for three days. Later on with Narathai Lehyam one teaspoon for each dose. Ref. H. P. for the Lehyam.

With Cow's milk.

This medicine is to be followed with Maha Rasnadi Kwatham or Gandharvastadi. Kwatham.

Further in the book the author says that this medicine can be used invariably in all diseases. But the tabular statement shows some of the diseases which I have come across and in them how I have used this medicine,

The other diseases mentioned in the book for which this medicine is indicated:

1 Anda putru (Cancer in the testis.)
Kannaputru (Cancer cheek) Yoni Putru and also Linga Putru (Cancer of Vulva) and penis.

2 Araiappu (Bubo.)

3 All kinds of vidradis.

4 Sopha (Sohai Dropsy.)

5 Fistula (Bagandaram.)

6 Kantamalai (Scroffula.)

7 Azhugal and Natravedi (gangrones dry and wet) and

8 all kinds of vranams such as Nadi, Dushta etc. I have not so widely used this medicine for the above stated diseases.

I pray that those who are using this medicine in their daily practice for all those diseases may kindly enlighten me with further particulars regarding various Anupanams for the several diseases given in the book. In the book only the list of diseases is given without proper Anupana for each of diseases. Only the general Anupanam is given in the book ie., Panai Vellam (Thalagudam.)

My experiences with Nandi Mezhugu with reference to some cases.

AS I GO ON

By

DR. Y. SURYANARAYANA RAO, L.I.M., BEZWADA.

1. Patient R. H. 60 M. Hemiplegia (Paksha Ghatam). On my first visit Patient voiceless: right extremities immobile; facial paralysis high B. P. constipation present.

Treatment: Immediately I injected Nitro Glycerine H. P. and advised 2 Ounces of Lasuna Swarasam, one dose mixed with honey every day morning till high B. P. subsided. Noon and night 2 doses one pill each time Nandhi Mezhugu in palm Jaggery thus five days as the first course. Then three days rest was given. During the rest period Vatavidwamsi two pills Vata Gajankusam two pills, were give two times every day, one pill of each per dose with Rasna and Dumpa rasna Swarasam (boiled).

Again another course of five days with Nandhi Mezhugu pills two per day alone; but without Lasna swarasam. The patient gradually improved and with four courses the patient could walk with the help of a stick, staggering.

The medicine was stopped with five courses and the patient definitely improved but stopped treatment for other reasons. During the whole period a third dose—a placebo was given for Psychological effects.

Diet: First few days wheat conjee. Barley water, Fruit juice: subsequent days when his bowels were regular and when he could eat, he was put on tamarind and salt free diet. Since the composition of medicine requires such vigorous restrictions, in the intervals of courses when the patient insisted roasted tamarind and fried salt are allowed.

Like this I have used for over twenty patients and most people showed definite improvement and some patients could not be followed for obvious reasons to give a definite report. But I have seen all patients on the side of improvement.

Case No. 2:

Patient J. C. 45 M. Railway Loco Employee—Nedular leprosy for clinical

diagnosis. Laboratory test not conducted as the case was clear clinically. Duration over seven years. Underwent all available modern treatment. Put on medical leave and being treated by the railway department with oral medicines and injections by-weekly, probably, as I guessed, Oil of Hydromorpus for the last six months with no improvement. He sought my help for the benefit of a sympathetic treatment. At the time Nandhi Mezhugu was on trial with me and anxiously used it on him. In all I gave him twelve courses of five days each with 3 days interval for each course. Gradually by the end of 12 courses the nodules disappeared as also the leprotic countenance.

Diet. Salt and Tamarind free diet plenty of milk and butter milk with cereals and fruits. In the intervals of each course I allowed roasted tamarind and fried salt in food, I wanted to push further the treatment but he felt highly difficult to carry on the treatment (1) for dietic restrictions, (2) economic reasons and wanted some rest.

I afterwards saw him attending on his duties. Six months later I again saw him and he was on the same condition as he was when he left the treatment.

Case No. 3:

One patient V. H. 40 M. Nodular Leprosy with leg patch ulcerative from ankle to knee on left lateral side.

He was given four courses with intervals of three days each as in the cases of other patients mentioned above. The treatment was also supplemented

by coll. iodine (crooks) Parenteral—for environmental and Psychological reasons.

After the four courses his general countenance improved. Nodules slightly better—ulcerative patch mostly healed but he could not continue the treatment for dietic restrictions and his mind was wavering when he got attracted to a Sadhu's treatment at Peddapuram, who it appears was giving some Bhasnam for a few days for leprosy cases. I was given to understand by his relatives afterwards that he underwent treatment with the Sadhu for over six months with less dietatic restriction.

Case No. 4:

A case of Idiosyncrasy.

Patient 45 M. J. clinical diagnosis *Visarpa* (weeping Echezema) found left on the leg on the lateral side of the middle and lower thirds. He was treated for syphilis by me for the before with Arsenics Intravenous and Shadgunam etc., oral and had apparent cures. Blood was not examined for negative Wasserman reaction since he discontinued the treatment always abruptly with clinical improvement of his leg condition.

This time I put him on Nandhi Mezhugu. Hardly he took three doses in two days when he developed acute arsenical Dermatitis. The Nandhi Mezhugu treatment was immediately stopped and treated for the new condition for over two weeks and relieved him.

Of all the cases which number about thirty, he is the only person that presented symptoms of intolerance for this medicine. He was otherwise healthy and strong built body.

"Balanced Diet"

BY

DR. T. L. KANTHA RAO, L.I.M. (PEDDAPALAM)

The Universe is full of millions of Live-beings. The happiness or unhappiness of these beings depends much on the food they take. Food that is easily digestible, assimilable, and which gives strength to the mental and physical body, will cause happiness and vigour. Want of such food causes unhappiness and weakness. That fact is proved by starvation, either complete or partial.

According to Ayurvedic school of thought this body is made up of *PANCHABUTAS* (i.e. Prithvi, Ap, TEJAS, Vayu, and Akasa.) The elements of these Panch Bhutas, 'Rasam, Raktham, Mamsam, Medhas, Asthi, Majja and Sukram the *SAPTA DHATUS*, Vatham, Pitham and Kapham, the *THRIDOSA*, and Mootram Pureesham and Swedam, the *THRI MALAS*, constitute the working order of this body. The balanced condition of above keep the body healthy whereas the Viciation of any of the above or all will cause ill health.

As per Allopathic theory the main elements that constitute the working order of the body are said to be NITROGEN, Oxygen, Hydrogen, Carbon, Sulphur Phosphorous, Chlorine, Sodium, Potassium, Calcium, Magnesium and Iron. Even this theory advocates that want of any of these elements causes ill health.

The food material that is taken in, which are also the derivated of the Pancha Bhutas, can easily be divided into five groups, according to their origin

as Parthiva, Apya, Agneya. Vayavya, and Akasaya dravyas and Ayurveda analyses all these food materials into twenty *Gunas* which are:

Guru	Lagu	Hima	Ushna
Snigdha	Ruksha	Manda	Theekshna
Sthira	Sara	Mruda	Kathina
Visada	Pichila	Slakshna	Khara
Sukshma	Sthula	Sandra	Drava

All these *Gunas*, (Qualities) of the food materials can be again divided into five sets according to the Bhuthas.

Further all these materials contain one or more *RASAS* (Tastes) and these rasas are six :—*MADHURA*, *AMLA*, *LAVANA*, *KATU*, *KASHAYA* and *THIKTHA*. Again these rasas have got their relationship with Pancha Bhuthas, as follows :—

Madhura	prithvi and Jala Bhutham
Amalam	Agni and Prithvi
Thiktha	Akasa and Vayu
Lavana	Jala and Agni
Katu	Agni and Vayu
Kashaya	Prithvi and Vayu

The various parts constituting the body and the various elements constituting the working order of the body are the derivatives of the Pancha-Bhuthas as follows :—

Prithvi Bhutham :—Nails, Bones Teeth. Gum Mamsa, Skin, Malam, Hair,

and Muscles, generally those which are having Guruthwam, Kharatwam and Kathinyam are derived.

Jala Bhutham :—Rasa. Raktha, Vasa, Kapham, pitham, Mudhram, Swedam. Rasam, Rasendriyam (Tongue those which are having, dravatwam, Sarasatwam, mrudhatwam, snigdhawam, and mandatwam.

Agni :—Bodily heat, Ojas (Vigour) Rupam and Eyes and those which are of pitha nature.

Vayu :—Skin, Sparsa, Dharanam, Preranam, Gamanam, Respiration, functioning of limbs, eye lids etc.

Akasa :—Maha Srothas, Anusrothas. Sabdhnam, and the ear.

Hence the development of the *SAPTA-DHATUS* depend upon the food that is taken in, containing that particular *DHATHU-VRIDHI GUNA*. i.e. For mamsa, Mamsa or any equivalent in Guna should be taken—as milk will increase *SUKRA DHATU* which contains that *DHATHU Guna*. Based on this Dhathuvridhi theory of Ayurveda, where Liver is in disorder, Liver-Extracts are administered even in Allopathic medicine.

Thus Ayurveda has not only advocated regulated diet to keep up the Dhatus in order, but also prescribed as cure to many ailments caused when dhatus are in disorder through the diet principles alone, some thousands years ago, which has now become a new innovation to Allopaths.

The diet usually allowed by the Science should be as:—*BHOJYA*, *PEYA*, *LEHYA*, and *KHADANA*, and these must be 'Ishta-varna, Ishta gandham Ishta-rasam, and Ishta-sparsam.'

According to another classification, food must be 'Luke-warm, not dry, Limited, and taken only after the food previously taken is digested basing on the proverb that "Eat when you are hungry and drink when you are thirsty."

Further the following principles also are to be observed in taking FOOD :—

Those that are not in-compatible to each other as per veeryam and the food should be taken in a comfortable place. It should be taken with out any hurry and with out speaking to others or laughing

From his own experience and habit only suitable diet should be taken. We take the food generally in four ways :—Chewing, drinking, licking and by cutting with teeth and taking :—If food is taken by these ways, *JATHARAGNI BHUTHAGNI*, and *DHATVAGNI* will make the food fit for assimilation absorption and conversion in to tissues.

The food so assimilated will help for *DHATHUPOSHANAM* and the *KITTAM* that is formed out of it will be sent out as *MALAS. RASAM* and *MALAM* so formed should be of equal parinamam to give sound health and vigour to the body. This process of assimilation is said to be "*DHATHU-PARINAMAM*" in *AYURVEDA*.

The following irregularities in diet causes *ILL-HEALTH* :—

Fasting, Deficiency of food, Excess of food and incompatible food.

In child-hood and youth Dhathuparinamam takes very rapid and active course. While years pass on duto the

retained malas in the body the activity of these Dhathus get loosened and leads to OLD-AGE and weakness.

As the last but not the least Dhathu being 'SUKRA' excessive use of these Reproductive-Organs' causes natural change in this Dhathu as ages goes on. Basing on this theory only "BRAHMA-CHARYA," is considered to prolong LIFE with VIGOUR and WHIM.

Further there is very close relationship between Dhathuparinamam and MIND. Vata that circulates in the blood through the Veins is the VEHICLE for functioning all the organs of the body. Any disturbance to this most essential DOSHA i. e. VATA, by excessive pleasures, sorrow, worries (Chintanam) anger, thinking in brief "KAMA, MOHA KRODHA, LOBHA, MADA, and MASCHARYA" leads to the destruction of proper Dhathuparinamam which may even lead to the extent of DEATH.

Now coming to our main subject, based on the Pancha Bhutha theory one may have to consider that all the articles on earth created out of Pancha-Bhutas could be considered as food-materials for the human body which is also made of Pancha-Bhutas. But the vital point that only those articles that are conducive to the development of Dhatus alone can be considered as suitable diet for the up-keep of the human body. As no single DRAVYA on earth can be found to consist such quality of developing all the Saptha-Dhathus, no single drug or food-article can be said to be fit for sound dieting of the body. So the average food should consist of the following as a regular habit and rule, to keep the Dhatus and doshas in their order:— *Ayurveda* insists on, Rice or any other pishtha Dravya, Grams, Salt, Amla-rasa pure water, milk, ghee or any other oily

matter, Mamsa or any other equivalent, and Honey or any other equivalent Jeevaneeya dravya.

Allopathic science in their terminology insists on Proteins, Fats, Carbohydrates, Mineral matters, Water, and Vitamins.

The recent recognition of Vitamins and their importance laid by Allopaths, classified under heads, has been advocated even in *Ayurveda* long ago as an essential factor in the daily food-in-take, as "JEEVANEEYAS" DRAVYAS:—

Salt is considered by *Ayurvedic* theory as an ignorable part of diet as it is only to act indirectly by creating taste to the puddings than for any dhathuposhakaguna contained in it and further in fact as every article of food contains some little proportion of salt in it sufficient to cause taste to food materials.

Let me be permitted to give a quotation from an eminent ALLOPATH as to the importance of these VITAMINS to our body and the necessity to incorporate them in such bulks as is done in the present day dietary and treatment, is scientifically justified.

Dr. R. S. CHOPRA, M. D. of Calcutta in his 'Hand book of Tropical Therapeutics' writes. "The quantity of VITAMINS required to maintain the body in health is probably a small fraction of a milligram a day. This suggests that they are more likely to be needed for the production of hormones than directly for the growth and nutrition of the body Cells."

Observations made by FUNK and others show that in addition to the different proximate principles, there are certain accessory materials that are necessary either because they play an important role in the synthesis of the body

or influence in some indirect way the normal direction and character of the metabolism. It has been shown that polyneuritis is caused by a diet exclusively of polished rice. If however the polishings are resorted to the diet, the condition disappears. It is believed that the polishings contain some material essential to the body metabolism. They are as a rule present in raw food material and deficient in cooked food. These accessory substances are of diverse nature although they grouped together under the name of Vitamins. They are essential to the normal growth and health. The part they play in the metabolism is not clearly understood and since very minute quantities are required for the maintenance of health, it has been suggested that they stimulate the production of hormones and are not directly concerned in the nutrition of body cells or the general growth of the organism. Vitamins are said to exist in the foods in very minute quantities, and vitamin free diet gives rise to certain diseases, generally known as deficiency diseases, and may even cause death. *Vitamins are produced only in plants from which they pass directly with vegetable foods, and indirectly with animal foods into the system.*

The different vitamins, their contents in various food stuffs and their uses are described in any text book on dietary and as such may be referred to by a diligent reader.

After having said so much as to the recent researches made in diet surveys and vitamin importance, we are glad to note from the above quotation of Left. Cl. Chopra, of Calcutta, that even Allopathic doctors are laying more stress on the HORMONES than the VITAMINS

for the upkeep of the body, which opinion is bringing them closure to our ancient *Ayurvedic* theory of keeping the three doshas in their proper condition by observing the drug-in-take every day along with the other foods, as "SONTHI, PIPALI, GUDUCHI," Etc., thus laying importance in Thridosha theory as Allopaths lay on the Vitamin theory to prevent the 'DEFICIENCY DISEASES' that are very prevalent in the present day.

Further the special 'DRAVYA-PRA-BHAVA' should be well considered apart from the 'RASA' while selecting the food materials, some may differ in prabhava though they may be same in 'Rasa'.

Now coming to the different articles we generally take in our parts contain the following qualities in general which will help us in selecting the best food as required by science to keep up sound health. In giving this analysis of food stuffs, I would like to stress upon the "RASA, VEERYA, VIPAKA & their PRABHAVA" according to Allopathic science, as that sciences is still in the embryo in this part of the diet surveys:—

Majority of the population in our country is dependant upon RICE as the main item of their daily food. This rice is said to possess—Madhura rasa and Vipaka. Seetha veerya does not cause constipation. Dhathu vridhikara Ahara.

Western science analyses it as follows—

Carbohydrates 84%, Fats 5%, Water 10% Minerals 1%. Thus it contains almost all the necessary constituents of diet in some proportion or other. Next to rice "WHEAT" is the main menu in India, and

this contains, Madhura rasa and vipaka, veeryam-seetham and Dhathuposhakam. *Western analysis states as follows:—*

Carbohydrates: 72%, Proteins: 13%; Minerals: 2%, Water 13%.

MUDGHAM (*greengram*) Kashaya-rasa, Katu-vipaka, Sleshma and pitta hara. *Allopathic analysis:—* Proteins: 24%, Carbohydrates & Fats: 60%.

Minerals 3%, Water 13%, Dhathu poshakam.

MASHAM (*Blackgram*): Rasam: Madhuram, Veeryam-Ushnam, Vipakam; Madhuram, Guruthwam and snighatwam, and so is Vatakaram. Sukra dhatuvridhi karam. Causes slight constipation.

Allopathic analysis:— Proteins 22.7%, Carbohydrates & Fats 58%, Water 10%, Fiber 4.8%, Phosphoric acid 4.4%.

RAJAMASHAM (*Alachandalu*) Rasam-Madhuram, Kashaya-anurasam, Virya-Seetham, Vipakam-Madhuram, Dhathuvaradhakam, lightly, Constipating and causes retention of urine. Increases breast-milk in females.

KULUTHA (*Ulavalu*): Kashaya-rasam, Ushnaveeryam. Amla-vipakam. Vataharam-Decreases Sukra dhathu. Constipating.

Allopathic analysis Proteins-33%, Carbohydrates & Fats 61%, Minerals, 3-7%, Water-12%.

NISPAVAM (*Anumulu*):—Rasam Madhuram, Veeryam-ushnam, vipakam amlam, increases sthanyam, pitha, raktha, vata prapokakaram, constipating and causes retention of urine.

ADHAKI (*Kandulu*): Rasam-madhuram. easily digestable, vata vardhakam.

*Allopathic analysis:—*1 lb., of this contains:—Carbohydrates-9ozs. Proteins 3ozs. Water 1oz.

CHANAKAM (*Sanagalu*) Madhura-rasam, Seetha-veeryam madhura-vipakam, laghu guna-vantam and constipating.

*Allopathic analysis:—*Water 11-30%, fats 3. 76%, proteins 21-7%, carbohydrates 59%, fiber 1-5 phosphates 15%.

Now coming to the Sakahara dravyams:

Vasthukam (*Chakravarthi-kura*): Madhura-rasam, Lavana-anurasam, Katu-vipakam, deepakam, pachakam sukra-varadhakam, pleeha-vridhiharam, full of VITAMINS.

Upodaki (*Bachail*): Seeta-veeryam, Snigdham, sleshma vardhakam and pichil. Causes good sleep, balavaradhakam, sukraposhakam.

Thanduleeyakam (*Chirri-Kura*):—Seetha-veeryam, laghuvu, Ruchyam, Ruksham, Deepanam, visha haram, Frees the constipated bowels.

Kalambi (*Nabagi*):—Madhura rasa, sukra vardhakam, and stanya vardhakam.

Changeri (*Pulichintha*): Deepakam ruchyam, ruksham, ushna, veeryam vata-kapha haram. Good diet in dysentery, piles, leprosy and diarrhoea.

Chukrika (*Chukka-kura*): Amla rasam, madhura anurasa, ruchyam, laghutha-mam.

Kasamardham (*Kasivinda-kura*): Madhura rasam, vrishyam, rucham, good for songsters and in diseases as cough and respiratory troubles.

Gongura: Amla-rasa, lavanaurasa, ushna veerya, relieves constipation, ruchy vrishyam, and contains iron as per allopaths.

Flowers as Food:

Agastya (*Avisi*): Thiktha rasam, kashaya anurasa, seetha veerya, good diet in rechikati, peenasam and vata diseases.

SOBANJANAM (*Munaga Puvvu*): Katu rasam, ushna veeryam, ushna gunam, verygood diet in plleeham, vidhradhi, gulmam, and eye diseases.

Kadali Pashpam (*Arati Puvvu*): Madhura rasam, Madhura vipakam, Seeta veeryam, Guruvu, malabhadhakaram.

Phala-Sakalu:

Kushmandam (*Gummadikaya*):—Seethalam, pitha haram, ripe fruit is madhura rasam and seethalam. diuretic and very good in mental disorders. Veeryavridhi.

Alabu (*Sorakya*): Madhura rasa, guruvu, vrishyam, ruchyam. pitha, slesha maharam.

Karkatiphalam (*Dosakaya*): Madhura rasam, seethaveerya, ruksham. grahi, ruchyam, Pithaharam.

Karavellam (*Kakarakaya*): Thiktha rasam, seethalam, laghuvu, malamoochakam, good in fevers, rakthapitham, anaemia, meharoga, krimirogam.

Patolam (*Potlakam*): Madhura rasam, vata pitha haram, balakaram, ruchikaram, very good in all diseases.

Mahakosathaki (*Pedda beerakaya*): (Snigdham) Madhuram, seeta veeryam, very good in raktha pitha and vata diseases.

Rajakosathaki (*Neti beerakaya*):—Madhuram, seeta veeryam, deepakam, pitha hara, good in fevers, cough, and raktha-pitham.

Bimbi Phalam (*Donda kaya*) Madhura rasam and gunam, seetha veerya, sthambhanam, constipating.

Simbi (*Chikkudu*): Madhura rasam, and gunam, Madhura Vipakam seetha veeryam, guruvu, balyam, dahakaram, kaphavardhakam.

Kolasimbi (*Goruchikkudu*):—Ushna veeryam, constipating, sukranasakam.

Sowbhanjanam (*Munagakaya*): Madhura rasa, vipakam, Seeta veeryam, good in soola, kushta, consumption, gulmam, swasa diseases.

Varthakam (*Vankaya*):—Madhura rasam, theekshanam, ushna veeryam, katu vipakam.

Kandasakalu (*Manchi kanda gadda*): Kashaya rasa, agni deepakam, kapha haram, easily digestable, good in piles, fistula in ano.

Arukam (*Pendalam*):—Madhura rasam, seeta veeryam, guruvu, constipating, balakaram, sukravardhakam.

Chilakada Dumpa:—Same as Pendalam.

Chamba Dhumra: Snigdham, difficult to digest, vatalam.

Moolakam (Mullangi dumpa):—Ushna veeryam, katurasam, pachakam, good for tone, jwaraharam. Boiled in oil is thridosha haram. Always raw vegetables are good, excepting Dhampulu all should be used while they are just pluck from plant.

After having said about the qualitative effect of these food constituents it is essential to know the quantities they are to be taken. The food taken along with other vehicles as curry chetney ghee, milk, etc., and separately should be considered.

According to Allopaths' findings the following quantities are prescribed:—

Proteins (Mamsakruthulu):—3 to 4 ozs., a day Fats (oils) 2 to 4 Carbohydrates (Sarkara dravyas)—18 to 21 Ozs. a day; Salts (Lavanas) not particularly required and nothing is found as to minerals, water and vitamins as a fixed quantity.

According to Ayurveda half of the stomach should be filled with solids, $\frac{1}{4}$ with liquids, and the rest of DOSHA SANCHARA. This can easily be done by daily habit.

As a matter of fact one variety of food and quantity of food cannot be prescribed as a rule to one and all. It much depends with the idiosyncrasy of food or habit of food-taking. This can be divided into two sets "SATYAM": & "ASATHYAM" which can again be divided into three bi-divisions as to habit: 1. Pravaram, 2. Avaram, and 3. PRAVARAMADHYAM. Taking food consisting of all rasas is said to be Pravaram, only one rasa taking every day

as some are habituated to only milk is Avaram, and taking only two or three rasas every day is pravara madhyam. The first variety of habit is the best of all.

As the Dhatuparinamam changes often with the climatic and seasonal conditions, variety of food taken also should be in consideration of such changes too, in accordance with "RUTHU KALA VISESHAS". SUN and MOON also have got their own relationship with the Dhathuparinamam, and there by with the health of the human beings.

Diet that is not conducive to the upkeep of dhathus or doshas, but which will visciate them is called "VIRUDHA AHARA". Such in compatible diet should strictly be avoided. These virudhaharas are of 7 varieties so far known. 1. Paraspara guna virudha, (Milk-fish) 2. Samyoga (LIMEMASHA) 3. Samskara (MUTTON & MUSTARD OIL) 4. Desa (one desa article in another desa) 5. Kala (Night cooked, not to be used next morning) 6. Matra (Honey & GHEE equal) 7. Swabhava (Visham). Always "HITHA AHARAM" i.e. such food that would help for dhathuposhakam and not for their distruction should be taken. This differs in various diseases conditions of the body also, apart from such food that is suitable to the body in normal health. This has to be judged as to the Dosha Dushya condition of the body. After having discussed about the various scientific aspects of diet and its details, about ahara, sadgunam ahara pakam, ahara parinam, ahara moola dravayam, ahara samthyam, ruthvaharam etc., let us consider the present day diet commonly taken in our "ANDHRA COUNTRY" and see how far it stands to the scientific requirements.

Generally we take two times meal excepting in some of the working classes. Morning diet consists of cooked rice, dhal, curry (Vegetable) Sambar, ghee, curd, buttr-milk or milk, and night meal consists of rice, curry, Vegetable chutney, rasam, made up of pepper etc. butter-milk or milk, and ghee.

Generally even poorer classes take cooked rice or nut rice, (Nooka) dhal, green vegetable curry, butter-milk or conjee taken out of cooked rice consisting of best vitamin part of rice. Some may take mutton or egg twice or thrice a week, and vegetarians take in its place, more of Dhalls every day. In between these two meals our ancient custom is to take fruits in the noon that are available or do not suit ones own idio-syn-racy some as a habit take light refreshments made out of ghee, butter or oil, with some masha or weat. Thus substituting the mutton to allow the required mamsakruthulu to the body. Further due to mutton eating, if it is not digested on wellcooked, forms uric acid and auto-intoxication by excessive production of nitrogen in the body, which is not the case with the vegetarian diet. So far the diet table followed by our ancestors is quite in accordance with the "AHARA SUTARA" laid down in sastras, quite amenable to the proper upkeep of the Dhatus and doshas. But of late the western civilization has introduced quite un-healthy foods, such as coffee, tea, etc., which are in a way virudha ahara considering our climatic and desa conditions, detrimental to dhathuposhakam. In fact these are actually introduced by the Allopathic practitioners, with the false notion that they are good stimulants to the body in its enfeebled condition and thus making the patients habituated to them even when they are in normal health. The additional items

of diet as "PICKLES, PEPPER WATER etc." are only to increase taste and for "SIMHA CHAHALYAM" and partly as medicaments in daily food-intake to keep the doshas in order than to help for dhathuposhakam. Now coming to the details of the different items of food we generally take.

The rice or wheat taken in the main item of food meets with the requirements of CARBOHYDRATES or PISHTA AHARAS to the body.

Milk without adultration i.e., milk got out of well-fed cattle by nutritient pastures, in particular of cow is considered to contain maximum amount of PROTEINS (MAMSAKRUTHILU) and tatty matter.

Ghee particularly of cow is very good for meeting with the requirements of FAT and PROTEINS to the body. BUTTER is far more nutritive.

Curds and butter-milk which are the derivatives of milk, which has been a poor man's favourite in our country (Andhra) for centuries together is more easily digestable than milk and is very good for reducing bodily-heat, though it consists less of proteins than milk. It has got the specific action on the digestive tract. Particularly butter-milk mixed with ELA AND SUNTHI is considered to be very relishing and nutritive. The point of the latic-acid contained in BUTTER MILK has got the most essential quality of working against bacteria in the intestines which are considered to be responsible to a number of the digestive disorders is a recent innovation to the allopaths, whereas Ayurveda has not only laid in its ancient theories, but has made it a regular item of food for the daily elimination of such items in the body but also has prescribed it as a

curative measure for some of the digestive disorders. The fact that the working class people's diet consists mainly of butter-milk and their sounder health than the so called civilised people is a proof positive of the importance of the item of food. Fat-free butter-milk is more suitable to all the constitutions than the more indigestible curds and can be taken by more people with weak and disordered liver.

Pulses :—These contain not only mamsaposhaka dravya but also certain part of carbohydrates (madhura dravya). Particularly Greengram. GREEN GRAMS consists all the necessary equivalents of mamsam, in attending to that dhathu of the body.

Usually in many of the Items of our diet, Madhura, padardha is included in the shape of jaggery or sugar, and by some HONEY.

Ghee is said to increase the life-period (Ayurdayam) particularly cow's ghee consists more vitamins than that of other cattle.

Out of oils COCONUT OIL is the best to take as it is a strong food but it is said to increase pitha and kapha in the body. This should be taken in consideration of ones own constitution and by habit gradually.

Mustard-oil also is a good constituent of daily food, and as per custom we have been taking it in pickles and in

spices, well roasted, by which ~~process~~ the un-healthy part of as MYROSEN is eliminated.

Oil of Wal-nut (AKROT) is also used in Kashmir and it is also considered to be a nutritious food to the body.

GREEN VIGITABLES which constitute the main curry of our country, consists of maximum of vitamins (Jeevaneeyalu) required for the body. To go into the details of all the different articles of food on earth, as it covers a great deal, I would leave it to the readers of this article to refer more elaborate books on the subject and I would content myself with the brief lines on the subject as stated above. After fifty years of diet surveys earn or Ayurveda has stated that the generally taken diet in our Province is best suited to our climate and health but only suggested that the quantity now taken are not sufficient.

Last but not the least, considering the "FOOD PROBLEM" now confronting our rulers, in our country, I would like to state that much can be done, if PROHIBITION on growing "TOBACCO, COFFEE, TEA, GANJA, and GROUNDNUT" in the country at least till the present poverty condition of the country ends, is ORDINANCED and land so wasted now for these crops in the country which are of no nutritive value to the nation, is better utilised for growing "FOOD REQUIREMENTS".

Enquiry Committees ON Indigenous Systems of Medicine.

It has become customary whenever popular ministries come into existence either in the provinces or at Centre to appoint enquiry committees to submit reports regarding recognition and encouragement of the indigenous systems of medicine. For instance in the year 1921, when the popular ministry, under Mantague Chemsford reforms came into existence in the Madras province, late Rais of Panagal, the then prime-Minister appointed a committee to report on the question of the recognition and encouragement of the indigenous systems of medicine in vogue in this presidency. The said committee toured the whole country and collected evidence from every possible source and published a comprehensive report. Then followed Bengal, U. P. and some other provincial Governments with their committees and they have also published reports similar to that published by the Madras committee. On the reports of the Madras and U. P. committees, Institutions of Indian Medicine were started. As there were a number of private institutions existing in Bengal run by eminent men of the science, the Bengal Government did not start any institution but formed a Board to register practitioners of Indian Medicine. So far as the Madras Government institution is concerned, it has been working all these year under great difficulties and receiving step-motherly treatment. Under 1935 Act, when popular ministries came into existence in provinces, there was again public agitation regarding encouragement of indigenous systems of medicine. Governments like Bombay

started institutions of Indian Medicine for training practitioners of Indian Medicine and other Governments like Madras spent much of their time in arguing on unnecessary topics, without doing anything substantial. Meanwhile the popular ministries laid down their office because of war: and the autocratic advisers regime came into existence in the provinces and an expanded Executive committee in the Centre. Under this regime the Central Government appointed a committee under the presidency of Sir John Bhore to report about medical Education, relief and all connected questions on medicine and Public Health problems in India. Whenever there was popular pressure for encouragement of indigenous systems of medicine, the provincial Governments took shelter under the slogan "we wait till Bhore committee reports." At long last the Bhore committee did report but it was found that the Report contained little about development of Indian Medicine except to refer the question to the Provincial Governments. In the historic year of 1946, our popular leaders took charge of Central Government and provinces, when a third round of appointing committees began again when popular pressure showed itself against indifference and neglect towards development of Indian Medicine. They appointed a committee under the Chairmanship of Lt. Col. R. N. Chopra with the following terms of reference. "To consider and recommend the steps that should be taken up to improve facilities for

research and generally to increase their usefulness to the public".

Addressing the members of the Committee Hon'ble Mr. Ghazunafar Ali Khan Bhadur, member in charge of the Health Department, said "that India is too poor to have several systems of Medicine in the country and people, therefore, should be helped with the best and cheapest methods of medical treatment" and urged the Committee to evolve a system absorbing the best in all systems.

Meanwhile the provincial Governments of U. P. and Bombay have also appointed Committees to report to the Governments regarding encouragement of Indigenous systems of medicine. Every committee prepared a questionnaire and sent it round the country, repeating the same age-old questions that had been heard and answered many times over.

It will thus be seen that popular Governments seem to be adopting certain tactics by appointing enquiry committees to meet charge of drift and to gain time rather than reviewing the past reports published from time to time and implementing such recommendations of the

previous committees, that had not yet been implemented. It looks as though our popular leader have no definite ideas about the recognition and encouragement of Indigenous systems of medicine and to meet the popular demands, committees after committees are appointed which only result in drift and no progress. The reasons for lack of proper ideas for our leaders are mainly due to the divided opinion expressed by the exponents of Indigenous systems of medicine with regard to the nature of medical Education and medical Relief to be adopted. Our earnest appeal to the exponents of the indigenous systems of medicines to sink their minor differences and not to spend much time in a mutual retortations but to present workable scheme for teaching and practice of Indigenous systems. We also appeal to Central and provincial Governments not to take advantage of controversial views expressed by some members of the profession and adopt a policy of drift and do nothing to implement proposals already before them but to adopt a progressive policy for promoting Indian Medicine as an All-round and progressive Science and Art.

LETTERS TO THE EDITOR : : :

GRADES IN MEDICAL TEACHING.

SIR,

I find no relevancy in Dr. T. L. Kantharao's letter to the 'Journal of Indian Medicine', 2nd issue that the present School of Indian Medicine, should be retained as the opening of College of Indian Medicine never warrants the closure of the School of Indian Medicine. In this connection I beseech the readers kind indulgence at a little length to the few following lines.

The Government in a press report dated 18th July '47-Hindu, stated that they want to retain the School of Indian Medicine, in view of the need for Medical Relief and for opening more teaching Institutions in Indian Medicine. Of late the Government dropped this proposal but awaiting for a clarification on this issue from various sections.

The L. I. M. Association and its Primary Units time and again urged the Government to convert the School of Indian Medicine, to the status of a College of Indian Medicine, on an analogy of Stanley Medical School converted to the status of Stanley Medical College. This action was taken purely to enhance the prestige and status of the Medical Practitioners and to wipe of the superiority and inferiority

complex and not with a view that the Medical Schools were producing not EXPERTS, more so after finding no difference between School coaching and College coaching except which resulted in the superiority and inferiority complex between Licentiates and Graduates with a great injustice to the former. In fact the services of Licentiates and Graduates are one and the same to the patients, which are desired to be of high standard irrespective of whether they belong to a Village or a City. The rare and acute diseases are not common in villages which are to be treated promptly and efficiently. Any loss of time and in-efficiency of handling results in loss of life. Stringency of funds cannot restore life! No Medical College is producing experts or the College of Indian Medicine would produce practitioners as one to become expert in all branches, viz. surgery, obstetrics and medicine etc. (Ashtanges). College study is not an expert study but more facilities and opportunities, status and privileges are given than that to those of School coaching. Above all the curriculum as adumbrated by Govt. for the College of Indian Medicine shows no much improvement over the teaching and practice as it was originally shown for the School of Indian Medicine. Perhaps more facilities and equipment may be given.

Further the period for coaching in the School and the College of Indian Medicine is the same. To produce more Medical practitioners within a short time there is absolutely no gain of time by School coaching. It is a ridiculous idea to entertain that the medical practitioners who are engaged in Rural Medical Relief Scheme need not be experts as this results only in waste of funds and time.

In view of the need for more medical practitioners in the Rural Medical Relief Scheme the Government may as well rise the number of seats 50 to 125 seats in the College of Indian Medicine as it was the case formerly with the School of Indian Medicine. And in view of opening of more medical Institutions. Indian Medicine, Government may start more number of Medical Colleges in Indian Medicine. Almost all the functional District Associations and Central Association have urged the same.

We want one grade of practitioners and one unified and integrated system of Medicine in India. School coaching in Medicine should go.

Bezwada, }
17-12-'47. } N. HANUMANTHA RAO

The Plight of the Rural Medical Practitioners.

The Government have recently revised the Scale of Medical Officers employed in Government and local Board services as 80-5-150. The subsidy of L. I. M's working in Rural dispensaries is raised from Rs. 500 to Rs. 600 per annum. The subsidy for one month comes to only Rs. 50/-. The subsidy given to the Rural Practitioners is very dis-

appointing. In these hard days of costly living when the prices of all commodities have soared up very high, the practitioner finds it difficult to meet both ends with the meagre subsidy. As per the Rural Scheme, the practitioners are allowed to charge for medicines etc., from patients whose income exceeds above 30 per month. But practically when the Doctor charges for medicines he becomes unpopular. In fact, we have to treat free only the rich and influential people of the village. When an ordinary clerk with S.S.L.C. qualifications is started in Rs. 45/- P. M. in addition to D. A., House rent and other allowances. It is really pitiable that our national Government and popular ministers have not yet thought for a moment about the sad plight of these poor Rural Medical Practitioners living in remotest villages, after completing S. S. L. C. and having undergone 5 years College Course in a medical School are given only Rs. 50/- per mensem. Will the Honourable Minister for Public Health kindly consider the real difficulties of these practitioners and raise their subsidy to least Rs. 100/- per month? I would otherwise suggest to the Government to Provincialise the services of the Rural Medical practitioners and to give them equal pay and status as those in Government service. As the Government is now contemplating about the Post-war-reconstruction Scheme, they can now consider the sad plight of L. I. M's working in Rural areas and provincialise their services.

I hope and trust the popular ministry will consider the grievances of the L. I. M's working in rural areas and redress them at an early date.

Kilkodungalur, }
25-11-'47. } P. RAMASWAMY,
Rural Medical Practitioner.



A SEAL OF RELIABILITY

When replying to the advertisers please mention that you have seen the advertisement in Journal of Indian Medicine.

The simple treatment for Titanus.

Take one tola of "Daruharidra" Called in Tamil & Malayalam Maramanjal or Kasturimanjal boil it in 12oz of water and reduce the same into 3oz and to be given one ounce at a time three times a day to prevent Tetanus Convulsion while treating infectious wounds and ulcers.

Messrs. The Alembic Chemical & Co. of Baroda, and Messrs Chemical & Co of Bombay are preparing Liq. Ext. of "Berberis Aristata" which is very easy to use as the kazhayam requires time to prepare. This Liq. Ext. can be kept in Doctors emergency bag too. One tea spoon of this Liq. Ext. mixed with an ounce water to be given three times a day.

According to Nadkarni's Materia Medica which is the latest and upto date book for references Daruharidra is not mentioned as an antitetanic Drug. But my practical experience in Ceylon has proved that this is an antitetanic Drug and this has taken as a home remedy in Ceylon for preventing Tetanic Convulsion.

Therefore may I request my brother Doctors to try this drug and report me about the efficacy of the same and oblige. Thanking you,

Yours faithfully,
V. R. CHANDRA.

SIR,

I promised to subscribe the amount I draw from the Government Exchequer in the form of T. As and D. As. for the meeting of Advisory Board of Indian Medicine I attended last year to the funds of the Journal of Indian Medicine. Accordingly I am sending herewith a Cheque for Rs. 94/- the amount I was paid by Government under the above item. Please accept and acknowledge.

Brahmin Street }
Bezawada, }
31-10-'47.

Yours Sincerely,
Y. SURYANARAYANA RAO.
President.
The L. I. M. Association.

JOURNAL OF INDIAN MEDICINE.

ADYAR, MADRAS 20.

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Principles of Tridosha

2

Pitta its Divisions and Functions

By

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

(Continued from Vol. III.)

Pittam is the second dosa. It was mentioned previously that this is not as important as Vata, for this is able to act only in conjunction with vata. As vata is the prime mover of the nervous force in the body, pittam is responsible for the metabolic activity.

It not only generates the animal heat in the body but also continuously aids to keep the animal heat as long as the organism lives. This is possible by virtue of its bhautic formation; for pittam is formed by the Tejabhuta. The word pittam itself is formed from the root 'tapa' santape meaning 'burning'.

The primary place of pittam is pakvasaya, or where the food is digested. It is situated between amasaya and pakvasaya. Rakta (blood) and sveda (sweat) are its seats in the tissues.

बृष्टीपित्तधरा नाम या कला परिकीर्तिता ।

पक्वमशयमभ्यस्थ ग्रहणी सा प्रकीर्तिता.

Sust. VI 40-168

The production of pittam also is only in this place. After the partly digested food comes from the amasaya and before it reaches pakvasaya on account of the vidagdhada that takes place a clear fluid is evolved there, and that is pittam.

परं तु पच्यमानस्य विदग्धस्याग्ल भावतः ।

आशयाच्छयवमानस्य पित्तमच्छमुदीर्यते ॥

Chara VI 15-8

In this way from the food materials, the materials that are of identical gunas with pittam, replenish the dosa that is already existent there from the creation.

Pittam has the following attributes (gunas) Sasneham (oiliness) Tikshnam (penetrativeness) Ushnam (heat) Laghu (lightness) Visram (bad odour) Saram (mobility) and Dravam (fluidity).

It is responsible for the following normal functions in the body. Digestion, heat desire, hunger, thirst, lusture, cheerfulness, vision, intellect, courage and suppleness.

पक्वमूत्रमाभिलाष क्षुत्पिपासा प्रभा प्रसाददर्शन मेधा शौर्ये मादेवादिभिः पित्तम् ।

Ast Sang I-19

It should be noticed that the functions that are described above come both under physical and psycical categories. The dosa gets chayam or increase in its own place when attributes as tikshna, ushna, laghu etc., join with that of sita. The qualities mentioned are the qualities of Pitta and so naturally there should be the increase but the increase is

counteracted by the sita and so the dosa gets only chayam. If the same attributes join with ushna then the dosha gets prakopa or increases and spreads to other places, for there is an abnormal increase. These are the vitiations that are brought about by diets, etc, that would increase the pittam.

Pittam increases by the natural causes in Varsa Kala and becomes prakopa in Saratkala. It gets predominance in the middle third of the life, in the midday and midnight and during digestion. Pittam is aggravated by the following physical and mental causes in the body:—Anger, grief, fear, fatigue fasting, foods which are difficult to digest and as a consequence gets fermented (am-lavipakam) foods that are pungent (katu) sour (amla) saline (lavana) tikshna (penetrating) heat making and light; unnatural sexual indulgence, exposure to the sun and heat, and use of substances that possess identical attributes (gunas) of pittam, like fish, alcoholic drinks etc.

When Pittam is in an aggravated condition it produces yellow colour of the skin, mucus membrane, urine and other excretions of the body. It produces langour and fatigue, weakening of the sense of the sense organs, displacement of ojas and desire in cold and cold producing things. It produces burning sensation, gives bitter, taste, causes excessive thirst and syncope (murcha). It produces less sleep. It makes a person melancholic and irritable. When pittam is less than the normal the following signs and symptoms are produced. Immobility, cold, pain in irregular times and in various places, loss of appetite and digestion, roughness of the body, tremor, heaviness and paleness of the skin and mucus membranes.

Pittam is divided into five kinds namely Pachakam, Ranjakam, Alocakam Sadakam and Bhrajakam. They are one and the same but according to the places they occupy and their functions they are divided into five kinds.

Pachakam is the most important among the five. It is placed between the ama and pakvasaya. Though it is made up of five bhutas there is excess of tejo-bhuta and consequently there is less of soma guna. As it is helped by vayu in its activities which is mainly digestion and producing combustion, it is generally called 'agni'. It not only digests the food but also separates the nutrition from the digested food and leaves the dross. It is also the main source of heat to the other pittams in the body.

It is said that Vayu is always sukshma or subtle. But pittam is both subtle and (sthula) gross. Pachaka comes under the gross variety. The place in which it is situated is deudenum. There are two digestive juices at that place one is bile which is yellow and bitter-qualities of pittam and the pancreatic juice which is very virulent (tikshna) and hot (usna) which again are qualities of pittam. It is also common, that whenever bile is increased, to say that pittam is increased. When bile duct is obstructed, and consequently enters the circulation and the mucus membranes are tinted yellow, it is generally said that pittam has increased and caused jaundice or Kamala. From these it appears that bile and pittam are identical. It should be noted that it is not said the same. Along with bile if pancreatic juice also is combined perhaps it may be identical with pachaka pittam.

Ranjakam, as the name itself indicates is that which colours. It is also called rajaka. Its seat is liver and spleen

(Yakrit and pliha) It colours the rasa and causes to form raktam (blood). That is its main function. It is known from the modern medicine that not only in the formation of blood cells but also in the proper maintenance of blood and its constituents both liver and spleen play a prominent role. So there is nothing wrong to state that ranjaka which is produced in Yakrit and pleeha are responsible for the proper colouration of blood. Vagbhata mentions that amasaya is the seat of ranjaka pittam. It should be taken that liver and spleen are meant here as they come under the definition of amasaya namely the space above the umbilicus and below the mama. This is gross pitta.

Sadaka pittam is placed in the heart (Hridayam). Sadakam means that which accomplishes. So this pitta is said to accomplish acts that are to be done by mind and intellect. It is also the cause of enthusiasm. This pitta is of subtle form.

Alochaka pittam is placed in the eye and it is the cause for the perception of vision. The eye is termed as tejomaya or fire element. It is known that eye is not merely an anatomical organ performing a physiological function but much more than that. It is the organ that makes a person look intelligent or otherwise, angry or calm or for the matter of fact reflect any emotion that he may feel. The lusture and the brightness of the eye is due to the presence of this pittam there.

It is only Bhela who gives two kinds of alochaka pittam namely that which is in the eye (Cakshurvaikesika) and that which is responsible for the intellect (Buddhi vaikesika). The function of the first is very much as other authors describe but the function of the other is described as follows: It is situated in

the middle of the eye brows (Sringat-asthana): It has the power to understand subtle things, remember past events. It tries to understand things that are difficult. When a child is born it is this buddhi vaikesika pittam which makes the child to desire for the breastmilk without any instruction. In short it is responsible for meditation, for thinking for replying etc.

(बुद्धिवैशेषिकस्वरूपम् ।)

बुद्धिवैशेषिको नाम यो भ्रुवोर्मध्ये मृगटकस्थः सुसुप्त्यामैर्थाणां ध्यायन्मृतान् गृह्णाति, गृहीते धारयति, धारितं प्रत्युदाहरति, अतीते स्मरति, प्रत्युत्पन्नकृत्वाऽनागतं प्रार्थयति, जातमात्मन् पुनरनुपदिष्टवभावं मातु सख्य (न्व) मचिरुषति, ध्यानि प्रत्याहरि योत्तनाच्च बुद्धि-वैशेष्यमुत्पादयतीति ।

Bhela Samhi. Vima Page 81

The fifth variety is Bhrajakam. It is situated in the skin. The suppleness, the lusture and the shining are given to the skin by this pittam. It is also of the subtle form. There is a distinct difference in the appearance between the skin in living person and the skin in a dead person. The difference is brought upon by the presence of this pittam. The lusture of the hair is also due to this. From the very early times it is known that when a medicine is applied on the skin, it is absorbed. It is only on that basis that oil is rubbed, various unguents are put including the cosmetics they are digested by this Bhrajakam pittam and absorbed into the system.

रश्मि कान्तिकरं श्रेयं लेपाभ्यङ्गादिपाचकम् ।

Saraang Sam I 5-30

The above are the divisions of pittam. It would be seen from the actions enumerated above that in the body it is

responsible for all the metabolic activities. It is responsible not only for the digestion of the food material in the stomach and intestines but also for the cellular changes. It is not only the generator of heat and radiance it is responsible for the maintenance of that heat and radiation in the body. In the cosmos as the sun's heat and radiation are responsible for the growth and well-being of all the things that exist, so also in the body pitta becomes responsible. Not only its influence on the physical side is great but also on the mental side. Valour, intellect, wisdom memory power are all attributed to proper action of pitta. It is because of these physical and mental qualities, it is always found difficult to correlate the doshas with analogous terms in modern medicine. Any way this could be said that as the case of Vata it is the nervous energy and force, in the case of pitta it is the cause of thermogenetic activity in the body.

The temperament of a person who has pitta in predominance is described as follows. He is a person who perspires much and emits bad odour. He is a person having loose limbs and his eyes, palms, feet nails and lips are red. He has early grey hair, wrinkles and bald-head. He eats much dislikes hot things and of moderate strength. He is highly intelligent, subtle, a good speaker in the assemblies. In dreams he finds lightning, fire, palasa and karnikara trees.

3

Kapa its divisions and functions.

The third principle is Kapa or Sleshma. The word is derived from the root 'Ashlish' to embrace. It means, it binds and covers. The action of Kapa also is the same. It gives to the body the shape and stamina. As its qualities are opposed to that of pitta and vata,

it maintains the equilibrium of the body by preventing the body from becoming very hot or very dry. So it may be said that it is responsible for the thermotaxic function in the body. It is also responsible for the moisture and the musilagenous secretions that bathes the tissues always. It is formed by parthiva and apya bhutas and the gunas of those bhutas are predominant.

The qualities of kapa are:—Viscidty, (snigdha) coldness (sita) heaviness (guru) dullness (manda) smoothness (slakshna) sliminess (mritsnam) and firmness (sthira).

The primary seat of kapa is amasaya. Its secondary places are throat, (kantha) head kloma, joints, among the dhattus rasa and medas and among the Indriyas the organs of taste and smell. In the body kapaha is produced in the amasaya from the food that is taken and every day it is replenished. In the first part of digestion though it consists of all the rasas there is a preponderance of madhura or sweet rasa and a foamy secretion is produced which is kapa.

अस्य भुक्त मात्रस्य पृथक्स्य प्रपाकतः ।

मधुरारण्यात् कफो भावात् केन भाव उदीर्यते ॥

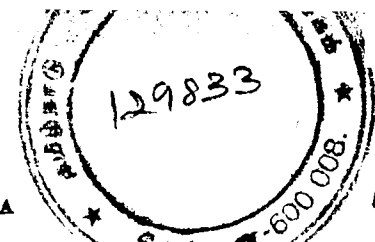
Cha. San. VI 15-7.

मधुर्यात् पिच्छिलत्वाच्च प्रहेदिवात्तयैव च ।

आमशये संभवति श्लेष्मा मधुरशीतकः ॥

Sush Sam. I 21-13.

The normal general functions of kapa are the following. It gives the body oily smoothness and firmness. It is responsible for the smooth working of the joints and for their proper attachments. It gives the general build to the body, the strength and the potency.



It is also responsible for the mental qualities as forbearance, courage and greedlessness.

Kapa has got chayavastha and Prakopavastha. When qualities like snigdha, guru, manda etc. the qualities of kapa combine with sita, then kapa increases in its own place. It should be noted here that in the chayavastha kapa hardens and so is unable to go to other places. It can do so only when it melts and spreads out. So there is this difference between this dosha and the others. To cause increase in the other doshas the qualities of that dosha join with an opposite quality whereas in the case of Kapa the combination is of equal qualities (Samana guna). Prakopam happens when the qualities of kapa join with ushnam. Kapa gets its equilibrium when gunas as ruksham lagu etc. join with ushnam.

Due to natural causes kapa increases in the cold season (sisira ritu) and in spring (vasanta) on account of the sun's ray it melts and thus becomes prakopa. As it is responsible for the growth of the body it gets preponderance in the first third of life. It also increases in the first part of the day, and night and immediately after taking food.

When kapa is increased or is in an aggravated condition it does the following: weakness of digestion, heaviness, pallor, langour, blocking of the passages, syncope, laziness, excess of sleep dyspnoea, cough, salivation, palpitation and looseness of the various joints in the body.

If the dosa is in a decreased condition the following signs and symptoms are seen: Vertigo, dryness, burning sensation in the internal organs, thirst, a feeling of

emptiness in the seats of Kapa namely stomach, chest, throat head and the joints, weakness, insomnia, palpitation and looseness of joints.

The following actions are produced:-

Prurities, hardness, heaviness, oiliness, dullness, sense of fullness, laziness, odema, exudation from various organs and sweet and saline taste.

It would be seen from the above list that kapa's main action is to give stability to the tissues and to bring on a sense of fullness to the body. It maintains the equilibrium and a sense of proportion. While it maintains its individuality in its action it has a restraining effect on the other two doshas. Just as the other two doshas, kapa also is divided into five kinds. They are avalambaka, kledaka, bodhaka, tarpaka and slesaka.

Avalambaka kapa is situated at the uras-chest. By its own inherent powers it supports the other seats of kapa by supplying moisture and other watery elements. It supports the heart by its own power and with the help of food rasa. It also supports the trika (junction of the sacrum and iliac bones, and junction of shoulder blades with humorous and clavicle). It is just possible that avalambaka kapa is the moisture that is found in the lung, in the pleural cavity and between the pericardiac membranes. The fluid in all these places gives stamina to these organs. These secretions in its healthy state gives great strength to the organs and in the unhealthy state is thrown out as phlegm. Avalambaka khapa is gross and occupy these spaces.

Kledaka is situated in the amasaya. By its liquidity it is able to break up the solid food and make it into smaller molecules so that digestion becomes

easy. This may be compared to with muscilagenous substance that is secreted in the stomach along with the gastric secretion. This also is gross.

Bodhaka is situated in the tongue and is responsible for the recognition of various tastes. This is a subtle dosha. Tarpaka is also a subtle dosa and is situated in the head. Its function is to nourish and refresh all the sense organs that are situated in the head. The last is sleshaka the kapha that is situated in the joints. This is gross. It helps to keep the various structures of the joint in position. It gives moisture to the joints and so prevents friction. This may perhaps be identified with the synovial fluid that is present in every joint. In Pathology, when samprapti (morbid changes) of amavata (Rheumatism) is described, it is said that ama or the toxic products reach the joints which are the seats of kapha. The condition described looks like synovitis. So sleshaka kapha can be identified with that of synovial fluid.

The person with kapha prakriti or temperament will have the following attributes. Kapha prakriti man will be white in appearance and will be properly built. He will have a desire for sweet things. He will be grateful to people who help him, will have fortitude and forbearance. He will be strong, slow in obtaining friends and would keep

enmity for a long time. His eyes will be white, his voice masterly and powerful as that of a lion, and will have long luxuriant growth of hair. He will be an upright person having belief in dharma sastras and will follow the footsteps of greatmen. He is a person who has satva guna predominantly.

It may be seen from the foregoing pages that all the functions in the body mostly physical and to certain extent mental are performed by the dosas. All the bodily activities voluntary or involuntary are attributed to Vata. All the bodily changes where destruction is necessary is done by Pitta and all the constructive process which require shape and stamina are done by kapha. Excepting these what other activity is there in the body to require a separate heading? That is why only Tridoshas are maintained. It should not be taken that these are separate entities staying in the body in different places. It is not so. Though they have a separate-ness and individuality they combine in their action to make the life go on, it is compared to the three pillars which support a structure. They conjointly pass through all the structures in the body so much so there would not be a pinpoint in the body where all the three dosas are not present. The maintenance of equilibrium of these three is health and the disturbance of these three is disease.

'Saraswathi Mahal and its Medical Manuscripts'

By

DR. S. VENKATARAJAN, L. I. M. (Regd.)

(Lecture delivered on the anniversary day of the
Late H. H. Serfoji Maharajah of Tanjore on 26-10-47,
in the Saraswathi Mahal)

Among the Maharattah kings who reigned Tanjore, H. H. Serfoji Rajah, II. (1800-1832) occupies the foremost and celebrated place. His greatness is still represented to day by his collections of great cultural treasure which is handed to us in the name of Saraswathi Mahal. This temple of learning attained its zenith only during his life time. It may also be said that interest had been evinced by the Naick rulers (1550. A.D.) as well as Maharattah rulers like Shahaji (1711. A.D.) and Thuljaji (1735. A.D.) Rajas. There are evidences to show that these kings had patronised learning considerably and several pandits of repute had been maintained by them.

During the time of Regunatha Naicka (1614-1630. A.D.) Govinda Dikshitha, Rajachoodamani Dikshitha, Venkatamakhi, Kumarathathachariar, and Baskara Dikshitha were some among the poets. The following viz., Sangithasudanidhi, Varthikabaranam, Chathurdandiprakasika, Rathnakedavijayam, Athmapareeksha are attributed to them, which are available to us even now from this treasure. It was Raja Serfoji that devoted all the time and resources to add substantially to the manuscripts and printed books in the library. He has also requested many poets of different parts of the country to assemble here and enriched this library by getting several books written by them on their favourite subjects.

Raja Serfoji, with a view to the advancement of medical Science in those days, has established an institution called "Danvanthari Mahal" in which great physicians of the East worked together and pooled their knowledge and recorded their results of their researches in the manuscripts enshrined in this library. Similar to the efforts in the medical field Sangitha Mahal for the Music and Natyam and Jyothisha Mahal for Ganitha and Jyothisham had their own patronage. In 'Danvanthari Mahal' a medical school was also started with a view to propagate the medical science for the benefit of the people. Under the auspicious of this mahal several valuable medicines from the metals like Gold, Silver, Abrakam, Kantham, Pearls, etc., had been prepared and stamped with their names on one side and the year of manufacture on the other side. Those medicines may be had even today. During the recent exhibition Rasaboopathi, Kanakasundara rasam, Hemaboopathy, Swarnamalini vasantam and so on, were some among the many valuable exhibits. These medicines will retain their efficacy for many number of centuries.

The palm leaf and paper manuscripts in this library number very nearly 35000. This library is certainly a treasure house of manuscripts of first rate literary and historical importance in the whole world. Out of all the manuscripts nearly 600

relate to Medicine. They are mostly in Grantha, Telugu, Sanskrit and Tamil scripts. The medical manuscripts in this library provide great scope for research and for the resuscitation of indigenous formulae and prescriptions, peculiarly suited to our country. Similarly the manuscripts in Science which lay down the methods of preparing many valuable chemicals provide equal scope for research. Besides medical the library covers a wide range in subjects like Art, Philosophy, History, Religion, Astrology, Music, Military Science, Natural History, Law, Culinary Science, Sociology, etc.

It is desirable to diffuse for the benefit of Medical practitioners at least some of them. Many of these works had not yet been brought to print.

We will classify them as below, for an easy approach.

1. Original manuscripts relating to Standard Medical Text :—

Ashtangahridayam, (with its commentary Ashtanghridaya Deepika by Hatakanka, Padarthachandrika, and Ashtangahridayasangraham, which are not yet brought to print), Susrutha Samhitha, Bela Samhitha, Kasyapa Samhitha, Ayurveda Suthram, etc.

2. Works relating to our daily duties :—

Annapanavidi, Anubogakalpam, (in which several Danas and Santhis are written for the cure of various kinds of diseases), Pakavali and Pakadarpana which deals with various cooking arts, Ushahpaneeyam and Bojanakuthoohalam by Regunatha. (Which is going to be published by Travancore University)

3. Works relating to treatments :—

Chikitsa kalika, Vaidya jeevanam by Lolamba, Sathasloki by Bopadeva (It also having a commentary by Venidatth. and Yoga sathakam by Vararuchi, Siddhanagarjuneeyam in which special Prescriptions are mentioned for Bugs and mosquitoes, besides treatments for diseases.

4. Treatments for Children :—

Balathanthram by Ravana.

5. Works dealing with the characters of Herbs :—

Gunapadam, Beshajakalpam by Baradwaja, Rajanigandu, Vaidya Nigandu, and Ayurveda Mahodathi by Sri Suka.

6. Works relating to Rasa Oushadams :—

Rasaprayogam, Rasasaram, Rasarajalakshmi, Rajamruganka by Famous king Boja Raja, Anandakandam (in the form of Dialogue between Siva and Parvathi dealing with metallic preparations and rare herbs) and Rasarathnasamucchaya by Nithyanatha Siddha.

7. Important works on Eye Diseases with their treatments :—

Nadilakshnam, Nadipareeksha, Rugvinicchaya, etc.

8. Valuable and complete treatises on medicine compiled by H. H. Thuljaji Maharaja (Father of Sherfoji II.) :—

Danvantharivilasa and Danvantharisaranidhi. (This work contains many medical preparations for various kinds of Diseases.)

9. Interesting works on Eye Diseases with their treatments :—

Nethraprakasam by Nandhikeswara, and Kapalikagrantham.

10. Treatments of Poisoning :—

Vishavignanam and Visha chikithsa.

11. Medical Lexicons with Tamil and Telugu equivalents :—

Moolikanukramanika, Moolikasadhasanghrahya, etc.

12. Work on weights and measures :—

Karshadipramanam.

13. Some treatises dealing with special diseases and their treatments :—

Atheesaralakshanam, Sleshmajwaranidanam, Rakthapitha chikitsa, Sarvakasa beshajam, and the like.

14. Works dealing with medicines only each consisting of 4 or 5 leaves :—

Arunakesaramrutha Thailam, Jyothishmathi Kalpam, Awagendi Churnam etc..

15. Works allied to Vaidya sastra :—

Uthpalaparimalam by Varahamihira, Kalyanakarakam Kauthukachinthamani Chamathkarachudamani and the like.

16. Finally, Works on Veterinary Science :—

(Particularly dealing with Horses and Elephants :)

Aswa chikitsa, Aswaayurveda by Vyasa, Gaja Vaidya, Gaja Sasthra by Serfoji Raja himself.

11. Tamil Manuscripts.

Tamil manuscripts on medicine which number 200 are equally if not more valuable than Sanskrit collections. They comprise

1. Rare and unpublished Samhithas in the names of Siddhas like Agasthya, Konganar, Macchamuni, Yugi muni, Bogar, Yakoob, etc.,

These give valuable yet simple prescriptions for Basmias, Sinduras, etc., and for synthetic preparations of chemicals. Chief amongst them are,

Macchamuni Perunool Ennuru :

Gives details of various spells and incantations besides the preparation of camphor.

Konganar sarakku vaippu Nooru :

Gives detailed information about the preparations of various salts and asofoetida.

2. The special treatises composed by the experts of 'Danvanthari Mahal' of Serfoji Raja covering the whole range of medicine are about 17 treatises each dealing with a particular topic, viz. 'Sarabendrar Gulma chikithsai', 'Sarabendrar Rana vaidyam' 'Sarabendrar sthree, bala chikithasai' and the like. In these manuscripts, the whole signs and symptoms of various kinds of diseases are completely written in simple stanzas in an easy understandable way. There were 3 authors for these compositions at that time. They were Velayuda Upadhyayar, Sivakozhundu Desigar and Thiruvankadatha Pillai. Among these manuscripts are found valuable prescriptions for the most obstinate diseases like Cancer, Diabetes, Asthma, Leprosy, Tuberculosis, etc. A prescription for softening Cancer found in one of these manuscripts involving the use of Rat's excreta was curiously enough supported by an Indian I. M. S. Officer who had studied in Edinbrugh who cited his own experiments in injection of rat's extracts for the treatment of Cancer.

3. *Manuscripts containing miscellaneous recipes, about sixty in number* chief amongst them being:—

1. *Anuboga Vaidya Attavanai*:—This manuscript gives a description of medical preparations from indigenous drugs for various diseases.

2. *Visha Vaidya Attavanai*:—This manuscript gives a description of Poison and their treatment.

3. *Vaidya Attavanai*:—Besides describing various preparation for various diseases, the manuscript deals with Alchemy also.

Recently, Our Popular Ministry has pleased to grant a sum of Rs. 10000/- to be used for the publication of these manuscripts. The Authorities have taken an initiative to bring about the publication of 17 Research Manuscripts of 'Danvanthari Mahal' viz. 'Serabendrar Vaidyams' in Tamil. But, this grant is quite insufficient for publishing books in

different Sciences. Foreigners have taken advantage of this huge treasure given by late Kings, though it is still in darkness in our native land. Those who are interested in the research of different Sciences will find this library of immense value to them. If the gesture made by Madras Government of giving more financial aid will materialise, it is hoped that some concrete work can be done by publishing many manuscripts in due course. This will enlighten our public and they can realise the vast knowledge which can be acquired from our ancient literatures. It is our objective to bring to light only rare and useful prescriptions which are drowned in this ocean of Knowledge for the public and medical practitioners through the medium of '*Journal of Indian Medicine*' and thus rehabilitating our indigenous medical culture and bringing to practice these medical prescriptions. The first manuscript 'Sarabendrar Gulma Chikitsa' in Tamil which is under print now, will be available for the public very shortly.

Stethoscopephobia or Pseudochorea

(A DREAM)

By

DR. T. P. RAJAGOPALAN L. I. M.

I.

"Pittar, patter, pittar patter, drip, drip, drip" went the rain on the window pane of Miss Dorothy's bedroom on a fine morning early in winter. Miss Dorothy was a delicate young girl of eighteen, considered to be one of the very few intelligent and bright students of her school. Following the rain delicate Miss Dorothy caught cold as a consequence of a chill draught and very like a hot-house plant she went her physician for treatment.

The doctor wished her good morning and gave her a seat. No sooner she took her seat than was heard a shriek and she ran away from the clinic. The doctor followed accosting her all the while to stop. Miss Dorothy now and then turned back, but every look at the doctor made her increase her speed. No effort of any kind could stop her till she reached her own room and found herself in a shawl.

The physician became nervous of the situation and so called to assistance his colleagues and senior physicians. They all reached Miss Dorothy's room and found her lying on her bed nearly fainted due to exhaustion of running.

The physician gently addressed her, all the while patting her gently. She turned up to see the physician and soon a shriek was heard and she was on her heels again. But, poor creature, she could not run long and so she fell flat and she could not be turned over for all the efforts of the men about her.

In the crowd around Miss Dorothy, there was an old woman of ninety, Mrs. Hubbard, a psychologist by instinct. She pressed forward and coming before Miss Dorothy, said, "Oh! Miss Dorothy has become a mother? Is that so?" It was all; it worked wonders and Miss Dorothy was up on her feet in a frenzy and demanded an apology of the old woman. This mood stayed but short, for soon her eyes met the look of the much averse physician and she once more fell flat. Now the old woman did really find the relief. She implored the physicians out, except the one whom Miss Dorothy had sought. She then got him to remove the stethoscope from around his neck. Then she repeated her old statement adding that she would prove it positive. This Miss Dorothy could not stand and so she got up in a fury. She looked at her physician. Now all was quiet. The old woman and the physician came to an understanding and had her isolated to a tranquil room in seclusion. The physician prescribed her chloral Hydras and Acid Potassium Bromide.

A couple of weeks' complete rest and isolation brought Miss Dorothy to her normal health.

Observations.

Name: Miss Dorothy; Age: 18
Sex: Female.

Definition: Acute psychical disturbance.

Etiology: Fright, caused at seeing the stethoscope on the table of the physician, which was lying in such a curley form

as to suggest something dreadful, coiling about-Purely accidental.

Pathology: (1) Simple endo-carditis
(2) Slight softening of the basal ganglia.

Symptoms: A: Cardio Vascular System: Rapidly acting heart. No pain. No sign of serious valvular affection.

B: Respiratory system: Paroxysms of panting present in a mild form C: was absent during sleep.

C: Nervous system: (1) There was not much variation in the knee-jerk. No trophic lesion. (2) Physical disturbances: Emotional out-bursts. Memory enfeebled. She could not even care to go through and advertisement pamphlet. There was a complaint that she was receiving something curly moving towards her as though to attack her.

Course: Lasted for two weeks, the serious symptoms gradually waning.

Diagnosis: Stethoscope phobia-was arrived at as the disease, from the shrieking of the patient at seeing the Stethoscope with the physician and the same shrieking being absent in the absence of the Stethoscope. (Old woman Psychologist's version).

Treatment: General: Firstly, quiet and seclusion and if possible, a recumbent posture for the patient, at all times. Perfect rest for the brain was given and the patient was allowed not even to do toilet or to make paper toys, by way of recreation. Protection from chill draught.

Medicinal: Chloral hydro 10 grs. for three days.

Dietic: Liquid diet especially milk with lactose and fruit juices. From the fourth day varied food was given.

Psychic: In the beginning of the second week a small Indian Ink-drawing

of a Stethoscope was placed in her room along with her food and she was observed from behind. There was no disturbance. On the following day a miniature model was placed within her reach and observed. It had no effect. She even tried to handle it. On the next day a real stethoscope fixed in a frame was placed in her room. Even this had no change in her. On the fourth day of the Second week, two stethoscopes, one as it is and other in a frame, were placed with a card designating them "Stethoscope". She was as usual observed.

There was a peel of laughter, and she came out calling, Doctor! Doctor! At once the doctor met her on the way and asked her what the matter was. She then explained that it was that Stethoscope of his that made her behave as she did. It looked to her, when she went to him for treatment (for Coryza) as if it were a sort of a Snake.

By a further questionnaire, the Doctor was able to call out the fact viz., that she had lost a medal very narrowly and since then she had become very irritable. This fact is certainly in favour of such disease as the one she got.

II.

If you *sneeze on Monday, you sneeze for danger.

Sneeze on Tuesday, Kiss a Stranger

Sneeze on Wednesday, Sneeze for better

Sneeze on Thursday, something better.

Sneeze on Friday, Sneeze for Sorrow.

Sneeze on Saturday, you will borrow.

Sneeze on Sunday, See your Sweet-heart to-morrow.

* Sneeze signifies sneezing continuously three and more times in the absence of cold etc.

Om

A Study of Astrology, Astronomy & Palmistry In Relation to Ayurveda.

By

Vaidya-Bhushan- Dr. T. L. KANTA RAO, L. I. M., 'Vedalayam', Pedapalem.

Every being in the Universe forms part and parcel of 'BRAHMAN' to the full brim with the difference in miniature and manifestation. Every particle in the universe attracts every other particle of matter with a force directly proportionate to the products of their masses and inversely proportional to the square of the distance between them. Hence, one object has something to do with another to act upon weight and distance in which they occupy at the outset of the objects in creation in the world. As sciences advance, everybody is expected to avail of the best advantages of the objects of HIS creation to the benefit of the individual in particular and the public in general.

As sound body helps us to make a sound mind and a firm and pure character, one should possess sound health before he attempts to gain something else to be happy in the light one views it as to one's capacity during the course of his trials. Health depends mostly on one's habits, the nature of food, the company in which one moves, (with persons of different types of moods), the nature of the prayer one undergoes, concentration and the like. The higher the grade one attains, the greater is the strength, stage and

position one will occupy. In this course, one should see economy in the line of money, labour and the period of time it will take to recoup strength etc., in the achievement of the objects longed for in the course of the attempts and events, in the scientific medical practice. Food is not the only factor in the way of improvement and growth of the body. One must note that our bodies are built up with PANCHA-BHUTATMA-KAM and these components of the body are really the nearest blood relatives and are conducive to the development of body, mind etc., which are only instrumental in attaining one's own self-realisation ultimately in its real existence to be worth while its trouble in the course of advancement. This will depend more or less on the mutual help and understanding so as to be useful and depend on one another in some way or other mutually.

The planets are in a better condition and superior to the object on earth of His creation. They have got superior qualities with sumptuous reserve at their disposal to disseminate vigor, vitality, and such other qualities that are essential in the sound improvement of the objects of HIS creation on earth at every step and every movement as a

matter of necessity in the line of advancement, growth in the line of physical, mental and spiritual phases. Hence, one should know the nature of the planets and the qualities they contain and maintain in their reserve, and the heads of the different sorts of departments to which they happened to be in charge of the Port-folio for our information and guidance, for the purpose of application of the same during the course of attempts in relieving the suffering humanity of their ailments.

The food-stuffs and drugs have got the qualities and strength acquired from the planets directly and the application of these drugs on the patient will serve as an indirect remedy to root-out the diseases of various types. In receiving the qualities and strength, magnetism etc., from the planets, everything must be received only after passing through a distance of remote type to reach the destination where the drugs are located on the earth in the creation itself. Hence it is very much contaminated in the way of dissemination in the process of receiving the rays from the planets, all through the distance to reach the drugs etc. In this way, one should note that the contamination is due to the evil impressions and waves that flow in the air from the living beings on earth to the different drugs. Hence, the same drugs got from forests, mountains and uninhabited quarters on earth will bear quite different results in the course of application of the remedies sought for in the course of the preparation of the same prescriptions given by different vaidyas. In consequence of which the application of different planets on the patients directly will tell upon the health in a quite different manner and produce tangible and conducive results, with the result the diseases will be rooted out earlier and at the same time give

effect to the suffering patients immediately, just like injections in giving relief. So much so even from the economical stand-point of view, this method of treatment, by way of direct application of the planets themselves will stand first in preference to the methods of treatment of different phases of treatment like Allopathy, Ayurveda, Homeopathy etc., This new method of treatment is based mostly on deduction while the other classes of remedies are based on induction. The former class of treatment is based on the kindness, pity and turn of vision of the Almighty of HIS own accord on the followers of this class who will be on their own self, thinking that everything rests with Him only, as long as the disease is within his control and hands and then, this later class also will entrust the case on HIM at the last juncture and stage and realises that it does not really rest with them in the critical stage at last for that moment and in that case only for the time being.

Now we shall deal in detail the relationship between these planets and the living beings on earth and the possibility of taking advantage of the said planets and the application of the same in the course of treatment to give relief to the suffering of the patients, who rest on them to do the needful in their own humble way.

Of the five elements: FIRE, AIR, EARTH, WATER and AKASAM the nature of food that is needed for the body will come under the category of Earth (Pridhvi-bhutham) and the other four items are also equally important and essential to fulfil the conditions that are essential to bring up the body in accordance with their respective proportions in which they ought to be. Any variation in the proportion, either mor

or less, will tell upon the health of the body with the result that it will be worn away and it has to face death in case the proportion becomes beyond perfect recovery and reaches climax. Each element will play its importance on the body, but the effect will depend more on the main element however small it may be in their respective aspect of the components existing in the system of the body.

The planets will play their part on the bodies of earth and give effect to their respective qualities attributed to these seven PLANETS:—

VENUS: Love, sensibility, and passion, having hold on sperm.

MARS: Vitality, courage, fighting nature etc., having hold on paste or glue (Moolagu)

MERCURY: Mentality commerce and science, having hold on skin.

MOON: Imagination, romance, changeability, having hold on blood.

SUN: Brilliancy, fruitlessness, and success, having hold on bones.

JUPITOR: Ambitions, power, domination, having hold on brain.

SATURN: Reserve, melancholy, and seriousness, having hold on nerve. Besides these qualities-Sun, Moon and Jupiter are the planet of Satwa-Guna.

Mercury & Venus of Rajo-guna.

Mars & Saturn of Thamas-guna.

These are the masters, operators and controllers of the beings on earth, and their relation with PANCHA-BHUTAS is as follows:—

Jupiter is the master of AKASAM

Venus—water;

Saturn—winds.

Mars—Fire,

Mercury—Earth,

Again, coming to DOSHAS the relation-ship is as follows:—

SUN has got the nature of PITTAM; MOON—VATHA SLESHMAM; MARS—PITHAM; MERCURY: VATHA, PITHAM, & SLESHMAM; JUPITOR—SLESHMAM; VENUS—VATA SLESHMAM; SATURN—VATHAM.

Hence, the nature of health will be consistent with the action which the planets play on the beings of earth with such a force and degree in proportion to their respective hold on each being of earth that do exist to the best of their ability, for or against, basing on the volume and distance each planet occupies in the HORIZON from the beings of earth at the time of birth of each living-being. The STARS also have something to do with the living-beings on earth. The career of each living-being will take up and run with the rotation of the earth and stars at the point on the basis of the particular star that prevails at the time of ones birth and continues ones life to play on the game to the last moment of ones existence on the earth mingled with so many vicissitude and immersed in pain and pleasure, willingly or unwillingly.

The SUN is the Kala-purusha: MOON - mind: MARS - strength: MERCURY-mouth-piece: JUPITOR-vignanam: VENUS-source and cause of love: SATURN-source of calamities: SUN & MOON-rule and control the living-beings:—

JUPITOR & VENUS are the Ministers: MERCURY is the Kumara: MARS is the Netta: SATURN is Preshya:—

Jupiter, Venus, Mars and Mercury will have their influence on SAKHAS: Mars & Sun on DHATHUS: Saturn & Moon on MALAS: Jupiter & Venus on the origin of JEEVAM: Mercury will hold all the above qualities etc.

In case Sun is not favourable, in that bad period, he will give rise to fevers of virulent type, consumption, and weakness due to motions and like diseases.

In case Moon is not favourable, he will give rise to bloodlessness, anaemia, beri-beri, jaundice, cutting down in ones body to the climax of becoming like skeleton, venereal diseases and such like troubles.

If Mars is in bad position, one will catch cold (Kapkadhiyam), inflammation in the throat, hernia boils of severe type, pennylessness etc.

If Mercury is bad, one will get wrong in Anus, belly, dysentery, keen pain etc.

If Venus is unfavourable, it will cause dropsy, (Jalodaram), or dyspepsia, venereal diseases due to excessive heat.

If Saturn is bad, causes derangement in brain.

In case TAIL-KETU is bad, the effect will be itching sensation, small-pox, bad effects due to trouble from unfair people.

In case HEAD-RAHU is bad, it may give rise to absent-mindedness, small-pox, and infectious diseases.

Thus, if one is well versed in Astrology and Astronomy, he will know how and when disease will tell upon different bodies of different individuals, and when one plays splendour and good health etc.

He can also know when and how they can be overcome and won over to success. Thus one may have the advantage of its preventive remedy to the best of his ability.

Hence, we can catch hold of the common clue of all the sciences put together and can have benefit in practical application for diagnosis, prevention, cure and prognosis.

So, it goes without saying, that in astrology, all the systems of healing-art have something to do with every other science. By observation we see that all these systems of different types of cures will have one common original source, wherefrom they got power and influence as much as the originators of a peculiar science can suck, retain and develop to their full capacity.

Now, coming to the science of PALMISTRY, let us study how it could help in serving the suffering humanity:—

It is said that, NAILS short in appearance denote a tendency towards weak action of the heart, more so when the Moons are very small or barely noticeable.

When the nails appear very flat and sunk into the flesh at the base, they denote nerve diseases. When they are 'Ribbed across the nail from side to side,

the danger is still more apparent. When a deep furrow is found across the nail, it is a sign in any hand that an unusual call has recently been made on the nervous system by illness. If certain rules are followed, the date of this illness or strain can also be very clearly indicated, the details of which, I shall deal in a more elaborate paper.

White-spots on the nails are a sign of general delicacy and when the nail is seen covered with small white flacks, the whole nervous system is in a low state of health.

Very narrow nails show spiritual weak-ness, and when extremely curved and very thin, they indicate curvature of the spinal-column and great delicacy of the constitution.

When the nails appear flat and inclined to lift themselves up from the flesh towards their outer edge, the threatened danger is towards paralysis and still more so when they look like a shell and are pointed towards the base.

When the nails are without any signs of Moons and whitish or bluish in colour, the disease is in a very advanced stage.

MOONS on the NAILS:—Large moons always denote wrong action of the heart and rapid circulation of the blood, but when unusually large, they indicate too much pressure on the heart, rapidity in its beat, the valves over strained and danger of bursting some blood-vessel. Small moons denote poor circulation, weak action of the heart and anaemia.

When close to death of a patient, the moons are the first to take on a bluish look, and latter on the entire nail becomes blue or almost black in colour.

As per the ZODIACAL CIRCLE and its relation to the birth time of individuals, much can be said of their health and ill-health according to their negative and positive position. SUN & MOON are the two commanding planets, while the other planets possess both the qualities of negative and positive, which denote mental & physical characteristics.

MARS - Positive will give effect to a strong martial nature. They are prone to fevers and blood diseases, especially in their early life. In youth they are also very liable to fits, epilepsy, severe head-aches and often teeth troubles. In old age they are liable to suffer by apoplexy, vertigo, pains and specially so if on their hands the line of HEAD looks frayed, or made up of little pieces like a chain. Such people should be advised to cultivate repose, self-control and above all to avoid wines, spirits and stimulants of all kinds to which as a rule these natures are very much inclined. Much is said about this, details of which I propose to deal in a separate elaborate paper.

JUPITOR - Positive, are victims of Rheumatism and acid complaints than from any other form of disease inflammation of the tongue and throat, boils, carbuncles, eczema etc.

SATURN-Positive, are victims of swelling in the limbs, digestive disorders and drugs are found often to fail to work in these cases.

Now, finding that there is relationship between human body and the planets, for the purpose of getting benefitted by that, we will have to search for some clue in "SRUTHI, SMRUTHI, YUKTHI, & ANUBHAVA", the details of which I would like to deal with separately.

Coming to the curative-aspect, for the different ailments and sufferings, so many systems of remedies sprang, some in way of chanting MANTHRAS etc., to win the particular planets to ones side to come to some rescue directly or indirectly. Out of the in-direct method, so many systems of medicine try to mitigate and remove the pain and rootout the disease finally or atleast tentatively depending on the capacity and strength of the ingredients and the roots that are used in different systems of medicine, mostly depending on the nature of the place they dig and in the way they prepare them.

Some diseases will occur purely due to mental unequilibrium and feverish thirst to quench and achieve the material type of undue and unhealthy desires. Such diseases due to the latter cause will not be cured in spite of application of roots and drugs of any system of medicine, however subtle they may be for the mere reason that the root of the cause has not been caught hold of and removed. The remedy for such troubles is only PSYCHIC TREATMENT.

For diseases due to irregular habits and deviation from rules of nature and hygienic principles and methods of living suited to every system of religion in its own way, any system of medicine based on the drug will suit.

The scientists' investigation can go only as far as physical ethiral vibrations could go and no further, as the mind is so constructed that it cannot go beyond the phenominal world. As the scientist comes to a dead-lock, philosopher takes up the next step to continue the research these two investigations combined make the science perfect. ... That is why, science which at one time discarded PHILOSOPHY has since

become her hand-maid and has therefore made wonderful advances.

Drugs of different systems will be applied to rootout the disease or atleast mitigate the suffering-roots after all got powers to the tissues from different planets and in case the IONS can be communicated direct from the different planets which will be fresh, having got from the fountain-head direct instead of secondhand nature. The application of such Ions, will tell upon the body in quite different ways. These suitable Ions, when charged directly or indirectly on the bodies attacked with diseases will give rise to favourable results, thus giving immediate relief to the patients in time. Thus one can do the needful by availing the opportunity of receiving MAGNETISM or IONS, or SOUL FORCE or call it what you may, to have the advantage to meet our purpose and be benefitted by it.

According to AYURVEDA, by feeling the pulse one will come to a certain conclusion and can diagnose the case. This result may be conveniently verified by seeing the HOROSCOPE of the patient if his conclusions are correct and the same can be confirmed by seeing the palm with the help of palmistry. With the result one will arrive at a right conclusion and no experiment need be made on the patient which may enhance the disease and even sometimes one cannot have an anti-dote for the mistake in case it passes away the limits of perfect recovery. So this kind of treatment will help the doctor to put on the safe side in arriving at a right diagnosis of the case. Hence, one science has something to do with another and if one is perfect atleast with one system, he will himself understand the common factor and the link connected with every other science, provided he has a will to peep into them

honestly and sincerely and has a complete unconditional surrender to the ALMIGHTY.

All the ways of links between the planets and the patients must be in good condition and order and in one line, quite unblocked, uninterrupted and quite open to receive light, magnetism, from the source itself directly.

In practice, we see that cases of different types of diseases can be cured and there are persons who got advantage by it. Persons who got the advantage can understand how far this kind of treatment is in so many ways preferable, if not at least is in no way inferior, to the different systems of treatment now existing in the world when compared with the time limit to be cured, the cost of treatment etc. Hence we see this method of treatment can be upheld and wise people can develop this system and have a research and arrive at certain conclusions and developements and results of advanced type to be useful not only to oneself in particular, but also to the best advantage in the interest of the science in general in the long run.

In the course of very intricate cases, in my own experience, I have found this method to be of great use to maintain heat when there is sudden fall in temperature and to arrest virulent types of fever and keep up normal condition without any sudden fall or raise in temperature of its own accord without any control by drugs, and in emergent cases which caused great anxiety, served as a safeguard without the application of

'MUSK' etc. to maintain heat and to keep up steady pulse throughout to my entire satisfaction. Certain zones of danger could be got rid off by administering 'AQUA or VIBHUTHI (ASHES)' charged with Magnetism through the influence of the planets.

In conclusion, I am convinced, that in case one is capable of knowing the science in one aspect of the subject, for instance, Astrology, he will be in a perfect position to know and understand how one individual will be affected in ones health the time the nature of the suffering, the duration of the suffering, the period of its relief, the nature of the treatment apt to the nature of the disease to be rooted out and such other reflections. Those may be solved by carefully following it, by deeply penetrating and investigating thoroughly in one subject in which he is well-versed. Besides, the study of one subject means, he should do so thoroughly with the application of the important aspects of different sciences. This kind of comparative study will be a source of help for the individual, so that he may verify the result of his investigation and test it and know oneself the result of his investigation.

Basing on the principle and main theory of DEDUCTION which this system solely rests, I leave the matter at this stage to elders and better investigators to arrive at better results in the advancement of this most vital aspect of the HEALING-ART, and SCIENCE.

T. L. Kanta Rao.

A Note on the Preparation of an Ayurvedic Pharmacopoeia for Mysore State.

By
DR. C. DWARAKANATH

This note was prepared for the use of the members of the Ad-hoc Committee constituted last year by the Mysore Committee of Indian Medicine with myself as its convenor, for preparing an official Ayurvedic Pharmacopoeia for Mysore State. The general principles on which an official Ayurvedic pharmacopoeia is suggested to be drawn in this note will apply to All-India as it does to Mysore State. I have released it to be published in the columns of this Valuable journal with a view to elicit further suggestions and views, if any, on the question from the learned members of the profession.

Introductory :

(1) The question of the preparation of a pharmacopoeia of Ayurvedic medicines has been a subject of repeated and frequent discussions among the members of the profession for many years now, and so far no standard pharmacopoeia consisting of medicines common to all parts of the country is known to have been prepared and given an official recognition by the Governments of the States, or Provinces, comparable to those of the Western Systems of Medicine. It may be generally stated that the position in this regard remains in the same state as it has always been (i.e.,) (1) the preparation of medicines are based on the classical books in which they are found mentioned, such as Charaka, Susrutha and Sarangadhara Samhitas, Vagbata's Sangraha, Hridaya, Baishajya Ratnavali, Bava Prakash, Basavarajeeya, Rasaratna Samutchaya and Sahasra Yoga, etc., many of which are more or less systematised pharmacopoeal works; (2) Each Vaidya prepares a set of preparations which he has tried and found to be useful in his practice, derived for the most part from the above works; and, (3) Institutions such as the Government Ayurvedic College, Mysore; Government School (now—College) of Indian Medicine, Madras, Sri Venkatramana Ayurvedic College, Madras etc., have compiled the several preparation derived generally from the above mentioned texts in the form of a pharmacopoeia for the use of their respective institutions.

This question was one of those considered by the Subramanya Iyer Committee of 1942, and also the Ad-hoc Committee constituted by the Government last year, "to consider the question of forming a Central Pharmacy for the preparation of standard Medicine." The former recommended in their report that

"with a view to maintain the integrity of indigenous system among other things, to write and publish materia medica, and pharmacopoeia for adoption in general by dispensaries in the States." The latter committee considered this question at some length and stated as follows in their report:—

"One of the important tasks which is before us for our consideration is the question of standardisation of Indian Medicine based on a pharmacopoeia. In the order of importance, the preparation of a primary or basic pharmacopoeia should precede standardization.

In the preparation of a common pharmacopoeia which should represent the compilation of standard medicines of proven value and utility common to all parts of the country, there should be little or no difference in respect of their composition and method of manufacture. As stated by Vaidyaratna Captain G. Srinivasa-murthi in his circular quoted in para 5 that,

"the ancient practice in this country was (and it continues to be so to a large extent even to day) for every practising Vaidya to be his own pharmaceutical chemist, when of course he was quite sure of the quality and genuineness of his own medicine",

the standard in respect of the quality and effect of many of the common preparation is a matter which at present depends mostly on the physician who prepares them. The same position, *pari passu*, has been observed to apply in regard to the quality and effect of many of the shastric medicines prepared and sold by different firms (we may add here, different Vaidyas also) at different periods. It has also been observed that preparations prepared by one and the same firm (also Vaidya) at different times varies greatly in respect of the quality and the effect they are expected to produce. The position in regard to the quality and effect of many Indian Medicines as it obtains to-day is quite unsatisfactory and no effort has so far been made to bring them on a level with allopathic medicine. This brings us to the urgent need for preparing a pharmacopoeia, which can only be done in an institution of the type of Sri Jayachamarajendra Institute of Indian Medicine."

Terms of reference to the committee and definition of the term pharmacopoeia.

(2) It is perhaps necessary for us to consider here the terms of reference to this Ad-hoc Committee, which is,

"that a standard pharmacopoeia which may consist of single drugs or compound medicines which can be easily prepared and effectively used be drawn up",

together with the definition of the term pharmacopoeia accepted all over the world, which is,

"a book published under the authority of a recognised body generally constituted by law, for the purpose of securing uniformity of composition and strength of medicines used in the treatment of diseases." (Gosh).

When the terms of reference to this committee and the definition of the term "Pharmacopoeia" are read together, the scope of the work of this committee would become clear. In other words, this committee which has been brought into being under the authority of a recognised body constituted by the Government (i.e., the Committee of Indigenous Systems of Medicine, is to prepare a book "consisting of single or compound medicine, ensuring for their uniformity of composition and strength, and which can be easily prepared and effectively used."

The material for the preparation of an Ayurvedic Pharmacopoeia.

(3) This takes us on to the consideration of the material available for us to proceed with the task on hand. As already stated in paragraph 1, the position of Ayurvedic Medicinal preparations as they obtain now is,

- (1) They are based on classical works of Ayurveda,
- (2) Physicians prepare their own set of preparations found useful by them in their experience and during the course of their practice, with such modifications often made in their composition as are necessitated by local and other circumstances.
- (3) A few recognised Institutions (as also some Vaidyas) have their own books of pharmacopoeia consisting of medicines, for the most part derived from the classical works and in use in the particular locality and,
- (4) Each Vaidya is, in the last resort, the judge of the purity, standard and effectiveness of medicines prepared by him. The number of preparations coming under all the groups mentioned above are many, and in addition, those used by hereditary Vaidyas are innumerable. It is submitted that, the first thing to do for us in the circumstances, is to collect,
 - (i) all the pharmacopoeias mentioned by recognised institutions with data relating to the frequency of the use of medicines entered therein,
 - (ii) the availability of the several drugs which constitute their composition,
 - (iii) the corroboration in practice of the therapeutic properties claimed for them.

- (iv) variations made in their composition to suit local conditions,
- (v) the dosage employed, and
- (vi) their indications and contra-indications.

The second thing to do will be to collect from individual practitioners, in addition to the data mentioned above, information as required regarding preparations coming under the category of hereditary or traditional recipes. Similar enquiries are also necessary in regard to the use of single drugs. The proper procedure to be adopted in this regard is perhaps the preparation and issue of a questionnaire embodying all the requirements mentioned above to institutions and practitioners of reputation and standing in the States and Provinces to elicit the required data.

The outlines of the pharmacopoeia under consideration.

(4) When all the data as stated above are available, the next procedure will be to prepare the pharmacopoeia proper. I submit that the pharmacopoeia to be prepared may be worked out as follows:—

- (i) Chapter I dealing with weights and measures (Mana-Paribasha—both Magada and Kalinga) and their corresponding modern equivalents, if possible both international and local (All India and Mysore);
- (ii) Chapter II dealing with fairly accurate description of the several apparatus (Yanthras and vessels etc.) which are employed in the preparations of medicines. Suitable diagrammatic representation of such apparatus should be included.
- (iii) Chapter III dealing with the rules, principles and methods laid down in authoritative Ayurvedic works in regard to identification collection, assay, preservation, and preparatory methods of purification of drugs both organic and inorganic.
- (iv) Chapter IV dealing with the general principles, methods and directions for the preparation of the different forms of pharmaceutical preparations of Ayurveda such as,

Churanas or powders
 Swarasas or fresh expressed juices.
 Kashayas including putapaka kashayas or decoctions.
 Phantas or infusions.
 Himam or cold infusions.
 Paniya or weak decoctions.
 Gutikas or pills.
 Modaka or boluses.
 Avaleha or linetuses or confections
 Dravakas or distilled mineral acids.
 Panakas or syrups.
 Rasakriyas or concentrated extracts.
 Arkas or distilled essences or liquors.
 Asavas and Aristas or medicated spirituous liquors.
 Tailams or medicated oils.
 Ghrithams or medicated ghees.
 Ksharas or Alkalies.
 Rasas,
 Bhasmas or oxides & colloids.
 Darpatess.
 Sindhuras or sulphides, etc.

including the different kinds of Pakas of avalehas, panakas, grithas and thailas etc., Putas of Bhasmas and Sindhuras etc., and the duration of time in which the potency and effect of the several medicines can be expected to be kept up. Wherever possible the test for purity and the required standard of the preparations have to be mentioned.

- (v) With the Vth Chapter may begin the pharmacopoeia proper. The usual method followed in the Western System of Medicine in this regard is to classify them in an alphabetical order beginning with Acids, Aqua, Confectio, Emplastra, Elixhira etc., Under each one of the above mentioned heads will be placed the preparations belonging to the particular order. The composition of these preparations, their strength, doses and their actions and uses are to be mentioned. Ayurvedic medicines however, have been generally classified under several headings as stated in the foregoing paragraph.

It will be useful for cross reference, if our pharmacopoeia is prepared both from the standpoint of view of the classification already referred to and also from the diseases standpoint of view, (i.e.) the different kinds of preparations such as Churnas, Kashayams, swarasas, Lehyas etc., useful in Jwaras, Athisara, Rakthapitha etc. A beginning in this direction was made two years ago in this Institute, but it could not progress for want of sufficient staff required for the purpose. As in the case of Allopathic pharmacopoeia the details which will have to be included are the composition, strength, doses, actions and indications and contra-indications. In regard to drugs used singly, and as anupanas to other medicines they may be got up in an appendix to the pharmacopoeia. Preparations specially used in Pancha-karma therapy, the treatment of vranas (surgical) and maternity and poisons may be got up under separate appendices.

Procedure of work suggested

(5) The preparation of a pharmacopoeia is a very responsible and arduous task which has to be taken up by a band of experienced and whole time workers, preferably attached to institutions such as the Government Ayurvedic College, Mysore and the Sri Jayachamarajendra Institute of Indian Medicine, Bangalore etc. Both these institutions do not at present have the staff required for the purpose. It is therefore necessary to see that a special staff is made available for the purpose in view. Secondly, the draft pharmacopoeia will take at least a minimum of six months to be completed. This committee will therefore have to meet at intervals of about two months during this period to review the work done on the subject. Thirdly, arrangements should be made to have a questionnaire prepared on the lines mentioned already and issued to all the teaching and treating institutions of Indian Medicine in different parts of India, as well as to practitioners of standing and reputation in this State and outside which can be expected to provide us with valuable data required for the purpose.

AN APPEAL.

The term Indian Medicine has come into prominence ever since the establishment of the (Government School (now College) of Indian Medicine at Madras. It is a collective term comprising the various systems of the Indigenous Medicine of our Country viz., Ayurveda, Siddha and Unani. The reasons for adopting a new term instead of retaining the original ones is that it was found absolutely necessary to bring these ancient systems up-to-date and render them self sufficient, by imbibing all the latest discoveries of modern medicine and as such there will be an essential change in the course of study to be adopted by any institution that aims to train practitioners of these systems of Medicine. It should be clearly understood that it is not possible to confine oneself simply to the study of these ancient works, as a number of the chapters of these books have become insufficient especially in matters of treatment and the descriptions of diseases which are very scanty for proper diagnosis and prognosis. It is with this aim that the curriculum of studies in the School of Indian Medicine at Madras has been evolved, and an earnest attempt is being made to bring a synthesis of the ancient with the modern systems of Medicine. It has been noted in actual practice that for the purpose of Synthesis, the three systems viz., Ayurveda, Siddha and Unani resolve themselves into only two, since Ayurveda and Siddha can be taken together as they differ from one another only in certain minor details and not in their fundamental principles. Therefore what applies to Ayurveda can also be taken as referring to Siddha, while Unani has to be dealt with separately.

With this object in view, it is proposed to publish in every issue articles that bring the latest information of modern medicine and to explain ancient Texts in terms of Modern Medicines as far as possible in every branch of Medicine viz., (1) Basic Sciences as Physics, Chemistry and Biology; (2) Anatomy; (3) Physiology; (4) Pathology; (5) Materia Medica; (6) Hygiene; (7) Medicine; (8) Surgery; (9) Midwifery and (10) Jurisprudence.

It is hoped that by adopting such a procedure, we will be able to get rid of the dual systems of training viz., Indian and Modern that has now to be adopted in Schools and Colleges of Indian Medicine whether it be Ayurvedic or Unani. In future the Indian Physician or Surgeon who trains students in any institution should himself be able to teach all that is important in Modern Medicine.

An article with this end in view is published elsewhere in this issue.

An attempt is also made to describe the action and uses of some of the reputed Modern Drugs, and pharmaceutical preparations, in terms of the fundamental principles of the Indian Systems, so that they may be employed along with the Indian Medicinal preparations.

Readers are requested to contribute articles on similar principles and offer their remarks on the opinions expressed by the various writers so that we can arrive at a synthesis of Ancient and Modern views regarding each, disease and drug, as early as possible.

Pathology and Diagnosis of Udaram.

BY

DR. V. K. VENKATASWAMI M.B. B.S., F.I.M.

Term Udaram occurs in Ayurvedic and Siddha systems of Medicine. It denotes-literally-generalized Abdominal Enlargement. However, if one refers to the causes of such a condition in Modern Medicine, they are found to be so many that all of them cannot be included under the diagnosis of Udaram. This is because in Indian Medicine Udaram is a specific disease with distinct aetiology, pathology, clinical features and treatment, whereas in Modern Medicine it is only a symptom (or sign) of an affection. However it is not difficult to reconcile these two views. On the other hand there is a definite advantage in proceeding from the Indian to the Modern diagnosis, as the Indian approach gives us a general or 'whole' view of the clinical condition and the modern diagnosis enables one to deal in detail with the parts affected. In many cases it may not be possible to examine the details owing to either lack of proper hospital and laboratory facilities, or poverty of the patient, and as, even under such circumstances treatment has to be carried out Indian Medicine alone gives us the way to deal with the situation. This will not prevent any one from taking advantage of modern diagnosis and treatment at any stage of managing the patient, if only they are available.

Udaras are divided into nine varieties as follows: First four are due to Vata, Pitta, Kapha and Sannipata. Others

are (5) Pleehodaram (Enlargement of Spleen), (6) Yakritodaram (Enlargement of Liver), (7) Badhagudodaram (due to obstruction), (8) Kshathodaram (due to injuries), (9) Udakodaram (due to accumulation of fluid).

Aetiology and Pathology-Impairment of Digestion the cause which is responsible for almost all ailments-is especially so for Udaram. Dietetic errors and accumulation of excretory products are additional factors. All these greatly aggravate Vata and other Doshas, cause obstruction in the ducts that carry perspiration and other fluids as saliva bile etc., especially in the region and abdomen vitiate Prana, Apana, and Jataragni and thus give rise to Udara Roga.

The Sannipata variety is produced by blood, getting quickly affected owing to causes such as administration of excretory products along with food and drink, enemies giving incompatible substances or a person taking by mistake impure water or attenuated poisons. It gets much aggravated especially in cold seasons when the winds are blowing and rains are pouring.

Pleehodaram is produced by vitiated Kapha and Pitta that are due to taking Vidahi (dry and over-cooked) and abhishyanthi (causing impairment of free circulation by altering the consistency of blood) articles of diet.

Baddagodaram is caused by intestinal tract getting much obstructed by adhesive foods entangling hair stone etc., accumulation faecal matter and consequent excitement of doshas.

Kshathodaram is produced by injury to the intestines by causes such as foreign body mixed with food and a resultant escape of secretions from the injured part.

Aetiology of Udagodaram is as follows—Taking plenty of cold water immediately after the administration of Sneham (Oily things) or Vasthi (Enemata) of either Anuvasana (Oily) or Niruha (Decoctions) type, or emetics or purgatives—vitiate the lymphatics or obstructs them by a coating of unctuous substances which in its turn leads to the accumulation of fluid and consequent swelling of the abdomen.

All these causes of Udaram may be briefly classified as (1) Dietetic errors and impairment of digestion, (2) Chemical poisons; (3) Physical Injuries and Mechanical obstruction and (4) Accumulation of waste products.

Clinical Features

General features of Udaram are—impairment of digestion, swelling of the abdomen, flatulence, obstruction to the passage of faeces and flatus, burning sensation and numbness of the body, Emaciation, weakness and inability to walk.

Vathodaram—Swelling of the hands, feet and the lower part of the abdomen. Discomfort in the stomach, loins, abdomen, pelvis and back—Breaking pain in various joints—Dry cough—crushing pain all over the body—Heaviness in the lower part of the trunk—

constipation—reddish or dark-red discoloration of the skin—sudden decrease or increase of the abdominal swelling—A breaking sensation in the abdomen and anus—spreading of dark thin veins over the abdomen and a tympanitic note on percussion, Borborygmi along with pain the abdomen.

Pithodaram :—Fever-fainting—burning sensation in the abdomen—Tingling sensation in the mouth—giddiness—diarrhoea—yellowish green discoloration of the skin and other tissues—spreading of veins of a red or blue colour over the abdomen—excess sweat—burning sensation all over the body due to body heat getting much increased—soft abdominal swelling rapidly progressing to its full development, accompanied by burning sensation.

Kaphodaram :—Impairment of bodily strength and sensation—Heaviness and swelling of the body—Excess of sleep—Nausea—Salivation—Distaste in the mouth—Dyspnoea—Cough—Pallor of the skin—Abdomen rigid, smooth, and much enlarged, with prominent pale vessels pervading all over and a tendency to increase in size and getting hard cold, heavy, and immobile.

Sannipata (or Dushya) Udaram :—Frequent attacks of fainting Pallor—Emaciation—Great suffering from Thirst and dryness.

Pleehodaram :—Swelling to the left side of the abdomen—low fever—Indigestion—features of aggravated vata and pitta—loss of strength—Pallor and great suffering.

Yakritodaram :—Swelling of the liver in the side of the abdomen—When symptoms that result from a supression

of normal reflexes as urine, faeces, eructations etc., are present with pain in the swollen part and flatulence, vata is dominant. Where fainting, thirst, burning sensation and fever are present, pittam is aggravated—Increased Kapha causes heaviness in the abdomen and other parts, loss of taste, and rigidity.

Badhagodaram :—Frequent passage of small quantities of motions with great difficulty and consequent inflated swelling of the abdomen between the umbilicus and chest.

Kshathodaram :— (Parisrayudaram) Swelling of the abdomen below umbilicus Severe pricking and tearing pain, escape of secretions from the anus.

Udagodaram :— (or Dagodaram) Very large enlargement of the abdomen with its surface shiny—Swelling of a rounded shape, spreading on all sides, and being tense painful with the umbilicus swollen and everted. The appearance is as if it is a leather bag filled with fluid trembling and producing noises.

Prognosis :—

All udara rogas are considered*in general as curable with difficulty. We can cure to some extent with great effort, cases where the patient is very strong and where there is no fluid or the fluid has accumulated only recently. It is almost impossible to cure, badhagudodaram Udagodaram with plenty of fluid and Kshathodaram, fifteen days after their onset. Features of very bad prognosis are Swelling of the eyes, turgidity of the genital organs as penis etc., skin becoming thin and moist, Impairment of raktam, mamsam, jataragni and bodily strength, sense of weakness in the loins, disgust for food, dropsy, diarrhoea, rapid reaccumulation of fluid in the abdomen after it has been removed by purgatives.

The treatment of the Udaram is based upon the above pathology and diagnosis. The questions that arise here are—(1) whether it is enough to treat the patient solely by Indian Medicine. (2) Is Modern Medical aid necessary? (3) If so how is it helpful? The first two questions can be answered by saying that it is not enough to restrict one's diagnosis and treatment to Indian Medicine alone and that Modern medical aid is absolutely necessary as a number of discoveries are being made every day in every field of knowledge and several old methods of treatment are fast disappearing, either due to weakness or altered conditions of the patients. Further, the descriptions of diseases given in ancient books are so scanty, that it is not possible either to diagnosis the disease or know its prognosis properly. This is, of course due to the lack of paper and printing in those days, which made people jot down only those data that have to be kept in mind, leaving out all descriptions of practical methods to be learnt by long training through personal contact.

Therefore we should now take up the modern medical knowledge and fit it with the Indian system without making the latter lose its individuality. This is not difficult if we keep in mind what has already been mentioned viz., while Indian system gives a 'whole' approach to a disease, Modern Medicine enables one to know the details of an affection both about the causes acting and the parts affected. In other words, by modern medicine we come to understand as to how the doshas become primarily vitiated, where they get located, and whether anything specific—medical or surgical—can be done to restore their equilibrium, besides the measures carried out in the Indian systems. Thus we proceed in a rational manner from a study of the whole to a consideration of its parts.

Regarding the pathology and diagnosis of Udaram or abdominal enlargement following are the details from Modern Medicine. Inference has to be made in each case separately, for the two systems, after carrying out all the clinical and Laboratory examination.

First the fallacies have to be eliminated (1) Obesity. Here the umbilicus is usually depressed, (2) Faecal accumulation. These can generally be indented by the fingers. They are always situated in some parts of the large bowel. A course of castor oil or other purgative or repeated enemata will settle the diagnosis. (3) A "Phantom tumour". This is a swelling usually tympanitic sometimes dull, produced by irregular spasmodic muscular contraction of one or both recti-muscles. Spasm of the diaphragm also may produce a generalised abdominal enlargement by pushing the viscera down. It is apt to appear and disappear suddenly, hence the name. The condition is met for the most part in young hysterical women and is usually beyond the control of the patient. The condition disappears when the patient is placed in a position of perfect ease for the relaxation of all the muscles of the body with the knees drawn up and neck slightly bent. Sometimes an anaesthetic removes the condition, (4) Extra lobe of the liver or displaced or movable organs may produce abdominal enlargements (5) Pendulous Abdomen, so frequent in elderly women due to weakness of the muscles, (6) Pregnancy and distended bladder, (7) In the rachitic children, the liver and spleen may be pushed down by the deformed costal arches and causes enlarged abdomen, (8) Pressure of some thoracic tumour causes an apparent enlargement of the abdomen (9) Extreme lordosis (10) Pressure of gas in the stomach and Intestine i. e. tympanites—due to atonic and other forms of

dyspepsia. This is usually intermittent and generally greatest after meals. Aerophagy-air-swallowing) is a common cause.

Main causal factors of generalized abdominal enlargement can be classified under three groups (1) Solid tumours, (2) Fluid conditions, (3) Gaseous distension of stomach, intestine (tympanites) or peritoneal cavity.

Serious causes of Tympanitic enlargement are as follows: (1) Atony of the colon (2) Tubercular peritonitis (3) Intestinal obstruction (4) Paralytic ileus (4) Acute dilatation of the stomach.

Gas in the peritoneal cavity is met within perforation or rupture of some part of the alimentary canal, as perforation of a peptic ulcer, occurs.

Fluid in the abdomen may be encysted or free in the peritoneal cavity. Causes of the latter condition which is called ascites are (1) Portal Obstruction due to diseases within the liver as cancer, atrophic cirrhosis, large gumma at the portal fissure perihepatitis and hepatic congestion, or due to diseases outside it as cancer of the stomach or pancreas or various other tumours pressing on the vein, enlargement of the glands in the fissure of the liver due to cancer tubercle, syphilis, or lymphadenoma and thrombosis of the portal vein (2) Primary heart disease as in mitral disorders and cardiac dilatation, (3) Affections of the heart secondary to lung mischief; (4) Kidney diseases as Acute or subacute parenchymatous Nephritis and waxy granular kidney, (5) Chronic peritonitis usually due to a deposit of tubercle in the young or cancer in the aged, (6) Chylous Ascites as a result of obstruction of the thoracic duct or trauma or spleno-medullary

leukaemia or Filaria Bancrofti. Causes of encysted fluid in the abdomen are (1) Ovarian Cyst (2) Pregnancy with Hydramnios. (3) Hydatiform mole (4) Large cystic fibroid of the uterus especially of the subperitoneal (pendunculated) variety (5) A large hydatid cyst of the Spleen and liver (6) A Hydro-pyonephrosis, (7) A dilated gall bladder, (8) A large pancreatic omental or Mesenteric cyst (9) Large perityphilitic Abscess (10) Pneumococcal peritonitis in children (11) Repeated attacks of peritonitis making an ordinary case of Ascites, into a encysted variety.

The various solid tumours of Abdomen can be studied according to their site of origin or occupation, as stated below I *Right Hypochondrium* Hepatic Tumours and distended Gall bladder (as in cholecystitis). Tumours connected with Duodenum, Right kidney and Right suprarenal. II. *Epigastric Region* Besides the tumours of the liver, we have here cancer stomach and cysts of pancreas and small omental sac. III *Left Hypo-chondrium* - Besides tumours of the liver, Pancreas, Stomach, Kidney and suprarenal, those of Sigmoid flexure and spleen are met with. IV *Lumbar Region* - Renal tumours as Hydro and Pyo Nephrosis, congenital cystic kidney Renal Sarcoma, and Perinephric abscess. Movable or Floating Kidney and Tumours connected with the ascending and descending Colon. V. The *Left Iliac Region* may be the seat of cancer of the sigmoid flexure, cancer and other tumours of the Large

Intestines cancer of the peritoneum as colloid cancer. Sarcoma of the small intestines, diverticulosis and Diverticulitis. VI *Right Iliac region* is the position of Appendicitis, Intussusception of the bowel, pelvic peritonitis, Gumma, cancer, tubercle, or Actinomycosis of the caecum. Enlarged glands, Crohn's disease, Iliac abscess in Pott's disease, Right Movable kidney. VII *Umbilical Region* is the starting place of tumours of stomach Liver and Transverse colon (all of which move with respiration) and those of pancreas, Duodenum, Mesenteric glands and Aorta (that do not move with respiration) VIII *Hypogastric Region* is the site of Bladder; uterine, ovarian, and tubal tumours, pelvic hydatid and pelvic haematocele.

Here it may be noted that though we can equate a particular causal factor sign or symptom between two systems, it is not possible to give equivalents for all, especially to the doshic classification of diseases, since in every clinical condition all the three doshas are present and dominate singly or in combination according to the evolution of the pathological processes. Hence each case has to be judged from the observed data separately by Indian and Modern Medicine and treatment adopted according to the urgency of the case, and the efficacy of the various methods of treatment—Indian or Modern—keeping in mind the sole aim of the science and art of medicine viz. Restoration and maintenance of the health, (*yoga-ksheman*) of the human beings.

Modern Remedies and Ayurvedic Medicine.

CINCHONA.

(Red Cinchona barks).

Dried bark of cultivated trees of cinchona calisya, Cinchona Ledgeriana, Cinchona officinalis, Cinchona succirubra and hybrids of these species.

Cinchona febrifuge: Gr. 5 — 15.

Totaquina: (Total alkaloids of cinchona bark viz. Quinine, Quinidine, Cinchonidine and Quinoidine) Gr. 1 - 10.

Quinine Hydrochloride: Gr. 1 - 10.

Quinine Sulphate: Gr. 1 - 10.

Quinine Sulphate: Gr. 3 - 10.

Dravyam: Vayu and Akas.

Guna: Lagu, Ruksham, Visadam, Sukshuman.

Rasa: Tikta

Veerya: Seetham

Vipaka: Katu

Prabavam:—Though seethaveeryam, powerful protoplasmic poison, kills body cells. Alleviates Pitta and Kapha. Aggravates Vata.

Externally:—Local anaesthetic (Paralyses the Sparsa Indriyam)

Internally:—Jwaraharam especially for Vishama jwaras. Deepanam and Pachanam in small doses. It increases the contractility of plain muscles as Uterus, due to its power of aggravating Vata or diminishing Kapha. Thus abortion may occur in pregnant uterus if given carelessly. The same cause produces the toxic effects of quinine such as general depression, muscular weakness, headache, giddiness, noises in the ears. Deafness, even total blindness and death by paralysis of respiratory and cardiac centres.

Another alkaloid of cinchona viz. Quinidine regulates the heart rate in

Auricular fibrillation. This should be due to its alleviating the excited Vata of the heart

Iodine

This is obtained from the ashes of certain sea-weeds and also from natural iodides and iodates.

Tinc. Iodi Mitis: M5 - 30.

Tinc. Iodi Furtis—External use only.

Potassium Iodide: Gr. 5 - 30.

Sodium Iodide: Gr. 5 - 30'

Dravyam: Tejas—Vayu

Gunam: Ruksham, Tikshnam, Ushnam, Sukshuman, Lagu.

Rasa: Katu

Veeryam: Ushnam

Vipakam: Katu

Aggravates Pitta and reduces Kapha.

Externally: Irritant, counter irritant, Absorbent.

Internally: Sedative expectorant, used in Kasam due to excess Kapha. Dissolves gummatous tissues in Syphilis. It is useful in goitre and sometimes in Exophthalmic goitre. Here its action on pittam, comes into prominence.

Sodium Salicylate.

Gr. 10-30 Sweetish taste.

Dravyam: Peyu

Guna: Lagu, Visadam, Ruksham, Sukshman.

Rasam: Lavanam, Maduram.

Veeryam: Ushnam.

Vipakam: Maduram.

Alleviates Vata and Kapha, Aggravates Pitta.

Used in Amavatam, Kamila (Here it acts as a antiseptic of bile).

ZAHIR — Paichish (Dysentery)

Introduction: The choice of the subject is not based on its significance as a serious disease but the frequency with which it occurs and I thought this will be of some interest to the reader. In the following pages the translations of the "Canon" of Avicenna are given in small types and the annotations and prescriptions are in bold types.

Synopsis: Six causes are given according to Avicenna. The first appears to be a cause manipulating itself locally. The second cause is originated from abnormal Akhlath. The third is inflammation due to heat (change in the temperament of the colon). The fourth is the dried up faecal matter causing dysentery by its irritation. The fifth is the effect of cold in the rectum, and the sixth is a group of mechanical causes.

Definition: Mai-Musthakheem (fixed intestine) Nichli-anath (descend colon) whose abnormal movements compel the sufferer for frequent defecation but in motion nothing more than a slimy fluid is expelled which sometimes may contain small quantities of blood. According to definition there is not much difference when compared to modern definition of similar condition.

Etiology: The etiology of the disease is included in the definition itself which makes definition more comprehensive. Modern definition is that "it is characterised by diarrhoea with the passage of blood and mucous and caused by a specific group of bacilli," for bacillary and "infection of entaemoba histolytica

causing diarrhoea with abdominal pain and tenismus if the lesions are situated low in the rectum" in Amoebic type. Much time need not be wasted to discuss the significance of organism for it is proved beyond doubt particularly in tuberculosis that, harbouring the organism does not give rise to the clinical symptoms of the disease but it is the susceptibility of the individual by Mizaj-temperament—Akhlath—humours -- and other external causes that affect the constitution.

PAICHIS-E-BALGHAMI.

CAUSES. 1. It is due to sour and sharp fluid that falls on the colon and causes a burning sensation which compels man to defecate.

SIGN. Along with mucous this sour and sharp fluid is also expelled.

The first cause refers to changes occurring in the intestines until they enter the colon. What causes chyme to become sour and sharp is not detailed but a history of events preceding the disease will make the condition vivid. This does not make the description of the disease insufficient. The sign which is given subsequently is quiet satisfactory. Why should this sour and sharp fluid be called abnormal Balgham. From the food the first process of digestion according to Unani is its conversion to chyme. At this stage the food has not been elaborated in the four Akhlath.

According to fundamental principles fermentation is possible in cold and moist fluids, of this fluid-chyme-which has its specific temperament. If fermentation occurs it will be in those constituents of this fluid-chyme-whose temperament is to be cold and moist viz, Balgham. Once balgham factor ferments it is due to the effect of Hararath-e-Ghair-e-Thabaye (external causes-heat), acting in its matter makes it sour and sharp.

CAUSE. 2. The cause may be Sharp Safra which is like sour Balgham in action.

SIGN. Along with the faeces sharp Safra is expelled. There will be burning and irritation at the anus.

TREATMENT. For the two varieties the treatment is the same. The treatment is that of ulceration due to Bulgham and Safra. These two conditions are easily amenable to Shiyaf and Hukhna, suppositories and enemata.

The condition Sharp Safra can be expelled by enemata. Safra by its temperament—hot and dry—when it is in excess either in quantity or quality is bound to irritate. Here it is in quantity that is, the diet constituents and such other precedent conditions will show the possibility of Safra constituents being made more in quantity. This sign makes a difference between first and second and also the rest of the causes. "Burning and irritation is a distinguishing feature for the Safra type." The temperament of actuated cold and moist fluid and Safra will give rise to a singular abnormal quality "Hararath"—heat—and the treatment is likewise. It will

be noted that the change for clinical conditions occurs before food is converted into Akhlath—humours. So the author says it is amenable to suppositories and enemata. When enema is preferred in this disease we use a decoction of Gulnar—buds of pomegranate. One in eight by weight of water to which suitable quantities of honey and olive oil are added. Suppositories in those days were used after an enema. As far as I know the paraffin was not the medium. Powered drugs eg. buds of pomegranate, catechu etc., mixed with bee's wax rolled in muslin cloth like wicks used to introduced in anus after smearing olive oil.

CAUSE. 3. This cause may be inflammation due to heat factor. The patient thinks this is to be consolidated faecal mass and attempt and to expel it by some effort. Keelna and Aingna.

SIGN. Colon appears heavy and tender, sometimes there may be fever or retention of urine due to the accumulated mass causing pressure on the mouth of the bladder.

TREATMENT. The flow of the causative material to the part must be prevented,—heat—. Then with the decoction of drugs that will soften and subside inflammation are to be used in the form of Nuthool—Dhara. Patient must be given a sitz bath with decoction of light drugs or suppositories

made out of such drugs are to be used.—drugs; Thukm-e-Khithmi, Thukm-e-Khabazi, and Thukam-e-Kathan.

The inflammation is due to a qualitative change effecting the walls of the large intestines. It may be an abnormal temperament of hot humours involving it. If the second of the mentioned causes had preceded—Sharp Safra—or singular qualitative abnormality of the hot humours affecting the Aza (part) then the feeling of the consolidated faecal matter can be explained in a variety of ways, but it may suffice it to say that an inflamed colon may cause sufficient unrest of a specific nature. The signs that are described are not only characteristic of inflammation but points to distinguish this condition from the rest.

According to the treatment maturing the Madda (matter) is not the first. This supports my previous statement that inflammation may be due to normal hot Akhlath, whose effect the debilitated intestines could not stand. So the flow of the causative material are to be prevented by controlling the diet. Drug that will be used must have moist and cold temperament, and as stated "that will soften and subside inflammation."

Indication of Nuthool (Dhara) here is authoritative but it is not generally practised. Nuthool here must be from low level of drugs of 1st degree and in very small quantity. Sitz bath is not in use, but oils of cold and moist temperament are applied. Massage on the abdomen is not advised but if necessary—as in conditions like Naf tal jana; intussusception of volvulus.

CAUSE. 4. The fourth cause of Zahir may be dried faecal matter which becomes so, in the small intestines that compels the patient to defecate but the faecal matter is not expelled because it happens to be away from the colon. The patient makes some effort to expel it and thereby some thick gases are formed in the part which causes distention of the intestines and makes the region tender. Due to effort for expulsion slimy fluid is discharged which is adhering to the large intestines. Ignorant Hakims take this as diarrhoea and treat by KHABIZATH—astringents—and kill the patient.

SIGNS. Preceding to this kind of Zahir the patient would have had very dried faecal mass during defecation. He might have felt thirst, itching sensation on the abdominal wall and the skin of the abdomen will be thin. There may be bad odour in the faeces and blackish red in colour.

TREATMENT. To remove the dried up faecal matter soft enemas are to be given. Sherbath-e-Banafsha and almond oil to be given inside.

The trend of expression appears to denote such conditions of chronic constipation which are common generally in the west and now the high society in

India. The effort on the part of the patient to expel it is a common feature but the subsequent statement that thick gases are formed which causes distention of the intestines and makes the region tender only suggests the absence of peristalsis and as such accumulation.

The signs as given are that of chronic constipation where the Safra causes the drying of faecal material. The itching sensation is Summiath—toxic effect—due to fuzla-waste being absorbed into the system again. The blackish red colour of faeces with very small quantities of blood which may ooze out due to the ulceration.

Treatment again is not sufficiently clear to correct humours. But the first is to remove as quickly as possible the causative material by enema—and subsequently by a drug and oil where the drug helps to increase the power of the body and the oil—by its presence—acts as a lubricant and by effect has a good nutrition value.

CAUSE. 5. Zaheer may be due to cold which affects the rectum and causes its stenosis. The large intestine in the continuity also loses its regular peristalsis.

SIGNS. Before this condition results cause for such cold to affect that part will be present.

TREATMENT. Fomentations with warm water and application of warm oil—hot in effect also—on the rectum.

The fifth cause is the effect of cold on the rectum causing its stenosis in effect. This condition is one of chronic constipation where either the individual in whom balgham is predominant or such condition locally occurring, which cause local abnormality of balgham affecting the rectum. The sign is not particular but suggests the Hakim to investigate the cause.

Treatment again appears to be one that will relieve the condition if it happened to be local one. For that aspect of the question general causes which is left for the physician to decide treatment for that is also not mentioned so that the general treatment is on the general principle as the cause may be.

CAUSE. 6. Zaheer may be due to constant sitting on some hard object (such as riding) or the faeces might have been hard for a long time previous to its occurrence.

TREATMENT. To relax and make it soft by Khairothi—which consists of Roghn-e-Babanuna and gogul—and enema of gingilly oil or Olive oil.

Sixth cause refers to constipation of people of sedentary habits where constipation suddenly changes into dysentery. Treatment as mentioned here is only meant to relieve that local abnormality and the general treatment if required is on general principles.

Adopted from Sherh-e-Asbab. Translated and annotated by Ahmed Husain L.I.M.

LETTERS TO THE EDITOR : : :

A CASE OF ARDHITHAM.

SIR,

I was called on to attend on a Hindu Female aged about 30 years who had developed sudden rise of temperature three days after confinement. The condition of the patient when examined was as follows :

Auxillary Temperature: 102° F. Unconscious; pulse rapid and feeble. Vegenal discharge was not regular; palpation: N.A.D. Auscultation revealed tachycardia and basal congestion on both sides of the lungs with scattered rales and ronchi.

Since the patient was unconscious I resorted to intravenous administration of Solvseptasine 5 C.C. This I repeated every four hours, four times. The patient recovered consciousness with slight improvement in her general conditions. Then I put her on to Jeerakadyarishtam with equal quantity of Hamsodhaka thrice daily and Pattu Karpu 3 grs. with honey T.D.S. The temperature came down to normal on the third day. Now she could speak incoherently. Hypotonicity of the Right

side of the facial muscles was perceptible. It was interesting to note that the patient exhibited disorientation of speech. She could describe the functions of the Comb or the Pen but could not name them.

I concluded that the patient had developed ARDHITHAM subsequent to parturition. I gave her the following treatment for 20 days.

- i. Ksheerabala (7 times medicated) for Nasyam at 7 A.M.
- ii. Ksheerabala (ordinary) for head.
- iii. Lohasoweeram 2 grs. with Sahasrapaka Ksheerabala 6 minims.
- iv. Dathri thaila 1 oz. at bed-time.

The above treatment was continued for twenty days. The patient was able to get over the disorder in speech and the hypotonicity of the facial muscles disappeared.

I am thankful to Dr. V. Narayana-swami, H.P.I.M. for the invaluable suggestions offered in the treatment of the case.

K. R. KRISTNAMURTI,
Thakotam.

Sir,

I request you to publish the following few lines in the 'Letters to the Editor' column of the next issue of the Journal of Indian Medicine.

Last year I wrote to the Director of the Pasteur Institute, Coonoor for his expert opinion on my own case when I was bitten by my pet dog which was apparently free from rabies. In the course of his courteous reply he informed me that Anti-rabic Vaccine could be supplied to Registered Medical Practitioners of the allopathic system only. I passed on this information to the Principal of the School of Indian Medicine, who is also the President of the Central Board of Indian Medicine, thinking that, as President of the Board, he would take the matter to the Government and see that Anti-rabic Vaccine was supplied to L. I. Ms. also. To this date (more than a year has elapsed since then) I have received no reply from him. Probably it was too much for me to expect a reply from his Office. I wanted the L. I. M. association to know about it but I was not informed of the address of the secretary of the association. So the matter could not be pursued.

Though it is not at all necessary for me to proclaim that we are qualified and competent to use Anti-rabic Vaccine, it passes my comprehension as to why the Government should not have allowed

the use of Anti-rabic Vaccine by L.I. Ms. while it was recognised their wisdom and ability to use such drugs as Morphine, Atropine, etc.

It looks strange enough. Stranger still is the fact when we consider that a medical practitioner, whose knowledge of Surgery and obstetrics had been recognised and who is supplied with the necessary instruments for carrying out such treatments, is denied Anti-rabic Vaccine. I am almost inclined to think that this anomalous position is not intentional and that the matter would be set right for the mere asking.

I request the L.I.M. association to take this matter to the notice of the Government and see that no such impediment is placed in the way of doing useful service to the public by the L.I.Ms. The difficulties of patients in the villages who have to walk miles together to go to the nearest town for taking Anti-rabic treatment, in spite of their having a rural dispensary in their own village manned by an L.I.M., cannot remain either unknown to or unnoticed by the Government. If any order has been passed recently lifting the above restriction, I shall like to be informed.

Mannargudi, } Yours Faithfully,
20-12-47. } (Sd).R. KRISHNASWAMI.

Future of L. I. Ms. in Post-War reconstruction Scheme.

There is much talk about the post-war reconstruction in the medical field. Recently there was a Government communique that the Government have decided to open thirty primary medical units in Five selected taluks for this year. Each medical unit will be staffed with a medical Officer. But these primary units would be in charge of western medicine. It is more than twenty years since the School of Indian Medicine was started. There are more than 200 L. I. Ms. in this Presidency, among which only nearly about 20 L. I. Ms. are employed in Government Service i. e. in the School of Indian Medicine (now College). About 400 L. I. Ms. are working in villages as Rural Medical Practitioners and in Regular L. F. dispensaries. Some L. I. Ms. are working in rural areas for more than 15 years as R. M. Ps. and yet there is no chance for them to improve either their prospects or status. Some of these L. I. Ms. are doing some social work also, in many of the villages and they have worked much towards rural reconstruction.

It is a pity that the present national Government has not yet come to the rescue of these L. I. Ms. working in rural areas by appointing them as medical Officers in the proposed primary medical units to be started by the Government. As these rural medical practitioners are in close touch with the villagers and as they may move among them, I can even suggest that the Government can open one dispensary of Indian Medicine with 10 beds in their firka development Scheme of 27 firkas and give a change to these L. I. Ms. with a service of more than ten years in rural areas, by appointing them as medical Officers in the firka development Scheme. At the same time these Doctors would also be very helpful towards rural reconstruction.

I hope and trust the Honourable Minister of Public Health, would kindly consider the above suggestions and give a chance to the practitioners of Indian Medicine.

Kilkodungalur, } P. Ramaswamy,
9-3-48. } Rural Medical Practitioner.

News and Notes :

Enquiry Committee of Indigenous Systems of Medicine, Govt. of India.

The following members of the Committee of Indigenous systems of medicine Government of India arrived in Madras on 25-3-'48 :

Col. Sir. R. N. Chopra (*Chairman*)

Dr. B. N. Gosh (*Carmichael Medical College-Calcutta*)

Mr. C. D. Sondhi (*Secretary*)

Local Members :—

Dr. A. Lakshmipathi

Sri. Vaidyaratna Capt. G. Srinivasa Murty } Co-opted
" Pandit M. Doraiswamy Iyengar } for Madras
Dr. Nyamathulla } City.

On 26-3-'48 the Committee commenced its sittings at the College of Indian Medicine-Kilpuk and took evidence from the following people :—

Dr. B. Tirumala Rao

" M. V. Krishna Rao-President, Andhra Branch of the Indian Medical Assn.

" T. S. Tirumurti

" M. Parankusam-Principal-College of Indian Medicine.

" Y. Kondal Rao-Joint Secretary-L.I.M. Association.

" V. Narayanaswamy-Member-Executive Committee-L.I.M. Association.

" A. Subramanyam-Member, Central Board of Indian Medicine, Madras.

Sri. K. Balasubramania Aiyar-Secretary-Venkataramana Ayurveda Patasala.
Ayurvedacharya N. Madhava Menon.

On 27th they took evidence from the following people :—

1. Dr. Kutumbaiah-Principal-Stanley Medical College } representing Indian

2. Dr. P. S. Raghavan-Trichinopoly } Medical Association.

3. Dr. Subbareddy-Professor of Physiology-Madras Medical College.

4. A. M. J. Shirazi

5. Dr. E. V. Krishnaswamy Naicker } Tamil Nad Siddha Vaidya Sangam.

6. " C. Somasundram

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9. Dr. K. Raghavan

10. Sri. G. A. Chinnu

11. Hakim Syed Mohideen Ahmed Sahib

12. Hakim Asharf Saheb

13. " Hafiz Mohammed Abdul Shakur

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On 29th Col. R. N. Chopra and other committee members visited the College of Indian Medicine and Hospital.

While addressing the Students of the College of Indian Medicine, Col. Sir. R. N. Chopra declared that the College of Indian Medicine in Madras was one of the best institutions in India. He said there was difference of opinion as to whether Ayurvedic systems alone or the allopathic system along with Indian systems must be taught to Students. In his opinion, it was better to teach the best in each system and he felt sure that they would be able to evolve one system throughout India. A synthesis of all the Indian systems of Medicine was possible and necessary.

Col. Sir. R. N. Chopra and Mrs. Chopra and other members of the Committee were entertained at tea by the City L.I.M. Association.

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 a reserve fund of not less than five thousand rupees exclusive of
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 expenses incurred in connection with the formation of the company.

Section 73. (1) Every provident society shall, if established before the commence-
 ment of this Act within one year from such commencement, or, if established
 after the commencement of this Act before the society applies for registration
 under section 70, deposit and keep deposited with the Reserve Bank of India
 in one of the offices in India of the Bank, for and on behalf of the Central
 Government, cash or approved securities amounting at the market value of
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 after make in each calendar year a further deposit amounting to not less than
 one-fifth of the gross premium (income for the preceding calendar year)
 (including admission fees and other fees received by the Society) until the
 total amount so deposited and kept is fifty thousand rupees.

It is proposed to have 7 Directors and the first seven signatories will be the
 Directors for the first year, (i.e.) until the first General Body Meeting. I will be
 thankful to you if you can inform me as to the extent you can oblige.

On hearing from you I will do the needful to have the Company registered
 under the I. C's Act and Insurance Act after getting the consent of the Central
 Government under the Capital Issues Ordinance.

As an account has been opened with the Mysore Branch of
 the M. P. C. B. Ltd. in the joint name of R. Krishnamoorthy and
 Kondal Rao, you are requested to send your share capital
 advance to me at your earliest convenience for which a temporary
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Madras.
 5-4-48.

(Sd.) R. KRISHNAMOORTHY.
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- 1 Dr. R. Krishnamoorthy.
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Section 10. No insurance society established after the commencement of this Act shall be incorporated unless it has a paid-up capital sufficient to provide for the working of the business of the society and to meet the expenses of the society. The capital shall be paid up in full at the time of the incorporation of the company.

Section 11. (1) Every insurance society shall, in accordance with the provisions of this Act, within one year from the commencement of its incorporation, deposit with the Reserve Bank of India, in the name of the society, a sum of money equal to the paid-up capital of the society, and shall thereafter make in each calendar year a further deposit amounting to not less than one-tenth of the gross premium (income for the preceding calendar year) (including admission fees and other fees received by the society) until the amount so deposited and kept is fifty thousand rupees.

It is proposed to have 20,000 shares and the first 2000 shares will be the Directors for the first year. (2) At the first General Body Meeting, I will be thankful to you, you can inform me as to the extent you can contribute.

On hearing from you I will do the needful to have the Company registered under the Insurance Act after getting the consent of the Central Government under the Capital Issues Ordinance.

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