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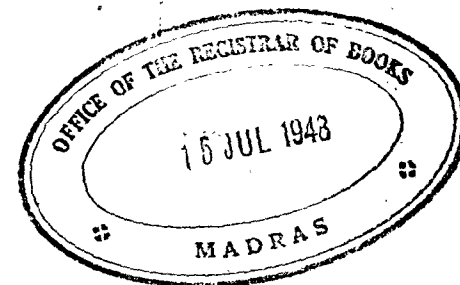
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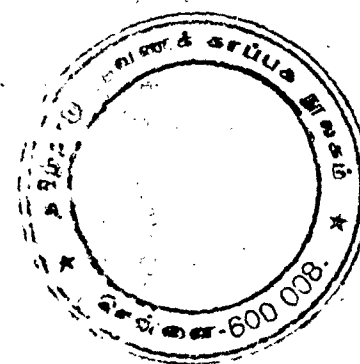
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Outstanding Treatments of Ayurveda Nasya Karma I.

By

AYURVEDACHARY M. VISWESWARA SASTRI H. P. I. M.

Professor

COLLEGE OF INDIAN MEDICINE, MADRAS.

Ayurveda excels other systems of medicine due to certain peculiar methods of treatments that it contains. One of such methods of treatments is Nasya Karma.

Nasya means the administration of medicine through nose. No doubt even in the other systems of medicine there is the practise of dropping medicine in the nose and dooshing it with different lotions. This treatment is mostly meant to correct or relieve the local conditions viz. the abnormal conditions in the nose. But the peculiarity of Nasya Karma as adopted by Ayurvedists, is generally for the diseases pertaining to Eye, Ear, Nose and Head (Sirassu) though often it is used to correct the local viz. nasal disturbances, not infrequently in general diseases as Kushtam. It is described in Ayurveda that the nose is the Dwaram (passage) to the head. "Naso hi Siraso Dwaram". It is therefore believed that the medicine introduced through the nose enters into the head and then corrects the doshas or diseases pertaining to the head including Ear, nose, throat and mouth. This treatment is divided into three kinds. (1) Virechana (2) Brumhana and (3) Samana.

(1) Virechana Nasyam is said to expel the doshas from their places and therefore it is used in the following

diseases. Head-ache; Dull-ness in the head; Swelling; Enlargement of glands; Tumours and Cattarrh as well as in throat diseases. It is also recommended in certain general diseases as Kushta and in Apasmara.

(2) Brumhana Nasyam is meant for strengthening the various organs or parts of the head. Hence it is used in diseases requiring supply of nourishing element. The conditions in which it is highly recommended are pain in the head due to increase of Vata, Soorya varta (Head-ache that starts early in the morning and increases as the sun rises and reduces as the sun sets), Swara Kshaya (loss of voice) (Aphonia), Dryness of nose and mouth, Loss of speech Kruchrabhodham (Stiffness of the eyelids) and Apabahukam-Paralysis of one hand (Monoplegia.)

(3) Samana Nasyam is used to subdue the doshas when they are increased and do not require expulsion from the system. It is indicated in Neelika (Dark pigmentation on the body) Vyamgaym (the same on the face). Diseases of the hair and the Eye lashes.

Virechana Nasyam is done usually with medicated oils (Thailams) prepared with such drugs as are suitable for the different conditions. Similarly Kalkams,

Kwathams or other forms of Kashayams of selected drugs, honey and even Asavams and Arishtams (these contain self generated spirit by subjecting the preparation to fermentation) are used for this purpose. The same virechana Nasyam is called Avapeedakam when the Kalkam etc., of drugs which are of teekshana or irritant nature are used while it is termed Dhmana nasyam when powders of similar drugs are adopted. For Brumhana nasya mamsarasa (meat extract of jangala animals as goats, their blood and guggulu, are used. For samana nasyam, the above said, as well as milk and even water are used. It may also be mentioned in this context that the Snehana nasyam in which medicated oils are used is again divided into two classes as 'Marsam' and 'Parthimarsam'—the difference between these two being only in their quantity used. 'In Parthimarsam' the quantity is less, while in marsam it is more. The dosage for marsa nasyam is 10, 8, or 6 bindus or drops. If 10 drops are used for nasyam, it is said to be the Uttama-matra or maximum dose while the other two doses are called Madhyama (moderate) and Heena (minimum) doses respectively.

The time for doing nasyam to patients depends on the predominance of dosha in the disease. Therefore it is done in mornings in Kaphadiseases, in noons in pitta diseases, and in evenings in vata diseases. But if a healthy individual is to take Nasyam, forenoon should be preferred in Sarat and Vasanta rutus viz. Autumn and Spring, in the midday in Seetha Kala (cold season) and in evenings in Varsharutu (rainy seasons), of course on sunny days only. It is necessary to state in this connection that Nasyam preferably with oils, is recommended in personal hygiene in Ayurveda, to be practised by every in-

dividual. This as a daily routine will not only serve as a means of cleaning the nostrils but also serve as a nourishing agent for the surrounding parts. In addition, dropping of cold water into the nose in early mornings is recommended in Ayurveda. This serves as a regular douche for the nose. Except when it is used as a daily routine in healthy individuals as an item of personal hygiene, the use of medicinal Nasyam is generally limited to 7 days. Even if the treatment is to be continued beyond this period, it is suggested at least an interval of a day should be allowed before commencing the next course.

There is however an exception for the above said rule and in the following diseases it may be used both in the morning and evening without observing any restriction regarding time as above. The diseases referred to above are Hiccough, Apathanaka (Hysterical fits) Wry neck, Swarabhramsa (Aphonia).

Nasya Prayoga or the mode of administration of Nasya karma:

After having done the sneha and sweda Karmas for the head, a day or two prior to the administration of Nasyam, the patient, after attending to the calls of Nature, should be taken to a room; which is not subjected to heavy breeze. He should be made to lie flat, stretching his limbs freely on a table, the foot side of which is slightly raised. The head of the patient should again be fomented slightly with warmth, preferably with the flat of the palm of an attender duly warmed on an oven, or with a hot water bottle. Then the medicine, taken in the prescribed quantity, should be warmed again on hot water, dropped into the nose through

a cotton swab soaked in the fluid. Warming of the medicine is suggested to indicate that medicine dropped in the nose should not usually be cooled. After the medicine is dropped, feet, hands, ears, temples, etc., should be massaged. This massage produces warmth in the system and allows the srotas of the head open when the medicine could easily enter into the system.

The medicine dropped into the nostrils gradually flows into the mouth of course, after having gone into srotas, in the surroundings of the nose in such quantities as it could easily enter. As the medicine descends into the mouth, the patient should be instructed to spit it out, drawing from both the sides of the mouth. This is specially meant to advise the patients not to swallow the medicine when it comes into the mouth.

If the quantity of medicine is not exhausted at the first time itself, the same process should be repeated till it is exhausted. It is not rare that some nervous patients get sudden unconsciousness during the process of nasya karma. In such cases dashing of cold water on the face of the patient is advised when Virechana nasyam is done, the patient should be administered with a sneha nasyam after the action of the former is over to soothe the nostrils. A general instruction for all these patients is that they should lie flat for at least one hundred matras or 4 minutes, (One matra is equal to the time, taken in touching the knee joint with the hand and turning round it once).

After the treatment is over the patient may be asked to smoke medicated preparations and gargle with water to get rid of the uneasy feeling in the throat,

When sneha nasyam is duly done the patient gets free breathing, easy awakening from sleep, and strength to special senses. If it is insufficiently done, dryness in the mouth and nose and a feeling of lightness in the head occur while in cases of excessive sneha nasyam heavyness of the head, watering of the of the mouth, Annorxia and Cattarrh are caused.

As already said above the difference between Marsa and Parthimarsa nasya being only in their dosage, both fall under the category of sneha nasyam only. When Virechana nasyam is done properly, the patient feels clearness in the voice and lightness in eyes. But if it is not properly done, the patient feels weak and the diseases aggravate.

Prathimarsa nasyam is attended with less or no complications because of the smaller doses of medicine used in it and it is further claimed that it has its action equal to Marsa nasyam if used daily and it can be adopted in all ages without any fear of danger or complications. This is specially useful in weak individuals, children, old people as well as those used to easy life. It can be administered even on rainy days which are usually prohibited for nasya Karma. Prathimarsa nasyam is contra indicated in chronic cattarrh, habitual drunkards, whose sense of hearing is weak and when the dosha is in large quantities and is moved, because of its smaller dose with which it will not be capable of bringing about the desired effect.

Nasyam is contraindicated immediately before and after drinking water, Alcohol, Gara poison, sneha, after taking of food, head bath, before and after bath, after blood letting, Vast, Karma and other forms of sodhanamsi

on cloudy days in seasons other than rainy, in patients who are suffering from Swasam and Kasam, who are just attacked by nasal Catarrh and during purperium except under extraordinary conditions.

In addition to the medicinal use of this treatment as already stated, it is recommended for daily use, and for this purpose Thailam medicated, or pure gingelly oil, is indicated because of its specific action of controlling Kapha, which has its seat in siras (head). The benefits derived by the nasya Karma, if done properly, are to keep the Eye, Ear, nose etc., healthy and strong, to increase strength, thickness and proper-growth of the skin, the neck, face, and the chest and to delay or avoid grey hair.

Apart from this may it be mentioned, that Nasya Karma is very useful in certain emergencies as sudden unconsciousness. This gives instantaneous relief in about 50% of cases, having fits of unconsciousness. An experienced Physician of Ayurveda adopts this as one of the most reliable treatments. Kalkam of maricham, got by grinding the seeds of Pepper with pure water and dropping a few drops of it would bring back consciousness at once in a fairly large number of cases. In delirious conditions also, it is very beneficial. In ancient days when the injections method was not in practice, this was considered as one of the convenient methods of treatment to patients who could not be administered oral medication.

Further it works like a needacle in Hic-cough, even in persistent cases, a few drops of the solution of Saindava Lavanam in pure water brings about immediate stoppage. In patients suffer-

ing from severe head-ache, Nasyam with Bringamalaka Thailam of Ksheerabala Thailam gives immense relief. A few nasya prescriptions recommended by Charaka, Shushruta and Nagabatta for being tried by the practitioners of Ayurveda are shown below.

In Vishama and Jeerna Jwaras (Fevers continuing for long periods) (1) Take Hingua (Asafoetida) and tiger fat in equal quantities, warm it and drop into the nose, (2) Old Cow's ghee and lion fat or Sindhavam (Rock-salt) may be used as Nasyam.

In Epistaxis (bleeding through nose):— (1) Fresh Juice of the Pomogranate Flower (2) Fresh Juice of Palandu (Onion) (3) Drava Kalkam of Laksha Churnam can be used.

In Asthma and other conditions of difficult-breathing:—Drava Kalkam of Sunti (Dried Ginger) with a little of Jaggery mixed in it is used.

In Ardhita Vatam (Facial Paralysis):—Nasyam with Vata nasa Thailams is highly recommended.

In Apathanaka Vata (Vata roga with transitory fits of unconsciousness):—Nasyam with theekshana drugs like Marjara mohini swarsa or drava kalka of Maricham and Drona Pushpi is done. By this the patient returns to consciousness due to clearing of srotas of vata.

In Apabahuka Vata roga:—Nasyam preferably with oils is good.

In Madya Vaega (unconsciousness due to over drinking):—Nasyam with Breast-milk is indicated. *In Sanyasa Roga* A condition in which unconsciousness does not subside until strong Nasyam or

Anjanam is applied. Theekshana Nasyam preferably with Maricha Kalkam is good.

In Sirogata Vata:—Ghee boiled with Bala Bilvam and Ksheeram prepared according to Ghrita Paribhasha and used for Nasyam is highly beneficial in long continued head-aches or other forms of Vata diseases of the head.

In Apasmara:—Drava Kalkam made out of any one of the following prescriptions with Gomootram is recommended by Charaka Apasumara (Epilary)

- (1) Bharugi-vacha-Nagadanthi.
- (2) Jyothismathi-Nagadanthi
- (3) Sariba-Samkapushpi-Vishamika

Thailam prepared with the following drugs is also recommended by the same author: Thriphala, Trikatu, Daruharidra, Yavaksharam, Maruvakam, Sariba, Apamargam, Karanja, Beejam and Goat's Urine

Brahmi Ghritam is also useful in Apasmaram as Nasyam. During the fits, the following powders are beneficial as Gradhamana Nasya. Pippali, Vruschikalim, Kushtam, Saindavalavanam and Bharngi.

In Unmada:—Drava Kalkam made out of Sireeha Beejam, Yasti madhukam Hingu, Lasunam, Natam Vacha, and Kushtam with goat's urine is useful.

In Kushta Roga:—Nasya Karma is said to be very beneficial and it is recommended to be given every third day along with other medicine during the course of the treatment.

Charaka recommends the following prescriptions for Nasyam in Kushta: Vanthee moolam, Madhookapushpam, Saindhavalavanam, Maruvakam, Pippali Karanja Beejam. These drugs should be made into Drava Kalkam or Kashayam, and used for Nasyam.

In Krimi Kushta:—It is suggested that Nasyam should be done with above prescription adding Vidangam to it.

In Sirogata Krimi Roga:—Vidanga Kalkam is useful. Thus it may be seen how greatly useful is this method of treatment and how it deserves the attention of members of medical profession for being adopted as frequently as possible in their service to humanity.

ARKAMS

(Condensed Distillates)

(Some Important Points)

DR. N. HANUMANTHA RAO, L.I.M.
VIJAYAVADA.

The term Arkam is applied to those medicines in the liquid form, which are obtained by condensing the hot vapours from the distillation of either liquid drugs or a combination of solid drugs and liquids or salts without the addition of any liquid.

Though the process of Arka perparation is not described in ancient Ayur. vedic literature, it appears to have been developed on the lines of the distillation process (Tiryakpatana) of Chemistry (Rasa sampradayam).

Though Arkam has not been included in the five varieties of (Panchavidha) Kashayas, viz. SWARASA, KWADHA, KALKA, HIMA and PHANTA, which are accepted by Ayurveda, it can be taken as a variety of KWADHA for the simple reason that it is also obtained by the process of heating and boiling.

In KWADHA process the liquid added to the drugs is boiled of to one-fourth or one-eighth of its original volume, with the result that some gross properties of the drugs are retained in it. On the other

hand in Arka process the distillate possesses only the properties of the volatile constituents of the original drugs and these are always Laghu (easy for digestion).

The author of Arka Prakasa asserts that Arkams are more potent than any of the other preparations.

Arka Prakasa is the first Book dealing with the Arkams which are numerously described in it.

But at present AJAMODARKAM (Omum water) KARPOORADYARKAM (Camphor water) ROJARKAM (Rose water) are in practical use in our country.

Arka Process

For the preparation of Arkams the main requirements are (1) Drugs (2) Distillation apparatus (Yantram).

In case the drugs are liquids (milk, cow-urine etc.) they can be taken as they are into the apparatus and distilled to obtain the Arkam.

ARKAMS

7

If on the other hand the drugs are solids (Omum seeds etc.) they are to be soaked in water for 24 hours before taken into the distillation apparatus as a whole and then distilled.

The proportion of water to be added to the solid drugs should be fixed in accordance with nature of the latter.

The author of Arka Prakasa divides the drugs into five categories namely (1) Excessively hard (2) Hard (3) Undried and wet (4) Semi solid and (5) Liquids. Omum seeds are included into the second category.

According to him for the preparation of Oma Arkam (Omum water) Omum should be soaked and kept in the double the amount of water for twelve hours in the sun and twelve hours in the moon light, before taking the whole into the distillation apparatus.

But in present day practice, Omum is soaked for one day in 5 or 8 times of water for the preparation of Oma Arkam. The drugs used for Arkam should be fresh and in good condition but not rotten or spoiled.

Liquid

The liquid to be added to the drugs will be either cow-urine, or milk or water, according to the instructions for

a particular Arkam. Water is being mentioned in the majority of the formulae. Where there is no mention of any specific liquid, pure filtered water should be added. For the preparation of Arkams from salts Sankha Dravakam is an example.

Apparatus

Arka Yantra (Distillation apparatus) should be made of either clay or copper-sheet with tinning inside. Ordinary tin sheet is not advantageous, further it gets worn out and leaky within a short time.

The Arka apparatus consists of two parts (1) Lower vessel and (2) Upper part (Nalika Yantram).

The prepared Arkam should be finally filtered and stored in bottles.

The author of Arka Prakasa believes that oil condensed together with the Arkam is not good to be administered internally. But in practice not only we do not find any bad effect by using that oil internally, but on the other hand the potency of the Arkam appears far more increased.

Some believe that betel leaves should be chewed after taking in the Arkam. Generally Arkams are taken in after diluting them with an equal amount of water.

My Disease—1.

DAIVA VYAPASRAYA TREATMENT OR (GRAHA CHIKITHSA)
AYURVEDA ACHARYA :

SISTLA SUBRAHMANYA SASTRI, GUNTUR.

Introduction.

I got my disease treated carefully, by expert doctors in Ayurveda, Allopathy and Homeopathy but to no purpose. At last it was cured by Tirtha (holy water) given by a Pandit versed in "Mantrasastra." I like to bring this matter to public notice in detail.

Origin of disease.

I had an attack of Typhoid fever in October 1940 for 40 days. On the 39th day I got a sudden vomiting which troubled me a lot, without coming under control with any medicine. The next day I had a motion at midnight. Immediately after two minutes, my abdomen began to bloat and I got "Swasa" (expiration). It seemed, as though death was nearing. But it began to subside after an hour.

The course of the disease:—

Four months after this, bloating of the abdomen again appeared at midnight after a motion but now it continued for two hours. As time passed on, the bloatings used to appear at shorter intervals and to continue

for longer periods. Gradually it used to continue for a whole day and it seemed as though death was nearing. Lastly the interval was less than a day, but the bloating and Swasa used to continue days together.

Nidanam. (Causes of the disease.)

Heavy food, fasting, taking in purgative, travel, and cool diet were seemed to be the reasons, for appearance. Generally it appeared two minutes after a motion at 12 P.M.

Roopam (Symptoms of the disease):—

Breathing through the mouth, bloating of the abdomen, uneasiness to lie, to walk or to sit, restlessness, vudgaram, in-coherent talk, fear of approaching death, pain in heart, liver and spleen, Vurdva Swasa (respiration through the mouth) are the general symptoms.

Course of treatment:—

Generally used Snehakarma and Sweda Karma (Oils, and fomentation) to abdomen and chest. Niruhavasti (Enima) and Anuvasanavastri (Glycerine syringe) were given. The case had been treated according to Ayurveda for

various digestive disorders viz. 'Adhmanam' (bloating) 'Vudavartam' (intestinal obstructions). Liver disorder and indigestion etc., Then it has also been treated for lung defects like 'Kasa' (cough) Swasa (Asthma) Brochitis etc., and also treated for nervous debility.

Then the case had been treated in 'Allopathi' by expert M.B.B.S. Doctors for all the above possible disorders.

Blood, motions, urine etc., were tested. The stomach was ex-rayed but no defect was detected. I had taken in various specifications for Asthma, and N.A.B. etc., injections were administered, but it only resulted in blood vomiting.

The Allopathy Doctors declared that the disease was Asthma, resulting from bloating, but the reason for bloating, could not be diagnosed.

Lastly eminent Homeopathy Doctors, treated the case; but to no purpose.

I had given up myself for lost. No medicine could be picked up even for temporary relief. It must subside for itself.

I used to be quite alright when there was no bloating.

Then came in the treatment for "Devil" known as "Graha Chikitsa". Some friends suggested the treatment long-ago. As I have no belief in devils

and devil treatment, I disregarded the treatment for a while. But I, who had given myself up for last, could not resist the temptation.

I approached Sri Bharatula Dakshina Murty Sastri of Guntur who is versed in "Mantra Sastra". Sastriji came with his disciple and conducted "Japa" both morning and evening and gave me "Tirtha" (holy water).

From the second day of teertha commencement of this treatment, my pain was gone. I am taking my meal usually and sleeping soundly. My wonder knew no bounds. Then conducted the "Japa" for a month and finished the treatment. Two months passed after the treatment, even one symptom of that disease did not re-appear.

I told this matter to my M.B.B.S. friends who had treated me. They declared that it was a miracle and that there was a world beyond their conception which "Rishis" only could comprehend.

What more instances are needed to prove the efficiency of "Daiva Vyapasraya Treatment"?

It is not the out of place if I pay my respects to Sree Pandit Bharatula Dakshina Murty Sastri and his disciple Sree Mittinti Seetaramayya of Guntur who are versed in their Godly treatment.

REORGANISATION OF THE DEPARTMENT OF INDIAN MEDICINE

VAIDYA—BHUSHAN DR. T. L. KANTA RAO, L. I. M., F. A. I. M.

(*Ex-Member: 'Board of Studies in Indian Medicine:' Govt. of Madras*)

Reorganisation of Indian Medicine in the Country.

The scheme may be made under five heads:—

1. Curing institutions. (Including preventive-methods.)
2. Teaching Institutions.
3. Pharmacies & Drug-Stores.
4. Research measures.
5. Administrative control.

Curing Institutions:—

(a) Village medical-relief:—

The village is the problem of the day. How to make it selfsupporting medically is engaging the attention of the Government.

The present scheme of rural medical relief, though started and launched with the best of intentions and lofty notions is not all working satisfactorily. Ignorance and illiteracy, poverty, and sickness, disunion and discord, miseries and misfortunes now present in the villages challenge the village practitioner in his day-to-day work. The subsidy paid to the R. M. P. by the Government is hardly sufficient to make both ends meet, and the R. M. P. is often overworked and under-paid. The public

do not understand that the R. M. P. is to give free medical-relief only to the deserving poor, and that his services to the well to do, should be duly remunerated, and the false impression that the rural dispensaries are to serve the public free of charge irrespective of their status and resources has been a great handi-cap to the low-paid honorary R. M. P. Hence before launching any fresh schemes for rural-medical relief, these inherent defects in its working need attention, as no qualified practitioner is now attracted to work in villages though some honorarium is paid by the Government. Thereby, it is needless to mention about the impracticability of expecting successful results by schemes of giving medical-relief without any financial support by the state to the village practitioner and leaving him to the mercy of the ignorant villagers. Next any election system introduced in Medical-profession is disastrous, leading the relations between the practitioner and the public to a delicate position. By this system the elected practitioner will have to be at the mercy of the voters and even one or two in a village who have the means but not the will to pay, cannot be refused treatment. The moment the practitioner begins to charge, the patient naturally turns round and say 'Do not charge and become unpopular'. This will lead the practitioner to a position between 'the Devil and the deep

sea' resulting in the practitioners' aiming at commanding votes at the time of elections by playing 'Tactics' for securing their political ambitions, than for the real benefit of the people of rural areas.

If the idea of the Government is to provide every village with a medical practitioner really useful to the public, it is highly desirable to apply 'PANEL-SYSTEM', by encouraging one practitioner to settle down in every village having above 2000 population, and grouping two or more villages having less than 2000 population, as a unit for appointing a practitioner. A couple of rupees per hundred income from those, (having more than Rs. 300 annual income) per annum to be collected by the local Panchayat-Board, which has to maintain the practitioner and dispensary (paying a decent honorarium to the practitioner) and also to attend to the preventive side of the village sanitation etc. Thus the public would be assured of the ungrudging medical-aid all round the year, and immediate attention to epidemics can be attended. Ofcourse, the practitioner being allowed the privilege to collect from the well-to-do beyond this honorarium paid to him.

(b.) Firka Dispensaries:—

At every Revenue firka head-quarters, a well equipped dispensary of Indian Medicine to be located with provision for atleast four beds for in-patients, and a meternity and child-welfare centre attached. These dispensaries to be under the maintenance of Major Panchayats or the union if it happens to be, who should be allowed to lay a tax of Rs. 2 per hundred from those (getting more than Rs. 300 income per year) per annum under public health tax, and should get from the District

Board some contributions, as anyhow, the District Boards will be saving much of their expenditure, that they are now expending towards village medical-relief. These dispensaries should be analogous to the present Local Body-Dispensaries in the matters of staff and other amenities.

The practitioner should be entrusted with Public-health propoganda also on the lines of Indian-medicine, with the aid of a Magic-Lantern. The pay and other amenities to be on par with the Sub. Asst. Surgeons of the Allopathic system.

(c) Taluk Head quarters Hospitals:—

The present provision of beds and other equipment in the Allopathic Taluk-head-quarters hospitals may be divided amongst the two systems (Western & Indian) making separate allotments in the provincial budget. A qualified Diploma-holder of the Govt. School of Indian Medicine (F.I.M. L. I. M., or A. L. I. M.) to be in charge of the Section with two other assistants, of the same qualification, each being of different systems, Ayurveda, Unani and Siddha as the case may be according to the locality to be adopted in the institutions. The pay and other amenities of all these three Medical officers to be on par with the Assistant-Surgeons of the Allopathic System.

Provision should be made for paying cases, which will help for the maintenance of the section.

(d) District Head Quarters Hospital:—

The present provision of beds and other equipment of the Dt. Head quarters Hospitals should be divided

amongst the two (Western & Indian) systems, separate allotments being made in the provincial budget, and this section to be in the hands of a 'District Indian Medical Officer' of the same pay status and privileges as the present Dt. Medical Officers of the Western system, be the administrative head of Indian Medical Institutions in the District, Persons with degree of the future colleges of Indian Medicine to be appointed to these posts. (At present F. I. Ms. if available or senior L. I. Ms. with distinction to be appointed till graduates of colleges are available.)

Two Assistants with qualification of not less than L.I.M. qualification to be appointed, belonging to the two systems (Ayurveda, Sidha and Unani) to be followed in the hospital according to the locality. These assistants should be given pay and status on par with Assistant Medical Officers of the Allopathic system.

Provision should be made for paying cases to help the finances of the Govt. in maintenance of the section.

A Registrar should be appointed in addition to the above staff, to register the results of both the sections (Western & Eastern) to be submitted periodically to the 'CENTRAL RESEARCH INSTITUTION' to assist in their investigation Etc.

These Dt. Head quarters should be the centres for training of compounders and midwives, and for giving refresher courses to village practitioners and Phirka Hospital Doctors.

The present Honorary practitioners in these hospitals will not be required in future, as the work will be divided amongst two sections and the paid staff

will be sufficient to look to the Allopathic section, thus some expenditure can be saved.

Teaching Institutions

(a) Colleges of Indian Medicine

The courses of studies imparted should be Ayurveda, Siddha and Unani. All, one or two of the three in accordance with the need of the locality and the systems in vogue in these parts. Media of instruction to be in the local languages. Courses of studies extending over six years, including Apprentice course.

Qualification for admission to be Intermediate with, Sanskrit, or Persian (Ayurveda and Unani respectively) and science subjects.

For those that pass intermediate without the above subjects, an additional study in the above subjects in the beginning to appear for pre-entrance Exam. to be held at the year end before entering the regular courses of study.

The curriculum of studies should be such as to give an exhaustive knowledge of Indian medicine, in Ashtangas, along with additional knowledge of Allopathy, laying stress upon only such allopathic subjects and portions, that are modern and are new to Indian medicine in practice in the present times, but not in a compartmental way, and an exhaustive manner, which will not allow the student to know the greatness of either of the two and thereby the main end in view of evolving a synthetic system of medicine cannot be met. Further the curriculum of studies should be changing year after year based on the clinical and research achievements of the central institute, thus aiming at making the curriculum "SAMPURNA AYURVEDA, SIDDHA, or UNANI" as the case may

be, with certain filips of Allopathy as far as the modern researches, beyond the ancient literature available in Indian Medicine. This system being followed, will in due course naturally result in the necessity to close the teaching institutions of purely allopathic medicine, and one system of medical studies and one system of healing art can be followed throughout India. These colleges should be located at centres where there are already well-equipped Hospitals preferably at Dt. Head Quarters, thereby saving much expenditure towards additional buildings etc. for hospital training.

The teaching staff should be such possessing knowledge of both the systems to facilitate teaching on comparative lines and not on compartmental basis as is now followed in the Government School of Indian Medicine. The staff should be given equal status and privileges as those of the Allopathic Medical Colleges.

Prospects

The products of these colleges to be started as Asst. Medical-Officers raising to Dt. Indian Medical Officers in accordance with seniority.

(b) Schools of Indian Medicine

As many schools as possible to be started at the Dt. Head Quarter centres, amalgamating all the existing private colleges and their funds, and make these institutions to be self-supporting as far as possible, however allowing some contributions by the provincial Governments as far as their funds permit. Practical training to be given in the Head-Quarter Hospitals. There should be qualified and competent staff to teach in comparative lines. The

curriculum of studies to be same as in colleges of less standard divided over five years including the apprentice course. Medium of instruction to be in the local languages.

Qualification for admission should be S. S. L. C. with Sanskrit and science subjects; however admission being given to others who pass the pre-entrance Exam. as the course of college courses undergoing additional study in those subjects for one year.

If the finances of the managing committee, and the contribution given by the provincial Governments cannot be sufficient to maintain paid staff, senior practitioners of the locality may be requested to work on honorary system.

These schools should be the centres for giving "Refresher Courses" and training for compounders and midwives.

These schools should be periodically inspected by the Director of Indian Medicine, for renewal of recognition.

Prospects for the products of these Schools.

To be started as Sub-Asst. Medical Officers, raising to Asst. Medical Officers according to seniority, and to be fit for appointment in Firka, Taluk, and Lt. Head-Quarter Hospitals in future.

(c) Tolls of Indian Medicine. (Gurukulas) (As a temporary measure)

At every phirka or taluk head quarters these tolls may be started by the private registered medical practitioners to give training in Indian

Medicine, to pass the Mahamandal Examinations. The students of these tolls being given privilege to have practical training in the firka or taluk hospital as the case may be.

Some grant in aid as per the number of pupils so trained may be given by the provincial Governments to the heads of these tolls, on the recommendation of the Dt. Indian Medical Officers who will be doing periodical inspection of these tolls.

Prospects of the products of these Toll

These will be the future qualified practitioners for village Medical relief, working in the 'UNITS' formed under "Panel-System", replacing the present day hereditary practitioners.

(d) Pharmaceutical Training Courses

A course of pharmaceutical training to be started at these colleges for those that pass S. S. L. C. with sanskrit and science subjects.

Those that pass this training alone to be appointed as pharmaceutical heads in future.

(3) Pharmacies and Drug Centres

These should be periodically inspected by the Dt. Indian Medical Officer, who will be issuing Licenses on receipt of a fee fixed by the Government.

These pharmacies and drug centres should be managed by the qualified pharmacutists and druggists after undergoing the courses of study mentioned above, ofcourse exception being given for the existing institutions.

The proprietors of these pharmacies and drug stores should be registered by the Government and they should form

the list of voters for the constituency allotted for them in the central board of Indian Medicine.

Registration of Practitioners

The existing practitioners of Indian Medicine be encouraged to settle down in villages, by giving facilities for further 'Registration' of hereditary and other unregistered practitioners after passing a nominal examination in the working knowledge of Indian Medicine, with ofcourse, some exceptions. All the practitioners other than Government diploma holders, and diploma holders of the private colleges, and those that passed the Mahamandal Examinations, can thus be absorbed in this system. These hereditary practitioners can be given refresher courses in the modern methods of treatment etc., by establishing "Refresher Courses" covering about three months, at the Dt. Head Quarters and an Examination held before being registered. Every such practitioner should be supplied with a Magic-Lantern and slides for doing propaganda on the lines of fundamentals laid down in Indian systems suited for Indian conditions for preservation of health and prevention of disease. He should be a Co-opted member of the local panchayat to advise on the matters pertaining to public health.

Other details of classification of practitioners in the register etc. can be referred to a competent committee formed for the purpose and rules framed in consideration of the rules of existing bodies in this respect in different provinces.

A pucca pharmacy, hospital, herbarium, library and a laboratory to be attached to the institution.

To be the head quarters of the Director general of Indian medicine, All India Central Board of Indian Medicine, Advisory Council of Indian Medicine Text-Book-Committee of Indian Medicine Etc.

Research courses for obtaining D. Sc. or P. Hd titles to be established for graduates of Indian Medical Colleges, and Allopathic Medical Colleges, giving provision for distinguished Pandits of Indian system and merited diploma-holders of Indian Medicine. Liberal scholarships should be provided for these research workers by the Government and public benefactors.

Post graduate courses of two years of Allopathic practitioners and Ayurvedic Practitioners respectively, enabling private college graduates to get qualified for being appointed as Asst. Surgeons, and diploma holders (Government School Products) to get qualified as Medical officers Etc. should be established at this central institute.

An All India Central Research Institute.

The aim of the central institute should be such as to vigorously make clinical investigations and rational study to deliver the goods, to make the Indian systems complete in "ASHTANGAS" in theory and practice at the earliest possible date. Basing on these investigations, researches and results achieved, the "TEXT BOOK COMMITTEE" who will be working in co-operation with the research department, in assisting them during investigations should be compiling books, in collaboration with the other systems of medicine, and submitting to the college, authorities year after year to enable them to change their curriculum of studies; thus evolving one course of studies in all the

college, in due course on a synthetic basis of all the existing systems of healing art, such as "AYURVEDA, SIDDHA, UNANI, ALLOPATHY, HOMEOPATHY and NATUROPATHY." All this should be done according to a detailed plan of action within a prescribed period, and at a regular allotted expenditure from the Government which of course may invite Philanthropic Donars to make liberal contributions, and the approach may as well be made through the well established Associations in the Provinces. The success in evolving a "NATIONAL SYSTEM" of MEDICINE" and real RESUSCITATION of the ancient science of the land entirely depends on the results produced by this central all India research institute. Special measures to be taken to encourage research on scientific lines and foster the growth of the science of Indian systems of Medicine.

Research Measures:—

(a) With all the glamour for Ayurveda and agitation for its development by the votaries of this ancient science of the land, it is a matter of pity that no pursuit is made in the line of research during the last century and odd. In Allopathy for instance "PENCILIN" of the present times might have been in existence in this world, but the credit goes to the western scientist to have found it out and made it useful for the profession. Just like that besides old theories not to think of any fresh researches, attempts have not been made to make out from the old text even to add to the known medicines and theories. This should now be done at the research institute.

(b) It is an admitted fact that surgery and midwifery are a neglected part of our science. Without these

branches being included in the curricula of studies and practice in hospitals, it is not possible to make medical relief complete and the science self-sufficient. Hence it is incumbent on the part of the Government to run parallel departments. The two neglected parts of the Ayurvedic science (Surgery & Midwifery) are now to be improved and resuscitated by researches and experiments at the research institute. Further the research department should work out if any other substitutes could be given for the technical terms of Allopathy out of Ayurvedic literature available to bring to the status of Allopathy.

(c) Pharmaceutical line in Indian Medicine has become another neglected part of the science. Procuring genuine herbs even in the villages has become a problem of the day, due to the lands previously left for facilitating growth for these drugs, being either converted into dwelling places or cultivable lands. So even for a village vaidya the difficulty to get the genuine raw drug for preparation of Kashayams, Choornas or medicines for ready use in his day to day work as per the formulae and treatments laid down in the ancient literature has been a handicap. To meet this and many such other contingencies, some experiments and research is necessary to find out methods for preservation of drugs and preparations for longer periods to enable the practitioner to make use of them in and out of season without the drug or the preparation losing its qualities. Further research should be made into Sandigtha-dravyas, Anubhuta-Yogas and other lines of treatment in vogue, by practical experiments and analysis. In the method of various preparations modern methods should be investigated and made use of as far as they are found useful, without prejudicing our fundamentals.

(d) For diseases declared to be incurable or difficult to cure by the other systems, such as 'Asthama', Tuberculosis, Diabities, Cirrhosis of liver etc' it is necessary to make out if such diseases and their treatments were mentioned in our ancient literature and how far they are useful.

In this connection I may mention that it is highly necessary to bear in mind that the diseases and conditions mentioned in ancient literature do not actually coincide with the systems and conditions of the present times, for example: The weight and condition mentioned in the diagnosis of KSHAYAM as per ancient literature to a patient may not be found with the so called healthy person of the present day. As reported in some journals recently, constant seeing of cinemas has created a new disease of the eye. Therefore for meeting such changed conditions, it is peremptorily necessary to make needed omissions and commission, out of the available ancient literature.

(e) The existing three systems of Indian Medicine (Ayurveda, Siddha & Unani) in the country have many similarities in drugs, preparations, diseases and treatment given in different languages. To a great extent the similar portions of these system can be collaborated into one system and attempts should be made by the research department, if it would be possible to evolve one common system of indigenous medicine in due course which would avoid many practical difficulties and would be much economical in administration and help for speedy development of science. To strengthen this view point, I may mention here that in the recent war, if Indian medicine were to be introduced for medical relief in the war field, as per the desire of the some of the

voterics of Indian medicine, how difficult and impossible it would have been for the Government to run three different systems and departments in addition to Allopathy as it is impossible to a graduate of one system to succeed one of the other system in one front, and camp in the matter of casualties. Hence if one synthetic system of all the three Sections could be evolved, it would not only make the administration easier and economical but would enable the practitioner of one system get benefit of the best specialities of the other and helps for repaid revival and advancement of all the systems.

(f) In view of the present day allopathic medicines could be prepared out of Indian drugs and many other rare drugs of West could be grown in our country, those of the drugs and minerals that could be made use of in preparing more effective medicines as per allopathic pharmacopoea as the allopaths have very well taken from ours into theirs, such as "KURCHI, KALMEGH" etc. taught to the students of Indian medicine and allowed to be used in the hospitals of Indian medicine. Even in the methods of purification and preparation of medicines, necessary modifications should be made out according to the present times and on par with the modern facilities by the research department.

To achieve these and many other needs in research section it is highly desirable to sanction atleast six scholarships every year of Rs. 300 to Rs. 400 p. m. to attract fitting scholars in Sanskrit & Ayurvedic (Unani & Siddha) sciences, to take to this work as an ideal in their life and work as whole time workers at the research institute, entrusting one branch to each of them

and six scholarships of the same amounts to graduates of allopathy and sciences like chemistry, botany etc, who have a research instinct and record to their credit, and see that within a prescribed period Indian medicine not only will be brought to the level of the present day modern medicine, but also will subscribe to the sum total of the medical world.

(g) Whether the recent discoveries and theories of modern medical science were mentioned in our ancient literature.

(h) Out of the modern discoveries, what are all the necessary and useful thing to be taken into Indian medicine which are not prejudicial to our fundamentals;

(i) To prove the disadvantages and dangers of the present day new theories like vaccination, inoculation etc;

(j) Out of the ancient literature to make out fresh discoveries that could contribute to the present day modern medicine;

(k) The practicability and utility of "KUTI-PRAVESA" system of our Ayurvedic science;

(l) The greatness of Rasayana and Vageekara methods over the present day Tonics & Rajunivation methods of allopathy;

(m) Whether the present day instruments and implements could be made use of in "PANCHAKARMA-TREATMENT" on which the method of treatment follow in Ayurvedic science for all diseases;

(n) Whether, Plastic-surgery, and orthopoeic surgery of our ancient times hold good in practice at present times.

(o) Whether, the surgical treatment now prescribed and practised by some Ayurvedic practitioners is in accordance with ancient Sastras and how far they are successful, and treatment of various types of ulcers;

(p) Whether, JALUKA PRAYOGAM; RAKTAMOKSHNA KARMAS of Ayurvedic are in any way different and superior to the modern 'Blood Letting';

(q) The superiority of SKSHRA KARMA of Ayurvedic system over the 'CASTICS' used in Allopathy;

(r) The superiority of "SODHANA KARMA" of Ayurvedic over the modern eliminative measures;

(s) The utility of "PRECIOUS STONES" and DIVAVYAPASYAYA-CHIKITSA" for the bodily ailment as laid down in shastras to be clinically experimented and proved in practice;

(t) To prove the superiority of the methods of treatment in "APASMARA. UNMADA & other MENTAL TROUBLES" according to Ayurveda and practiced by certain specialists in that branch even today over the methods employed in allopathic mental hospitals;

(u) How far the ear, nose, throat (URDHWANGA-CHIKITSAS) according to Ayurvedic treatment are practicable, useful, and superior to the modern treatments;

(v) How for "GRAHA-CHIKITSA" in Ayurveda is scientific and to what variety of ailments it is actually useful;

(w) The comparative study should be made in pharmaceutical-line as to the minerals according to Ayurveda and Allopathy, to prove the efficiency of one over the other;

(x) What is "KARMAVIPAKA CHIKITSA" and how far it can be useful;

(y) The difference between "AGNI-DAGTH-KARMA" and the present day cauterisation;

(z) Are there any fundamentals in Ayurvedic science that could be compared to the present any ORGANO-THERAPY;

(aa) The greatness of the preventive methods (DINACHARYA & SWASTHA-VRITHA) laid down in our shastras over the hygiene and other preventive methods of Allopathic system and how best;

(bb) To make out the SPECIAL ACTION OF EACH DRUG during sickness and its prabhava afterwards in different diseases;

(cc) The difference in PATHYAM (Restriction of diet) according to Ayurveda and Allopathic and the reasons therefore;

(dd) Comparative study to be made of the modern and ancient dietitics and establish the superiority of one over the other;

(ee) To investigate into the scientific truth regarding "CHIRO PRACTICE, OSTEOPATHY, SPONDELOTHERAPY, ELECTROPATHY, PNEUMOTHERAPY; and whether they are in any way controvertial to Ayurvedic theories;

(ff) According to Ayurvedic science what are the conditions and indications for introducing any drug through "SUCHIMUKHA"; if there is any comparative treatment in Ayurveda to the present day injection treatment;

(gg) The speciality of AYURVEDEYA-KAUMARABHRITYAM over the modern system;

(hh) The superiority of AGADATANTRA over the modern TOXICOLOGY.

(ii) The difference between ancient "KRIMI SIDDHANTA" and the modern "BACTERIOLOGY" should be clinically established; the superiority of the modern methods in the preparation, preservation and dispensing of various drugs and medicines of Ayurveda to be experimented, and results weted; also the rare and useful drugs used in allopathy should be analysed as per Ayurvedic fundamentals (RASA, VEERYA and VIPAKA) and incorporated in Ayurvedic pharmacopeia;

These are some of the many things that require immediate attention in the hands of research scholars to advance the use, popularity and ressesetation of the Ancient Ayurvadic science, and I hope with the proper encouragement in the hands of the present popular Govt., the long felt need should be fulfilled in the interest of the science and the millions of suffering humanity who will today seek the aid of this ancient science for radical cure of their ailments.

Administrative Control.

(a) Director of Indian medicine be appointed on the same scale and status as administrative department head of

the Allopathic system, to be the administrative head of the department, to work under the direct control of the Minister of public health. (Central Govt.)

(b) An advisory council nominated by the Govt. to advise the director-general and Govt. pertaining to all matters of Indian medicine, consisting of people representing all groups and interest.

(c) An elected body of representatives of all the groups and interests, who should be dealing with registration of practitioners, pharmacies and drug centres, fixation of fees for the same and to assist in the inspection of different institutions in the provinces and advise the Govt. on all matters pertaining to the developement of Indian medicine in the provinces called ALL INDIA CENTRAL BOARD OF INDIAN MEDICINE.

(d) Director of Indian medicine in each province, to be the administrative head of the Province.

(e) District Indian medical officers to be the administrative heads of the institutions in the District, subject to the direct control of the Director of Indian medicine (Provincial head.)

(f) Board of examiners.— To be formed by the Director General in consultation with the advisory council to deal with the examination to be conducted by the various institutions of Indian medicine in the country. N.B:— The detailed functions and duties of these bodies and individuals can be formulated in consideration of the previous experiences and practice of the provincial Govts. in such matters, and I have it for their consideration,

Conclusion.

These proposals are made on the experience gained, by me during the last decade in the field of Indian medicine and its development by being a member of various committees deputations lead as the head of various Assns. and all the possible consideration is given for the practicability of the scheme to achieve the main and in view that has been struggling many of the patrons of Indian medicine in the country. The financial question, in executing the proposals, is being attempted to be solved

by suggesting easy and on taxing resources of additional income to the Government and justifiable division of the present allotment is suggested to be made by the Provincial Governments amongst the two systems and to give a fair trial for both to prove each others worth, in meeting the medical needs of the country which I hope will not be a big problem for the present Central Government. If they are really bent upon encouraging both the systems and are prepared to "QUIT ALLOPATHY" wherever and whenever it is possible.

The living Xray into Medical mischief.

Modern Science, in its materialistic quest for benefits and happiness, and labouring hard endlessly, proved itself to be as much destructive, if not more so in fact, as it is useful. The Spiritual Seers of India have ever, from time immemorial, found the source of all happiness and knowledge by inquest (search within), and realisation or atonement of the soul of man (his Self) They lived as such, and proclaimed the same with definiteness unparelled. They have also said that the whole Universe is embedded in the very pupil of the eye behind and behold.

The Medical Science, the so called modern, is no exception to other branches of the modern science but may even be said to be much worse than its modern colleagues, in that it is so doing scientifically as to be going impercieved, and as such, unhindered. Let us take for instance, the X-ray, which is more suited for our present subject. It has made visible what was invisible within the opaque body till the other day. That too, it does with exact precision, a great achievement indeed! to wit: it clearly marks out the exact portion of a lung or stomach destroyed or ulcerated, and so on.

But the same x-ray failed to give out the exact state of affairs in the body, to the cause of disease, and why it progressed to such a grave state and how it progressed so much, inspite of the medical science being regularly applied from long before routinely whenever the patient is bad. In fact the whole medical science so called modern ignorantly and boastfully, i.e., Allopathy with all its scientific and too much

proved ways of examinations, diagnostic methods, and dealings of cure, has nearly failed in its real purpose.

Yet, it still remained for the common sense of a boyish child of Europe to first discover, per chance unexpected, THE LIVING X RAY, while playfully meddling with an owl caught by him, that, dreaded-most bird to Hindus here, The boy was later on known as Dr. Von Peckzly of Budapest (Hungary). He found out by intense observations thereupon that in Iris of the eye (which is the cause behind of the colour of the black-ball in the eye) are represented almost all the component of the body, including all the chief internal organs and parts. He intensely took up to further quest in his life, and elicited that the various organs, and poisons thrown inside the body, etc. could be known by reading the Iris (or into the black ball) of the eye. Bodily organic changes drug poisons, normal and abnormal conditions, including fractures are represented in the Iris by various signs and marks, respectively and accordingly. After in much enough confirmation of his new discovery, Dr. Von Peckzely gave it out to the notable ones, who were caught with awe and interest.

The Naturopaths have further more laboured over the discovery of Dr. Peckzely, with utmost interest, developed, and systematised to near perfection the art. Today Naturopaths made the same art called "Irigagnosis or Iridiolgy" or "The Diagnosis from the Eye" their own. Hundreds of incurable cases vexed of the exhausted help of allopathy, turning to Naturopaths we examined. They include grave and stubborn cases

like rheumatism, tuberculosis, cancers, internal ulcers, mania epilepsy, paralysis, locomotor-ataxia, varieties of nervous diseases, and a host of many other given up so called incurable ones. Almost all these helpless conditions were clearly found out to be the end results of the progressive destruction (with many pauses or intervals) of the internal organs, the cause of which was also traced to the drug-poisons etc. constantly applied, before, by the modern science. The many common drugs used in allopathic medicines and mixtures etc. were found by reading their respective marks in the Iris; and the same was prophesied before a word from the lips of the patient or his men. It was confirmed then by the history, signs, symptoms of the patient.

Next, the patients, were put under the drugless treatment of Naturopathic ways of healing, while the living Xray in the black of the eye periodically examined. The drug poisons lying embedded in their respective places at their own conveniences were observed moving into the circulation again by the efforts of the body. The fact was confirmed by the symptoms of the respective drug-poisons, both while in circulation and while being eliminated through out-lets of the body, quite in accordance to the general and local signs of the respective drugs described in allopathic texts alone under toxicology of drugs. Lastly after the elimination of poisons their respective marks in the iris were again looked after (examined) and found to have vanished quite in proportion to the amount of the poisons actually eliminated. After the body is completely free from the drug poisons the Iris was observed to have regained its normal healthy state free from the abnormal marks etc. Of course, by then the normal health of

the incumbants, too, was invariably restored and stood there as an indefatigable proof, free from their previous grave diseases in question. All these the living X ray revealed all along, and enabled the examiner to fore-tell the many things in advance, about the changes etc. going on during the drugless sane treatment.

Iridiology not only clearly exposes the medical mischief, but also the share to be taken by heredity (congenital heritage), and that acquired in this life whether by self mistakes, or the parents etc. But it proved beyond any doubts, leaving no scope for palatable arguments of scientifically done medical quackery too, that medical burden added to original diseases is itself greatly responsible for the multiplication of the grave and graver so called incurable diseases and earlier tortures and deaths thereby (under allopathy). Most of such diseases were perfectly cured under the drugless healing system, though it took pretty long, patient, and persistent treatment. So much difficult was it found to be to repair the effects of medical burden suppressing and worsening diseased states inside the body as a result of drug-poisons. knife, the therapeutic application of the highly fine but toxic Xray and Radium, etc.

Homeopathy, the nearest sister to Nature, has itself well realised through clinical proofs, the rigorous nature of the task of undoing the medical havoc in the body as many more times hard than the original diseases themselves, the latter being often miraculously cured. It is this patient truth that made the celebrated physician Dr. Nash M. D., of New-York (U. S. A.), proclaim in disgust that "People are allowing themselves, ignorantly or otherwise, and as such they are being regularly so

'humbled'. Dr. Nash is one who won many more laurels and did many more miracles for homeo alone, where the whole science of allopathy applied under eminent hands utterly failed or hardly achieved in its own way with much latent mischief not visible to the gross eye or material laboratories and clinical appliances etc., that have misled the very common sense of man endowed by Divinity.

But the Nature school did nothing less, if not more. It clearly and most thoroughly proved and pictured the gravity of medical havoc with exact precision. The living Xray directly portrayed and did best, and to that long before danger zones resulted, much better than could the modern Xray in the material laboratories show the area of the lung actually destroyed already, or just when it has begun to be so. Much besides that Iridiagnosis reveals almost all the changes and states of organs etc. So far the harmful effects under the medical aid of allopathy alone are well proved and ascertained, as the art was developed in those countries where allopathy is rampant. Even some others, including Sidha and Ayurveda as in use in India today, may not be free from blame if scrutinised by the living Xray. Ayurveda is the soundest and the most comprehensive science, befitting the meaning of its very name i. e. the science of Life, if only better understood and truer to its real insight in application. Alas! today, rarely is to be seen such Ayurveda, which has nothing anew outside itself, but higher developments elsewhere in different names by the original intuition of great men vexed of the evils of the so called modern medical science. It is so much perverted and misused today, partly by the discouragement meted out to it without proper training and state aid, and partly

by a greater degree due to the overwhelming glamour and imposing touch of allopathic methods that have made the lay public and state to appreciate, maniacally run in for, and duly pay and reward only the lower grade methods of medical aid of much misconceived cures (but really suppressive and destructive enough within).

It needs to be mentioned that allopathy grew so dominant and powerful by organised grit, tact, palatable and intense propaganda misleading men, glamour of science and laboratories etc. and state support tightly held to its complete favour. It is not by mere virtues alone, which are overwhelmed by the harms therein, leaving a great net balance of the latter. The few less virtues are magnified, while the great harms are minimised if could not be kept hidden by hook or crook.

Virtuous systems have their own sincere men available, few of whom can also apply the living Xray and scrutinise the medical havoc under whatever guise it be. But we are nearly made to appear worth for nothing by the state and the public that are tightly caught up in the powerful clutches of the now really OLD SCHOOL of allopathy (so named in the new schools), or, the CONSERVATIVE SCHOOL, which has allowed its common senses and sense of judgement proper lost enslaved to the material laboratories and science searching without, and misled into ruts to manacle humanity with heavy penalties and cost imperceived.

The virtuous treatments, under whatever name, including the real Ayurveda homeo and nature, even allopathy wherever it is free from evil, only depended on common sense and intuition more in meddling with the life and

death question. Therein lies the truth behind their correctness in processes and successes perplexing to others. It is a patent truth that the lower grade methods of medical aid in spite of all the huge science, laboratories, full state aid and thorough training, tresspassed, the original background of disease within, and are only multiplying diseases of progressively graver and more stubborn types with the greek and latin names changed, as to the changes in the positions, state and gravity of the disease, as if they are different things, but really different phases. The SANER systems have known disease and its treatment much better to near perfection. All these things could be duly proved clearly by the living Xray, as much as required, if the previous-records are not enough.

Iridiology, like the more virtuous systems, doesn't need huge and heavily costing laboratory installations and staff to man them as is in the Conservative medical aid. The knowing-Examiner, the patient, a 6 magnifying lens, an ordinary battery light, and a dark room or the night time are all the simple requirements to conduct Iridiology. It is a very interesting art from beginning of its history to the end. More than one publication on it are available and "Iridiagnosis" by Dr. Lindlahr, M. D., the author of 'Nature Cure' also, is one good work on the art.

In conclusion let me proclaim that Iridiology is there today as a challenge to all harmful, and as such undesirable, medical methods. It is an inescapable CHALLENGE that cannot be misappropriated by palatable arguments, questionable and one sided records, and the like, or the favour of the state or public majority (lay in the matter), as against the case of the now pressed

down saner systems. The latter owe for their virtues to the common sense and INQUEST (insight) endowed to all humans by Divinity.

It is therefore meet, that the begots of all the rude methods boldly face the challenge, and prove their worth or otherwise, after, fairly providing the facilities to those of saner methods to conduct the scrutiny. Or else, let them throw aside their hiss, superiority complex, selfish beauracory, in the health and medical fields; join together with the more virtuous ones on equal status, opportunities and footings, and thus work out THE RENAISSANT MEDICAL OUTLOOK HARMONIOUSLY UNITING THE BEST GOOD IN ALL WHILE THRASHING ASIDE THE INJURIOUS OF IMPRACTICABLE UNDESIRABLES. We have already set down the same to get the best results in the common NOBLE UNIVERSAL ENDEVOUR OF BEST SERVING THE MILLIONS OF THE SICK AND SUFFERING FORMS OF THE INFINITE LORD SUPREME. Medical studies and plans of our Renaissance Outlook is sure to prevent the intolerable harm, financial penalties, physical and mental worries, long been going on in the name of medical-aid, scientific or quackery together wherever it exists, which is much more than war, pestilence, and famine combined, as was also said by Dr. Jas Mason Good, and realised by many, in India and abroad, personal experiences.

FIE on the culture and science that fails to take note and submit the VIRTUOUS CHALLENGE levelled above. Fie on the cultured physicians, who are now even prefeerring to raise their compounders and nurses to the level of doctors wanting in great numbers for huge interior national demands of medi-

cal help, in order to bang scope to the spread of more beneficial systems, lest the allopaths loose their exclusive superdominance in future. Even the lives of the fellow millions are not properly valued by the self same allopaths in their stealthy ways to bang the spread of any other system which can do better, even under less trained hands.

The allopaths may be knowing their folly at heart, in some many cases, but exclusive self protection at the cost of others by hook or crook is their SUPREME AIM. So they impose even their compounders and midwives, may be even ward boys in due course if pressure demands, above the doctors of saner systems available in plenty. These last sentences are included late in this, after noting such suggestions and plans

for the future interior Indian demands by the allopaths, voiceful ones too, published in journals, while the truth is quite patent that they fear to publicly mention even the names of other system of healing slowly progressing against heavy odds.

We tried to represent the truths of the above kind to the allopaths, so that at least they may take up and do good to humanity. But their stomach filled power-endowed, high-headedness often felt it beneath dignity even to listen to us as unworthy before their abilities.

(When published favour the author with twenty five copies of the particular page or pages of your journal, seperately pushed (or struck), besides a copy of your journal issue for information.)

Written and Signed by :

DR. M. V. SARMA, L.I.M., F.I.H.
(HOMEO) N. D. (Nature.), Iridiologist,
Registered Medical Practitioner.

Letters to the Editor

Roll of Indian Medicine in Rural Welfare

Rural welfare seems to be the topic in Official circles ever since the Congress Government came into power. In India 95% of the population lived in villages. But nothing tangible has been done by the Government towards medical relief in rural areas. The Rural Medical Service which was inaugurated in 1924 by the Panagal Ministry was put into action in 1925. The late Rajah of Panagal conceived the idea that the rural areas have been totally neglected so far in regard to medical relief and pitched upon the cheapest sort of service what is known as Rural Medical Scheme. It is more than 20 years since the scheme was started and now we see that the scheme is not working successfully. The scheme provided a subsidy of Rs. 600/- per annum for the medical practitioner which is not attractive for a Doctor to settle in a Village.

As Dr. Jivaraj Mehta, Director General, Indian Medical Service, says, the rural Doctor should be given at least Rs. 200 per mensem to settle in a village. The practitioners are said to be neither the servant of the Government, nor of the local bodies. There should be some security of service and these Rural medical practitioners should be taken in regular Government service and provincialised, as rural Sub-Assistant Surgeons, with a scale of pay, leave facilities, provident fund etc. Further the Government should open one hospital for each taluk with 10 beds in Indian Medicine, and Rural medical practitioners of more than 10 years

service in rural areas etc. these small hospitals.

As regards Indigenous medicine though our Government is a national Government proper encouragement is not given to the Indian systems of medicine. It is more than 20 years since the Madras Government and there are about 1100 practitioners produced by the Institution. But they have not got any good prospects to work as medical Officer in any Government hospital or to do any research work as the only service open to those L. I. Ms. is only Rural dispensaries. There is much agitation by L. I. Ms. to open Hospitals of Indian Medicine, in District and Taluk Head Quarters. But it is only a cry in the wilderness.

Now the Government has converted the School of Indian Medicine to a College and has instituted a Degree Course in Indian medicine; when the licenciates in Indian Medicine are not given proper encouragement by the Government we do not know what will be the status and prospects of the Degrees holders in Indian Medicine. The Government should now at least realise the difficulties of these young practitioners. They may open one District Head-quarters hospital of Indian Medicine with 30 beds for each district and 2 taluk Hospitals with 10 beds, 2 taluks for 1 district to begin with and give a chance to the Licenciates in Indian Medicine to show to the country about the efficacy of Indian

Medicine. Without the support of the Government or state it is impossible to expand Indian Medicine and prove its worth. Sufficient funds should be allotted for research in Indian Medicine. There are many wonderful drugs in Indian Medicine to cure chronic diseases such as Leprosy, Tuberculosis, Asthma, etc. But there should be state encouragement.

Hitherto all proposals for the advancement of Indian Medicine were held under the pretext of the Bhore Committee report. As now the Bhore Committee report is also to be published, I appeal to the Congress Government to do all in its power to strengthen and promote the practice of Indian Medicine in all aspects, in this presidency by allotting sufficient funds.

(Sd.) P. RAMASWAMY, R.M.P.

Kilkodungalur, } Kilkodungalur.
26-5-48. }

Sir,

I request you to publish the following lines in your coming issue of the Journal of Indian Medicine. According to the newly introduced Madras Drug Act the local Assistant-Surgeon (on behalf of the D. M. O.) inspects the medical shops in his locality. During one such inspection he found that Penicillin and Sulpha group of drugs were being supplied on prescriptions from L. I. Ms. He drew the attention of the District Medical Officer to this fact suggesting that, as L. I. Ms., are not registered allopathic practitioners, their prescriptions should not be honoured. A copy of this letter was also sent to the local medical shop.

The proprietor of the shop wrote to the Surgeon-general with the Government of Madras asking him specifically if prescriptions from L. I. Ms. for such drugs can be honoured. Nearly a month after his referring this matter to the Surgeon-general the following reply has been received. "The question whether the prescriptions, from L. I. M. S. should be honoured is under the consideration of the Government. Pending definite orders of Government, the prescriptions of L. I. Ms. should not be honoured."

I do not know whether all L. I. Ms. know of this unpleasant fact. It is needless to say that this is no small handicap to L. I. Ms. Such new drugs have to be used during one stage or other of the treatment in very many cases. Is it the intention of the Government that L. I. Ms. should direct such cases to allopathic practitioners? Far from the humiliation caused to them thereby is it practicable or possible? A rural L. I. M. is the only qualified man for a radius of 10 miles very often more. Is it in the interest of the patient to delay treatment with such drugs? Have not L. I. Ms. been considered qualified to undertake medical, surgical (including obstetrical) and medico-legal work according to their registration? Then why should not the Government have straightway declared L. I. Ms. qualified to prescribe such drugs? Are they not the products of a Government institution where they study for full five years? How does the Government expect L. I. Ms. to undertake Surgical and obstetrical cases without the aid of Sulpha group of drugs and Penicillin? Can the Government say that the training that L. I. Ms. get in their surgical and Maternity departments in Indian Surgery or Indian Midwifery? Is it not with the object of complimenting the Indian systems of Medicine that L. I. M.

are taught Modern Surgery and Midwifery? Is it not with the object of maintaining an adequate standard of knowledge in these subjects that standard textbooks are prescribed and responsible professors in the respective subjects of other Medical Colleges are asked to examine L. I. M. Students? Have not many students been failed for want of the minimum marks in the allopathic subjects? Why should detailed Anatomy, Physiology, Medicine, Midwifery and Surgery be taught them (apart from the other subjects like Hygiene, Pathology and Ophthalmology) to pronounce them ultimately incompetent to use Modern Medicines wherever they may consider them best? Is it not the duty of the Government to give all privileges to the products of their own institution? Is it the desire of the Government to reduce L. I. Ms. to the level of pure Ayurvedic physicians who in their turn have been clubbed with unqualified vaidyas? If that is so why should there be a full five years course with S. S. L. C. as the minimum qualification? It is so heart-rending to an L. I. M. to find nothing encouraging in the present policy of the Government.

What is more painful is that the Government should have thought it necessary to perpetuate this class of

utterly dissatisfied and neglected practitioners for their own end of producing more doctors for the rural parts. Having come to know that the products of the College of Indian Medicine and the Modern Medical graduates will not settle down in rural parts in spite of requests by the Government and having come to realise that to employ them would touch their exchequer, the Government have decided to produce these cheap doctors—cheap in every sense to the Government—but none the less costly to the student to take his diploma. But the Government expects these doctors to be efficient as is evident from the postings of Lady L. I. Ms. in the Gosha Hospital and the V year L. I. M. in the Royapettah hospital. There is no end to this.

I strongly protest against this attitude of the Government with regard to L. I. Ms. I request the L. I. M. association to muster all the strength it can and force the Government to recognise the rights of L. I. Ms. We can no more suffer any humiliation. We have had enough. Unless our grievances are redressed the Government have no business to reopen the L. I. Ms. course.

Mannargudi, } Yours faithfully,
9-6-'48. } (Sd.) R. KRISHNASWAMI

श्रीः

‘लवणत्रयी’ नाम कोडपत्रकम् ॥

ज्ञानानन्दमयदेवं निर्मलस्फटिकाकृतिम् ।
आधारं सर्वविद्यानां हयग्रीवमुपास्महे ॥
जयत्याश्रितसंज्ञासध्वान्तविध्वंसनोदयः ।
प्रभावान्सीतयादेव्या परमव्योमभास्करः ॥
ध्यात्वा श्रीराघवंदेवं नत्वा गुरुपरंपराम् ।
‘लवणत्रय’ विख्यातं क्रियते कोडपत्रकम् ॥

श्रीः

श्री गुरुपरंपराभिवन्दनम् ।

श्रीमन्निगमान्तगुरवे नमः ॥

श्रीमान्वेङ्कटनाथार्यः कवितार्किककेसरी ।

वेदान्ताचार्यवर्यो मे सन्निधत्तां सदाहृदि ॥

श्रीमच्छठारियतिशेखरलब्धवो धं

श्रीरङ्गनाथयतिवर्यकृपेकपात्रम् ।

श्रीमत्पराङ्मुखशयतीन्द्रदयावलम्बं

श्रीरङ्गनाथशठकोपमुनिं भजामः ॥

श्रीरङ्गेशयतीन्दुना करुणया सौस्यादिभिः प्रेक्षितं

ख्यात श्रीनरसिंहकारिजमुनीट् पादांबुदेन्दिन्दिरम् ।

दान्तिक्षान्तिदयादिभिः शुभगुणैर्भान्तं बुधाग्रेसरं

श्रीमद्रङ्गशठारियोगिनृपतिं श्रेयोनिधिं संश्रये ॥

श्रीमते श्रीलक्ष्मी नृसिंह दिव्यपादुकासेवक श्रीचण्डशठकोप-

श्री श्रीरङ्गशठकोपयतीन्द्र महादेशिकाय नमः ॥

काणादं पाणिनीयं भगवदभिहितं पाञ्चरात्रस्मृतीश्च
छात्रानध्यापयन्तं यजुरथनिगमान्तार्यसूक्तिप्रवीणम् ।
श्रीमद्रामानुजीयं मतमिहसततं बोधयन्तं गुणाढ्यं
श्रीरामे बद्धभावं विजयपदलसद्राघवाचार्यमीडे ॥
वरदपदपूर्वरामानुजयतिकरुणाश्रयं वन्दे ।
भारद्वाजकुलोत्थं जनकं मे विजयराघवाचार्यम् ॥

वैराग्यभाग्यनिरवद्यगुणप्रकर्षात् श्रीदेशिकात् वरदलक्ष्मणयोगिवर्यात् ।
“रामानुजीयमतरक्षणवद्धदीक्षः शिष्टोभवे” न्यमुमनुग्रहमग्रहीद्यः ॥

सच्चक्रवर्तिकुलवारिधिपूर्णचन्द्रं श्रीदेशिकार्यगुरुवर्यकृपात्तबोधम् ।
श्रीवाससंयमिपदाम्बुजषट्पदं तं श्रीकृष्णसूरिगुरुवर्यमहं नमामि ॥

श्रीसुन्दरार्याभिधसूरिवर्याद्वान्तसारार्थमगाधबोधम् ।
गुणाकरं सुन्दरसौम्यनारायणाभिधानं गुरुमाश्रयामः ॥

श्रीमान् श्रीवासमूर्तिर्निरुपमधिषणो वैद्यतन्त्रेऽद्वितीयो
नूनं धन्वन्तरिः सप्रथत इहपरं मर्त्यलोकेऽवतीर्णः ।

इत्येवं तर्क्यमानो विबुधसदसि यः प्रापकीर्तिं समग्रां
सोऽयं नो भाग्यराशिश्चिरमिहजयता त्सर्वसंपन्नधानम् ॥

श्रीनीलकण्ठगुरुवर्यपदारविन्दनिष्यन्दमानमकरन्दमिलिन्दभूतम् ।
अन्तेवसत्सकलकल्पकवृक्षकल्पं शंकुणिमेनवमहं गुरुमानतोऽस्मि ॥
नीलकण्ठगुरुपात्तवैद्यविद्याविशारदम् ।
छात्रकल्पद्रुमं नौमि गुरुं शंकुणिमेनवम् ॥

भारद्वाजकुले पूते वेदवेदाङ्गपारगः ।

जातोऽभूद्रङ्गनाथाख्य आचार्यो भुवि विश्रुतः ॥ १ ॥
तत्पुत्रो यजुषोमूर्तिर्नाम्ना विजयराघवः ।
प्रादुरासीन्महाप्राज्ञ आचार्यः शास्त्रपारगः ॥ २ ॥

वैराग्यभाग्यनिरवद्यगुणप्रकर्षात्
श्रीदेशिकाद्वरदलक्ष्मणयोगिवर्यात् ।

“रामानुजीयमतरक्षणवद्धदीक्षः
शिष्टोभवे” त्यमुपनुग्रहमग्रहीद्यः ॥ ३ ॥

श्रीवत्सवेणुगोपालश्चक्रवर्तिकुलोद्भवः ।
मातामहो मे मतिमान् वैद्यशास्त्रविशारदः ॥ ४ ॥

ज्येष्ठोऽस्यवरदाचार्यस्ताविमावश्विनाविव
संभाषितौ महाराजैर्महितैः पण्डितैरपि ॥ ५ ॥

तद्भाता भुवि विख्यातो विद्वान्विजयराघवः ।
शतकोटीरामशास्त्रिज्ञातशास्त्रचतुष्टयः ॥ ६ ॥

शतकोटीखण्डनस्य खण्डनं कृतवान्स्वयम् ।
क्रोडपत्राण्यनेकानि तथा नचचतुष्टयम् ॥ ७ ॥

एवं मातुः पितुश्चापि वंशे विद्वद्विराजिते ।
जातस्याल्पधियोऽप्यासीच्छास्त्रेष्वभिरुचिर्मम ॥ ८ ॥

विधाय विविधा वृत्तीः कञ्चित्कालमितस्ततः ।
अन्ते तु वैद्यविद्यायां दृढामकरवं मतिम् ॥ ९ ॥

आयुर्वेदकलाशाला मद्रपुर्यां विराजते ।
पाश्चात्यवैद्यसिद्धान्तसंमेलनमनोहरा ॥ १० ॥

तस्याः स्तनन्धयेष्वाद्येष्वहमन्यतमोमतः ।
सर्वदा संस्मरन् मातुराधमर्ण्यमनुत्तमम् ॥ ११ ॥

अतः कृतज्ञेन मया जिज्ञासुछात्ररञ्जनम् ।
वैद्यकेऽपूर्वविद्यायाः क्रियतेऽद्य प्रकाशनम् ॥ १२ ॥

सिद्धाः सिद्धात्मविद्या द्रविडजनपदेऽष्टादशागस्त्यमुख्या
आग्निहस्तंभभूतप्रभवगतिलयज्ञानविज्ञानभाजः ।

निर्यत्नं रोगनिर्मूलनविधिमतुलं कायकल्पं तथाहु-
र्द्रव्यादीनांच तत्तत्परिणमनभिदां पाकतो योगतो वा ॥ १३ ॥

तत्राद्भुता निरुपमा राजते लवणत्रयी ।
लोहवेदवलारोग्यजालविद्यासुसिद्धिदा ॥ १४ ॥

पुंस्तुतिषु प्रयोगेषु द्वितीयो वर्ण्यते मया ।
पुमर्थसाधको देहो बुधै रक्ष्योहि यत्नतः ॥ १५ ॥

तद्द्राविडेष्टुक्त मनेकरूपग्रन्थेषु नानाविधपारिभाषिकम् ।
 तत्त्वं समालोक्य विमृश्य संयक् गुप्तं समस्तं बहुतो मयार्जितम् ॥१६॥
 तं संप्रदायं बहुरन्ध्रयुक्त मुपादिशत्सुन्दरनामधेयः ।
 सच्छेष्टिवंश्यस्य तु षण्मुखस्य सुतो गरीयान्मम सोदराभ्याम् ॥ १७ ॥
 वैद्यागमेऽतिगहनान्यपि यत्कटाक्ष-
 संदीपिते करतलामलकाभिरामम् ।
 तत्त्वानि वीक्षितुमपारि मया, सदा तं
 शकुणिमेनवगुरुं मनसा स्मरामि ॥ १८ ॥

इत्युपोद्धातः ॥

समस्तजगदुत्पत्तिस्थितिसंहारकारणम् ।
 शक्तिद्वयं भगवतः सर्वव्यापि विराजते ॥ १ ॥
 एका संघटनाकारा परा विघटनात्मिका ।
 आयुर्वेदोपदेशेषु सोमोऽग्निरिति ते स्मृते ॥ २ ॥
 अग्नीषोमात्मकं तेषां शिवशक्तिमयं जगत् ॥ ३ ॥
 * शक्तेः स्थानं क्षितौ प्रोक्तं शिवस्य जलधेर्जले ।
 तावुभावपि चान्योन्यं संगन्तुमभिकांक्षतः ॥ ४ ॥
 तयोः संयोगसंजातमण्डमुक्तं शिलासुधा ।
 नानामेषजनिर्माणशुद्धिभ्यां सोपयुज्यते ॥ ५ ॥
 ग्रीष्मान्तेऽम्बुनिधेर्नार माचूषत्यंबुवाहके ।
 तत्रस्थाशक्तिरब्धिस्थं शिवांशमवकर्षति ॥ ६ ॥
 क्षणादसहमानेव वियोगं विश्वमोहिनी ।
 निरुणद्धि जवादेवी मुमुक्षुमपि शंकरम् ॥ ७ ॥
 तयोर्विरुद्धगुणयोराकर्षणविकर्षणे ।
 पराजितेव पतति शक्तिर्भूयोपि वारिधौ ॥ ८ ॥

* लवणत्रयी निर्माणं वस्तुजातानुपत्ति हेतुभूतयोः शक्तिशिवयोः अवस्थानादिकं
 अधिकृत्यैव अतः परं प्रतिपाद्यते ॥ तथाचेदं न समष्टि शक्तिशिवस्वरूप स्वभावादीनां
 बाधकं भवति ॥

मेघवारिधिसंयोग संजातं पांशुरूपवत् ।
 नामतोलवणं फेनो रसतोऽलवणो भवेत् ॥ ९ ॥
 निमग्नः शक्तिसंपन्नः शुक्तिशंखादिवज्जले ।
 प्रथमा ज्यायसी चेति सिन्धुफेनोऽभिधीयते ॥ १० ॥
 उन्नीतः सागराच्छंभुः कञ्चित्कालं घने स्थितः ।
 वर्षे समेघनिर्घोषे साशनौ पतति क्षितौ ॥ ११ ॥
 उत्पत्तिष्णु रयं सद्यः शक्त्या धरणिनिष्ठया ।
 निरुद्धवेगोपि विभुर्भूयो भूयो मुमुक्षति ॥ १२ ॥
 तस्मिन्निपातनोत्पातनाकर्षणविजृम्भणे ।
 कदापि तौ भुवि स्यातां भूगर्भे वा कदाचन ॥ १३ ॥
 शक्तेः कदाचिदाधिक्यं शिवस्य तु कदाचन ।
 अन्यथा तूभयोः सारयं भूगर्भे भूतलेऽथवा ॥ १४ ॥
 धरागतायां शक्तौ तु मिलितायां पिनाकिना ।
 जायन्तेऽण्डानि भूगर्भे यान्यधोऽधो व्रजन्ति च ॥ १५ ॥
 अधोगतानामण्डानां परिणामः प्रजायते ।
 सप्तधा गुणरूपेषु कालादीनां निमित्ततः ॥ १६ ॥
 तेष्वन्त्ये स्फटिकाकारं पद्मिनी संज्ञकं स्मृतम् ।
 अन्येतु परिणामाः षट् वर्ण्यन्तेऽन्यत्र विस्तरात् ॥ १७ ॥
 पद्मिन्याः शोधनविधिरन्यत्र प्रतिपाद्यते ।
 तथैव लवणत्रय्या निर्माणं विस्मयावहम् ॥ १८ ॥
 अण्डेषु परिणामान्ते प्राचुर्येण भवेच्छिवः ।
 तदैव परिणामादौ शक्तेरंशोपि भूयसा ॥ १९ ॥
 शिवस्य शक्तियुक्तस्य प्रसरस्तरुमूलवत् ।
 भूगर्भाभिमुखायां तु शक्तावण्डसमुद्भवः ॥ २० ॥
 ततश्च वैपरीत्येन जलधावनयोः स्थितिः ।
 इति द्वाभ्यां प्रकाराभ्यां शक्तेर्लाभः शिवस्य च ॥ २१ ॥
 शक्तेरेकं शिवादेकं ताभ्यामेकमिति त्रिधा ।
 लवणं मिश्रितैरेतैः क्रियते लवणत्रयी ॥ २२ ॥

॥ १ ॥	येषामास्तिक्यधीः सिद्धिः शिवराजे शुभामतिः । गुरोश्चानुग्रहः तेषां हस्तगा लवणत्रयी	॥ २३ ॥
॥ २ ॥	शक्त्या केवलया तद्वत्केवलेन शिवेन वा । अण्डेन कुकुटाण्डेनाप्यण्डैर्दशविधैस्तथा	॥ १ ॥
॥ ३ ॥	सुराक्षारेण तुत्येन केवलं लवणेन वा । नवसारेण वा सिद्धीक्रियते लवणत्रयी	॥ २ ॥
॥ ४ ॥	शतेष्वतीव सुगमो मार्गोऽत्र प्रतिपाद्यते । यस्य निर्माणमध्येच लभ्यते बहु भेषजम्	॥ ३ ॥
॥ ५ ॥	खनित्वा वसुधां राजहस्तमात्रं समुद्धरेत् । शक्तिं शिवां वा यदिवा तावुभावपिसंयुतौ	॥ ४ ॥
॥ ६ ॥	यदितौ मिलितौ स्यातां एकस्मिन्नेव वस्तुनि । नादान्तलवणाख्यं तत् तथा पुष्परसाढ्यम्	॥ ५ ॥
॥ ७ ॥	शिवः पुष्पपदेनोक्तः शक्तिः प्रोक्ता परेण च । आमाघपर्वणोग्राह्यं आचैत्रान्तमिदं भुवः	॥ ६ ॥
॥ ८ ॥	भूमेरुपरि यत्किञ्च ऊपरं नाम तत्त्यजेत् । घनीभूतमधोयत्तु ग्राह्यं तत् पूर्वमीरितम्	॥ ७ ॥
॥ ९ ॥	अर्धनारीश्वरः सीतारामः श्रीपतिरित्यपि । कीर्त्यते द्वन्द्वपर्यायैः नादान्तलवणं बुधैः	॥ ८ ॥
॥ १० ॥	आहृत्य श्रीपतिं काले काचकूप्यां निधापयेत् । अंशास्त्रीन् पूरयित्वा तु चतुर्थमवशेषयेत्	॥ १ ॥
॥ ११ ॥	कूपिकामातपे तीव्रे दिनानि दश निक्षिपेत् । दिने दिने द्रवीभूतमंशमस्याः समुद्धरेत्	॥ २ ॥
॥ १२ ॥	दशभिर्दिवसैः प्रायो देवस्यक्तद्रवोभवेत् । कूपिकाघः स्थितं किञ्च पङ्किलाभं परित्यजेत्	॥ ३ ॥
॥ १३ ॥	श्रीरामादाहता सीता काचकूप्यां सुरक्षिता । तमसि स्थापिता काले त्रिविधं रूपमाप्नुयात्	॥ ४ ॥

॥ १ ॥	तिलतैलोपमो रक्तः शुद्धः शक्तिमयो द्रवः । उपर्युत्पद्यते यस्तु "मूची" ति परिकीर्त्यते	॥ ५ ॥
॥ २ ॥	त्यक्तद्रवत्वं गोधूमवर्णं मध्ये शिवात्मकम् । शलाकाकारकं वस्तु "पङ्कजं" नाम तत्स्मृतम्	॥ ६ ॥
॥ ३ ॥	कूपिकाग्रामधोभागे किट्टाभः पांशुरूपवान् । स्थितस्तृतीयस्त्वण्डांश "श्रेष्ठ" मित्यभिधीयते	॥ ७ ॥
॥ ४ ॥	पङ्कजं पञ्चचुन्नं च वारांस्त्रीहिमवारिणा । मर्दितं शोषितं सूर्यं जायते लवणं ततः	॥ ८ ॥
॥ ५ ॥	नीलकण्ठाभिधानं तदुच्यते गुरुरित्यपि । लवणत्रयनिर्माणसुखमार्गप्रदर्शनात्	॥ ९ ॥
॥ ६ ॥	आतपे शोषिता मूची रक्ताभं लवणं भवेत् । पेषयेत्पञ्चचुन्नेन तत् सहामृतवारिणा	॥ १० ॥
॥ ७ ॥	पङ्कलघुपुटे चुन्नं तत् स्याच्छक्तिमयं शुभम् । शक्तेरूपान्तरत्वाच्च कनिष्ठेति प्रकीर्तितम्	॥ ११ ॥
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॥ ९ ॥	घर्मे तिष्ठति गङ्गायां गुरावुपरि जायते । सन्तानिकेव पयसि किञ्चिदास्तरणं सितम्	॥ १३ ॥
॥ १० ॥	विनीयचास्तृतिं धीमान् शिष्टमंशमभंगुरम् । चन्द्रिकायां न्यसेद्यावत् दधिवत्स्कन्नतामियात्	॥ १४ ॥
॥ ११ ॥	पङ्कजं दधिसंकाशे तद्गर्भे शनकैः क्षिपेत् । तदा तदद्भुताकारं दृश्यं स्याद्वज्रसन्निभम्	॥ १५ ॥
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॥ १३ ॥	दृश्यं तत्सुधयापिष्टं पञ्चचुन्नसमावृतम् । पङ्कं लघुपुटे भूयो जायते लवणत्रयी	॥ १७ ॥

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Edited by

Dr. Y. Kondal Rao

Dr. V. Narayanaswami

Dr. V. Visvanathan

Dr. Y. Suryanarayana Rao

Dr. Ahmed Hussain.

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for the prevention of the disease. It does not stand in the way of THRI DOSHA theory. I mean, if our hearts are large, SYNTHESIS is possible. In the same strain I say that with regard to the principles of treatment also we have no difficulty.

In Ayurveda also, there is KRIMI SIDDHANTA. About twenty varieties are described in susrutha-KRIMIROGA PRATHISHEDHAADHYAYA out of which 13 are visible for Sthula Drishti and the other are visible for DIVYA DRISTI. In those days, the seers developed super powers by their practice of pure life and yoga and did not feel the necessity obviously for the physical appliances for discovering things. Be it what it may now we have not developed Divyadrsti and so we certainly require the help of Modern appliances.

It was thought till very recently, that the paroxysms of Malaria are accountable for the sporulation of the parasites and their free circulation in blood, finding new abodes in fresh R.B.C., by the spores and that Quinine acts as a Prasicide.

According to Doctor N.C. Dasgupta (in Journal of the I.M.A., November 1945) a Toxin from Hemozoin Pigments liberated at the time of breaking up of the R.B.C., is responsible for the symptoms—the Chills and Fever etc., and that Quinine acts as an Anti-toxin by combating with the Toxin whether by absorption or by some delicate chemical reaction. Quinine does not cure Malaria by destroying the Parasites. The nature of the toxin is not found. The Pigments are specific products of the Parasites.

If Quinine acts as an Anti-toxin only, we can say by the same token that our Ayurvedic Drugs and compound prepa-

rations which have definite anti-toxic properties are also acting in our hands at times such as Medicines containing Biles of various species in SANNI-PATHA BHYRAVI, SOOTHICA-BHARNAM and the like; ARKA, DRONAPUSHPI. etc., herbs. It is a matter for research since the article of Dr. Dasgupta throws a new light in our modern thought.

Dr. Desamukh of Poona in his article in I. M. C. September 1947, explains "experiments in Avian Malaria have tended to modify the theory of Malarial Cycle. According to Modern concept (National Medical Congress 1946) the Cycle of the Parasite in the human Host is far more complicated than the simple invasion of the Red Blood Cells. Fairly has shown that the SPOROSITES disappear from the blood stream in 30 minutes after inoculation by the Mosquito to re-appear in the Peripheral blood on the ninth day and regularly thereafter. Thus there appears to be a pre-Erythrocytic stage in which the parasites invade the endothelial or Mesenchymal tissue cells where, it is presumed, they undergo distinct cycle of development before they are discharged in the blood stream. In blood they begin the so called Erythrocytic cycle. The Persistence of the infection in the Mesenchymal cells essentially contributes to the recurrence of Malaria. Thus, the mechanism of the relapse can be explained by the periodic discharge of Parasites in the Peripheral blood from the fixed tissue cells. The Mesenchymal tissue of healthy persons is strong enough to have Plasmodia constantly captive.".....He further says..... "A short term of development in fixed tissues with complete delivery of Parasites in blood would lead to a short term infection as in Oilcparam conversely a prolonged period of develop-

ment in fixed tissues with Partial expulsion of parasites in the blood stream would lead to a relapsing infection as in vivax. The new concept also explains, why even a thorough treatment of the acute attack is not able to prevent relapses. The specific Anti-Malarials which are commonly used, act only or mainly on the orythrocytic stage of the parasite. The mesenchymal cycle is un-effected though the Peripheral blood may be cleared of Parasites".

All this is a Postulation-might be true or might not. But DOSHIC theory is not more abstract or postulative than the theories put forward. If the soil, the body, is attended to as per Doshic treatment perhaps the captivated parasites get annihilated.

Treatment.

अयमेव विधिः कार्यो विपमेऽपि यथा यथम् ।

ज्वरे विमज्ज वातादीन् श्रान्तर युच्यते ॥

The Principle is to identify the Dosha Predominant and the Dhatu it vitiated and then treat as per usual fevers (Vag. Jwar. Adh.) Several recipes are mentioned-Kashayas as Tripala, Guduchi,

पटोलकटुकामुस्ता प्राणदा मधुकैः कृताः

Pippali are advised. Lasuna in Gingily Oil and several others. Besides those recipes mentioned under Vatha-Jwara, Pitta Jwara, Kapha Jwara, Sannipatha Jwara etc., Vagbhata also advocates "Siravedham", BLOOD LETTING, in adamant cases.

यथा स्वं च तिरां विधे दशांतो विपमज्वरे

The Principle of Treatment for all fevers is the same. Doshapachanam.

लेघनं स्वेदनं कालो यवाम् स्तित्तको रसः ।

मलानां पाचनानि स्युः यथावस्थं क्रमेण वा ॥

depending on the merits of Individual cases and then, "Samana" treatment by Medicines. For pure Vatha cases, Langhanam is contra-indicated.

सुद्धवातक्षयामंतु जीर्णज्वरिषु लेघनम् ।

ने-यते ; तेषु हि हितं शमनं यत्नं करिणम् ॥

Varieties of Peyas (Liquid Medicated foods) are described which serve both as Medicine and diet. 'Cheraka' describes a regular process of Sodhana and Samana Chikitsa in consideration of of the Doshas as also 'Anjena and Dhupas (Eye Medicines and fumigations), He also advocates Mani, Manthra, Pujadikas for Aganthuka, V. Jwaras.

In regard to other prescriptions, there are a legion. But not a single one is a specific. The time honoured prescription of SEETHAMSARASA, NARAYANA JWARAMKUSA RASA, AND SANNIPATHA BHYRAVI still hold the field, along with JAMBIRADI PANAKAM and PANCHA THIRTA KASHAYA OR PANAKAM. SEETHAMSU is improved by adding Quinine Sulphate in small doses (MAHA-SEETHAMSU), and the therapeutic results are enhanced thereby. Seethamsu is an arsenical preparation with Thalakam and Manisila in combination with Thrikatu, (SONTHI, PIPPALI, and MARICHEM,) Arsenic acts where others fail in some cases. Seethamsu acts better in Chronic Malarial cases and the action is also slow. Sannipatha Bhyravi and Maha-Sannipatha Bhyravi also seem to control Malaria, probably acting as Absorbants of toxins, liberated at the time of sporulation as advocated by Doctor S. C. Dasgupta, in virtue of the several biles containing therein, which are believed to be having anti-

toxic properties by us. They are administered with suitable Anupanas according to the predominant Dosha or Doshas. Kashayas are also prepared with such things which suit the Doshik principle dominant in individual cases. Thikttas (BITTERS) are parasiticides.

तिक्तं स्वयं मरोचिष्णुं रुचिं किमि नृद्विषम् ।

BHOONIMBA, PATOLOA, GUDUCHI, MUSTA, and PARPATAKA, are Pancha-Tiktas usually. Katuka-Rohini and Shonti also may advantageously be used. Katuka-Rohini is not only Paraciticide but also has a specific action on Liver and is laxative.

With regard to arsenical (PARENTARAL) Dr. Desa. Mukh (I. M. G. September, 1947) writes: "Treatment of Malaria with arsenicals singly or in combination with Specific Antimalarials is believed by many as a definite advance in the treatment. (Steward 1946, Das 1945). The writer was also in the earlier part greatly impressed by the treatment when he found on several occasions that it was able to check the acute attacks quickly when the specific anti-malarials alone failed to do so or did not come up to expectations. But it soon became clear that they did not control relapses and also that they convey with them a danger of toxicity. Arsenic is notorious for causing damage to Liver, Kidneys and Brain. When Pregnancy is complicated with Malaria, the use of Quinine and arsenic may be particularly risky and one is on the horns of a dilemma as regards the satisfactory treatment in such circumstances. ... Professor Black Lock (1944) has pointed out after long studies at the Liver-pool School that though the immediate effects of arsenic in relapsing Malaria were striking the ultimate results were disappointing in that practically all cases relapsed even after full arsenical treatment. Thus

arsenicals, though immediately effective against Vivax Parasites, do not eliminate the liability to relapse. It is also important to recognise that the effect of Intravenous arsenic is entirely confined to vivax infection, so that its usefulness in treatment is limited. Arsenicals may have a use in special cases but would appear to find little place in routine treatment.

What holds good with parenteral administration may not so much hold good with regard to Oral Method of our type where Medicines are prepared in such a special way that they are rendered harmless. Yet we see when the patients are injudicious in dietetic and other allied restrictions, they develop nephritic and hepatic conditions. In my experience also, there are a few cases of relapse after administration for a prolonged period of 2 months, of SEETHAMSU & MAHASEETHAMSU RASA, after 6 months. I have been observing some cases still which have not relapsed for more than eight years since administration. In cutexia states V. JWARAVATI, a combination of KASEESA SINDHURA (Sindhuram prepared in the Ayurvedic way out of ferrous Sulph) is advantageous. In my experience, of all preparations of the Iron Group, KASEESA, if well prepared, is a more reliable and harmless drug.

I use more often where suitable, in alternate day fevers, a secret recipe which I give out here. Five most tender Petals at the extreme end of the Branch of the Herb Arka, preferably white, are taken, and crushed and put in Betel Leaves, and given to the Patient, on the day of fever before chill. He is advised to take some liquid diet and then have the usual Betel Leaves chewed with all ingredients, the nut, chunam etc., and also chew along with it the medicine

given by me to be kept in the mouth under cheek and be swallowing only Saliva but not the chewed Medicine etc. Thus, till the probable time of attack is over, it is done. It is given only twice on days of attack. Only Plesibo mixture in a bottle is administered to keep the patient under our treatment and observation. I find this a most reliable one in about 80 per cent of the cases administered by me.

(2) Take the root bark of Arka, rub well with water and apply as paste to the back along with spinal column and also behind the neck.

(3) I have also seen some people advising the tender KARAVELLAM (Kakara Pindelu) fruit, the white variety to be chewed before the chill.

(4) In very adamant cases I have used DRONAPUSHPI leaf well rubbed and made into pills of marble size given early morning about 6 to 10 pills to be swallowed continuously in one dose. This for three days only.

In local market there are some Arka preparations, patents, for all fevers. Hence this may form a convenient item for research in the proposed Research Institute of Madras.

There is another Secret remedy used by me and several others. It is Murkondaku (or.....) otherwise known in Telugu. A few tender leaves are crushed and along with that 4 or 5 Pepper (Marichem) and a quarter teaspoonful of Krishna Jeeraka, tied in a piece of cloth and advised to be smelling constantly starting before the probable time of Chill, on the day of attack of Thrutheeyaka and Chartudhika Fevers. Nothing else is given except some Plecabo Mixture on those days and

watched for results, which are encouraging. I have seen some people using Lasuna also in the same packet of Moorkondaku. The same Moorkondaku is crushed and applied to the arm in a small packet of cloth. It is commonly known as VARASAKU SECRET THERAPY. But the whole difficulty of these methods is, it is neither handy nor paying to a town Practitioner. He wants needle and drugging of multiple doses. It is a thousand times pity that patients only pay under such circumstances. Public should be educated to pay more to the medical attendants when they drug little and inject less during the year as a family doctor like in China, if during the year of attendance, if the family members are healthy, not warranting medicines, the family doctors must be richly paid and rewarded. That outlook ought to be developed in the Public. Here the number of days and the doses and the number of needles applied to his body are counted and paid. Relief without strain is not appreciated.

QUININE:—In spite of the advent of various Synthetic products in the market, Quinine still holds the day. Quinine sulph and Hydrochloride are indispensable for reliable treatment. Totaquin is found to produce better results than Quinine sulph paroral. There are views on the action of Quinine (vide Journal of I.M.A. November, 1945)

(1) Direct Action on the Parasites
(2) Indirect action on them through the Defensive Mechanism.

"Quinine disintegrates Plasmodium in Vitro in a concentration of 1 in 10,000. The concentration is never reached, never exceeds 1 in one Lakh. Besides it is rapidly excreted—90 per cent. I. V. Quinine also. After Therapeutic doses which are one and one and half lakhs,

part of the drug is deposited in spleen and liver and other organs of inert form. So to be effective against Parasities Quinine is to be given every half-an-hour and that is never done. So owing to low concentration rapid elimination etc., it cannot act as a parasiticide in Human body. Quinine could arrest growth of Intra-Corpuscular Merozoites."

Sudersana Churna and Maha Sudersana Churna, (combination of chinchona febrifuge) are used more for Kashayam rather than using as a powder peroral in massive doses which is definitely difficult. Honey and a pinch of Nisachurna (Turmeric Powder) are added to the Kashayam while taking.

Quina-Crine and Mepa-Crine are used and I am much afraid to use them any further. They are highly belious and often produce Yellow tinge of the body and conjunctive which is construed to be jaundice by others. The patients fly for some Mantbram for the jaundice and attribute to us the credit of having given them JAUNDICE. In certain cases I see Mental disturbances short of insanity. They can be used only in very selected cases.

Poludrin is the Drug of the day. I have used more than 20,000 tablets by now, to arrive at a decision on the value of the drug. I have come to the conclusion that it is wholly unable to control relapses. Somebody in I.M.A. Journal advocated continuous use of the tablets 2 per week (one bi-weekly) after the acute condition is gone. Even that method I followed. The Imperial Chemical Industries could make hay before the actual Therapeutic value of the Drug is ascertained. We have no means to analyse for ourselves as to how much of Paludrin content the tablet

contains. They are undisputedly less toxic like the Cibazol of the sulpha Group of Drugs.

Dr. Desamukh in his article, in I.M.G., September 1947, advocates the use of Penicillin for Malaria. Of course it is empirical use. Empirical Treatment is much in vogue now-a-days with regard to specially Sulfa Drugs. Vitamins and Penicillin-though much is claimed as Scientific, rational etc. etc., to the Allopathic Treatment. Ayurvedic Treatment is much more rational and scientific, compared to the Hotch Potch work of Allopaths to-day. Dr. Col-Sir R. N. Chopra has already certified to this in his address to the Annual Scientific Sessions recently.

Penicillin 2 Lakhs in 3 or 4 C. C. of Saline is injected into one buttock and Quinine Hydrochlore, 10 grains into another buttock in the morning, and the same is repeated for 2 or three days. Dr. Desamukh thinks that it acts on the captivated Plasmodium in endothelial tissue and on the mysterious cycle of Parasite in the internal organs. It may not have effect on the Peripheral parasite. He says that the usual anti-malarials control the Erythrocytic stage and Penicillin, the pre-Erythrocytic stage (which is more a postulation and yet to be found).

I tried on a number of cases, the prescriptions given out by Dr. A. Lakshmipathi in the Municipal Free Dispensary—the Lasuna Yoga Pills and Nirgundi Yoga in Mixture form with Jaggery. They are as good or as bad as any other thing, results being 25% and 31% Success respectively.

Systematic treatment enunciated by Charaka is rather not in easy reach of a general Practitioner who will have to

Practise in competition and with several limitations around him and in the adverse circumstances.

So it can safely be said that there is yet to be found a Method and Treatment for Malaria, the Disease No. I of the General Practitioner. The Problem I faced in 1931, when I was on Special Duty as Medical Officer for Malaria, in Ananthapur District at a time when Malaria was rampant in Epidemic form, having had to treat thousands of pure Malaria cases of varieties of infections, —I am facing even to-day, after 17 long years in spite of several advances.

Diet:—If the Patient is in, Ama condition. Starvation, Partial or complete. i.e., Langhanam for a few days until Nirama condition prevails. Bland liquid diet, medicated or simple could be given. Large quantities of Orange juice is specially advised. We have in Ayurveda special diet for various situations described such as, Peya, Mandam, Vilepi, etc. Milk can be given if the fever passes Ama stage. In chronic conditions, when patients are wasted, medicated Gruthams are more suitable. I do not want to deal on this subject elaborately since it by itself forms another subject.

Outstanding Treatments of Ayurveda Vasti Karma II.

By

AYURVEDACHARY M. VISWESWARA SASTRI H. P. I. M.

Professor of Ayurveda

COLLEGE OF INDIAN MEDICINE, MADRAS.

Ayurveda proclaims that Vasti Karma (or use of Medicated Enemata) is fifty percent of the whole treatment, if not cent percent. It means that most of the diseases, can be treated by the administration of Medicated Enemata. It is due to the fact that Vata causes majority of the diseases, directly or indirectly. Because, of the three doshas, it is only Vata that is active and is capable of moving the others from one place to another. It is also said that the diseases whether affecting Sakhas (Twak, Rakta and other Dhatus), Koshta (Digestive tract), Marma (Vital points in the body Numbering 107), Head and Neck or even the whole body are mostly caused by Vatha. Even from the numerical consideration the number of diseases caused by Vata are eighty while those cause by Pitta and Kapha are only forty and twenty respectively. Vatha is the direct cause of Vata diseases, while its complicity is found in the diseases caused by the other two doshas also. In this treatment the medicine selected for use, gets directly into Vata Sthanam and acts also as Shodhanam for Vatam. A medicine used for subduing Vata, given by mouth, may not have so much of effect as the one administered through Enema, since in the case of the former, the medicine has to pass through the sthanams of Kapha and Pitta undergoing such chemical changes as are inevitable during the course of its passage,

while in the latter case the medicine or drug will have a direct access to Vata Sthanam without undergoing any change. Vasti Karma will not only act greatly in controlling even the over-whelmingly increased Vata but will also remove the accumulated Mala, Sleshma and Pitta from Vata Sthanam. Hence it is given such great importance.

The action of Vasti Karma on the body is compared to a cloth acquiring only the colouring substance of Kusuma seeds leaving the rest. Similarly the Vasti draws out from the body only the Malas and not the Dhatus while acting on the Koshtam.

This treatment is called Vasti Karma because it was originally meant to be used with the aid of an instrument which is composed of a bladder and a nozzle. The Kashayam and other fluids meant to be administered through Vasti are first filled into the bladder and then the nozzle is fixed to it. Then, the nozzle is introduced in to the anus and the bladder is pressed, for the entrance of the fluid into the Koshtam.

Now-a-days, Physicians are using either the Enema can when the quantity is more or a glycerine syringe when the quantity is less. One disadvantage experienced in the use of Enema can for this purpose is, when the fluid to be injected is thick and greasy, the flow is

found to be rather very slow, while, it is injected with the Vasti instrument, the speed or intensity of the flow, is maintained as required.

The use of glycerine Syringe (whether of glass or metal) is not only devoid of the disadvantage observed in the use of Enema can, but also the speed of flow can be regulated as required. The glycerine Syringe is, useful only for injecting smaller quantities and not larger quantities.

For Bladder, usually the bladder of a cow or a Buffalo is selected, duly tanned and taken for use. In the absence of a real bladder, it is also suggested that a bag duly stitched with leather or a thick cloth, like canvas, can be used. There appears to be no harm in using a rubber bladder. But in practice majority of the physicians use either a can or a glycerine syringe for this purpose in their day to day practice. There are also available syringes of 4 to 8 Ounces capacity with a rectal nozzle, which can safely be used in the case of smaller quantities.

Vasti Karma is mainly divided into two varieties from the nature of the fluid used for the purpose, namely (1) Niroohavasti, (2) Anuvasana Vasti. In the former case, decoctions are mainly used, quantity varying from about one ounce to one and half Lbs., according to age, while in the latter, it is $\frac{1}{4}$ of the above quantity. The quantity of Kashaya is one Palam or about one and one fifth ounces in the case of children of one year of age and the quantity is to be increased upto the 12th year by one palam for every year. Then upto the 18th year it may be increased by 2 palams for every year and that should be the quantity till the 70th year after which it should be limited to 20 palams. The dose for Anuvasana Vasti

is $\frac{1}{4}$ of Nirooha Vasti, (i.e.) $\frac{1}{4}$ Palam in 1st year, and the quantity is adjusted as above according to the age.

Vasti instrument:—Though we are now using the can and syringe usually, it is essential to have the knowledge of the instrument originally used for this purpose in order to have a comprehensive idea of the form of the instrument and the mode of usage. The instrument has 2 parts. One the Vasti or Bladder and the other the Vastinetra or the nozzle. The Bladder, as already said, should be a well tanned, Cow or Buffalo's Bladder or a leather bag well stitched or even a bag made of a thick cloth, like canvas. The second part namely Vastinetra (nozzle), is a long nozzle made of gold or other metal, wood, bone or Bamboo. It should have the appearance of a Cow's tail, being thick above and thin at the tip, smooth, and its end should be round so that it may not hurt the part when being used. The length of the nozzle should be as follows:

Below one year	... 5"
Upto 7th Year	... 6"
7 Years	... 7"
12 "	... 8"
16th Year	... 9"
20 and Above	... 12"

The above measurements are prescribed in general; but they can be varied according to age, strength, and development of the body.

The thickness at the upper end should be equal to the size of the thumb of the patient and the lower end should be equal to the tip of his little finger. As regards the hole in the nozzle, the circumference of the hole at the root should be 1" in the case of nozzle meant

for use for a child of one year, and should be increased by $\frac{1}{4}$ " according to age, the maximum circumference however being 3". The whole at the tip should be of such a size as to hold one (1) Mudga (green-gram), (2) Masha (Blackgram), (3) Kalaya (Pea), (4) Klinna Kalaya (Pea well soaked in water) (5) Karkandhu (Seed of Zizyphus), according to the size of the nozzle. There should be two ridges on the surface of the nozzle, one above and the other below. The upper ridge should be made at such a distance from the upper end, as to be equal, in measurement, of the circumference of the hole at the upper end, (i.e.); if the circumference of the upper hole is one inch, the distance from the upper end should be 1" and so on. The second ridge should be 2" from the lower end or tip of the nozzle. These two ridges are useful in this way. The upper ridge limits the portion of the Bladder extending over the upper part of the nozzle where it is tied tightly with a strong thread, so that the fluid may not leak out. The second ridge limits the portion of the nozzle to be introduced into the rectum. The hole in the nozzle should always be kept plugged with a piece of cloth so that it may not be infested with worms or give room for accumulation of dust etc. At the time of use the plug is removed.

Process of Administration of Vasti.

Of the two Vasti Karmas, Anuvasana vasti is the one that has to be used first, before administering Nirooha Vasti. Hence, the mode of administration of Anuvasana Vasti is being described first.

The patient should first be treated with Snehanam, and Shodhanam,

according to indications. After regaining normal strength he may be given an oil bath before administering Sneha Vasti.

Anuvasana Vasti should be given in day time, during Vasanta Rutu and Seetha Kala (Cold season), while it should be given in nights during other seasons. On the day of administration of the treatment he should take only $\frac{3}{4}$ of the quantity of his normal diet containing neither excessive sneha (greasy-only) nor Rooksha (Dry) stuff. At the same time the diet should contain more of fluid vehicles. After taking food, the patient should be allowed to walk with in the house for a while and then after attending to the calls of nature, he should be asked to lie freely on the bed, which is neither too high nor too low. The patient should be asked to lie on his left side flexing the right thigh upwards and stretching the left straight. Then after applying a little oil both to the anus and the nozzle, the latter should be introduced into the anus with a direction towards the Vertebral column. The instrument should be held firmly in the hands of the Physician and the bladder should be pressed neither too slowly nor too quickly but continuously, allowing a small quantity of the fluid in the bladder at the end. After giving Vasti the patient should be asked to lie flat, and his buttocks and heels should be massaged for a while. After it is done, the patient is allowed to lie freely and his body is massaged after applying oil. If the injected medicine is expelled immediately another Vasti of the same kind may be given, because, it will not be showing its action if it comes out immediately. The medicine injected in Anuvasana Vasti should usually come out within 6 to 9 hours. If it does not come out within that time one can wait

for 24 hours and if it is not expelled even by that time, then it should be helped to come out by applying Phala Varthi or Theekshana Varthi.

Usual diet may be given in the evening if the patient has appetite even if the injected fluid had not gone out. Non-expulsion of the oil injected in Anuvasana Vasti may some times be due to excessive Rookshavam or dryness of the Koshtam. In such cases there will not be any complications developing. Therefore the patient may be subjected to fasting for the night and given the Kashayam of Sunthi and Dhanyakam or even warm water in the next morning. The Anuvasana Vasti may be repeated either on the third or fifth day or even every day in cases of excessive Vata, those who are used to exercise daily, who have keen appetite and who are Rooksha. The purpose of giving Sneha Vasti is that it should get absorbed in the Pakvasaya in such quantities as it could. The unabsorbed portion will be expelled by the system through the same route.

The Samyak, Heena and Athiyogams of Vasti which indicate sufficient, insufficient and excessive application of Sneha Vastis can be known by the signs as indicated in Sneha Karma. An Anuvasana Vasti which is duly done according to the indications and which has acted well on the system is that which returns from Koshtam after a while of administration, due to Anulomanam of Vatam.

Nirooha Vasti is indicated after 3 or 4 Anuvasana Vastis. As already said above. Nirooha Vasti is given with Kashayams mainly. Nirooha Vasti is given in the afternoon, to a patient who has undergone Abyamgam and Sweda Karma, who has attended to the Natures

call before the administration of Vasti and who is not very hungry, that is to say Nirooha Vasti should not be given either immediately after food or when the patient has got excessive hunger. Nirooha Vasti is meant for Sodhanam or expulsion of the Malas and Doshas from the body. Therefore the patient's stomach and other parts of digestive tract should not be heavy with food, while in the case of Anuvasana Vasti, it is done after food. The purpose of giving Vasti after food in this case is, absorption of Sneham into the Koshtam so that the Vata may be reduced or subdued. Since the oil given in Anuvasana Vasti is meant for absorption in the system, if given empty stomach the sneham which is meant to act on Vata in Pakavasaya, will not only go up into the Agni Sthana through the various srotas because they are empty, it will also spoil the Agni due to its snigdha guna. If this vasti is given after food, the Amashaya, and Pakvasaya will not only be filled with food, but also the srotas surrounding them will be filled with Ahara Rasa and so the Sneham injected in the Anuvasana Vasti will not have any place for going up to Pachyamanasaya. In consequence of this, the Sneham will act only on Pakvasaya which is Vata Sthana. It is for this reason, the Anuvasana Vasti is indicated after food and Nirooha Vasti before food.

Preparation of Vasti medicine.

Take 20 palams of the drugs prescribed for preparation, eight Madana fruits and prepare Kashayam with 16 times of water, reducing it into $\frac{1}{4}$. That decoction is filtered and the following additional ingredients are added to it. (1) Sneham :—Any sneham that is indicated for the condition may be added at $\frac{1}{4}$ of the total quantity of Kashaya in

Vata predominance, 1/6 in Pitta predominance and in healthy persons and 1/8 in Kapa predominance. (2) Kalkam:—Kalkam of Prescribed drug should be 1/8 of the total quantity of Kashaya. (3) Gudan 1 Palam, (4) Madhu 4 Palams, (5) Saindhavam 1 tola. All these are mixed together making the whole fluid either too thin or too thick in consistency. The above fluid is churned well, put in a vessel and warmed on vapour. When it is not too hot or too cold, it is put into the Vasti bladder and administered into the rectum. It should be kept in mind that the fluid prepared should neither be excessively snigdham. Theekshanam, thin, Saltish, or sour, nor should it be too much Rooksham (dry), Mrudu (Mild,) Samdram (thick) and containing too little of salt and Amla (sour)

Another opinion about the proportion of the ingredients of Nirooha Vasti is to add 3 Palams each of Sneham and honey, 1½ tola by weight of saindhavam, and 2 palams of Kalkam. in a healthy individual. The rest of the drugs are to be 10 palams by weight. The Kashayam is prepared and mixed with the other.

As regards the order of mixing these ingredients, first, the honey is poured into the vessel and then lavanam is added. After mixing these two quite well, Sneham, Kalkam and Kwadham are added, one following the other, mixing them quite well at each stage. As soon as Nirooha Vasti is given, the patient should be lying flat with a pillow, thinking over the action of the medicine. It is suggested so because, the medicine injected in Nirooha-Vasti should be expelled as quickly as possible, since it contains theekshna and Shodhana drugs, rather irritant in nature, unlike Anuvasana Vasti in which absorption of the Sneha into the system

is the purpose. That is why, even if the Sneha is not expelled in time no anxiety is to be felt. But in the case of Nirooha Vasti if the medicine in Nirooha Vasti does not come out with in ¾ of an hour, another Vasti with Sneham, Ksharam, Gomootram and sour substances which are Anulomakam in nature, should be given. If ever with this, the medicine is not expelled, a third vasti with ushna, and theekshna drugs, is indicated. When no reaction seen with this application of Phala Vasti, Swedanam and Trasanam (Threatening) are recommended for adoption as means of expulsion. When the first Vasti returns in time without creating any complications 2, 3 or 4 vastis may be given at intervals till the signs of Niroodha are seen in the Patient. Niroodha is one in whom the effects of Nirooha Vasti appear. After the motions are passed, the patient may be given a bath in warm water and given light diet with Dhall water or light soup. Any disturbing symptoms seen in the Patient and as a reaction to Nirooha Vasti, bath in Warm water and suitable diet give great relief. In the case of persons in whom Vata is predominant, Anuvasana Vasti should be given even on the same day as Nirooha Vasti.

The number of sneha Vastis that should be given are 1 to 3 in Kapha, 5 to 7 in Pitta and 9 to 11 in Vata, alternating with Nirooha Vasti.

Diet in Nirooha Vasti:—Yoosham in Kapha diseases, Ksheeram in Pitta diseases are recommended. As regards the formulae of Nirooha Vasti given in Vata, Pitta and Kapha generally, they are given below.

In Vata diseases:—One Vasti with the decoction of Vatahara drugs like Dasa-

moolam with Trivruth, Saindhavam, Sneham (Thailam) and the kalkam of drugs which are Madura, Amla and Vushna are used.

In Pitta diseases:—Two Vastis with Negrodha gana Kashayam or Padmakadi gana Kashayam with ghee, milk, Ikshu rasa, Madhu and the kalkams of the drugs which are Madhura and Seetha.

In Kapha diseases:—Three Vastis with Aragwadhadi Kwadha, Vatsakadi Kwadha, Honey, Gomootram and the kalkam of drugs which are Rooksha, Theekshna, ushna and Katu in nature.

In diseases of Sannipatha origin also only three Vasties are re-commended.

Some physicians are of opinion that there is no need for giving more than 3 Vasties in any case since there are only three doshas (i.e.) 1 Vasti of Vata hara, 1 Vasti of Pitta hara and 1 Vasti of Kaphahara are recommended by them.) Another school of thought in recommending 3 Vasties is, that the first one is to be given as uthklesana Vasti which moves the Doshas and Malas, the second, suddhikara which expels the Doshas from the system and the third, samana which sets the Doshas in their normal place after subduing them. Thus they opine that 3 Vastis are quite enough in any disease.

However, it is left to the Physician attending on the patient to decide the number and nature of Vastis to be given in each case.

Nirooha Vasti should not be stopped, once commenced, until its effects are seen in the patient. There are 3 different courses of Vasti Karma named as Karma Vasti, Kala Vasti and Yoga

Vasti, depending on the number and sequence of Vastis. In Karma Vasti, first one Anuvasana Vasti is given, then 12 Nirooha Vastis alternating with Anuvasana Vastis and five anuvasana Vastis in the end. Thus the total number comes to 30.

(2) *Kala Vasti*:—First one Sneha Vasti, then 5 Nirooha Vasties and 6 Anuvasana Vasties alternatively and 3 Anuvasana Vasties at the end, thus the total coming to 15.

(3) *Yoga Vasti*:—First one Snehavasti, then three each of Nirooha and Anuvasana Vastis alternatively and one snehavasti at the end.

These three are different courses of Vasti chikitsa to be adopted in the treatment of diseases, the details of which will be explained later on.

A word of caution to be given in the treatment of Vasti is that either Sneha Vasti or Nirooha Vasti should not be given excessively and one without the other. If too many sneha Vasties are done, the individual suffers from excessive Kapha and Agnimandya and loss of appetite. If too many Nirooha Vasties are done there is fear from increase of Vata. Therefore, all, those who are subjected to Nirooha Vasti are fit for Anuvasana Vasti and Vice versa. Thus it may be seen that the vasti has got the double purpose of Snehanam and Shodhanam and so it acts as Tri-doshaharam or it can advantageously be adopted in the treatment of the three Doshas.

Matra Vasti:—The two forms of Vasti described above are indicated in persons who are strong enough to withstand the action as well as reaction of the respective Vastis. But in those who

are unfit for the above vastis in such large doses and in the following conditions the Matra Vasti is recommended; Children, old people, those who are used to excessive walking, carrying heavy weights, sexual intercourse, exercise, mental workers, those who are extremely weak due to increase of Vata, those with poor appetite and of delicate constitutions. The quantity of medicinal fluid is equal to the Hinamatra (minimum dose) of Sneha Pana.

The effect of this Vasti is that it relieves Doshas, increases strength and expels Malas freely. It has no reaction of the system and it can be freely administered even daily.

Uttara Vasti:—This is recommended in the treatment of diseases pertaining to yoni (Vagina), Garbhashaya (Uterus), Vasti (Bladder). This is meant for douching the above organs. The instrument used for this purpose, also has vasti and Vasti Nethra, the latter being 12" in length, round, and having the shape of a cow's tail. It has also 2 ridges on the outer surface of Vasti Nethra. The hole at the tip should be of the size of Mustard seed. The instrument should have been made of gold or other metal, strong and smooth like the pedicel of a Jasmine flower or Oliander flower. The quantity of sneham in Uttara Vasti is about 2 tolas and the medicine should be laghu and Mrudu in nature.

Administration of Uttara Vasti in Men:—After giving 2 or 3 Nirooha Vastis followed by Anuvasana Vasti, this should be administered, just on the day of giving Uttara Vasti, the patient should be asked to take bath and his diet just as in the case of Sneha Vasti and to sit straight and comfortably on a stool of

knee height. After obtaining the erection of the organ, the vasti netram should be introduced into the urethral canal slowly and by repeated efforts in order to clear the passage. Then, the sneham contained in the Vasti may be pressed. After the Vasti is given, the rest of the treatment is like that of Anuvasana Vasti. Thus 3 or 4 Uttara Vastis may be given to a patient observing sneha Vasti principles.

Uttara Vasti, in women, is indicated in yonibhramsham (Prolapse of the genital organ) soolam, Asrukdam and yoni Vyapath (Vaginal disorders). Usually this should be given when the women are in Ruthu Kala, since the Garbhashaya dwara will be opened only at that time. But in emergencies, it may be administered even at other times. The Vasti netram in the case of women is to be as follows: The one intended for use through the genital organ should be 10" long, should have a hole which could hold a green gram. It can be introduced upto the length of 4". If it is to be introduced, into the urethra, it should be allowed only upto 2". In the case of young girls, Vasti Netram should be introduced only upto 1" into the Urethral passage. The dose of sneham is 1 palam in adults and ½ palam in children. For the nozzles in the Uttara Vasti, the following modern instruments may be used with great advantage.

(1) **Vasti Netram in Men:** A rubber, plastic or metal catheter can be used for injecting the medicine into the bladder.

(2) A douche can and a vaginal nozzle can be safely substituted for use in the case of Vasti Yanthram recommended for use into the female genital organs.

(3) The female catheter or a rubber catheter can be used for injecting medicine into female bladder.

From the above it may be seen, that Vasti Karma can be divided from the mode of administration into three kinds. (1) Guda Vasti, in which the medicine is injected into pakvashaya through rectum (2) Moothrashaya Vasti in which the medicine is injected into the male or female urethra (3) Yonivasti, in which the medicine is injected into the genital canal.

The vasti commonly known as matra Vasti is also a variety of guda Vasti in which the hrasva matra or the minimum dose of Sneham is used. The benefit derived by this Vasti is that it is not attended by any dangers or complications as the other forms of Vastis are and it is practically a nutritive Enema.

Now a days Ksheera Vasti is commonly used as a substitute for glycerine enema to relieve constipation in patients and children. For this purpose 2 oz of milk, ½ oz of honey and 5-10 gr. of Sindhava Lavanam are also added. Ksheera Vasti given in quantities of 4-6 oz act as uterine enemata. This is particularly useful in patients who are not getting sufficient nourishment by mouth and in such cases where no nourishment is allowed by mouth due to incessant vomiting.

There is still another variety of Vasti called Pichcha Vasti in which some resinous (mucilage) fluid is injected into the rectum. This is adopted in Rakta Athisara, Rakta Arsas, and Pitta Athisara in which there is some amount of Pakam (ulceration) in the colon. It is prepared mainly with the mucilage obtained from the stalk of the leaves of Salmali (silk cotton tree). This will

form a thin coating over the ulcerated area and by that avoid irritation and further extension of ulceration.

The modern Ayurvedic Physicians have given the name Sira Vasti for intravenous injection; though no Ayurvedic medicine as such is being used for purpose of injection nor a preparation suitable for this purpose is found in Ayurvedic Pharmacopoeia, it is from the nature of treatment that the above nomenclature has been created. No doubt, some pharmacies in India are preparing Ayurvedic injections. They have yet to be experimented before they are adopted as Ayurvedic preparations.

Indications and contra-indications for Vasti-Karma are given below:—(1) **Nirooha Vasti:**—**Indications:**—In all conditions of Vata Prakopa as well as in Gulma, Anaha, Vata Rakta, Pleeha roga, Pakvathisara, Shoola, Jeerna Jwara, Prathishayaya, Shukrarodha, Vata Rodha and Mala bandha, this can be adopted, as also in Antra Vriddhi, Asmari, Rajonasham etc. When it is said that Nirooha Vasti is indicated in the above diseases, this does not mean, that it alone cures all those diseases but it means that the Vasti Karma is useful in one or other conditions of the above diseases to relieve some trouble or symptom or to subdue the Vata which is the main cause of the disease.

Contra indications:—This should not be given to, one who is subjected to excessive use of Sneha Karma, persons suffering from Vurakshatam, Athisaram, Vomitting, immediately after other forms of Shodhanam, after Nasyam, in Kasam, Swasam, Prameham, Arsassu, Hicca, Adhmanam, Malakshayam, when there is swelling in the anal

region after taking food, in baddha, Chidra and Udakodaram, Kushtam, Madhumeham and also to pregnant woman after the 7th month.

(3) *Anuvasana Vasti*:—*Indications*:—All those who are fit for Vasti are also fit for Anuvasana Vasti. In addition to Nirooha, those suffering from excessive hunger, Rookshatvam and Vatam may take this Vasti.

Contra-indications:—All those who are unfit for Nirooha Vasti are unfit for Anuvasana Vasti. In addition, those who are suffering from Pandu, Kamela, Meham, Peenasam, Plecharogam,

Kaphodara, Krimikoshta, Urusthamba, Apachi, Sleepadam and Galaganda. It should not be given when the patient is fasting, when he has taken too much of Abhishiyarda (greasy and sticky) substances in excess in Krushatvam and Sthoolatvam, in Visham and Jwaram.

Works on Ayurveda have devoted separate chapters for giving different formulae of Vasti Karma to be used in different diseases and also in the complications that may arise by improper use of Vasti Karma and their treatment. They are Vasti Kalpa and Vasti Vyapat Chikitsa.

Influence of Darsanas on Ayurveda.

By

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

सत्त्वमात्माशरीरं च त्रयमेदं त्रिदण्डवत् ।

लोकस्तद्वति संयोगात् तत्र सर्वं प्रतिष्ठितम् ॥ Ch. Sut. I—45.

The definition of a person in Hindu medicine is, "that which is comprised of Manas (mind) Atma (soul) and Sareera (body). These are the three pillars which support the life." Leaving aside Atma the other two are directly concerned with the science of Ayurveda. In western medicine, the difference between mind and body is very great, so much so, a votary of one will not tread into the region of the other. In Hindu conception it is quite different; there is no such water-tight partition between the two. The fundamental principles on which the science is based, are so conceived that it is not possible to separate one from the other.

The idea of triplicity in Hindu Science and philosophy is very common. Creation sustenance and destruction are the three divisions of Hindu cosmogony, corresponding to the three gunas Rajas, Satva and Tamas. In the field of medicine also, the triplicity is maintained. The body is formed by the three principles, Vata, Pitta and Kapha. Corresponding to the doshas, the mind also has Rajas, Satva and Tamas respectively.

There is a common and ill-founded criticism against Hindu medicine, that it is only empirical, consisting mainly on a large pharmacopia not based on

sciences like physics, chemistry or biology. The allegation is not true and in the course of this article it would be proved that the Hindu medicine is based on the solid foundation of darsanas. Though reference could be traced to the influence of almost all the darsanas in the classical books like Charaka or Susruta, it is only the Sankhya and the Nyayavaisesika systems that have influenced them greatly. The origin of the world and the conception of the structure of matter are entirely taken from Sankhya. The attributes (guna) action, the method of induction or deduction are entirely taken from the Vaisesika and Nyaya schools of philosophy. Occasionally one could discern from Charaka the Vedantic view of Atma. At a later stage these viewpoints would be explained in detail.

It is not possible to devote a lot of space here for the discussion of the darsana period, to compare the priority or the posteriority of the ideas contained in the medical texts. Though perhaps probable dates could be ascertained about the sutra periods of the various darsnas it is not possible to say when the ideas embodied in the darsanas first came into existence. The ideas of Sankhya or Vaisesika should have existed for a long time and used in discussions before Kapila or Kanada.

formulated them in the form of Sutras. In Charaka (Vimanasthana chapter VIII) the rules and method of discussion are given closely following the categories of Goutama. In the same way in Susruta, Sankhya views are closely followed (Sarira Sthana I) and the method of discussion according to Naiayikas is given in the Tantrayukti Chapter at the close of the book. These only indicate that medical men in ancient India were thoroughly conversant with the ideas contained in the drasnas which formed the basic sciences of the Hindus.

1. Sankhya view of the evolution of the world.

The Sankhya view is one of evolution as opposed to the idea of creation of the Vaisesikas. According to the Sankhyas two things exist, Mula Prakriti and Purusha. Prakriti or the primordial nature is also called avyakta or unmanifest (unevolved). It is the cause for all the manifested or evolved and it has no cause. For every effect there ought to be cause. If it is argued, in that way there would be *regress at infinitum*, so there should be a finality. And it is claimed that Prakriti is the primary thing from which the whole world is evolved. Prakriti and Purusha, matter and energy, functioning together produce this variegated world by virtue of the three gunas of Prakriti. Though it

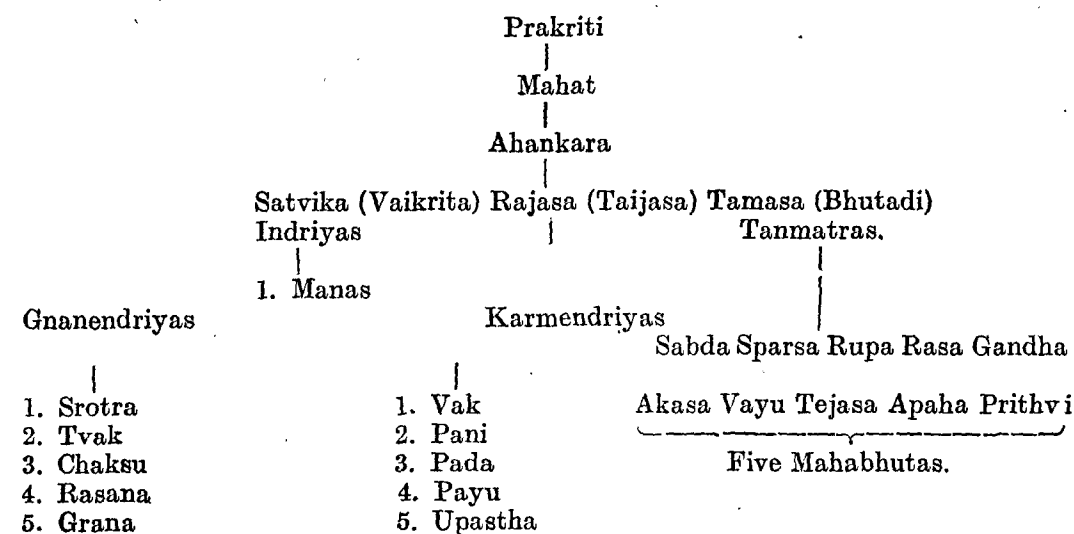
is one the world is seen differently according to the modification of each attribute, just as water which is one is modified according to its abode such as river, pond etc.

When there is matter, a body, or an object that is formed, it should be useful to somebody. If there is energy it should be controlled by some one. For these purposes there is Parusha or the spirit. It is the opposite of the Prakriti and the Trigunas.

As it is not necessary to consider about Purusha for the purpose of defining matter, the evolution of the unmanifest or avyakta would be considered briefly.

From Avyakta, the primeval nature, proceeds the great one (intellect) thence ego (individuation) and from that the group of sixteen and from five of this group the five gross elements are born. The ego or ahankara has three divisions Satvika (Vaikrita) Rajasa (Taijasa) Tamasa (Bhutadi). Taijasa ahankara act with Vaikrita and produces five Gnanendriyas and five Karmendriyas while Bhutadi gets with Taijasankara the five Tanmatras or subtle elements are proceeded. Hence the five mahabhutas or gross elements. Mind has the characteristics of both karma and gnanendriyas and so it acts with them

The following table would show the evolution of Prakriti.



Avyakta, mahat and ahankara along with the five Tanmatras are called prakritis and the other sixteen namely the eleven Indriyas and five Mahabhutas are called Vikritis (evolutes). Excepting of course the first avyakta which is not evolved from any other, the other seven are prakriti vikritis as they are evolved from the avyakta and produce other evolutes.

It was mentioned before that Taijasa acting upon Bhutadi produce the five Tanmatras upon subtle elements. These are not cogniscent by the limited facilities of the human. The formation of the Mahabhutas or gross elements are as follows:—

1. Akasa is formed from Sabda Tanmatra
2. Vayu Sabda and sparsa
3. Agni Sabda plus sparsa plus rupa
4. Ap Sabda plus sparsa plus rupa plus rasa

5. Prithivi Sabda plus sparsa plus rupa plus rasa plus gandha.

Thus it is found that the grosser the element the grater the number of the Tanmatras which go to form it. These are formed in different proportions, the result being known by the name of the pre-dominant element.

The Gnanendriyas, the five organs of cognition, have each a vishaya (object) Thus Srotra (ear) has Sabda (sound) as its object, Chakshus (eyes) has Rupa (form) as its object, Rasana (tongue) has Rasa (taste) and Ghrana (nose) has its object in Prithivi (earth).

In the same way, for the Karmendriyas, the five organs of action, have got each a specific action namely, the organ of speech produces sound, hands act in grasping and restraining, legs for locomotion, anus for excretion and genital organs for enjoyment. Mind (manas) is an organ both of cognition and action and it acts through the organs.

Ayurvedic people are not complete followers of the Sankhya system. They have followed only so far as the evolution of the world is concerned as opposed to the creationistic idea of the Nyaya vaisesikas. One section of the Sankhyas (the Nirisvara Sankhyas) do not subscribe to the view of a creator, a lord of the Universe. So it is even said that Sankhya view is Niresvara Vada or Atheistic policy. There is yet another section called the Seswaru Sankhyas. Their view is quite distinct from the Vedantis. Charaka though following the Sankhya view in the evolution of Prakriti accepts the view of the Vedantins as to a Lord who is the prime mover of the whole Universe.

It has been said previously that the Sankhyas are called Parinamavadinis or who adhere to the theory of evolution. According to the modern biologists the amoeba from the bottom of the scale evolves into the human organism. From the protoplasmic stand point both of them are identical. In the case of amoeba any part of it can perform the life functions however limited it may be. In the case of the human being different parts of the body perform different functions all co-operating with each other to the fulfilment of one biological purpose. From the stand point of Sankhya it is contended that Prakriti which is an 'indefinite incoherent homogeneity evolves to a coherent heterogeneity.' The evoluts from the Prakriti though manifold and different contribute to the one purpose in different ways. Prakriti by the disturbance of its equilibrium proceeds to evolve. The disturbance is brought about by the three gunas. It is due to the life urge to express itself through evolution from the lowest to the highest. The varieties of biological evolution also solely depend

on the life age of the organisms. There is only this difference that the biological variations come from the adoptability to the external environments, whereas in the case of Prakriti there is nothing corresponding to these environments. It is not safe to compare and contrast further the unity and diversity between the modern biological evolution and theory of evolution of the Sankhyas. It is enough if one understands that the Sankhyas had definite ideas of evolution and they logically sought to explain their own theories. There may be faults here and there but they are as good as any of the modern theories and perhaps as disputable as any of them.

II The Vaisesika view of dravya (substance) guna (attributes) and karma (actions).

According to Vaisesikas there are only six Padarthas or categories namely :—

1. Dravya a substance.
2. Guna quality
3. Karma activity
4. Samanya generality
5. Visesa Particularity
6. Samavaya Inherence or intimate relation.

In the Nyaya darsana of Gautama sixteen Padarthas or categories are enumerated. Latter day Naiyaikas however left these and have adhered only to seven Padarthas including abhava or non-existence as one of the categories. In the present enquiry it is not intended to discuss the reasons or otherwise of the different schools of thought. At the time of Agnivesa or even of Charaka there was no syncri-

tist¹ system of Nyaya vaisesika. It is doubtful even, whether there existed a systematised version of vaisesika or Nyaya doctrine. For, it is generally believed, that these doctrines were systematised only between 2nd Century B. C. and 3rd Century A. D.² So it should be taken as only that these metaphysical categories of Vaisesika existed during Charaka's time as they existed in the Vedic periods also. As the stand point of Vaisesika is a scientific and not speculative one and as they based their theories of the Universe in an analytical from and on the atomic theory, it should have influenced more the Ayurvedic people.

The categories would be taken one by one. Among the categories dravya, or substance comes first. What is a substance? A substance is one in which activity (karma) and quality (Guna) are contained and fit to be treated as inherent cause.³ (Sama Vayi Karana)

So the conception of substance is that it is a substratum to qualities and movements. It is a realism that one cannot separate quality from a substance or separate an

activity from it though the Vaisesika believes that substance is over and above these.

Dravya is divided into nine divisions. They are, Prithivi (earth) Ap (water) Tejas (light) Vayu (air) Akasa (ether) Kala (time) Dig (space) Atma (soul) Manas (Mind).

The first five would be considered now as they are the cause for the material world and contribute to the physical nature of the world. In defining each substance, its inherent quality is said and its divisions are enumerated and the particular connection that they have with the various organs are explained. Each of the five substances have got an inherent quality (Samavayiguna) namely odour, gold touch, hot touch, touch without form, and sound respectively. These substances are two fold, an atomic and eternal variety (paramanu and Nitya) and a product and non eternal variety (Anitya and Karyarupa). These are divided again into three kinds, the body, (Sarira) organ (Indriya) and the object (Vishaya). The following table would show the three divisions for the five substances.

¹ According to some people Nyaya Vaisesika do not belong to opposite schools of thought but only to sister schools and so object to the use of the word Syneritism.

² A primer of Indian Logic—S. Kuppuswami Sastri Introduction pp. 16, 17, 18.

³ चरित्रधिताः कर्मगुणाः कारणं समवायि यत् तत् द्रव्यम् C. S. I. 150.)

BODY	INDRIYAS.	OBJECTS.
1. Prithivi ... Body like that of ours.	Olfactory sense at the tip of the nose.	Mud stone etc.
2. Apaha ... Varunaloka	Sense of taste at the tip of the tongue.	Ponds, lakes and oceans.
3. Tejaha ... Adityaloka	Sense of sight.	Light of earth (fire) light of sky (lightning) light of the stomach (that which digests food) light of the mines (lustrous metals).
4. Vayu ... Vayu loka	Sense of touch skin.	Shaking of trees etc. Pranavayu.
5. Akash ... is one all pervasive and eternal.		

Vaisesikas are the propounders of the atomic theory of the universe which till very recently was the sheet anchor of the scientists about the cosmogony. Now of course it is changed to the electrons protons and further subdivisions of the atom. Just as there is a central proton (Sun) around which a number of electrons move about, even the atomic theory of Vaisesikas the atom was considered divisible and not indivisible. Atom (Paramanu) is considered as the smallest visible thing (caksusadravya) one of the conditions of the visual perception being association size. "The highest limit of smallness (anutva) is the smallest conceivable size." (anutamatva) smallest visible thing is considered a composite structure consisting of component parts. Now these component parts may have again component parts. But as there would be an endless assumption of component parts, there is the defect of endless regression (anavastha) the Vaisesikas stopped for their inquiry with

the component parts. So it should be remembered that their hypothesis started with the smallest visible structure as the basis of cosmogony though they recognised the visible parts as invisible parts. The creation of the world is explained in this way, that by God's will motion is first produced. The motion produces conjunction of the component parts of the atoms and the atoms produce great masses of earth, water etc. In the same way destruction is brought about by God's will. Motion is produced by dividing the component parts of the atoms until the mass becomes extinct.

The next category is Guna or quality. It is defined as one which possess a generality and different from substance and activity⁴. A fuller definition would be that 'Gunas reside in substances and are themselves devoid of quality and activity.'⁵ Charaka's definition is somewhat cryptic. He says that 'quality is

⁴ द्रव्य कर्ममित्रत्वे सति सामान्यवान्—Tarka Deepika 4.

⁵ अथ द्रव्याश्रिता ज्ञेया निर्गुणा निष्क्रिया गुणाः—Basha. Parich. 85.

inherent and the cause of non activity."⁶ So the quality of a substance is that which resides in the substratum of the substance and inherent in it and different from the activity of the substance. The following quotation would make it still more clear. We understand by a quality that which truly constitutes the nature of a thing what it is, what belongs to it permanently, as an individual or in common with others like it—not which passes, which vanishes and answers to no lasting judgment. A body falls it is a fact, an accident; it is heavy : that is a quality. Every fact, every accident, every phenomenon supposes a quality by which it is produced, or by which it is undergone and reciprocally every quality of things which we know by experience manifests itself by certain modes or certain phenomena; for it is precisely in this way that things discover themselves to us.⁷ The Ayurvedists have recognised twenty gunas. They are heavy, light, slow, active, cold, hot, viscous, dry, smooth, rough, dense, liquid, soft, hard, motionless, that which moves (vyaptisila) subtle coarse, clear and slimy⁸. The Vaisesikas however enumerate twenty four qualities and differently from the above. It is remarked that the Nyaya Vaisesikas have not understood the correct notion of the qualities⁹. The list of twenty four gunas is not based on fundamental divisions. The qualities are: colour, taste, smell, touch, number, size, separateness, conjunction, disjunction, remoteness, proximity, weight, fluidity, viscosity, sound, cognition, pleasure, pain,

desire dislike, volition, merit, demerit and tendency. These gunas are divided into two kinds ordinary (samanya) and special (visesa) qualities. The special qualities are those that are not found to be common in two class of substance, viz., smell in earth. Whereas qualities like remoteness and proximity are considered as ordinary gunas as they could be found in any substance. Some how in the Vaisesika sutra such well known qualities as heaviness, fluidity merit, demerit, sound and tendency (Samskara) are not mentioned. They are included in the list by the commentator Prasastapada. These twenty four gunas are distributed among the nine substances.

Charaka not only mentions the twenty gunas that are enumerated above but also considers various other gunas that are mentioned by Vaisesikas. He mentions the objects of five senses namely sound, touch, sight, taste and smell. Budhi is another guna. Desire, dislike, pleasure, pain and effort are the psychological qualities. Remoteness and proximity, reason (yukti) number, conjunction and disjunction, separateness form (parimana) tendency and habits. These gunas vary according to the place and time. So on the whole it comes to forty one qualities.

Activity is that which is the cause of conjunction and disjunction and that which resides in the substance.¹⁰ To make it simpler he says 'that which is the result of effort' (Prayatnadi Karma Cestitamuchyate C. S. I. 148) Activity is the non intimate cause of conjunction but is not itself conjunction¹¹. "This is

⁶ समवायी तु निश्चेष्टः कारणं गुणः। Cha. Sutr. I.50.

⁷ Flemings vocabulary of Philosophy p. 395.

⁸ गुरुमन्दहिमस्निग्ध रुक्षण सान्द्र मृदुस्थिरः। गुणास्तुक्ष्मविशदा विशतिरसपर्ययः Ash. Suti I

⁹ Tarka Sangraha A. V. Athalya P. 83.

¹⁰ संयोगे च विभागे च कारणं द्रव्यमाश्रितम्।

कर्तव्यत्वं क्रिया कर्म कर्म नान्यदपेक्षते ॥

C. S. I. 1-51

¹¹ संयोगमित्रत्वे सति संयोगासमवायि कारणं

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of five kinds, 'upward motion, downward motion, contraction, expansion going or movement in general. This classification is unsatisfactory as it would be found that movement in general (gamana) would comprise all the other activities. Every activity according to this definition is to bring about disjunction (vibhaga) in the first instance and lastly conjunction with a further spot (uttara Desa Samyoga).

The next category is Samanya, generality or genus and Visesa or particularity. Charaka in his definition of this says, 'generality causes unity whereas particularity causes individuality, generality has the same object,¹² whereas the particularity is the opposite.

Samanya generally means a common feature or a generic feature which is inherent in a class of things. A particular feature is recognised in a diverse class of objects. For example one sees a group of men. Men may belong to different races, castes or community but in all humanity (humanness, manushyatva) is found. This is called jati or class. It is eternal and inherent, that is, the individuals may perish, but yet the humanity remains. Visesa or speciality resides in eternal substances like atoms (anu) and serves the purpose to distinguish one from the other. 'The peculiarity of a visesa is that it performs the double function of differentiating one eternal substance from all others, and also that of differentiating itself from other visesas and everything else.' (Visesa Svato-

Vyavartakata) For example a pot is distinguished from a cloth because the component parts are distinct from those of the other. So it is assumed a separate individuality in each of the substances to account for its distinctive character. This individuality is known as Visesa of that substance¹³. As the individual characters are innumerable the visesa also are innumerable.

It now remains to explain the last of the categories of the vaisesikas, namely, Samavaya, inherence or intimate union. Charaka defines it in this way. Samavaya is a state of inseparability of the qualities of the substance like Prithivi etc. That is eternal as the substances and their quality are inseparable¹ Samavaya etymologically means the act of coming together closely. It is different from Samyoga or conjunction as this is only a guna or a quality and not a category. Inherence is eternal (Nitya Sambandha) whereas Samyoga is ephemeral (Anitya). Two expressions are used in this connection namely, Yuta siddha or known to be joined and Ayuta siddha or never known to be separated.

For example two halves of a jar were separate before the union and the separation could be effected again; but the jar itself could not be separated from the two halves. Therefore the union of the jar with the two separate parts constitute Samavaya. This Samavaya (Ayutasiddha) could be seen only in five pairs: the composit

and the components, the quality and the qualified, the activity and the action the individual and the common characteristic and the particularity and the eternal substance in which it inheres¹⁵.

These realistic fundamentals of vaisesika theory of the material world has appealed to the Ayurvedist more than the idealistic theories of vedanta, for, the science of Ayurveda deals more with the material aspect of the human life. The Pancha bhautic theory of matter, the sources and their functions, are all explained closely following either the Sankhya view or that of the Vaisesikas.

From the foregoing pages it is clear that the propounders of Ayurveda had definite ideas about the fundamentals and the basic sciences on which they have evolved the theory and practice of their science. The principle of Dravya, Guna, Karma, Samanya Visesa and Samavaya are identical even in verbal form to that of the authors of the Sutras. Charaka's definitions of these are more clear than those of the others. That only shows the truth of the statement of Susruta that "a person who has not learnt the sciences of others does not get definite knowledge of his own. So he should read various other sciences as well."¹⁶

¹² सामान्यमेकत्वकरं विशेषस्तु प्रथकत्वकृत् ।

तुल्यार्थता हि सामान्यं विशेषस्तु विपर्ययः ॥ 44

C. S. I.

¹³ घटादीनां कपाल समवेदत्वादिकं पटादि भेदकमस्ति परमाणूनां तु परस्परं भेदकं न किञ्चिदस्त्वतोऽन्यत्वा विशेष आश्रित्यतव्यः Siddhanta Chandrodaya

¹⁴ समवायोऽपृथग्भावो भूम्यादीनां गुणैर्मतः । सन्नित्यो यत्र हि द्रव्यं न तत्रानियतो गुणः ॥

CS. I 1. 49

¹⁵ यथा अवयवावयविनौ गुण गुणिनी क्रियाक्रियावत्तौ जातिव्यक्ती विशेषनित्यं द्रव्यं चेति T. S. 79.

¹⁶ एकं शास्त्रमधीयानो न विद्याच्छास्त्रं निश्चयम् । तस्माद्बहुभुतः शास्त्रं विज्ञानीयाच्च कित्सकः ॥

derable space in the abdomen. Another peculiarity is the round chest in a child. There is no disease in it. It will acquire its oval shape after sometime. Another point to be remembered is that the large head which is sometimes larger than the chest, is not to be mistaken for a disease. A child at about three years age, may have the head and the chest the same relative size as in the adult. During these years, the child's brain grows rapidly. Then note the respiratory movements whether they are normal, rapid irregular or laboured. Note if there is any head retraction change in the position of the limbs; posture of limbs, whether there is any rigidity, as they are the seats of painful diseases as Scurvy, Rickets and the presence of rashes etc.

Having run rapidly over this, come to the sparsana, palpation. This must be done with warm hands. "Paw your babies" is the old saying. Begin to palpate the head first, go over the anterior fontanelle. Note whether it is closed or open, bulging or depressed. It represents the pulse in adults. Depressed fontanelle will have the same significance as feeble pulse. Note whether there is any softening of bones. This is a sign of early rickets or syphilis.

Having studied the head, one should proceed to the skin; feel whether it is hot, cold, dry or moist. Note whether there is any beading of ribs which is also an early sign of rickets. Next feel for the margin of the liver, which will be a little below the costal margin. Of course the spleen is not palpable in health. Lastly pass the hands over the limbs and note for any tenderness of the legs.

Sabda or Auscultation.—It should be done always before percussion, in

children, as it will frighten them and make the auscultation impossible. While auscultating the chest have the child sit up. Lying on its face is not good, as the pressure on the abdomen, pushes the abdominal organs up and interferes with the expansion of the lungs. Note the inversion of the respiratory rhythm. We, adults breath, first fill the chest—then empty it and then stop for a moment. That is, inspiration, expiration and apause. But in children, when the respiration is embarrassed, a short grunting expiration full inspiration and a pause is noticed. This has a considerable value in diagnosing the diseases in many cases. In connection with the auscultation of the lungs in children, one should note the harshness of the respiratory sound. It is called "puerile breathing". It is marked constant. We hear a loud sound on one side of the chest and a faint one on the other. The loud sound is the normal. Towards the right apex, between the scapulae, the respiration is harsh and almost-bronchial.

Coming to the examination of the heart, one should note the low blood pressure. In a young child the capacity of the heart is to the cross diameter of the arteries as 25 is to 20. At the age of puberty the proportion is as 290 to 61. That means, there is a relatively large channel for the blood to pass into in the child, and there is no obstacle opposed to the heart; hence is the low blood pressure.

On account of this low blood pressure, the first sound is louder than the second in all areas, and the second aortic sound is comparatively feeble. There is a difference in the child between the relative loudness of the pulmonary and aortic second sound at the base. In the adult the aortic second sound is louder than the pulmonary. Below the age of

4 years, the pulmonary second sound is decidedly louder than the aortic. From the age of twenty to forty the sounds are equal. Above forty the aortic second sound becomes progressively louder than the pulmonary.

Next note the rhythm of the heart in a child. It is often irregular and much importance should not be attached to it, particularly if the child is asleep. Note if there are any congenital murmurs, as other murmurs are comparatively infrequent because, at that age, the endocarditis is rare. If we hear a loud murmur below the age, it is definitely a congenital condition. Haemic murmurs however occur in rare cases.

The study of pulse is of little value in cases of infants. The rate of the heart can be known with a stethoscope over it. If we want to know anything about arterial tension, we observe the fontanelle.

Sabda obtained by *tadanam*.—Last is the percussion. Here a heavy stroke is not necessary. We should never percuss the chests of little children forcibly. By light percussion, we learn more and give the child the impression that we are not punishing him. We may get certain sounds normally in infants which are abnormal in adults. For example: We hear a distinct crack pot sound on percussing the opices of a crying child as the air is driven out from the apex of the lung through the mouth. This is due to the great elasticity of the chest-wall. It is good to percuss over the chest during the same phase of respiration only when we are comparing the both sides of the chest. This makes a lot of difference in children than in grown up people. Sometimes, we find dullness under the manubrium sternum in a child. This may be due to the hypertrophied thymus or enlarged bronchial glands.

In addition to various other diseases that are commonly seen both in infants and adults alike, there are certain diseases which require special study in infants. They are: 1. Ksheeralasaka (indigestion attended with constipation, bloating of Stomach and consequent symptoms of intestinal toxæmia).

2. Talukantaka (affections of Pharynx including adenoids Tonsillitis Throat congestion etc.)

3. Paribhadrak (Infantile Liver and spleen enlargement).

4. Pakkaroga (Rickets and other deficiency diseases in children).

5. Kaphajwara (Fever with cold and cough),

6. Dantodbheda (syndrome) (The group of symphones produced during the cutting of teeth in infants, commonest symptoms being diarrhoea, Vomiting and fever).

7. Kukunakam (Eye affections in infants).

8. Balagraha.

Diseases described under Balagraha come under diseases of nervous system (affecting the brain) from the Modern Standpoint. Hence the examination of nervous system, which is nothing but examination of Jnana and Karma Indrias, is also necessary.

Nervous system.—Examination of Jnana and Karma Indrias. The investigation of the function of the nervous system in little children is not an easy thing. We cannot estimate the exact degree of the affection as in adults. But we must note the *Motor paralysis* where the limb or a group of muscles are limb due to other causes as pain etc. There is no much difference in the involved or the child may not use the limb

due to other causes as pain etc. There is not much difference in the *Sensory functions* and hence we can detect as best on the same lines on which one proceeds in the case of an adult. The superficial reflexes are normal and also brisk in children. Having completed the examination of the nervous system, the eyes should be tested for the diseases of the fundus, optic nerve and acute affections of the eye. Next examine the ear as it is a source of infection in children. While doing so, note the shortness of the auditory meatus and the great obliquity of the drum membrane.

Having carried out these methods, look at the tongue and the throat, as so many diseases are associated with the abnormal conditions of the fauces. While examining a child, we should not expect to be systematic. We must seize the opportunity of examining an organ when we can; when the child is on the back, examine the lungs, and heart anteriorly and when sitting up, examine the abdomen, back of the lungs and the spine. We have to run over everything as quickly as possible when there is opportunity.

There are still one or two points more to be mentioned. The first is the weight and height of the child. The weight is the only criterion as to know whether the child is improving or going back in health. It is of immense value to know the weight of an infant at different ages. There are certain turning points of weight which one can easily remember. That is at birth the average weight is 7 pounds. When four months old, the weight is 14 pounds, at twelve months 21 pounds. At 6 years it is 42 pounds, at 14 years 84 pounds. These weights, being multiples, can be easily kept in mind.

The second point is the circumference of the head. At birth it is 13 inches. At 9th month it is 17 inches, at one year it is 18 inches, at 5 years it is only 20 inches. This will show us how enormously it grows during the first year of its life. The growth is due to the rapid enlargement of the brain.

In conclusion, there are certain mile-stones which we must know as they are familiar with the mother and the nurse and we will be foolish if we do not know them. The first is *the time or age at which the child cuts its teeth*. It begins at 6th month. All temporary teeth are present at the age of three. Permanent teeth begin to come at 6th year and at 12 all except the wisdom tooth are present. The second mile-stone is the closure of the anterior fontanelle which occurs between 18 and 24 months. It does not close until 24th month if there is anything wrong with the bones. The third mile-stone is associated with the assumption of the erect position. A healthy baby holds its head up at three to four months of age, sits up at nine to twelve months, walks from twelve to eighteen months and talks fairly well when it is two years old.

Lastly, we must remember another set of mile-stones in the development of the child. The character of the motions, the alterations in the faecal evacuations, constitute a valuable information. For the first eight weeks there should be three to four motions daily. We need not think it as an evidence of diarrhoea at this age. The motions resemble the beaten up eggs in colour and consistency, having somewhat sour, but not feculent odour. From eighth month to the end of two years, there is an average of two motions daily. They are brown in colour, more porridgy in

consistency and slightly feculent odour. After two years they are well formed and feculent.

The three methods of examination of diseases approved by Ayurveda, namely Aptopadesa, Pratyaksha and Anumana can be deduced into roga and rogi pariksha, the details of which are elicited by the use of the five senses and questioning. From the Modern stand-point of view, these methods have been classified under five headings mainly as Inspection, palpation, percussion, Auscultation and interrogation, in addition to the history; laboratory, and X-Ray methods of examination.

The methods of examination described above have been detailed under this classification, since they are collected from the books on modern pediatrics. Whether modern or ancient, the knowledge is common to all the practitioners. Hence they are improvised in this article.

A few more points regarding the diagnosis of diseases in children, collected from various Texts on Ayurveda, are given below:—

Children are unable to say what their complaints are. Hence by their cries, by touch, by careful and minute observation, should the diagnosis be made of many of the diseases from which they suffer. All the cleverness which the physician has is called into requisition. If there is pain in the throat,

children repeatedly touch the part by their hands. If the child is afflicted by headache, the skin of the head becomes contracted. The child repeatedly touches its head by the hands and pulls its ears. If a healthy child repeatedly cries without any apparent cause, it should be understood that there is hitting pain in the intestines caused by indigestion. If an infant, who is supported only by suck, feels thirsty, it is seen repeatedly put out its tongue. If nasal breathing is stopped up, the babe repeatedly takes off its mouth from the breast while sucking for drawing breath through the mouth. For three or four months after birth, a child while crying, does not shed tears. After that age the tears appear. If tears are not seen in a child that is more than four months old while crying, it should be understood that its disease is a serious one. The pulse of a child is naturally quick. Hence it is difficult for an in-experienced physician to ascertain a child's disease by feeling the pulse alone. If, at the time of inhaling breath, the nostrils of the child became wider than usual, the child should then be regarded to have taught a severe swasakasam or that here is difficulty of breathing.

References:—(1) Ayurvedic System of Medicine

(2) Lectures on children's diseases

(3) Susruta

(4) Vagbhata.

Spot lights on prevention of Eye diseases.

By

DR. P. N. BHAT, L.I.M.

An examination of some of the principles and methods laid down in Ayurveda for the prevention of eye diseases will be of interest to the readers of this journal. That the preventive aspect of medicine had received great attention and its importance stressed by all the ancient writers will be clear from the fact that even books written purely as treatises on curative medicine devote chapters for the description of स्वस्थवृत्त, ऋतुचर्य etc., i.e., topics of personal and social hygiene. Sushruta and Vagbhata have laid great stress on the preventive aspect of treatment. It is significant that Sushruta has named the chapter on the treatment of eye diseases as नेत्ररोगप्रतिषेध in preference to नेत्ररोगचिकित्सा प्रतिषेध literally means (पिध् to prevent) prevention. The following hygienic rules laid down by Sushruta have a special bearing on eye diseases and throw some light on the ideas on 'physiology of vision' as conceived and taught in those days.

‘सूक्ष्मं लघुनिरीक्षेत दृढं पश्यति चक्षुषा’

“See lightly, see comfortably and see with central fixation” is the advice of Sushruta with regard to the use of the eyes. By the words लघुनिरीक्षेत he has emphasised the need for avoiding strain in the act of seeing. Relaxation of muscles of accommodation is absolutely essential for the preservation of good sight. This, as well as the idea of central fixation, have been again stressed by Sushruta in another place” न प्रततमीक्षेत विशेषात् ज्योति भास्करं च ल भ्रंशानि” प्रततं means without interruption of blinking (literally प्रततं—continuously). Blinking is one of the most important physiological acts that makes for the preservation of the

eyes. Blinking gives a temporary rest for the muscles of accommodation. Besides, in the act of blinking the accurately fitting lid margins act on the corneal surface like the wind screen wipers of a motor car. The lid-margins give a wet wiping to the surface of the cornea which removes dust and dryness from the corneal surface. Dryness of the cornea causes duskiness of its surface reducing transparency—so essential for the proper refraction of light,—and also interferes with the nutrition of the cornea. The fine little massage given by the lids while blinking encourages the circulation of lymph in the meshes of the corneal substance. The systematic and rhythmic blinking gives rest to the eye as a whole and to the light sensitive apparatus, the retina, in particular. The rest derived from blinking to the eye is comparable to the rest given to the heart during diastole. The heart which knows no rest during life manages to get the requisite quantity of rest during the all too brief periods of diastole of the cardiac cycle. The total quantity of rest thus obtained in repeated small doses is very appreciable or as much as any other organ gets and the arrangement works satisfactorily. Here the rest is given in small divided doses at frequent intervals, unlike the rest of sleep where the rest is continuous. Thus it will be seen that Sushruta has well brought out the need for systematic blinking or निमेष in the words quoted above.

The idea of central fixation has also been stressed by the words, ‘चल भ्रंशानि’ which forbid the watching of objects in motion or in revolution as also the words ‘दृढं पश्यति चक्षुषा.’ The deleterious effects of gazing at the sun, the fire etc.,

are too well known. The temporary blindness that follows a gaze at the sun due to the blanching of the retinal purple must be within the experience of every body.

Constant use of the eye for very minute work is forbidden by Sushruta. Enumerating the causes of eye diseases in general Sushruta concludes the list of catiological factors in the following words :—

वायव्यग्राहत् सूक्ष्मनिरीक्षणाच्च नेत्रे विकारान् जनयति शोषाः

Persistent use of the eyes for minute work or for examining minute objects leads to overstraining of the muscles of accommodation. Persons engaged in such work as leads to the constant straining of accommodation as in the case of watch makers and gold smiths, develop presbiopia at a much earlier age than others.

2. Washing of the eyes and the face

क्षीरिवृक्षकपायवा क्षीरेण चविमिश्रितैः ।

मिलोदक कषायेण तथैवामलकस्य वा ।

प्रक्षालयेन्मुखं नेत्रे स्वस्थः शीतोदकेन वा ॥

The face and the eyes must be washed with the decoction of ‘Ksheerivriksha’ or of ‘Lodhra’ or of आमलक or with fresh cold water.

3. Anjana or Collyria.

Anjanas are of two kinds. One to be used by the healthy persons as a *toilette* and the other to be used as a remedial agent against diseases. In the latter kind of Anjanas various drugs are incorporated according to indications. Among the *toilette* Anjanas Srothonjana is considered to be the best.

“मते स्रोतोंज्जनं श्रेष्ठं विशुद्धं सिधुसंभवम् ।

दाह कंडुबलघ्नं च तृष्टिकेदरुजापहम् ।

अक्ष्णोः रूपावहं चैव सहते मारुतातपौ ।

न नेत्ररोगा जायन्ते तस्मादंजनमाचरेत् ।

and

पद्मले विशदं कांतं अमलोज्ज्वल मंडलम्

नेत्रमंजनसंयोगात् भवेच्चांमल तारकम् ।

The use of Srothonjana allays the burning and itching in the lids, removes discharges and pain in the eye, gives lusture to the eyes and above all सहते मारुतातपौ gives the enduring power against heat and winds. We know that but for the natural pigments in the eyes, for instance the pigments of the iris, the choroid the eyes can not withstand against the ordinary sunlight. The pigments have the property of absorbing the harmful rays in the light. Though we have no statistical records to prove the extent to which the application of the Srothonjana fulfils and supplements the function of the natural pigments in the eye, viz., of cutting of harmful rays of the sun or absorbing them, it is highly probable and more than probable, that it supplements the functions of natural pigments and thus gives the much needed protection against degenerative changes in the eye in a tropical country like ours.

4. Bathing

शीतं न शिरसः स्नानं चक्षुष्यमिति निर्दिशेत् ।

Bathing the head with cold water is good for the eyes.

5. Face creams— मुखालेपः

Different kinds of face creams and applications are prescribed for protect-

ing the skin of the face and adnexa of the eyes.

6. पादप्रक्षालनम् ।

पाद प्रक्षालनं पाद मलरोग शमापहम्

चक्षुः प्रसादनं वृष्यं रक्षोर्ध्नं प्रीति वर्धनम्

The working of the feet is conducive to the clearness of the eyes, besides its cleaning and restorative properties.

7. पादभ्यंगः : Anointing the feet with oil.

निद्रा करो देहसुखः चक्षुष्यः श्रमसुखिन्नु ।

Padabhyanga gives a sense of well being, good for the eyes, and removes tiresomeness and numbness.

8. पादत्राणयोः धारणम्

अनारोग्यमनायुष्यं चक्षुषोः रूपधातकृत् ।

पादाभ्यां अनुपानद्भ्यां सदा चक्रमणं नृणाम् ॥

The practice of walking without foot wear is unhealthy, bad for the longevity of life and spoils the beauty of the eyes and hence is to be deprecated.

9. छत्रधारणम्

वर्षानिल रजोधर्म हिमादीनां निवारणम् ।

वर्ष्यं चक्षुष्यमोजस्यं शंकरम् छत्रधारणम् ।

The use of an umbrella protects against rains, wind, dust, sun and mist, preserves the complexion of the skin and is good for the eyes and Ojas and is good in all ways.

The above are some of the fact that have been stressed by the ancient writers in relation to the prevention of eye diseases. In this connection I wish to remind my friends of the the rules of interpretation of texts laid down by Sushruta in the concluding chapter of his great work. A 'Tanthra' or text has to be interpreted with the aid of the 32 Yukthi's beginning with अधिकरण

व्यक्तानोक्तश्च येद्वयार्थः स्वीया ये चाप्यनिर्मलाः

लेशोक्ता ये क्वचित्तेषां तेषां चापि प्रसाधनम् ।

यथांबुजवनस्यार्कः प्रदीपो वेश्मनो यथा ।

प्रबोध्यस्य प्रकाशय्याः तथा तंत्रस्य युक्तयः ।

"Wherever the meaning is not expressly stated, or is implied or is hidden or is lightly touched and passed over the क्ति will clear the meaning even as the Sun would blossom the lotus or a lamp would light a room." It is in this light that we have to read and interpret the old texts.

The Madras Government and the Department of Indian Medicine.

It is a well known fact that the Government of Madras is progressive in many ways and serves very often as a pointer to other Provincial Governments to follow its lead. In the department of Indian Medicine also it is so. During the past few months, various committees have visited the School and College of Indian Medicine-Madras and after inspecting them they were able to give a high opinion of the Curriculum of studies, their teaching methods and their relatively better equipment than that of other similar institutions in the other parts of the country. They have also expressed the opinion that there is much scope for improvement. We are really pleased to know that the institution in our province is claimed as the best. To this we are thankful to the authorities for the way in which they have helped and supported the institution during the past quarter of a century.

The crying need of the Country is adequate medical relief to the teeming millions of India, the majority of whom do not get any medical relief at all. It is a known fact that the Health Survey and Development Committee which was asked to find ways and means to develop the organisation of medical relief in this Country, submitted a scheme which takes a long number of years at the expense of a huge sum of money.

The revival of the School of Indian Medicine is to be welcomed, for in our opinion, India requires more number of trained medical personnel. The

College Course is essential, but it takes time to produce adequate numbers. The School Course which seems to be more attractive than the College would produce a large number of Candidates. We hope that it would be possible for the authorities to so adjust the Curriculum of studies as to make the course shorter than which it is now.

The Madras Government have sanctioned a scheme two years back for Research in Indian Medicine. For some reason or other the work was not started though a Special Officer for the reorganisation for the Department of Indian Medicine was appointed and was asked to put up schemes. We are not aware what has happened. The sanctioned amount has lapsed for two terms for want of proper workable scheme. We have found recently an advertisement for various posts in the Research department of Indian Medicine. The Government should be aware that the Central Government have appointed a Committee on Indigenous Systems of Medicine under the distinguished chairmanship of Col. Sir. R. N. Chopra. The committee has recently submitted their report and according to press reports, the Government of India would pass orders before long on the recommendations of the Committee.

We would like to have a uniform policy in all the provinces regarding the development of Indian Medicine. That should be one of the aims of the Central Government in appointing a Committee. Any unilateral develop-

ment will not be conducive for the healthy growth of Indian Medicine. With regard to Medical Education and Organisation of Medical Relief from the standpoint of Western Medicine there is certain amount of uniformity. In the realm of Research, the Committee on Indigenous Systems of medicine should have made some recommendations. Would it not be far better to wait the publication of the Report to know what they have to say rather than rush to appoint people to various posts? Unless there is a well planned scheme regarding the type of Research to be done, there is no use appointing people who may be found useless for the jobs to which they are appointed. Whether the scheme is one of Clinical Research or Literary Research or Chemical Research is to be decided first before appointing people. The equipment of persons to do Research in each

one of these is so variant that a person selected for clinical research would be useless for literary researches and the vice versa is also true. Having waited for such a long time to launch the scheme of research in this province, would it be advisable to hurry up the appointments now when Chopra Committee's report is awaited. We would rather wish that the Government of Madras wait till the publication of the Report, so that, the expenditure on *Research in Indian Medicine is on well thought out scheme prepared and recommended by Scientists and Research workers of the eminence of Col. Sir. R. N. Chopra* than place its faith on schemes based by the Officials of the department. Launching a scheme in proper time with proper personnel is more important than the working of it later. The motto well begun is well done should be remembered.

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